

MARYLAND BOARD OF PHYSICIANS
P. O. Box 37217
Baltimore, Maryland 21297
410-764-4777; 1-800-492-6836

APPLICATION FOR REINSTATEMENT OF MEDICAL LICENSURE
Instructions and Important Information

Authority: Maryland Health Occupations Code Annotated §14-317
COMAR 10.32.01.10

- I. Accuracy in Completing the Required Forms:** Read carefully and thoroughly the instructions and requirements in the application packet before completing the application form and submitting an application. The application packet is made up of 3 pages of instructions and important information, 3 forms, including a 5-page application form, a 3-page list of the grounds for action under Health Occupations Article, §14-404, Annotated Code of Maryland, regulations pertaining to reinstatement (COMAR 10.32.01.10) and continuing medical education requirements (COMAR 10.32.01.09).

Questions 18. and 19. on Page 4 of the application are pursuant to MD Code Ann. Health Occ. §14 - 411.1 (Physician Profiles - Disclosure to the Public), which became effective October 1, 1999.

- 2. Complete Application:** A complete application consists of the following:

- a. A fully completed application form. MBP Form19/ Rein 1/ Rev 04/03.

Your careful attention to submission of a complete and legible application form will make it unnecessary for the Maryland Board of Physicians (the "Board") to return your application form or write to you later for additional information. An incomplete application form will delay the processing of the application.

- b. Fully completed form MBP Form19/ Rein2/ Rev 07/2003

Copy the form as needed, complete part 1 of the form and send to the appropriate state medical boards. Please be aware that some state medical boards require a specific release and/or a fee. Please contact the appropriate boards to ascertain their requirements.

Sending self-addressed, stamped envelopes with the forms to the appropriate individuals and agencies may help facilitate their response to your request. The correct address for the envelopes is:

The Reinstatement of Medical Licensure Unit
Maryland Board of Physicians
P. O. Box 2571
Baltimore, Maryland 21215-2299

It is your responsibility to make sure that all the necessary documents, including those from the individuals and agencies you have sent appropriate forms to, are received by the Board on time. Applications are kept open for 120 days. Within 60 days of receipt of your application, the Board will send you a written status report on your application.

c. Check or money order made payable to the Maryland Board of Physicians as follows:

(1) For applicants who were eligible for renewal last year - \$700.00*

(2) For applicants who were not eligible for renewal last year - \$600.00*

Payment of a fee is a condition for licensure (COMAR 10.32.01.03 (C)). Any applicant who attempts to fulfill this requirement by submitting a check with insufficient funds has not complied with COMAR 10.32.01.03 (C). The Board will notify you upon receipt of a returned check. Failure to correct the deficiency may result in a mistakenly granted license being declared null and void by the Board.

Submission of Application: Please submit your completed application form only if you have either met all the requirements or would complete all the requirements for medical relicensure within 30 days of submission and and determined the implication to you, if any, of the requirements for the renewal of a medical license in the State.

Depending upon the first letter of your last name, you may be licensed only for a brief period of time before being required to renew your license and pay the renewal fee for two years.

In Maryland, medical licenses are issued on a year round basis. They expire on September 30 of a given year and must be renewed by their expiration dates. There are two renewal cycles, each of which covers two years. Physicians whose last names begin with letters A through L must renew their licenses by September 30 of even numbered years. Those whose last names begin with letters M to Z must renew their licenses by September 30 of odd numbered years.

3. Maryland law requires the Board of Physicians to collect Social Security numbers from all persons applying for their professional licenses or certificates. Disclosure of your Social Security number is mandatory. The Maryland Board of Physicians is permitted by State or Federal law or regulation to use the Social Security number for the following purposes:
 - A. Verification of identity with respect to actions related to your license (Code of Maryland Regulations 10.32.01.);
 - B. Administration of the Child Support Enforcement Program (Family Law Article, §10-119.3);
 - C. Identification by the Department of Assessments and Taxation of new businesses in Maryland (Health Occupations Article, §1-210);
 - D. Verification by the Maryland Medicaid program of licensure and sanctions for providers participating in Medicaid (42 U.S.C. §1396(a)(49); 42 U.S.C. §1396r-2; 42 U.S.C. §1320 a-7).
4. **Further Investigation:** The Board reserves the right to make further investigation as it may deem necessary in processing your application for reinstatement of medical licensure.
5. **Inquiry on Status of Application:** The Board may not be able to respond to inquiries about the status of your application. Do not write or call the Board unless you are requested to do so by the Board. However, the Board has designated a 4-month period for acting upon applications as follows:
 - a. Within 60 Days after receipt of an application, the Board will determine whether an application is complete;
 - b. If the Board determines that the application is not complete, the Board shall send a notice of deficiency to the applicant;
 - c. Upon receipt of the notice, the applicant shall correct the deficiency within 60 days or other period specified in the notice;

