

PETITION FOR
DECLARATORY
RULING
10/2017

MARYLAND BOARD OF PHYSICIANS

410-764-3786 or 1-800-492-6836, ext. 3786

www.mbp.state.md.us

PETITION FOR DECLARATORY RULING

INSTRUCTIONS AND IMPORTANT INFORMATION

Authority: State Government Article, §§10-301—10-305, Annotated Code of Maryland; COMAR (Code of Maryland Regulations) 10.32.16

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| <p>1. Complete Items 1 through 23 in this form to petition the Maryland Board of Physicians (the Board) for a declaratory ruling.</p> <p>2. Attach additional sheets or copies of documents as necessary.</p> <p>3. Submit the completed and signed form to Wynee Hawk, Policy & Legislative Manager, Maryland Board of Physicians, 4201 Patterson Avenue, 4th Floor, Baltimore, Maryland 21215.</p> | <p>4. The Board will grant a petition whenever the Board or the Board's designee considers issuing a declaratory ruling advisable under the circumstances. See COMAR 10.32.16.03A(1). The Board may not grant the petition if the Board or the Board's designee does not consider issuing a declaratory ruling advisable under the circumstances.</p> <p>5. COMAR 10.32.16 is available on the Board's Website at www.mbp.state.md.us or the Division of State Documents Website at www.dsd.state.md.us.</p> |
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Interested Person Contact Information

1. Name: _____
2. Address: _____

3. Phone Number: _____
4. Fax Number: _____
5. E-mail Address: _____

Authorized Agent Contact Information (if applicable)

6. Name of Authorized Agent, if any: _____
7. Address of Authorized Agent: _____

8. Phone Number: _____
9. Fax Number: _____
10. E-mail Address: _____

Legal Counsel Contact Information (if applicable)

11. Name of Legal Counsel, if any: _____
12. Address of Legal Counsel: _____

13. Phone Number: _____
14. Fax Number: _____
15. E-mail Address: _____

Petition Information

16. Please state why the petition for a declaratory ruling is being filed. Which statute, regulation, or order of the Board is involved? In what way does the statute, regulation, or order involved affect or potentially affect your interest?

17. Please describe your interest in the matter:

18. Please state your position on the matter:

19. Please describe the specific facts relevant to the matter:

20. List any documents that would aid the Board in considering this issue. Attach copies of the documents to this form.

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(continued)

21. I hereby certify that under the penalties of perjury that the facts asserted in this petition are true and that any documents attached to this petition are authentic.

Signature of ___ Interested Person or ___ Authorized Agent or ___ Legal Counsel
(check one) _____
Date

Note: The interested person or the authorized agent must sign whether or not counsel is employed. See COMAR 10.32.16.02.

22. **Consent to Service**

I agree that service of any correspondence or process from the Maryland Board of Physicians concerning this requested declaratory ruling may be made by first class mail sent to the following address:

Name: _____

Street Address: _____

City, State, Zip Code: _____

Signature of ___ Interested Person or ___ Authorized Agent or ___ Legal Counsel
(check one)

Note: The Board will send all correspondence only to the single address listed in Item 22.

23. **Certification**

I hereby certify that I am the interested person, authorized agent, or legal counsel for the interested person, and I understand that the statements made on this application are binding on the interested person in all matters relating to this petition.

Signature of ___ Interested Person or ___ Authorized Agent or ___ Legal Counsel
(check one) _____
Date