Please Note:

To Apply for a Physician Medical License, Please Print Pages 1 – 15. To Apply for a Physician Assistant License, Please Print Pages 16 – 23.
GENERAL INFORMATION REGARDING APPLICATIONS FOR MEDICAL LICENSURE

1. Maine uses a Uniform Application. Applicants for any type of medical license (e.g. Permanent, Temporary, Telemedicine) must complete and submit the Uniform Application (UA) through the Federation Credential Verification Service (“FCVS”): [https://www.fsmb.org/uniform-application/](https://www.fsmb.org/uniform-application/).

2. Maine uses the Federation Credential Verification Service (“FCVS”) to verify the identity, education, training, and disciplinary/malpractice history of an applicant for licensure. Applicants for medical licensure must apply to establish a physician profile with the FCVS. Information regarding the FCVS is available online: [https://www.fsmb.org/fcvs/](https://www.fsmb.org/fcvs/). Applicants for the following licenses are exempt from this requirement:
   - Educational Certificates
   - Current active permanent licensees applying to convert to administrative, emeritus, volunteer, or inactive status
   - Interstate Telemedicine Consultation Registration

3. The application fees for a medical license vary depending upon the type of license. License application fees are available online: [https://www.mainedefinitions.gov/md/licensure/md-licensure.html](https://www.mainedefinitions.gov/md/licensure/md-licensure.html). Application fees may be paid online by credit card. Application fees must be paid before an application can be processed. All application fees are nonrefundable. If an applicant is uncertain that he/she qualifies for licensure, he/she should review the qualifications for licensure prior to applying.


5. Applicants for licensure must complete the State of Maine Addendum (“Addendum”) to the UA. Applicants will receive an email giving them access to the Addendum, which must completed and submitted to the Board with the application fees.

6. Applicants for licensure may monitor the status of their applications online using the “Check the Status of My Application” feature: [http://www.mainedefinitions.gov/md/](http://www.mainedefinitions.gov/md/). Applicants type in their names and click on “search.”
   - If the applicant’s name does not appear, then the Board has not received the application.
   - If the applicant’s name does appear along with the word “Pending”, then the Board has received the application but a license has not yet been issued.
   - A “checklist” identifies what information has and has not been received by the Board. Applicants should review the checklist prior to contacting Board staff regarding the status of their applications.
   - The Board’s staff is available to assist you by phone Monday through Friday, 8:00 am to 4:30 pm, Eastern Daylight time.
     - Applicants with last names A-L call (207) 287-3602
     - Applicants with last names M-Z call (207) 287-3782
7. Licenses are emailed to the email address provided by the applicant/licensee. The applicant/licensee can then download and print a copy of the license.

- The email with the license will come from the following address: noreply@maine.gov.
- Applicants should check their “spam” and “junk” email folders if the “checklist” indicates that a license was issued but they have not received the email.
- Applicants should ensure that the Board staff has their most up-to-date email address.

8. In general, Permanent licenses are issued for a two-year period. However, the length of the initial license depends upon when the application is received and the applicant’s date of birth.

- The licenses of individuals born in even-numbered years expires on the last day of the month of their birth in an even-numbered year.
- The licenses of individuals born in odd-numbered years expires on the last day of the month of their birth in an odd-numbered year.
- Individuals who are issued an initial license that expires less than six (6) months following its issuance pay only a pro-rated renewal fee of $150 (as opposed to $500).


10. Applications for licensure are public records under Maine law: http://legislature.maine.gov/statutes/1/title1sec402.html. Public records must be made available to any person upon request. Information supplied as part of the application, other than those items exempted by law such as social security number, personal health information, and credit card information, is public information.

More detailed information regarding the licensing process may be found on the Board’s website: https://www.maine.gov/md/licensure/license-faqs.html.
GENERAL REQUIREMENTS FOR MEDICAL LICENSURE

1. Physicians who graduated from an accredited medical school in the United States must, in general, meet the following:
   - Graduate from an approved medical school.
   - Successfully complete all components of the national licensing examinations within the proscribed timeframe.
   - Meet ONE of the following:
     - Successfully complete 36 months of ACGME-approved graduate medical education; or
     - Possess current certification with the American Board of Medical Specialties.
   - Successfully pass the Maine jurisprudence examination.
   - Pay all applicable fees.
   - Have no grounds to deny licensure pursuant to 32 M.R.S. § 3282-A(2):

