



STATE OF MAINE BOARD OF LICENSURE IN MEDICINE

**137 STATE HOUSE STATION
AUGUSTA, ME 04333-0137
Phone: (207) 287-3601
<http://www.maine.gov/md>**

Please Note:

To apply for a Physician Medical License, please print pages 1-18. To apply for a Physician Assistant License, please print pages 19-26.

REQUIREMENTS FOR MEDICAL LICENSURE

TO BE CONSIDERED FOR LICENSURE TO PRACTICE MEDICINE IN THE STATE OF MAINE, AN APPLICANT MUST SATISFY THE FOLLOWING REQUIREMENTS:

A. U.S.A. CANADIAN, and UK MEDICAL SCHOOL GRADUATES

1. Graduate from an accredited U.S., Royal College of Physicians and Surgeons or Canadian medical school.
2. Postgraduate training (You must satisfy at least one of these categories):
 - a) If you graduated on or after July 1, 2004, you must have satisfactorily completed at least 36 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada or the Royal Colleges of England, Ireland or Scotland. If you are using UK postgraduate training you must provide certification directly from the GMC at <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/certificates/confirmation-of-uk-training-and-acquired-rights>
 - b) If you graduated on or after January 1, 1970 but before July 1, 2004, you must have satisfactorily completed at least 24 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education (ACGME), the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. If you graduated after July 1, 2004, you must have satisfactorily completed 36 months of approved postgraduate training. If you are using UK postgraduate training you must provide certification directly from the GMC at <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/certificates/confirmation-of-uk-training-and-acquired-rights>
 - c) If you graduated before January 1, 1970, you must have satisfactorily completed at least 12 months in a graduate educational program accredited by the ACGME, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada.
 - d) Have satisfactorily graduated from a combined postgraduate training program in which each of the contributing programs is accredited by the ACGME and are eligible for accreditation by the American Board of Medical Specialties (ABMS) in both specialties.
 - e) Are currently certified by ABMS.
3. Attain a passing score on one of the following examination sets:
 - a) Each individual test of United States Medical Licensing Examination (USMLE), Federation Licensing Examination (FLEX), or National Board of Medical Examiners (NBME), separately or in an approved combination. There is a limit of three attempts for Step 3 and ALL exams must be completed within 7 years.
 - b) State Board examination deemed equivalent by the Board to (a) above.*
 - c) Licentiate of the Medical Council of Canada (LMCC).*
 - d) British Isles Credentialing - General Medical Council of United Kingdom, or Republic of Ireland, or Scotland.*
4. Undergo a background check to verify professional competence, ethics and character.
5. Achieve a passing score on a State of Maine jurisprudence examination administered by the Board.

6. Complete and submit all applicable forms, fees, and documentation as required.

B. INTERNATIONAL MEDICAL GRADUATES

1. Graduate from a school listed in the latest edition of the Educational Commission for Foreign Medical Graduates IMED list of medical schools.
2. Postgraduate training: Satisfactorily completed at least 36 months in an internship/residency/fellowship program(s), which is accredited by the Accreditation Council on Graduate Medical Education (ACGME), the Canadian Medical Association, or the Royal Colleges of Physicians of England, Ireland, or Scotland; or has satisfactorily graduated from a combined postgraduate training program in which each of the contributing programs is accredited by the ACGME and is eligible for accreditation by the American Board Of Medical Specialties (ABMS) in both specialties; or is certified by the ABMS. Foreign medical graduates may apply for a waiver of postgraduate requirements under extraordinary circumstances (See 32 M.R.S. § 3271(6) at <http://janus.state.me.us/legis/statutes/32/title32sec3271.html>)
3. Provide acceptable evidence of one of the following:
 - a) Educational Commission for Foreign Medical Graduates (ECFMG) examination certification.
 - b) Certification of Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS).
 - c) VISA Qualifying Examination (VQE) examination certification.
4. Attain a passing score on one of the following examination sets:
 - a) Each individual test of the United States Medical Licensing Examination (USMLE), the Federation Licensing Examination (FLEX), or the National Board of Medical Examiners (NBME), separately or in an approved combination. There is a limit of three attempts for Step 3 and all exams must be completed within seven years.
 - b) State Board examination deemed equivalent by the Board to (a) above.*
 - c) Licentiate of the Medical Council of Canada (LMCC).*
 - d) British Isles Credentialing - General Medical Council of the United Kingdom, or the Republic of Ireland.*
5. Undergo a background check to verify professional competence, ethics and character.
6. Achieve a passing score on a State of Maine jurisprudence examination administered by the Board.
7. Complete and submit all applicable forms, fees, and documentation as required.
8. Demonstrate clinical competency if not engaged in the active practice of clinical medicine during the 24 months immediately preceding the filing of the application.

