MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217
Baltimore, Maryland 21297
(410)764-4777

FOR BANK USE ONLY

DATE:_____/_____/ 200___

CHECK NUMBER:_____

AMT PAID: $ _____

NAME CODE:_____APPID: 33

For Board use only

Date registered:_____

UMP number: **P** __ __ __ __ __

UNLICENSED MEDICAL PRACTITIONER APPLICATION

PART A: Circle one: Initial Registration Re-registration UMP Number P_____

1) **Last name and generational indicator (Jr., III, etc.)**

First name and middle initial

2) **Date of Birth:** (month) (day) (year)

3) **Social Security Number:**

4) **Gender: F** or **M (circle one)**

5) **Race: (circle one)** White Black Native American Oriental/Asian Hispanic Other

6) **Medical Degree received from :** _____ **Date of Graduation:**

7) **Have you ever been licensed by a Medical Board? (circle one)**
Maryland **Y N** If yes, list license number_____
Other **Y N** If yes, list state(s) and license number_____

8) **Degree:** **(MD. DO)**

9) **Local Address of Accredited Training Program: (This is your address of record with the Board.)**

Department:

Name of Maryland Institution:

Address:

City/County **State:** **Zip Code Plus 4**

Daytime Phone: - -

10) **Current Contract Year of Registration: This should not precede the starting date of your current contract year.**

From:_____/_____/_____ **To:**_____/_____/_____

11) **Answer the following questions. If you have had any legal actions taken against you, provide a complete explanation and supporting documentation such as copies of all complaints, malpractice claims adverse or disciplinary actions, arrest pleadings, judgements or final orders. Sign and date all pages submitted.**

Yes	No		
☐	☐	**a.**	Do you have a physical or mental condition that could impair your ability to practice medicine or that would cause reasonable questions to be raised about your physical, mental, or professional competency including drug and alcohol abuse?
☐	☐	**b.**	Has any licensing or discipinary board of any jurisdiction or an entity of the Armed Services ever denied your application for licensure, registration, certification, or limited licensure, reinstatement or renewal, or taken any action against your license, registration, certification, or limited licensure, including but not limited to reprimand, suspension, revocation, a fine, or nonjudicial punishment?

Yes	No		
☐	☐	**c.**	Have you ever surrendered or allowed your medical or any other healthcare license, registration, certification, or limited license to lapse, or have you ever withdrawn an application for any of the above, while you were under investigation by any licensing or disciplinary board of any jurisdiction or an entity of the Armed Services?
☐	☐	**d.**	Have any complaints, investigations, or charges ever been brought against you, or are any currently pending in any jurisdiction by any licensing or disciplinary board, or an entity of the Armed Services?
☐	☐	**e.**	Have you pled guilty, nolo contendre, been convicted of, received probation before judgement or other diversionary disposition for any criminal act?
☐	☐	**f.**	Have you committed an offense involving alcohol or controlled dangerous substances to which you pled guilty or nolo contendere or for which you were convicted or received probation before judgement? Such offenses include, but are not limited to, driving while under the influence of alcohol and/or controlled dangerous substances.
☐	☐	**g.**	Excluding minor traffic violations, are you currently under arrest or released on bond, or are there any current or pending charges against you in any court of law?
☐	☐	**h.**	Has a malpractice claim or legal action for damages been filed, settled or awarded against you in any jurisdiction?
☐	☐	**i.**	Has any hospital, HMO, or other related healthcare institution, or military entity denied your privileges, denied any application for privileges, failed to renew your privileges, or limited, restricted, suspended or revoked your privileges for any reason except for medical record tardiness or non-payment of staff dues?
☐	☐	**j.**	Has your employment by any hospital, HMO, other healthcare institution, or military entity been terminated for any disciplinary reasons?
☐	☐	**k.**	Have you ever voluntarily resigned from any hospital, HMO, healthcare institution, or military entity while under investigation by that institution for disciplinary reasons?
☐	☐	**l.**	Has any postgraduate residency or fellowship training program ever denied your application, failed to renew your contract, or terminated any contract or appointment for any disciplinary reason or while you were under investigation for any disciplinary reasons?
☐	☐	**m.**	Have you voluntarily terminated any postgraduate residency training program or fellowship contract or appointment while under investigation by that program or related institution for any disciplinary reasons?
☐	☐	**n.**	Have you been suspended, placed on probation, formally reprimanded or asked to resign while in a postgraduate residency training program or fellowship?

12) **Affirmation:** I have read COMAR 10.32.07 and will comply with the regulations. I affirm that the information I have given in this application, including that given in response to questions in Item 11, is true and correct to the best of my knowledge and belief.

Signature:_____ Date:_____

PART B: FOR COMPLETION BY THE MARYLAND INSTITUTION CHIEF OF SERVICE OR DESIGNEE

13) Is the applicant in an ACGME accredited program? ☐ **Yes** ☐ **No** ACGME Accreditation Number_____

14) Name of Maryland hospital, Maryland medical school, or Maryland facility: _____

Medical Staff Coordinator:_____ **Phone #:**_____

15) **Attestation:** I attest that I have read COMAR 10.32.07 and will notify the Maryland Board of Physicians of any termination of a contract other than by natural expiration, and the reasons for the termination.

Signature:_____ Title:_____ Date:_____
(Chief of Service or Designee)

Print Name:_____

Phone #:_____ Maryland License Number: | | | | | | | | |