



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

Phone: (207) 287-3601

Office Location: 161 Capitol Street
Augusta, ME 04330-6211

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APPLICATION FOR LICENSE TO PRACTICE MEDICINE

Dear Applicant,

Welcome to Maine. We are pleased you've chosen to apply for a license to practice medicine here.

This Uniform Application information packet contains licensure application information specific to the Maine Board of Licensure in Medicine. Included are requirements to practice medicine in the state of Maine, checklists for each type of license, Uniform Application (UA) forms, and comprehensive instructions for completing the application process.

We find that it takes on average 90 days to receive responses to all of the inquiries requested in order to have a completed application. In an effort to provide better and faster service you may check the status online at:
<https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchIndividual.aspx?Board=376> by searching your name.

We will contact you directly with any questions or need for missing information. It is very important that your contact address, email address, and phone number will reach you directly to avoid any delays. We cannot accept email addresses or phone numbers for recruitment agencies, potential employers, etc. The inclusion of those in your application as contact numbers will cause delay, as we would have difficulty reaching you directly.

You must also take and pass an open-book exam covering Maine law and Board rules and regulations during the application process. The review materials and link to the exam are available at <http://www.maine.gov/md>.

Please read all of the materials in this packet carefully. Deviation from any procedure described herein will result in process delays.

IMPORTANT LICENSING INFORMATION: You will receive an email from noreply@maine.gov with instructions after you submit the online UA on how to proceed with the application process. If you do not receive this important email within 24 hours, contact the Board at (207) 287-3601. Your application will not be processed until you complete the steps outlined in the email.

If you have any questions about the Board's application process, please feel free to contact the Board Initial Licensure Specialist at the Board's address, or call Tracy Morrison at (207) 287-3602 for last names starting A-L or Elena Crowley at (207) 287-3782 for last names starting M-Z.

We look forward to serving you.

Sincerely,

State of Maine
Board of Licensure in Medicine

REQUIREMENTS FOR MEDICAL LICENSURE

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

A. U.S.A. OR CANADIAN MEDICAL GRADUATES

1. Graduate from an accredited U.S. or Canadian medical school.
2. Postgraduate training (You must satisfy at least one of these categories):
 - a) 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.
 - b) 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.
 - c) 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.
 - d) 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. To apply for a waiver of postgraduate accreditation, see 32 MRSA, §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.
 - d) Successful completion of the Fifth Pathway program.
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.

* 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:

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

MAINE PRESCRIPTION MONITORING PROGRAM

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 at <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.

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

The Board strongly recommends regular use of the PMP.

LICENSURE APPLICATION INSTRUCTIONS

Before you begin your licensure application, please review the previous pages on Requirements for Medical Licensure plus review the other items in this packet. 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 by the Secretary of the Board until all appropriate materials are received.

COMPLETING THE FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)

The Federation Credentials Verification Service (FCVS) is a service offered by the Federation of State Medical Boards (FSMB) that uses primary sources to verify a physician's credentials. FCVS then creates a personalized profile for that physician that can be updated with new verified credentials at any time. The profile eliminates the re-verification of credentials that never change, saving time when applying with boards or other entities accepting FCVS.

Permanent, Administrative, Temporary, Youth Camp, and Educational license applicants are required to use FCVS. Applicants for other license types are not required to use FCVS as the Board does not require verification of everything contained in the FCVS profile. These applicants may submit required items directly to the Board. Refer to the checklists in this packet to ensure that you send all required items. Educational Certificate Applicants may ask the medical school to provide a Dean's letter to expedite the process.

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 via the FCVS Physician Information Profile.

To use FCVS, visit <https://portal.fsmb.org/MyFsmb/> and click on the FCVS graphic, then sign in as directed. If the link doesn't work, click on the FCVS link listed in the Licensure menu at <http://www.fsmb.org/>.

- Complete an Initial Application with FCVS if you are using FCVS for the first time.
- Complete a Subsequent Application with FCVS if you need to update an existing FCVS profile.
- For each application, designate your profile to be received by the Maine Board of Licensure in Medicine.
- Profiles with Self designations are not accepted.