* SUBJECT TO BOARD APPROVAL

PLEASE NOTE

Mandated Reporter Requirements for Suspected Child Abuse

Maine law requires that physicians immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the physician knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. **In addition, if a child is under 6 months of age or**

otherwise non-ambulatory, Maine law requires physicians to immediately report to DHHS if that child exhibits evidence of the following: fracture of a bone; substantial bruising or multiple bruises; subdural hematoma; burns; poisoning; or injury resulting in substantial bleeding, soft tissue swelling or impairment of an organ, except that the reporting of injuries occurring as a result of the delivery of a child attended by a licensed medical practitioner or the reporting of burns or other injuries occurring as a result of medical treatment following the delivery of the child when the child remains hospitalized following the delivery is not required. Please refer to 22 M.R.S. § 4011-A for all reporting requirements.

Mandated Reporter Training and additional information regarding mandated reporting can be found at:

<https://www.maine.gov/dhhs/ocfs/provider-resources/reporting-suspected-child-abuse-and-neglect/mandated-reporter-information>

Maine Prescription Monitoring Program

All Allopathic Physicians, Osteopathic Physicians, Dentists, Physician Assistants, Podiatrists, and Advanced Practice Registered Nurses who are licensed to prescribe scheduled medications must register with the Prescription Monitoring Program (PMP). To register, please go to the Prescription Monitoring Program website:

<https://www.maine.gov/dhhs/samhs/osa/data/pmp/index.htm> Download, complete and sign a registration form located within the yellow box. You may mail, scan and email or fax a signed form to the information located on the form. Please note there are two types of registration forms available, 1) Data Requester form for active prescribers with a DEA number and, 2) Sub-Account form for assistants/non-prescribing health professionals.

More PMP information is available at: <https://www.maine.gov/dhhs/samhs/osa/data/pmp/index.htm>

Requirements Regarding Prescribing Opioid Medication

Any physician who intends to prescribe opioid medication must be aware of the laws and rules that govern this practice in Maine. The laws and rules affecting opioid prescribing include:

- Mandatory use of the PMP
- Limitations on dosing (with exceptions)
- Electronic prescriptions
- Continuing education regarding opioid prescribing
- Opioid medication policy
- Universal precautions

See 32 M.R.S. § 3300-F and Board Rule Chapter 21.

Please note that the practice of fraud, deceit, or misrepresentation in obtaining a license constitutes grounds for discipline pursuant to 32 M.R.S. § 3282-A(2)(A).

Your application is a public record for the purposes of the Maine Freedom of Access Law (1 MRS section 401 et seq.). Public records must be made available to any person upon request. The

application for licensure is a public record and information supplied as part of the application, other than those items exempted by law such as social security number and credit card information, is public information.

The Board's staff is available to assist you by phone Monday through Friday, 8:00 am to 4:30 pm, Eastern Daylight time.

Last Name A-L call (207) 287-3602

Last Name M-Z call (207) 287-3782

INSTRUCTIONS FOR PERMANENT LICENSE APPLICATION

HOW TO APPLY

Before you complete this application, please review the Requirements for Medical Licensure. APPLICATION FEES ARE NOT REFUNDABLE. Incomplete applications or those received without the required fee or documents will not be processed. Applications will not be reviewed until all appropriate materials are received. Please type or print clearly in ink.

The following statement is made pursuant to the Privacy Act of 1974, Section 7(b):

Disclosure of your social security number is mandatory for tax administration purposes pursuant to 36 M.R.S. § 175 as authorized by 42 U.S.C. § 405 (c)(2)(c)(i).

Disclosure of your social security number is mandatory for purposes of enforcement of child support orders pursuant to 10 M.R.S. § 8003(4-A) and as authorized by 42 U.S.C. § 405 (c)(2)(c)(ii).

Disclosure of your social security number will occur in accordance with National Practitioner Data Bank reporting requirements pursuant to 45 C.F.R. §§ 60.8, 60.9.

Any other disclosure of your social security number shall be as permitted by applicable law.

Procedures:

1. Board Application:

(a) Complete all sections in the Application for License to Practice Medicine. You must respond to all components of the application as instructed.

(b) The Board requires BOTH your HOME mailing address and phone number, and the address and phone number of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board, but that default address is the home address, unless you specify otherwise (by checking the ‘contact at’ box under ‘business address’). Unless you specify otherwise, your business address will be the address circulated by the Board in listings and publications available to the general public, including the Internet. If you currently have no business address and you do not wish for your home address to be on the Internet, you must provide an alternate address, such as a Post Office box, or a mail drop. If, subsequent to this application, your home or business contact information changes, you must immediately notify the Board.