- d. If the applicant fails to correct the deficiency within the required period, the application may lapse and the applicant shall be required to submit a new application and pay the required fees;
 - e. An application may not be withdrawn if the applicant is under investigation or charges that would be grounds for discipline under Health Occupations Article, Section 14-404, Annotated Code of Maryland, if applicant were licensed in this State.
6. **Closure of Application:** The Board will keep your application open for 120 days. Make sure that all the required information and documents are received by the Board within 120 days of submission of your application. In general, an application will be closed after 120 days. When an application is closed and if the physician wants to have a reinstated license in Maryland, the physician is required to submit a new application, pay the fee, and meet all the requirements for reinstatement of medical licensure.
 7. **State Workers' Compensation:** Under Health Occupations Article, Maryland Annotated Code § 1-202(1991), a physician who employs at least one person in his/her practice must have Workers' Compensation Insurance coverage. For more information, contact the Workers' Compensation Board at 410-333-4700.
 8. **Controlled Substance Registration:** Licensed physicians who want to apply for Controlled Substance Registration may call the Office of Drug Control a 410-764-2890.
 9. **Change of Name/Address:** Each licensee must notify the Board in writing of any change in name or address within 60 days of the change. Failure to do so may subject you to an administrative penalty of \$100.00. (MD Health Occ. Code Ann. §14-316 (f)).
 10. **Practicing Medicine Without a License:** A physician who does not have an active license is not authorized to practice medicine in Maryland. Any person who practices medicine in Maryland without a license is subject to a civil fine of not more than \$50,000.00 to be levied by the Board. (MD Health Occ. Code Ann. §§14-601, 607).
 11. **Contact Agencies:**
 - a. For SPEX scores contact:

The Federation of State Medical Boards
400 Fuller Wisser Road, Suite 300, Euless, TX 76039-3855, (817)571-2949

The Maryland Board of Physicians (the "Board") supports the Americans with Disabilities Act and will provide this material in an alternative format to facilitate effective communication with sensory impaired individuals. (For example, braille, large print, audio tape) If you need such accommodations, please notify the ADA designee at the Board at 410-764-2477 (TTY FOR DEAF: Baltimore, 410-383-7555; D.C. Metro, 301-565-0461; Toll Free, 1-800-492-6836).

MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217
Baltimore, Maryland 21297
410-764-4777; 800-492-6836

**APPLICATION FORM FOR REINSTATEMENT
OF MEDICAL LICENSURE**

FOR BANK USE ONLY	
DATE:	____ / ____ / 200 ____
CHECK NUMBER:	_____
AMT PAID: \$	_____
NAME CODE:	_____
APPID:	19

1a. Full Legal Name: _____
(Print) Last name and generational indicator, if applicable First name Middle name/Initial

1b. How name should appear on license (within parameters of above): _____

2. Social Security Number: _____ 3. Birthdate: _____

4. Alternate Names Used: _____

5. Complete Address: _____

6. Telephone Number:(office) _____ (home) _____

7. Medical School: _____

8. Year of Graduation: _____ 9. Maryland License Number: _____

10. Year of Last License Renewal in Maryland or Date of Initial Medical License Application: _____

11. Activities: List all activities by month and year since your last renewal or, if you have never renewed your license, since the date when you applied for medical licensure in Maryland. (DO NOT ATTACH RESUME OR CURRICULUM VITAE.) Account for all periods of time including, but not limited to, all postgraduate training programs, regardless of whether completed or not, each job held, regardless of whether medically related or not, or compensated or not, and any other activity engaged in including all periods of unemployment.

<i>Activities</i>	<i>Location and Address</i>	<i>From (mm/yy)</i>	<i>To (mm/yy)</i>

12. Verification of Medical Licensure in Other State(s), if Applicable: List below each state medical board that ever issued you a license (current/expired) and request each board to complete Part 2 of MBP Form19 REIN2 04/2003 and send it directly to the Board.

_____ a. I have completed Part 1 of MBP Form19 REIN2 04/2003 and sent it to the following state medical board(s).

List each state abbreviation and corresponding license number. (Example: MD #Dxxxxx)

_____ # _____; _____ # _____; _____ # _____

_____ # _____; _____ # _____; _____ # _____

_____ b. I have never been licensed by a state medical board other than Maryland.

13. **List reasons for allowing the Maryland medical license to expire or for becoming inactive:**

14. **List reasons for seeking reinstatement of the Maryland medical license:**

15. **SPEX Examination: The SPEX is the Special Purpose Examination prepared by the Federation of State Medical Boards. For more information about the SPEX, call 1-800-492-6836.** Please circle your answer to each of the items below.