2. Physicians who graduated from an international medical school must, in general, meet the following:
   - Obtain a permanent certificate from the Educational Commission on Foreign Medical Graduates (ECFMG). For more information regarding the ECFMG visit: https://www.ecfmg.org/.
   - Successfully complete all components of the national licensing examinations within the proscribed timeframe.
   - Meet ONE of the following:
     - Successfully complete 36 months of ACGME-approved graduate medical education; or
     - Possess current certification with the American Board of Medical Specialties; or
     - Be granted a waiver by the Board of the 36 month of ACGME-approved graduate medical education for “exceptional circumstances” pursuant to Title 32 M.R.S. § 3271(6).
       http://legislature.maine.gov/statutes/32/title32sec3271.html
   - Successfully pass the Maine jurisprudence examination.
   - Pay all applicable fees.
   - Have no grounds to deny licensure pursuant to 32 M.R.S. § 3282-A(2):
IMPORTANT INFORMATION FOR NEW LICENSEES

1. **Mandated Reporting 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: [http://legislature.maine.gov/statutes/22/title22sec4011-A.html](http://legislature.maine.gov/statutes/22/title22sec4011-A.html).

Mandated Reporter Training and additional information regarding mandated reporting can be found at: [http://www.maine.gov/dhhs/ocfs/cps/](http://www.maine.gov/dhhs/ocfs/cps/)

2. **Mandated Enrollment in 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: [http://www.maine.gov/dhhs/samhs/osa/data/pmp/prescriber.htm](http://www.maine.gov/dhhs/samhs/osa/data/pmp/prescriber.htm)

3. **Mandated 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
- Opioid medication policy
- Universal precautions
- Mandatory 3 hours of CME on opioid prescribing

GENERAL INSTRUCTIONS FOR COMPLETING THE UNIFORM APPLICATION

1. Before you complete the 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.

2. 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.

3. Apply to establish a physician profile with the FCVS. Information regarding the FCVS is available online: https://www.fsmb.org/fcvs/. 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.

- To register with the FCVS 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 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.

- Applicants for the following licenses are exempt from this requirement:
  - Educational Certificates
  - Current active permanent licensees applying to convert to administrative, emeritus, volunteer, or inactive status
  - Interstate Telemedicine Consultation Registration

4. Complete and submit the Uniform Application (UA) through the Federation Credential Verification Service (“FCVS”): https://www.fsmb.org/uniform-application/.

9. Complete ALL sections of the Uniform Application for Licensure. Respond to all components of the application as instructed.
1) 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.**

2) **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.]

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

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

6. Complete the State of Maine Addendum (“Addendum”) to the UA.

7. Pay the applicable license fee. The application fees for a medical license vary depending upon the type of license. License application fees are available online: https://www.maine.gov/md/licensure/md-licensure.html. Application fees may be paid online by credit card. Application fees must be paid before an application can be processed. All application fees are nonrefundable. If an applicant is uncertain that he/she qualifies for licensure, he/she should review the qualifications for licensure prior to applying.

9. 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.
INSTRUCTIONS FOR PERMANENT LICENSURE APPLICATION

HOW TO APPLY

1. Comply with all instructions for completing the Uniform Application and State Addendum.

3. Pay a license fee of $700. The application fee is nonrefundable.

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

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.
INSTRUCTIONS FOR EMERGENCY 100-DAY/ LOCUM TENENS LICENSE APPLICATION

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 Chapter 1, may, without examination, be granted an emergency 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.


LETTER OF NEED

All applications for this emergency Maine medical 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 emergency 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. Comply with all instructions for completing the Uniform Application.

2. Submit a letter of need.

3. Pay a license fee of $400. **The application fee is nonrefundable.**

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

**NOTE:** You must be eligible for and file a permanent license application and pay that application fee ($700) at the time of your emergency application. **THIS PROCESS HAPPENS AUTOMATICALLY AND YOU WILL BE CHARGED $1100 AT THE TIME OF PAYMENT.**

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. 

May 21, 2019

Maine Board of Licensure in Medicine

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INSTRUCTIONS FOR ADMINISTRATIVE LICENSE APPLICATION

Administrative Medicine is defined as a) professional managerial or administrative activities related to the practice of medicine or to the delivery of health care services, but not including the practice of clinical medicine; and/or b) medical research, excluding clinical trials on humans.