Immediately upon beginning your practice of medicine in Maine, you must provide the Board with your Maine business address and phone number.

(c) **Complete Section 7, Affidavit of Applicant, in the presence of a Notary Public. The Notarial seal must cover a portion of the photograph, and the photo must fit within the box.** [TIP: The Federation Credentialing Verification Services (FCVS) application also requires a separate Affidavit that must be notarized. You may wish to have both forms notarized at the same time.]

(d) Provide complete addresses in Section 8. Failure to do so will delay licensure.

2. Malpractice Claims:

Your insurance carrier or attorney must provide an independent detailed explanation of all malpractice claims. This information must be received directly from the insurance company or attorney. This information is in addition to your personal explanation.

Application form items Section 6 questions 19 and 20, regarding professional (malpractice) liability claims experience, are the questions most likely to generate follow-up letters from the Board staff and delay your licensure if not answered completely. Report all claims of which you have been noticed, as well as all claims from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff, or any claim for which a court found you liable in any degree. A reporting form is provided at page 20. Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute. To

be complete, your supplemental explanation must include, for each such claim reported, a full description using the Professional (Malpractice) Liability Claims Experience Form (Page 20). See the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Woman's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Woman's Hospital

Malpractice Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Woman's Hospital was attending physician in this case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000.00 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd., Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle, Hare, P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

3. Submitting the Board Application:

(a) Application and Registration Fee: Attach a check or postal money order in the amount of \$700.00 (payable to: Maine Board of Licensure in Medicine) to the front of your application. This includes a \$600 application fee and a \$100 initial examination fee. **The application/exam fees are non-refundable.**

(b) Mail your application, fee and supporting materials (if applicable) directly to:

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, ME 04333-0137

4. Submitting the FCVS Application:

You must complete and submit an application to have your core medical credentials verified by FCVS. Any questions regarding the FCVS Application should be directed to FCVS. Please do not contact the Board regarding your FCVS Application.

Documentation of your credentials is conducted exclusively by FCVS. Do not attempt to expedite the verification process by requesting information on your behalf. The Board will only accept verification of your credentials (i.e. medical education, postgraduate training, examination history, board action history, ECFMG certification and identity) directly from FCVS via the FCVS Physician Information Profile.

Refer to <http://www.fsmb.org/> and choose the Credentials Verification Service option to complete the verification process. When FCVS receives your information and documentation, a non-interpretive "Physician Information Profile" containing certified photocopies of your credentials is forwarded directly to the Board. For more information about the FCVS process, or if you need assistance completing the FCVS application, call toll-free 1-888-ASK-FCVS (1-888-275-3287). Please do not contact the Board about your FCVS application.

5. Complete the jurisprudence examination. It is an open book examination. The examination and review materials are available online at: <http://www.maine.gov/md>

OTHER IMPORTANT INFORMATION

1. Processing Time. The process of verifying your credentials and qualifications takes an average of 90 days. Your Board application, FCVS Profile, scored written exam and supporting documentation will be reviewed when deemed administratively complete. The Board meets every month to consider license applications containing negative information.

2. Jurisprudence Examination.

All applicants are required to complete a jurisprudence examination covering Maine laws and regulations related to medicine, and Board rules. It is an open book examination. The examination and review materials are available online at: <http://www.maine.gov/md>

3. License Renewal date.

The renewal date of your medical license is determined by your date of birth. Your first license is typically not for a full registration period of 2 years. The initial registration fee will register your license to practice until the first renewal date.

4. Application Status Updates. **In an effort to provide better and faster service for you, you can find updates regarding your license application under your name and license number online at <https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchIndividual.aspx?Board=376> .**

5. Open Complaints or Investigations. Applications for clinical practice that are received while a complaint or investigation is outstanding against the licensee in any jurisdiction shall be pended and action on the application held until the Board has received results of final action on all complaints and investigations.

6. Applicants currently in residency.

- Physicians currently in a residency program outside the state of Maine should not apply for permanent licensure more than 4 months prior to completion of the residency program. Applications submitted earlier may be determined not to be “Administratively Complete” resulting in the need to reapply at the appropriate time. If the resident qualifies within 12 months of the original application the Board will not assess a new licensure fee, but all fees relating to resubmission of the Uniform Application and FCVS profile are the responsibility of the applicant.
- Physicians currently in a residency program in Maine should not apply for permanent licensure until they have completed 24 months of the Maine residency program. Applications submitted earlier may be determined not to be “Administratively Complete” resulting in the need to reapply at the appropriate time. If the resident qualifies within 12 months of the original application the Board will not assess a new licensure fee, but all fees relating to resubmission of the Uniform Application and FCVS profile are the responsibility of the applicant.