YES NO a. Did you complete your licensure examination over 15 years before this application for reinstatement?

YES NO b. Did you complete the certification or recertification examinations of the American Board of Medical Specialties or the AOA Bureau of Osteopathic Specialists over 15 years before this application for reinstatement?

YES NO c. At some time since graduation from medical school, were you disciplined by a state licensing or disciplinary board, or a comparable body in the armed services, which has caused the active licensure in that state to be interrupted?

If you answered YES to any of the items listed above, the Board may require you to pass the SPEX Examination.

16. **Questions:** Please circle your answer for each of the questions below.

For each question answered YES, attach a signed and dated detailed explanation and supporting documentation.

Since your last registration (with the exception of I.):

YES NO a. Has a state licensing or disciplinary board, or a comparable body in the armed services, denied your application for licensure, reinstatement, or renewal?

YES NO b. Has a state licensing or disciplinary board, or a comparable body in the armed services, taken an action against your license? (Such actions include, but are not limited to, limitations of practice, required education, admonishment, reprimand, suspension, or revocation.) [Refer to the document *Grounds for Board Action in Maryland* included with your application packet.]

YES NO c. Has any licensing or disciplinary board in any jurisdiction, or comparable body in the armed services, filed any complaints or charges against you or investigated you for any reason?

YES NO d. Have you ever withdrawn your application for medical license or other health professional license?

YES NO e. Has a hospital, a related health care institution, or an alternative health care system investigated you or brought charges against you?

YES NO f. Has a hospital, a related health care facility, or an alternative health care system denied your application for, failed to renew, limited, restricted, suspended, revoked, or taken away your privileges?

- YES NO g. Have you committed a criminal act to which you pled guilty or nolo contendere or for which you were convicted or received probation before judgment?
- YES NO h. 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 judgment? (Such offenses include, but are not limited to, driving while under the influence of alcohol and/or controlled dangerous substances.)
- YES NO i. Excluding minor traffic violations, are you currently under arrest, released on bond, or are there any current or pending charges against you in any court of law?
- YES NO j. Do you have any physical or mental condition that currently impairs your ability to practice medicine or that would cause reasonable questions to be raised about your physical, mental, or professional competency?
- YES NO k. Do you illegally use drugs?
- YES NO l. Have you been named as a defendant in a filing or settlement of a medical malpractice action within the past 5 years?
(1) If "Yes", include the **number** of such claims along with documentation._____.
- YES NO m. Have you surrendered your license or allowed it to lapse while you were under investigation by any licensing or disciplinary board of any jurisdiction or any entity of the armed services?

17. **Additional Information:** Check off the items listed below. Attach the documents required by (a), (b), and (c) to this application.

- a. copies of complaints, pleadings, and judgments in all malpractice claims, if you have had 3 or more claims in the 5 years before filing this application.
 I have attached copies to this application.
 This item does not apply to me.
- b. copies of all arrests, disciplinary actions, judgments, and final orders which occurred or were issued within the 7 years before submitting the application for licensure for driving while intoxicated, driving while under the influence of a chemical substance or medication, or any license probation, suspension, or revocation.
 I have attached copies to this application.
 This item does not apply to me.
- c. your statement listing all disciplinary or adverse actions taken against you by a hospital, medical board, licensing authority, comparable body in the armed services, court, or adjudicatory body. Use **MBP Form 19 REIN3 04/2003**.
 I have attached a listing to this application.
 This item does not apply to me.
- d. **If reasonable questions on your current ability to practice medicine or professional competency will be raised by the information provided in this application, the Board may request additional information regarding your competency from the chief of staff of a hospital where you practiced (MBP Form 19/ REIN5).**

If needed, this form will be supplied to you by the Board.

18. Please list any internship and residency programs you have completed.

Program/Specialty	Institution Name	City/State	Begin Date	End Date
(Use codes on Code Sheet on back of application)			(MM/YY)	(MM/YY)

19. Using codes on Code Sheet on back of application, list Primary and Secondary Areas of Concentration and indicate whether you are certified in either by a recognized board of the American Board of Medical Specialties or the AOA Bureau of Osteopathic Specialists.

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Primary

Board

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Secondary

(Y/N)

Board Certified

Certified (Y/N)

20. The Board will make your initial profile available to you for review before it places the profile on the Internet for consumers. You may elect to review the profile information via e-mail at your e-mail address. Please choose one of the following preferences.

A. I prefer to receive and review the initial profile at my e-mail address.
My e-mail address is _____.

B. I prefer the Board to mail the initial profile for my review via the U.S. Postal Service to the address I have provided to the Board for receipt of correspondence from the Board. I understand that I will be responsible for return postage and receipt.

21. **Certification:**

I certify that I have completed at least 50 credit hours of Category 1 continuing medical education credits during the two years immediately preceding this application for reinstatement.