For assistance, contact FCVS by using the messaging tool within FCVS or by calling 888-275-3287 with your FCVS ID number between 8am and 5pm CT Monday through Friday. Please do not contact the Board regarding your FCVS Application.

COMPLETING THE UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE (UA)

Similar to FCVS, the Uniform Application (UA) reduces redundant data entry. Once the core application is completed, it can be updated and used to apply to additional boards for licensure.

To use the UA, visit <https://portal.fsmb.org/MyFsmb/> and click on the UA graphic, then sign in as directed. If the link doesn't work, click on the Uniform Application link listed in the Licensure menu on <http://www.fsmb.org/>.

First time UA users will be required to pay a one-time service fee of \$60. This fee is separate from FCVS fees and board licensing fees. A receipt will be available to print immediately after submitting your UA.

Please note the following:

- The Board requires BOTH your HOME and BUSINESS mailing address, email address, and phone number. 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. Your business address will be the address circulated by the Board in listings and publications available to the general public, including the Internet, unless you specify otherwise.
- 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 either in writing or by updating your profile online. **Immediately upon beginning your practice of medicine in Maine, you must provide the Board with your Maine business address, email address, and phone number.**
- The following statement is made pursuant to the Privacy Act of 1974, Section 7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S. §175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. §405(c)(2)(c)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number, and it shall be treated as confidential tax information pursuant to 36 M.R.S. §191.
- All ACGME and non-ACGME postgraduate training entered will pre-fill your Chronology of Activities, which should cover all of your activities from medical school graduation to present. Use the first day of the month for start dates and use the last day of the month for end dates unless you know the exact date.
- You are not able to edit or add MD or DO license information in the UA, as that data comes into the system directly from the state boards. If changes are needed, email ua@fsmb.org with the correct information.
- If you have held a healthcare license or certification outside of the U.S. Canada, The General Medical Council, or the Ireland Medical Council, you must provide written verification of licensure or registration.
- Provide complete addresses for each entry on the Chronology page. In addition, please provide the names and complete addresses, including e-mail and fax, for three peer references who can attest to your clinical and professional skills within the past 12 months. Failure to do so will delay your licensure.
- The malpractice section, if applicable, may 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. 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 in the space provided. Your insurance carrier or attorney must also provide an independent detailed explanation of all malpractice claims. This information must be received directly from the insurance company or attorney and is needed in addition to your personal explanation.
- Send a notarized UA Affidavit and Authorization for Release of Information form to the Board. The UA form is included in this packet. The notarization must cover a portion of the photograph, but not covering above the neck.

ADDITIONAL ITEMS NEEDED FOR LICENSURE

Use the applicable checklist on the following pages to ensure you have completed all Board requirements for licensure. All documents must be notarized or original source. Your application, together with all supporting documents and fee, must be filed with the Board at least thirty days prior to the desired effective date of licensure.

Mail the requested items to:

Maine Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333-0137
(Mailing address)

Maine Board of Licensure in Medicine
161 Capitol Street
Augusta, ME 04330-6211
(Delivery address – FedEx, UPS, etc.)

INTERSTATE PRACTICE OF TELEMEDICINE

NOTE: Mandatory Notification of Restrictions. 32 M.R.S. § 3300-D(4) requires that a physician registered to provide interstate telemedicine services shall immediately notify the board of restrictions placed on the physician's license to practice medicine in any state or jurisdiction. Please review the Requirements for Consultative Telemedicine Registration at <http://legislature.maine.gov/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 until all required information has been received.

OTHER IMPORTANT INFORMATION

Applicants are required to complete a written State Examination covering Maine law and Board rules and regulations. It is an open book exam. Review materials are online at https://www1.maine.gov/cgi-bin/online/licensing/begin.pl?board_number=376 under "Online Exam".

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.

Your Board application, FCVS Profile, scored written exam and supporting documentation will be reviewed when administratively complete.