INSTRUCTIONS FOR EMERGENCY/ LOCUM TENENS LICENSE APPLICATION

Reference: 32 M.R.S. § 3278. Emergency 100-Day License.

A physician who presents a full, current, active, unconditioned license from another U.S. licensing jurisdiction and who can provide reasonable proof of meeting qualifications for licensure in Maine, including documenting continuing clinical competency *meets the criteria for expedited licensure according to BOARD RULE in Chapter 1, may, without examination, be granted a temporary license for a period not to exceed 100 days, when the board deems it necessary to provide relief for declared local emergencies or for other appropriate reasons as determined by the Board. The fee for this emergency license shall be \$400, payable at the time of application.

STATEMENT OF NEED

All applications for this temporary Maine medical practice license must be accompanied by a letter signed by a Maine hospital or health care facility which attests to a critical need in the community for the services of the applicant justifying temporary licensure. This request must indicate the beginning and ending dates of the need for the applicant's services as well as the location where the applicant will be practicing.

HOW TO APPLY

1. Answer ALL questions.
2. Pay a license fee of \$400.
3. **You must be eligible for and file a permanent license application and pay that application fee (\$700) at the time of your emergency application, unless you request and receive a waiver from the Board in writing. A waiver may be granted in the event of a declared emergency, or brief, focused teaching or learning situations.**
4. Proof of application to FCVS
5. Complete the jurisprudence examination. It is an open book examination. The examination and review materials are online at: <http://www.maine.gov/md>

* <https://www.maine.gov/dhhs/samhs/osa/data/pmp/index.htm>

THE APPLICATION FEE OF \$400 IS NOT REFUNDABLE.

INSTRUCTIONS FOR TEMPORARY LICENSE APPLICATION

TEMPORARY LICENSURE REGULATION

32 M.R.S. § 3276. Temporary License.

Any physician who is qualified under section 3275 and who can document current clinical competency, may be granted a temporary license for a period not to exceed one year, when the board deems it necessary to provide relief for local or national emergencies or for situations in which there are insufficient physicians to supply adequate medical services, including Locum Tenens needs. The fee for this temporary license shall be \$400 payable at the time of application.

STATEMENT OF NEED

All applications for a temporary Maine medical practice license must be accompanied by a letter signed by a Maine hospital or health care facility which attests to a critical need in the community for the services of the applicant justifying temporary licensure. **This request must indicate the beginning and ending dates of the need for the applicant's services. Temporary licensure will normally not be considered for periods in excess of 6 months. However, the license may be extended for up to another 6-month period at no extra charge.**

HOW TO APPLY

1. All applicants must meet the requirements for medical licensure outlined in 32 M.R.S. § 3271 <http://www.mainelegislature.org/legis/statutes/32/title32sec3271.html>
2. This application, together with supporting documents and application fee of \$400, must be filed with the Board of Licensure in Medicine at least thirty (30) days prior to the desired effective date of licensure.
3. Complete the jurisprudence examination. It is an open book examination. The examination and review materials are online at: <http://www.maine.gov/md>

SUPPORTING DOCUMENTS

All applicants must complete and submit an application to have your core medical credentials verified by the FCVS. Any questions regarding the FCVS Application should be directed to FCVS. **Please do not contact the Board regarding your FCVS Application.**

Verification and documentation of your credentials is conducted exclusively by the FCVS. Do not attempt to expedite the verification process by requesting information on your behalf. The Board will only accept verification of your credentials, i.e. medical education, postgraduate training, examination history, board action history, ECFMG certification and identity, directly from the FCVS via the FCVS Physician Information Profile.

Refer to <http://www.fsmb.org/> and choose the Credentials Verification Service option to complete the verification process. When FCVS receives your information and documentation, a non-interpretive "Physician Information Profile" containing certified photocopies of your credentials is forwarded directly to the Board. For more information about the FCVS process, or if you need assistance completing the FCVS application, call toll-free 1-888-ASK-FCVS (1-888-275-3287). Please do not contact the Board about your FCVS application.

THE APPLICATION FEE OF \$400 IS NOT REFUNDABLE.

INSTRUCTIONS FOR ADMINISTRATIVE LICENSE APPLICATION

ADMINISTRATIVE LICENSURE REGULATION

32 M.R.S. § 3271(7). Administrative License.

1. An applicant for a License limited to the practice of Administrative Medicine **must complete the same application, meet the same requirements for licensure as an applicant for an unlimited medical license**, and pay an application fee of \$700.
2. An applicant for a License limited to the practice of Administrative Medicine shall NOT be required to show that the applicant has been engaged in the active practice of clinical medicine.
3. The holder of a License limited to the practice of Administrative Medicine shall pay the same fees and meet all other requirements for issuance and renewal of that license as a person holding an unlimited license to practice medicine.
4. Complete the jurisprudence examination. It is an open book examination. The examination and review materials are online at: <http://www.maine.gov/md>

HOW TO APPLY

Refer to the Instructions for Permanent License Application.