I agree to be required to pass the SPEX Examination if the Board so determines.

I understand that my application for reinstatement may be denied subject to the hearing provisions of H.O. §14-405, for any of the grounds listed in H.O. §14-404.

I agree that I will cooperate fully with any request for information, inspection of my medical practice or investigation, including the subpoena of documents or records, incident to my medical practice while licensed in the State of Maryland.

Further, I agree to provide the Board, in writing, within 30 days of the occurrence or notification of any action that would be grounds for disciplinary action under H.O. §14-404 that occurred at any time during the application period. I shall also inform the Board within 30 days of any arrest or conviction that occurred at any time during the application period.

I agree that anybody including, but not limited to, government agencies, the National Practitioner Data Bank, hospitals, and other licensing bodies, can release to you any information necessary for the processing of my application for reinstatement of my medical licensure in Maryland.

I certify that the information supplied in this application is true and accurate to the best of my knowledge.

Signature of Applicant Date

Print Name

22. **(OPTIONAL) Third Party Release:** (Although the Board encourages you to complete all aspects of your application on your own, if you plan to use an intermediary to receive information about the status of your application please complete this release.

Name: _____

Phone: _____

Applicant's signature Date

Maryland Board of Physicians

4201 Patterson Avenue, P.O. Box 2571
Baltimore, Maryland 21215

Application for Reinstatement of Medical Licensure

VERIFICATION OF MEDICAL LICENSURE IN OTHER STATE(S)

Part 1- Applicant: Please complete this part of the form and then mail it to every state board that ever issued you a medical registration/certificate/license.

Name: _____
(Print) Last name and generational indicator, if applicable First name Middle name

Date of Birth: _____ Social Security Number: _____

Medical School: _____ Date of Graduation: _____

License Number: _____ Date of Issue: _____

Signature: _____ Date: _____

Part 2- Authorized Official of the State Medical Board: Please complete this part of the form and send it directly to the Maryland Board of Physicians at the above address.

Date License Issued: _____ Date License Expires: _____ Is license in good standing?: ___ Yes ___ No

If not in good standing: License has been revoked ___ License has been suspended ___ License has been surrendered ___

Reason(s): _____

Has the license been voluntarily non-renewed or surrendered? ___Yes ___No If you answered Yes, was the license in good standing and not under disciplinary charges or investigation? ___Yes ___No

Is there any other derogatory information about or pending charges against this license? ___Yes ___ No

Remarks: _____

Signature of Authorized Official _____ Date _____

Printed Name of Authorized Official _____ Title _____

Name of State Medical Board _____

[SEAL OF THE STATE MEDICAL BOARD]

Maryland Board of Physicians

4201 Patterson Avenue
Baltimore, Maryland 21215-2299

APPLICATION FOR REINSTATEMENT OF MEDICAL LICENSURE

List of Disciplinary or Adverse Actions

Applicant, please list below all disciplinary or adverse actions taken against you by any of the agencies identified below and their corresponding dates and outcomes. If you use attachments, please sign, date, and print your name on each page.

Agencies that have taken actions against you are: (a) hospital, (b) medical board, (c) licensing authority, (d) court, or (e) adjudicatory body.

Disciplinary/Adverse Actions	Agencies That Have Taken Actions	Dates	Outcomes
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I certify that the above list is true, accurate, and complete to the best of my knowledge.