HOW TO APPLY

1. Comply with all instructions for completing the Uniform Application.

2. Pay a license fee of $700. The application fee is nonrefundable.

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

NOTE: 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.

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.
INSTRUCTIONS FOR INTERSTATE TELEMEDICINE CONSULTATION REGISTRATION APPLICATION

Before you complete this application, please review the Requirements for Consultation 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.

HOW TO APPLY

1. Comply with all instructions for completing the Uniform Application. **NOTE: Applicants for this license need not register with the FCVS.**

2. Pay a license fee of $500. **The application fee is nonrefundable.**

3. Complete the Maine jurisprudence examination. It is an open book examination. The examination and review materials are online at: [http://www.maine.gov/md](http://www.maine.gov/md)

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](https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchIndividual.aspx?Board=376).**
INSTRUCTIONS FOR YOUTH CAMP LICENSE APPLICATION

A temporary Youth 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 requirements for temporary license as a Youth Camp Physician in the state of Maine at 32 M.R.S. § 3277 (http://legislature.maine.gov/statutes/32/title32sec3277.html) and Board Rule Chapter 1 (https://www.maine.gov/md/laws-statutes/rules-statutes.html).

HOW TO APPLY

1. Comply with all instructions for completing the Uniform Application.
2. Provide complete addresses of institutions with which you are currently affiliated.
3. Pay a license fee of $100. The application fee is nonrefundable.
4. Complete the Maine jurisprudence examination. It is an open book examination. The examination and review materials are online at: http://www.maine.gov/md

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.
INSTRUCTIONS FOR EDUCATIONAL CERTIFICATE APPLICATION

An applicant who is qualified under 32 M.R.S. § 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. Comply with all instructions for completing the Uniform Application. This application, together with supporting documents and application fee of $300, must be filed with the Board of Licensure in Medicine at least thirty (30) days prior to the desired effective date of licensure.

   NOTE: Applicants for this license need not register with the FCVS.

2. Pay a license fee of $300. The application fee is nonrefundable.

3. Complete the Maine 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.

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.
Affidavit and Authorization for Release of Information

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

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<td>materials to the Maine</td>
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<td>Board of Licensure in Medicine at the address listed above.</td>
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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)

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: ________________________________________

Maine Board of Licensure in Medicine
Revised May 2019
Please Note:

To Apply for a Physician Assistant License, Please Print Pages 16 – 23.
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

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 ($200);
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 containing the pdf document to Medicine.PFR@maine.gov. 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) $200 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.

<table>
<thead>
<tr>
<th>Item</th>
<th>NOT using FCVS to verify credentials</th>
<th>Using FCVS to verify credentials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed and submitted online Uniform Application to the Board.</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>3 Professional references and contact information (e-mail or fax) who have supervised you within the last 12 months.</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td><strong>Notarized UA Affidavit and Authorization for Release of Information</strong> form with 2x2 photo taken within the past 3 months sent to the Board.</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>NCCPA Certification sent to the Board.</td>
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<td>[ ]</td>
</tr>
<tr>
<td>Current National Practitioner Data Bank Self-Query sent to the Board.</td>
<td>[ ]</td>
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</tr>
<tr>
<td>Supporting documentation of any legal name change sent to the Board.</td>
<td>[ ]</td>
<td>FCVS handles</td>
</tr>
<tr>
<td>Physician Assistant Program official Transcripts sent to the Board by your Physician Assistant Program.</td>
<td>[ ]</td>
<td>FCVS handles</td>
</tr>
<tr>
<td>A notarized copy of the Physician Assistant Program diploma.</td>
<td>[ ]</td>
<td>FCVS handles</td>
</tr>
</tbody>
</table>
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:          Delivery Address (FedEx, UPS, etc.):
Maine Board of Licensure in Medicine               Maine Board of Licensure in Medicine
137 State House Station               161 Capitol Street
Augusta, ME 04333-0137               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.

Applicant Photograph

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.

Notary Seal must overlap a portion of this photograph but not covering the neck or head.

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

Applicant’s printed name

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

Date of signature (must correspond to date of notarization)

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: ____________________________________________

My Notary Commission Signature: ____________________________________

(State of Maine Board of licensure in Medicine
May 2019)

Uniform Application for PA State Licensure
Affidavit and Authorization for Release of Information