THE APPLICATION FEE OF \$700 IS NOT REFUNDABLE.

INSTRUCTIONS FOR CONSULTATIVE TELEMEDICINE REGISTRATION APPLICATION

Consultative Telemedicine Registration

32 M.R.S. § 3300-D Interstate Practice of Telemedicine

Before you complete this application, please review the Requirements for Consultative Telemedicine Registration at: <http://legislature.maine.gov/legis/statutes/32/title32sec3300-D.html>

The board may register a physician to provide consultative services through interstate telemedicine to a patient located in this State if the following conditions are met:

- (a) The physician is fully licensed without restriction to practice medicine in the state from which the physician provides telemedicine services;
- (b) The physician has not had a license to practice medicine revoked or restricted in any state or jurisdiction;
- (c) The physician does not open an office in this State, does not meet with patients in this State, does not receive calls in this State from patients and agrees to provide only consultative services as requested by a physician, advanced practice registered nurse or physician assistant licensed in this State and the physician, advanced practice registered nurse or physician assistant licensed in this State retains ultimate authority over the diagnosis, care and treatment of the patient;
- (d) The physician registers with the board every 2 years, on a form provided by the board; and
- (e) The physician pays a registration fee not to exceed \$500.

APPLICATION FEES ARE NOT REFUNDABLE. Incomplete applications or those received without the required fee or documents will not be processed. Registrations will not be reviewed by the Board, its designee or Board staff until all required information has been received. Please type or print clearly in ink.

HOW TO APPLY

1. Board Application:
 - (a) Complete all sections of the Uniform Application for Physician Licensure. You must provide complete responses to all questions in these sections.
2. Submitting the Board Application:
 - (a) Application Fee: Attach a check or postal money order in the amount of \$500.00 (payable to: Maine Board of Licensure in Medicine) to the front of your application and mail directly to the board. The application fee is non-refundable.

**STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, ME 04333-0137**

OTHER IMPORTANT INFORMATION

1. Renewal date.

The renewal date of your consultative telemedicine registration is determined by your date of birth. Your first registration is typically not for a full registration period of 2 years.

2. Time Expectations.

The process of verifying your credentials and qualifications takes an average of 14 days. Your Board application and supporting documentation will be reviewed by the Board or the Board staff when deemed administratively complete.

PLEASE NOTE: Mandatory Notification of Restrictions.

32 M.R.S. § 3300-D(4) requires that a physician registered to provide interstate telemedicine services under this section shall immediately notify the board of restrictions placed on the physician's license to practice medicine in any state or jurisdiction.

THE APPLICATION FEE OF \$500 IS NOT REFUNDABLE.

INSTRUCTIONS FOR CAMP LICENSE APPLICATION
YOUTH CAMP PHYSICIAN LICENSURE REGULATION

32 M.R.S. § 3277. Youth Camp Physicians Licenses.

A temporary Camp License entitles the holder to care only for patients at the particular camp at which he/she is employed. Before you complete this application, please review the following requirements for temporary license as a Youth Camp Physician in the state of Maine. All applicants must meet the requirements for medical licensure outlined in 32 M.R.S. § 3271. <http://www.mainelegislature.org/legis/statutes/32/title32sec3271.html>

HOW TO APPLY

1. Answer all questions.
2. Provide complete addresses of institutions you are currently affiliated with.
3. **Proof of application to FCVS**
4. Pay an application fee of \$100.
5. Complete the jurisprudence written examination. It is an open book examination. The examination and review materials are online at: <http://www.maine.gov/md>

SUPPORTING DOCUMENTS

All applicants must complete and submit an application to have your core medical credentials verified by the FCVS. **Any questions regarding the FCVS Application should be directed to the FCVS. Please do not contact the Board regarding your FCVS Application.**

Verification and documentation of your credentials is conducted exclusively by the FCVS. Do not attempt to expedite the verification process by requesting information on your behalf. The Board will only accept verification of your credentials, i.e. medical education, postgraduate training, examination history, board action history, ECFMG certification and identity, directly from the FCVS via the FCVS Physician Information Profile.

Refer to <http://www.fsmb.org/> and choose the Credentials Verification Service option to complete the verification process. When the FCVS receives your information and documentation, a non-interpretive “Physician Information Profile” containing certified photocopies of your credentials is forwarded directly to the Board. For more information about the FCVS process, or if you need assistance completing the FCVS application, call toll-free 1-888-ASK-FCVS (1-888-275-3287). Please do not contact the Board about your FCVS application.