Signature of Applicant

Date

Name of Applicant in Print

CODE SHEET

AREAS OF CONCENTRATION/SPECIALTY

164 Acupuncture	019 Medicine, Internal [General]	037 Pathology, Forensic	147 Toxicology, Medical (Emerg. Medicine)
002 Allergy [General]	106 Medicine, Internal, Critical Care	186 Pathology [General]	148 Toxicology, Medical (Pediatrics)
074 Allergy and Immunology	107 Medicine, [Internal] Critical Care, Pediatric	130 Pathology, Hematology	149 Toxicology, Medical (Preventive Med.)
075 Allergy and Immunology/Clin & Lab Immun	014 Medicine, Internal, Geriatric	131 Pathology, Immuno-	172 Transplantation
039 Allergy, Pediatric	168 Medicine, Internal/Pediatric	185 Pathology, Medical Toxicology	083 Ultrasound
003 Anesthesiology [General]	021 Medicine, Legal	182 Pathology, Molecular	086 Urology [General]
158 Anesthesiology, Cardiothoracic	152 Medicine, Maternal & Fetal	026 Pathology, Neuro-	150 Urology, Pediatric
085 Anesthesiology, Critical Care	072 Medicine, Neonatal-Perinatal	132 Pathology, Pediatric	069 Other
151 Anesthesiology, Pain Management	027 Medicine, Nuclear	133 Pathology, Radioisotopic	073 None / Not applicable
088 Blood Banking/Transfusion Medicine	031 Medicine, Occupational	189 Pediatric, Developmental - Behavioral	
162 Bone Marrow Transplantation	195 Medicine, Occupational/Environmental	038 Pediatrics [General]	
004 Broncho-Esophagology	153 Medicine, Osteopathic Manipulative	190 Pediatric, Neurodevelopmental Disabilities	
089 Cardiac Electrophysiology	108 Medicine, Pain	170 Pediatric, Neuropsychiatry	
005 [Cardiology, General or], Cardiovascular Dis.	187 Medicine, Pediatrics, Critical Care	041 Pharmacology, Clinical	
178 Cardiology, Interventional	193 Medicine, Pediatrics Rehabilitation	043 Psychiatry [General]	
040 Cardiology, Pediatric	042 Medicine, Physical & Rehabilitation	134 Psychiatry, Addiction	
156 Corneal/External Disease	046 Medicine, Psychosomatic	157 Psychiatry, Biological	
006 Dermatology [General]	163 Medicine, Renal	044 Psychiatry, Child and Adolescent	
080 Dermatology, Pediatric	165 Medicine, Sleep	087 Psychiatry, Geriatric	
079 Developmental Disabilities	192 Medicine, Spinal Cord Injury	197 Psychiatry, Forensic	
007 Diabetes	109 Medicine, Sports (Emergency Medicine)	159 Psychiatry, Neuro	
009 Endocrinology, Diabetes and Metabolism	110 Medicine, Sports (Family Practice)	045 Psychoanalysis	
090 Endocrinology, Pediatric	111 Medicine, Sports (Internal Medicine)	047 Public Health and Gen. Prev. Med.	
091 Endocrinology, Reproductive, Infertility	112 Medicine, Sports (Pediatrics)	048 Pulmonary Diseases [General]	
070 Epidemiology	113 Medicine, Underseas	169 Pulmonary Diseases/Critical Care	
010 Family Practice [General]	180 Medicine, Underseas and Hyperbaric	135 Pulmonology, Pediatric	
105 Family Practice, Geriatric	103 Microbiology, Medical	036 Radiological Physics	
011 Gastroenterology [General]	022 Neoplastic Diseases	049 Radiology [General]	
092 Gastroenterology, Pediatric	023 Nephrology [General]	050 Radiology, Diagnostic [also Roentgenology]	
012 General Practice	114 Nephrology, Pediatric	082 Radiology, Neuro-	
093 Genetics, Clinical Biochemical	198 Neurodevelopmental Disabilities	137 Radiology, Nuclear	
094 Genetics, Clinical Cyto-	024 Neurology [General]	051 Radiology, Pediatric	
095 Genetics, Clinical [General]	025 Neurology, Child	199 Radiology, Therapeutic	
096 Genetics, Clinical Molecular	167 Neuromuscular	052 Radiology, Vascular & Interventional	
097 Genetics, Medical [Ph.D.]	115 Neurophysiology, Clinical	160 Research, Drug Abuse	
181 Genetics, Medical	196 Neurophysiology, General	200 Research, Medical	
015 Gynecology	028 Nutrition	053 Rheumatology [General]	
016 Hematology (Internal Medicine)	029 Obstetrics	138 Rheumatology, Pediatric	
098 Hematology/Oncology, Pediatric	030 Obstetrics & Gynecology [General]	054 Rhinology	
099 Hepatology	116 Obstetrics & Gyn, Critical Care	056 Surgery, Abdominal	
017 Hypnosis	118 Oncology, Gynecological	204 Surgery, Cardio-Thoracic	
077 Immunology [General]	084 Oncology, Medical [General]	057 Surgery, Cardiovascular	
100 Immunology, Clinical & Lab, Dermatological	119 Oncology, Musculoskeletal	058 Surgery, Colon & Rectal	
101 Immunology, Clinical & Lab (Internal Med.)	166 Oncology, Pediatric	139 Surgery, Critical Care	
102 Immunology, Clinical & Laboratory (Pediatrics)	120 Oncology, Radiation	203 Surgery, Foot & Ankle	
018 Infectious Disease	032 Ophthalmology [General]	059 Surgery, General	
188 Infectious Disease, Pediatrics	117 Ophthalmology, Pediatric	064 Surgery, General, Pediatric	
020 Laryngology	175 Ophthalmology, Glaucoma	060 Surgery, Hand [General]	
078 Medicine, Addiction	121 Orthopedics, [General]	061 Surgery, Head & Neck	
081 Medicine, Adolescent	122 Orthopedics, Adult Reconstructive	171 Surgery, Head & Neck/Otolaryngology	
001 Medicine, Aerospace	123 Orthopedics, Pediatric	062 Surgery, Neurological [General]	
008 Medicine, Emergency or Trauma	124 Orthopedics, Trauma	140 Surgery, Neurological, Critical Care	
104 Medicine, Emergency, Pediatric	033 Otolaryngology	141 Surgery, Neurological, Pediatric	
013 Medicine, General Preventive	034 Otolaryngology [Otorhinolaryngology]	063 Surgery, Orthopedic [General]	
	125 Otolaryngology, Pediatric	142 Surgery, Orthopedic, Hand	
	183 Otolaryngology/Neurotology	143 Surgery, Orthopedic, Spine	
	191 Pain Management, (Physical Medicine and Rehabilitation)	144 Surgery, Orthopedic, Sports Medicine	
	126 Pathology, Anatomic	065 Surgery, Plastic [General]	
	035 Pathology, Anatomical/Clinical	145 Surgery, Plastic, Facial	
	127 Pathology, Chemical	146 Surgery, Plastic, Hand	
	036 Pathology, Clinical	194 Surgery, Plastic within Hand and Neck	
	128 Pathology, Cyto-	184 Surgery, Plastic within Head and Neck	
	129 Pathology, Dermato-	066 Surgery, Thoracic	
		067 Surgery, Traumatic	
		068 Surgery, Urological	
		076 Surgery, Vascular (General)	

