

MARYLAND BOARD OF PHYSICIANS

MANDATED 10-DAY REPORT

Maryland Code Annotated, Health Occupations Article ("Health Occ.") §§14-413(a)(2)(i) and 14-414(a)(2)(i) require that within 10 days of an action hospitals, related institutions, and alternative health systems ("facilities") report any action taken against a licensed physician which denies, restricts, limits, changes, removes, terminates, suspends, or places any conditions or restrictions on the privileges and/or salaried or contractual employment of the physician for reasons that might be grounds for disciplinary action under provisions of Health Occ. §14-404 as determined by the Board NOT the facility.

Maryland law includes similar language requiring 10-day reporting of actions taken by facilities and employers against allied health practitioners licensed by the Board: physician assistants (Health Occ. §15-103); respiratory care practitioners (Health Occ. §14-5A-18); radiographers, radiation therapists, nuclear medicine technologists, and radiology assistants (all four groups are covered by Health Occ. §14-5B-15); polysomnographic technologists (Health Occ. §14-5C-18); athletic trainers (Health Occ. §14-5D-11.2) and perfusionists (Health Occ. §14-5E-18). The reporting requirements for naturopathic doctors can be found at Health Occ. §14-5F-19 and COMAR 10.32.22.04.

A 10-day report must be filed within 10 days of any change taken by a reporting entity with respect to a physician or allied health practitioner. An action is reportable within 10 days of the change, NOT after the appeal process. The Board has adopted regulations to clarify the types of changes that are reportable and the types of changes that are not reportable. See COMAR 10.32.22. Facilities are encouraged to be over-inclusive in their reports and to contact the Board if there are questions about whether a particular situation is reportable.

Instructions: If you have questions, please call the Maryland Board of Physicians at 410-764-2480 or 1-800-492-6836 (x2480) to speak with Intake staff.

1. Complete ALL items on both pages of this form.
2. Retain a copy for your records.
3. Submit completed forms to:

Intake Manager
Maryland Board of Physicians
4201 Patterson Ave
Baltimore, MD 21215-0095
Fax: 410-358-2252 or 410-358-1298

1. NAME OF FACILITY/HMO / EMPLOYER: _____

2. CONTACT DESIGNEE OF RECORDS: _____
(NAME) (TELEPHONE #)

3. DATE OF ACTION: ____/____/____

4. NAME OF LICENSEE: _____
(LAST) (FIRST) (MIDDLE)

5. PRACTITIONER NUMBER: _____ 6. LICENSE TYPE(S): _____
(LICENSE NUMBER)

7. ACTIONS TAKEN:
(PLEASE CHECK ALL THAT APPLY)

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> SUSPENSION | <input type="checkbox"/> REDUCTION/RESTRICTION | <input type="checkbox"/> REVOCATION | <input type="checkbox"/> DENIED INITIAL APPLICATION OR REAPPLICATION |
| <input type="checkbox"/> LIMITATION
<input type="radio"/> Probation | <input type="checkbox"/> RESIGNATION
<input type="radio"/> Voluntary Resignation | <input type="checkbox"/> TERMINATION | <input type="checkbox"/> CHANGE
<input type="radio"/> Leave of Absence
<input type="radio"/> Medical Leave of Absence
<input type="radio"/> Leave of Absence in Lieu of Discipline |

OTHER (PLEASE EXPLAIN): _____