This application, together with all supporting documents and the fee of \$100.00, must be filed with the Board of Licensure in Medicine **at least thirty days prior to the desired effective date of licensure.**

THE APPLICATION FEE OF \$100 IS NOT REFUNDABLE.

INSTRUCTIONS FOR EDUCATIONAL CERTIFICATE APPLICATION

EDUCATIONAL CERTIFICATE REGULATION

32 M.R.S. § 3279. Interns; Residents; Visiting Instructors.

An applicant who is qualified under section 3271, subsection 1 may receive a temporary educational certificate from the board to act as a hospital resident. A certificate issued to a hospital resident may be renewed every 3 years at the discretion of the board, but for not more than 7 years.

HOW TO APPLY

1. Answer all questions.
2. Provide complete addresses of institutions you are currently affiliated with.
3. Pay an application fee of \$300.00 for a 3-year certificate or \$100 per year of the training program, which must be filed with the Board of Licensure in Medicine at least thirty days prior to the start of that training.
4. Complete the jurisprudence examination. It is an open book examination. The examination and review materials are online at: <http://www.maine.gov/md>

SUPPORTING DOCUMENTS

1. Notarized copy of medical school diploma
2. Copy of a letter of offer of employment/appointment in a Maine postgraduate medical training program.

Foreign medical graduates must also provide a notarized copy of their Standard ECFMG Certificate, or letter showing results on the VQE. All documents must be notarized.

THE APPLICATION FEES ARE NOT REFUNDABLE

Affidavit and Authorization for Release of Information

Applicant: Please complete this form as directed in the left sidebar and submit it to the Board.

Mailing Address:
 Maine Board of Licensure in Medicine
 137 State House Station
 Augusta, ME 04333-0137

Delivery Address (FedEx, UPS, etc.):
 Maine Board of Licensure in Medicine
 161 Capitol Street
 Augusta, ME 04330

State Board Use Only

Applicant:

Sign this form with attached photo in the presence of a notary public.

You may wish to have the separate FCVS affidavit notarized when this form is notarized.

Send the separate FCVS affidavit to FCVS. Do not send this form to FCVS.

Send this notarized form with any other required materials to the Maine Board of Licensure in Medicine at the address listed above.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.

Applicant Photograph

Securely tape or glue a recent (less than 90 days) front-view 2" x 2" passport-type color photo of yourself in this square.

The Notary's Seal must overlap a portion of this photograph but not covering above the neck.

 Applicant's signature (must be signed in the presence of a notary)

 Applicant's printed last name

 Applicant's printed first name, middle initial, and suffix (e.g., Jr.)

 Date of signature (must correspond to date of notarization)

-fold up-

-fold up-

To fit this form in a standard envelope, fold the portion under this line up to cover the photograph, and then fold the top edge over to the new bottom edge.

Notary

State of _____, County of _____,

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, 20_____.

Notary Public Signature: _____

[Notary Seal must be affixed on photo]

My Notary Commission Expires: _____



STATE OF MAINE BOARD OF LICENSURE IN MEDICINE

**137 STATE HOUSE STATION
AUGUSTA, ME 04333-0137
Phone: (207) 287-3601
<http://www.maine.gov/md>**

Please Note:

To apply for a Physician Medical License, please print pages 1-18. To apply for a Physician Assistant License, please print pages 19-26.



STATE OF MAINE BOARD OF LICENSURE IN MEDICINE

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REQUIREMENTS FOR PHYSICIAN ASSISTANT (PA) LICENSURE

TO BE CONSIDERED FOR LICENSURE IN THE STATE OF MAINE, AN APPLICANT MUST SATISFY THE FOLLOWING REQUIREMENTS:

1. Submit an administratively complete application on forms approved by the Board;
2. Pay the appropriate uniform licensure fee (\$300);
3. Have successfully completed an educational program for physician assistants accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or their successors;
4. Have no license, certification or registration as a physician assistant, or any other type or classification of health care provider license, certification or registration under current discipline, revocation, suspension, restriction or probation;
5. Have no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law;
6. Pass, at the time of license application, a jurisprudence examination administered by the Board; and
7. Have passed the NCCPA certification examination and holds a current certification issued by the NCCPA that has not been subject to disciplinary action by the NCCPA at the time the license application is acted upon by the Board.

INSTRUCTIONS FOR PERMANENT LICENSE APPLICATION

HOW TO APPLY

Before you complete this application, please review the Requirements for Licensure. APPLICATION FEES ARE NOT REFUNDABLE. Incomplete applications or those received without the required fee or documents will not be processed. Applications will not be reviewed until all appropriate materials are received. Please type or print clearly in ink.