10.32.01.10

.10 Reinstatement of Expired or Inactive Licenses.

A. A physician whose license has been placed on inactive status or who has failed to renew a license by the 2-month late renewal period and who wishes to practice medicine in Maryland may apply for reinstatement on a form supplied by the Board.

B. A physician applying for reinstatement shall pay a reinstatement fee and any additional charges set by the Board.

C. A physician applying for reinstatement shall complete the required number of CME hours for reinstatement as defined in Regulation .09 of this chapter.

D. A physician applying for reinstatement may be denied reinstatement subject to the hearing provisions of Health Occupations Article, §14-405, Annotated Code of Maryland, for any of the grounds listed in Health Occupations Article, §14-404, Annotated Code of Maryland.

E. A physician applying for reinstatement shall provide the Board with a detailed description of activities which have occurred since the last renewal application or, in the case of a physician who has never renewed, since the date when a medical licensure application was submitted to the Board. This description may include, but not necessarily be limited to, the information required under Regulations .03 and .04 of this chapter.

F. An applicant for reinstatement shall inform the Board by certified mail, return receipt requested, within 30 days of the occurrence or notification of any of the circumstances listed in Regulation .03G(1) of this chapter.

G. A physician applying for reinstatement shall also provide a full, written explanation to the Board detailing the reasons why the license was allowed to expire and why reinstatement is now sought.

H. A physician applying for reinstatement may be required to pass the SPEX examination if the physician's:

(1) Licensure examination was completed over 15 years before this application for reinstatement;

(2) Certification and recertification examinations were completed over 15 years before application for reinstatement; or

(3) Active licensure has been interrupted in at least one state of the United States including the District of Columbia, Puerto Rico, or one U.S. territory.

I. The physician shall include a statement on the application form for reinstatement agreeing to the above examination requirements.

J. A physician with an expired or inactive license may be denied restoration of active status subject to any of the grounds listed in Health Occupations Article, §14-404, Annotated Code of Maryland, the hearing for which would be conducted subject to the hearing provisions of Health Occupations Article, §14-405, Annotated Code of Maryland.

§ 14-404.

(a) Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of its full authorized membership, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

- (1) Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or licensee or for another;
- (2) Fraudulently or deceptively uses a license;
- (3) Is guilty of immoral or unprofessional conduct in the practice of medicine;
- (4) Is professionally, physically, or mentally incompetent;
- (5) Solicits or advertises in violation of § 14-503 of this title;
- (6) Abandons a patient;
- (7) Habitually is intoxicated;
- (8) Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in § 5-101 of the Criminal Law Article;
- (9) Provides professional services:
 - (i) While under the influence of alcohol; or
 - (ii) While using any narcotic or controlled dangerous substance, as defined in § 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication;
- (10) Promotes the sale of drugs, devices, appliances, or goods to a patient so as to exploit the patient for financial gain;
- (11) Willfully makes or files a false report or record in the practice of medicine;
- (12) Willfully fails to file or record any medical report as required under law, willfully impedes or obstructs the filing or recording of the report, or induces another to fail to file or record the report;
- (13) On proper request, and in accordance with the provisions of Title 4, Subtitle 3 of the Health - General Article, fails to provide details of a patient's medical record to the patient, another physician, or hospital;
- (14) Solicits professional patronage through an agent or other person or profits from the acts of a person who is represented as an agent of the physician;
- (15) Pays or agrees to pay any sum to any person for bringing or referring a patient or accepts or agrees to accept any sum from any person for bringing or referring a patient;