NOTE: All documents must be notarized or original source. Your application, together with all supporting documents and fee, must be filed with the Board **at least thirty days prior to the desired effective date of licensure.**

MAINE APPLICATION CHECKLIST FOR PERMANENT OR ADMINISTRATIVE LICENSE

(Permanent License Reference: [32 M.R.S. §3270. Licensure required](#))

(Administrative License Reference: [32 M.R.S. § 3271\(7\). Special License Categories](#))

- Complete the FCVS application for credentials verification.
- Complete and submit the Uniform Application to the Board. If this is your first time using the UA, you will need to pay the one-time service fee of \$60 to FSMB before your UA can be sent.
- Mail the following items to the Board:
 - Notarized UA Affidavit and Authorization for Release of Verification form. The notarization must cover a portion of the photograph, but not covering above the neck.
 - Any documentation needed for answers requiring explanations.
- Review the written examination materials covering Maine law and Board rules and regulations at:
http://www.maine.gov/md/licensure/docs/Exam%20Study%20Guide%2007_08_15.pdf
- Complete the written examination at:
https://www1.maine.gov/cgi-bin/online/licensing/begin.pl?board_number=376 under "Online Exam"

Affidavit and Authorization for Release of Information

Applicant: Complete this form as directed in the left sidebar, then submit it to the Board.

State Board Use Only

Mailing address:
Maine Board of Licensure in Medicine
137 State House Station

Delivery address (FedEx, UPS, etc.):
Maine Board of Licensure in Medicine
161 Capitol Street

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: _____

Licensure Verification Form (Form #1)

Applicant: Most boards require verification of each professional license ever held. Refer to the licensure verification resource at <http://www.fsmb.org/licensure/uniform-application/> to determine fees and preferred verification method(s) for each state medical and osteopathic verifying board. You may use this form for each board that requires a written request for verification. In Section 1, list the board you are applying to for licensure, using the directory at <http://www.fsmb.org/policy/contacts> to ensure you list the correct name and address. Mail this completed form and any required fee to the verifying board.

Verifying Board: Unless using electronic verification, complete Section 2 below and mail this form to the board at the address listed in Section 1. Use an additional sheet of paper if needed for explanation(s).

Section 1: Applicant Information

First name _____ Last name _____ Practitioner Type MD DO _____
Middle name _____ Suffix _____ SSN* _____ Birth date (mm/dd/yyyy) _____

**The social security number is to be used for purposes of identification only and may not be used for any other reason.*

Authorization for Verifying Board: I am applying for a license to practice medicine. The board that I am applying to for licensure requires that this form or an otherwise accepted method of verification be completed by all boards through which I hold or have held licenses, whether now current or not. I authorize the licensing agency of the state/province of _____ to provide any and all information pertaining to my license number _____ to the board at the address listed below.

Board name _____
Mailing address _____
City/State/Zip _____

Applicant signature _____ Date _____

Section 2: Board Verification of Licensure

Name of issuing board or license entity _____

Name of licensee (last, first, middle, suffix) _____

License type _____ License number _____ Issue date _____ Expiration date _____

1. Is this license current? If not current, please explain: Yes No
2. Have formal disciplinary proceedings been initiated against this applicant's license by a disciplinary authority in your state? If yes, please explain on a separate sheet of paper and attach it to this form. Yes No Cannot answer under state law
3. Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand, or in any other manner disciplined, or has the applicant's license ever been revoked, suspended, or, in any other manner, limited by a licensing or disciplinary authority in your state? If yes, please explain on a separate sheet of paper and attach it to this form. Yes No Cannot answer under state law

I CERTIFY THAT to the best of my knowledge and belief, the foregoing is a true, accurate and complete statement of the record of the individual named on this form.

Signature _____
Print name _____
Title _____ Date _____
Phone number _____ Fax number _____
Email _____

AFFIX INSTITUTIONAL SEAL HERE
(If no seal is available, this form must be notarized.)

Please mail this completed form and any other items to the board at the address listed in Section 1. Thank you.