The following statement is made pursuant to the Privacy Act of 1974, Section 7(b):

Disclosure of your social security number is mandatory for tax administration purposes pursuant to 36 M.R.S. § 175 as authorized by 42 U.S.C. § 405 (c) (2) (c) (i).

Disclosure of your social security number is mandatory for purposes of enforcement of child support orders pursuant to 10 M.R.S. § 8003(4-A) and as authorized by 42 U.S.C. § 405 (c) (2) (c) (ii).

Disclosure of your social security number will occur in accordance with National Practitioner Data Bank reporting requirements pursuant to 45 C.F.R. §§ 60.8, 60.9.

Any other disclosure of your social security number shall be as permitted by applicable law.

Procedures:

1. Board Application:

- (a) Complete Sections 1 through 8 of the State of Maine Uniform Application for Physician Assistant Licensure. You must respond to all components of the application as instructed.
- (b) The Board requires BOTH your HOME mailing address and phone number, and the address and phone number of the PRINCIPAL LOCATION WHERE YOU WILL BE RENDERING MEDICAL SERVICES. You may designate which of the two addresses you wish to be used to receive mailings from the Board (by checking the “contact at” box). If you fail to designate a contact address for mailings, all correspondence from the Board will be sent to your home address. Unless you specify otherwise, your business address will be the address circulated by the Board in listings and publications available to the general public, including the Internet. If you currently have no business address and you do not wish for your home address to be on the Internet, you must provide an alternate address, such as a Post Office box, or a mail drop. **If, subsequent to this application, your home or business contact information changes, you must immediately notify the Board. Immediately upon beginning to render medical services in Maine, you must provide the Board with your primary business address and phone number.**
- (c) **Complete Section 8, Affidavit of Applicant, in the presence of a Notary Public. The Notarial seal must cover a portion of the photograph, but not above the neck, and the photo must fit within the box.**
- (d) Provide complete addresses in Section 6. Failure to do so will delay licensure.

2. Necessary Additional Documents

- (a) Copy of Diploma with original Notary signature
- (b) Original Transcript from the Physician Assistant Program
- (c) Up to date curriculum vitae (education and work history)
- (d) 3 professional references and contact information (e-mail or fax) who have supervised you within the last 12 months.
- (e) Self-query NPDB Report - •Visit <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> and begin the process for the self-query. Follow all instructions provided. After your self-query has been processed, a report will be e-mailed directly to you, followed by an original via US Mail. Please check the report to be sure the results were not rejected and that all information is correct. If the information is correct, you may forward the e-mail to the appropriate Board office at the email address above. You may forward the original sent via US Mail to the Board or retain it. Should you have any questions or need assistance, please call the NPDB directly at 800/767-6732 or via e-mail at help@npdb.hrsa.gov .
- (f) \$300 Application Fee

3. Malpractice Claims:

Your insurance carrier or attorney must provide an independent detailed explanation of all malpractice claims. This information must be received directly from the insurance company or attorney. This information is in addition to your personal explanation.

Application form items 19 & 20, regarding professional (malpractice) liability claims experience, are the questions most likely to generate follow-up letters from the Board staff and delay your licensure if not answered completely. Report all claims of which you have been noticed, as well as all claims from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff, or any claim for which a court found you liable in any degree. A reporting form is provided. Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute. To be complete, your supplemental explanation must include, for each such claim reported, a full description using the Professional (Malpractice) Liability Claims Experience Form. See the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Woman's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Woman's Hospital

Malpractice Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Woman's Hospital was attending physician in this case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000.00 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd., Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle, Hare, P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

4. Submitting the Board Application:

- (a) Your application will be provided to the Board electronically. You will receive an email from noreply@maine.gov with instructions on how to complete the jurisprudence examination, the application addendum, and submit the payment.
- (b) Mail your notarized affidavit and supporting materials (if applicable) directly to the appropriate Board.

OTHER IMPORTANT INFORMATION

1. We find that it takes on average **of 4 to 6 weeks** to receive responses to all of the inquiries requested in order to have a completed application packet.
2. State Examination covering Maine law and Board rules and regulations (Jurisprudence Exam).

All applicants are required to complete a written examination, which is an open book exam. Instructions will be provided once your application is received.

3. Renewal date (License and Registration*).

The renewal date of your license and registration is determined by your date of birth. As a result, your first license and registration will typically not be for a full period of 2 years (depending on the timing of your application).