(16) Agrees with a clinical or bioanalytical laboratory to make payments to the laboratory for a test or test series for a patient, unless the licensed physician discloses on the bill to the patient or third-party payor:

(i) The name of the laboratory;

(ii) The amount paid to the laboratory for the test or test series; and

(iii) The amount of procurement or processing charge of the licensed physician, if any, for each specimen taken;

(17) Makes a willful misrepresentation in treatment;

(18) Practices medicine with an unauthorized person or aids an unauthorized person in the practice of medicine;

(19) Grossly overutilizes health care services;

(20) Offers, undertakes, or agrees to cure or treat disease by a secret method, treatment, or medicine;

(21) Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of the United States uniformed services or the Veterans' Administration for an act that would be grounds for disciplinary action under this section;

(22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State;

(23) Willfully submits false statements to collect fees for which services are not provided;

(24) Was subject to investigation or disciplinary action by a licensing or disciplinary authority or by a court of any state or country for an act that would be grounds for disciplinary action under this section and the licensee:

(i) Surrendered the license issued by the state or country to the state or country; or

(ii) Allowed the license issued by the state or country to expire or lapse;

(25) Knowingly fails to report suspected child abuse in violation of § 5-704 of the Family Law Article;

(26) Fails to educate a patient being treated for breast cancer of alternative methods of treatment as required by § 20-113 of the Health - General Article;

(27) Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes;

(28) Fails to comply with the provisions of § 12-102 of this article;

(29) Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services for which the licensee is licensed and qualified to render because the individual is HIV positive;

(30) Except as to an association that has remained in continuous existence since July 1, 1963:

(i) Associates with a pharmacist as a partner or co-owner of a pharmacy for the purpose of operating a pharmacy;

(ii) Employs a pharmacist for the purpose of operating a pharmacy; or

(iii) Contracts with a pharmacist for the purpose of operating a pharmacy;

(31) Except in an emergency life-threatening situation where it is not feasible or practicable, fails to comply with the Centers for Disease Control's guidelines on universal precautions;

(32) Fails to display the notice required under § 14-415 of this title;

(33) Fails to cooperate with a lawful investigation conducted by the Board;

(34) Is convicted of insurance fraud as defined in § 27-801 of the Insurance Article;

(35) Is in breach of a service obligation resulting from the applicant's or licensee's receipt of State or federal funding for the licensee's medical education;

(36) Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine;

(37) By corrupt means, threats, or force, intimidates or influences, or attempts to intimidate or influence, for the purpose of causing any person to withhold or change testimony in hearings or proceedings before the Board or those otherwise delegated to the Office of Administrative Hearings;

(38) By corrupt means, threats, or force, hinders, prevents, or otherwise delays any person from making information available to the Board in furtherance of any investigation of the Board;

(39) Intentionally misrepresents credentials for the purpose of testifying or rendering an expert opinion in hearings or proceedings before the Board or those otherwise delegated to the Office of Administrative Hearings; or

(40) Fails to keep adequate medical records as determined by appropriate peer review.

(b) (1) On the filing of certified docket entries with the Board by the Office of the Attorney General, the Board shall order the suspension of a license if the licensee is convicted of or pleads guilty or nolo contendere with respect to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

(2) After completion of the appellate process if the conviction has not been reversed or the plea has not been set aside with respect to a crime involving moral turpitude, the Board shall order the revocation of a license on the certification by the Office of the Attorney General.

10.32.01.09

.09 Continuing Medical Education.

A. The Board recognizes and accepts continuing medical education activities which serve to maintain, develop, or increase knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession, and are within the basic medical sciences, the disciplines of clinical medicine, and the provision of health care to the public.

B. Requirements.

(1) A physician applying for renewal or reinstatement shall earn at least 50 credit hours of Category I CME during the 2-year period immediately preceding the licensee's submission of the renewal or reinstatement application.

(2) The Board shall recognize for Category I CME credit those activities which meet at least one of the following additional requirements for the activity:

(a) Be accredited as Category I by the ACCME;

(b) Be sponsored by an international, national, or state medical society, and meet the standards adopted by the ACCME;

(c) Be an accredited training program and have been attended by the applicant within the 2-year period immediately preceding the date of submission of the application, on the basis of either of the following:

(i) 1 year of full-time service earns 50 CME credit hours, and

(ii) Full-time service for a portion of a year earns 1 credit hour per week;

(d) Is a program of self-instruction to prepare for an approved specialty board certification or recertification examination under the American Board of Medical Specialties (ABMS) which occurs solely within the 2 years preceding the application for renewal or reinstatement, on the basis of 5 hours of study equals 1 hour of CME Category I credit up to a maximum of 10 credit hours;