*** A Registration of a supervising physician is NOT required for licensure only. However, a registration is required prior to rendering of any medical services in the State of Maine.**

PLEASE NOTE

Mandated Reporter Requirements for Suspected Child Abuse

Maine law requires that physicians immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the physician assistant knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. **In addition, if a child is under 6 months of age or otherwise non-ambulatory, Maine law requires physicians assistants to immediately report to DHHS if that child exhibits evidence of the following: fracture of a bone; substantial bruising or multiple bruises; subdural hematoma; burns; poisoning; or injury resulting in substantial bleeding, soft tissue swelling or impairment of an organ, except that the reporting of injuries occurring as a result of the delivery of a child attended by a licensed medical practitioner or the reporting of burns or other injuries occurring as a result of medical treatment following the delivery of the child when the child remains hospitalized following the delivery is not required.** Please refer to 22 M.R.S. § 4011-A for all reporting requirements.

Mandated Reporter Training and additional information regarding mandated reporting can be found at:

<http://www.maine.gov/dhhs/ocfs/cps/>

Maine Prescription Monitoring Program (PMP)

As of August 1, 2014, Maine law requires all Allopathic Physicians, Osteopathic Physicians, Dentists, Physician Assistants, Podiatrists, and Advanced Practice Registered Nurses who are licensed to prescribe scheduled medications to register with the Prescription Monitoring Program (PMP). To register, please go to the Prescription Monitoring Program website: <http://www.maine.gov/pmp> Download, complete and sign a registration form located within the yellow box. You may mail, scan and email or fax a signed form to the information located on the form. Please note there are two types of registration forms available, 1) Data Requester form for active prescribers with a DEA number and, 2) Sub-Account form for assistants/non-prescribing health professionals.

As of January 1, 2017, upon initial prescription of a benzodiazepine or an opioid medication to a person and every 90 days for as long as that prescription is renewed, a prescriber shall check prescription monitoring information for records related to that person.

More PMP information is available at: <http://www.maine.gov/dhhs/samhs/osa/data/pmp/prescriber.htm>

Prescribers should make regular use of the PMP

Maximum Opioid Medication Limits

As of July 29, 2016, an individual may not prescribe to a patient any combination of opioid medication in an aggregate amount in excess of 100 morphine milligram equivalents of opioid medication per day unless the patient meets certain exceptions. For more information, visit the Boards' websites.

Uniform Application Physician Assistant Checklist for Licensure

Send this checklist with all other materials being sent to the Board that you are Applying to.

NOTE: If required items are not submitted, then the application will be considered incomplete and will not be processed until all items requested are received.

	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed and submitted online Uniform Application to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
3 Professional references and contact information (e-mail or fax) who have supervised you within the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>
Notarized UA Affidavit and Authorization for Release of Information form with 2x2 photo taken within the past 3 months sent to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
NCCPA Certification sent to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
Current National Practitioner Data Bank Self-Query sent to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
Supporting documentation of any legal name change sent to the Board.	<input type="checkbox"/>	FCVS handles
Physician Assistant Program official Transcripts sent to the Board by your Physician Assistant Program.	<input type="checkbox"/>	FCVS handles
A notarized copy of the Physician Assistant Program diploma.	<input type="checkbox"/>	FCVS handles

Affidavit and Authorization for Release of Information



Applicant: Complete this form as instructed in the sidebar and mail it to the board.

Maine Board of Licensure in Medicine

Mailing Address:

137 State House Station
Augusta, ME 04333-0137

Delivery Address (FedEx, UPS, etc.):

161 Capitol Street
Augusta, ME 04330

For State Board Use Only

Applicant:

This is a separate form from the FCVS affidavit and release.

If you are using FCVS, you must complete both FCVS and UA affidavits. Send the FCVS affidavit to FCVS.

Sign this form with attached photo in the presence of a notary public. Send this notarized affidavit to the board you are applying to for licensure.

DO NOT SEND THIS FORM TO FSMB. Doing so will delay your state licensure.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Uniform Application for Physician Assistant State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license.

<p><u>Applicant Photograph</u></p> <p>Securely tape or glue a recent (less than 6 month old) front-view 2" x 2" passport-type color photo of yourself in this square.</p> <p>Notary Seal must overlap a portion of this photograph but not covering the neck or head.</p>	<p>_____ Applicant's signature (must be signed in the presence of a notary)</p> <p>_____ Applicant's printed last name</p> <p>_____ Applicant's printed first name, middle initial, and suffix (e.g., Jr.)</p> <p>_____ Date of signature (must correspond to date of notarization)</p>
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-fold up- After folding the bottom portion upward, bring the new bottom edge to the top edge and fold to fit in a standard envelope. -fold up-

Notary

State of _____, County of _____,

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, 20____.

Notary Public Signature: _____

(NOTARY PUBLIC SEAL)

My Notary Commission Expires: _____