(e) Is a service performed under the auspices of a peer review, focused professional education, or physician rehabilitation committee of the Faculty or a Faculty-approved committee of one of its component societies or a specialty society and involves evaluation of medical care or fitness to provide medical care, and the service is performed without compensation and is credited up to a maximum of 10 credit hours for a 2-year period as follows:

(i) 5 hours of service is equal to 1 hour of CME Category I credit up to a maximum of 10 credit hours for a 2-year period,

(ii) If the service consists of the review by the applicant of medical records, the applicant shall be credited with 1 hour per patient record reviewed,

(iii) If the service consists of service as chair of a peer review, focused professional education, or physician rehabilitation committee and the service lasted the entire length of a renewal period, the applicant shall be credited with 10 hours of CME Category I credit, but if the service did not cover the entire length of a renewal period, the applicant shall be credited with CME Category I credit proportionately, and

(iv) If the service consists of service as an intervenor or assessor or as a monitor of ongoing treatment of a physician participant under the auspices of a physician rehabilitation committee, or as a preceptor under the auspices of a focused professional education committee of the Faculty, and the service lasted the entire length of a renewal period, the applicant shall be credited with 10 hours of CME Category I credit, but if the service did not cover the entire length of a renewal period, the applicant shall be credited with CME Category I credit proportionately;

(f) Is a service performed as a preceptor to medical students in LCME-accredited medical schools and to postgraduate trainees in accredited training programs and involves case presentations and regular and ongoing evaluations, and the service is performed without compensation and is credited with CME Category I credit for 5 preceptor hours, up to a maximum of 10 credit hours for a 2-year period.

(3) Nothing in §B(2)(e) or (f) of this regulation shall limit or impair the ability of a licensee to earn CME Category I credits for participation in any other approved program.

C. On the application form for renewal or reinstatement, a physician shall attest to the fact that the physician has completed the continuing medical education requirement.

D. Documentation of CME Credits.

(1) The physician has the affirmative obligation to obtain the requisite documentation of CME attendance and retain this documentation for the succeeding 6 years for possible inspection by the Board.

(2) The required documentation of attendance at a CME program as described in §B(2)(a) and (b) of this regulation shall be a certificate or other documentation of attendance which shall:

(a) Contain at a minimum the:

(i) Program title,

(ii) Sponsor's name,

(iii) Physician's name,

(iv) Inclusive date or dates and location of the CME event,

(v) CME category designation and the number of designated or prescribed CME credit hours, and

(vi) Documented verification of successful completion by stamp, signature, hospital printout, or other official proof; and

(b) Demonstrate that the CME activity fell within the 2-year period immediately preceding submission of the renewal or reinstatement application by the licensee.

(3) The required documentation of attendance at an accredited residency or fellowship as described in §B(2)(c) of this regulation shall be a certificate or other form of documentation which shall contain at the minimum the:

(a) Program title;

(b) ACGME accredited sponsor's name and location;

(c) Physician's name;

(d) Inclusive dates of the residency or fellowship;

(e) Specialty area of residency or fellowship; and

(f) Documented verification of completion by the sponsor.

(4) The required documentation of self-instruction as described in §B(2)(d) of this regulation shall be a specialty certificate issued by an ABMS-approved specialty board within the 2-year period immediately preceding the submission of a renewal or reinstatement application.

(5) The required documentation of service to a committee is one of the following:

(a) For service to a peer review committee:

(i) Documentation from the Faculty acknowledging the designation of the applicant as a specialist reviewer on a peer review report submitted to the Board, and stating the number of hours the applicant expended on the completion of the report, or

(ii) Documentation from the Faculty acknowledging the applicant as chair of a peer review or peer review management committee for a specific period;

(b) For service to the Physician Rehabilitation Committee:

(i) Documentation from the Faculty acknowledging the designation of the applicant as an intervenor or assessor, or as a monitor of ongoing treatment or recovery of a physician participant under the auspices of the Physician Rehabilitation Committee and submitting reports to the committee, or

(ii) Documentation from the Faculty acknowledging the applicant as chair of the Physician Rehabilitation Committee, for a specific period;

(c) For service to a focused professional education committee:

(i) Documentation from the Faculty acknowledging the designation of the applicant as a specialist reviewer/evaluator submitting a written report to the committee, or as a preceptor of a physician undergoing a focused education experience and submitting reports to the committee, or

(ii) Documentation from the Faculty acknowledging the applicant as chair of a focused professional education committee for a specific period;

(d) For service as a preceptor:

(i) Documentation from the respective course masters for medical students, or

(ii) Documentation from the training director for postgraduate trainees.

E. The Board shall apply the continuing medical education requirement to all renewal and reinstatement applications after the first renewal, or, in the case of an applicant who has never renewed, after initial licensure.