BOARD OF PHYSICIANS Maryland Department of Health Name of Profession:	-	Check One: Initial Licensure Reinstatement
ATTENTION: Service Members, Veterans or Military Spouses		
PLEASE REVIEW BEFORE PROCEEDING		
The Board offers expedited licensure for service members, veterans, and military spouses. If a service member, veteran, or military spouse meets the requirements for licensure, the Board will issue the license within 15 days after receiving a completed application and fee.		
"Veteran" means a former service member who was discharged from active duty under circumstances other than dishonorable within one year before the date on which the application for license, certificate, or registration is submitted.		
YVeteran " does <i>not</i> include an individual who has completed active duty and has been discharged for more than one year before the application for a license, certification, or registration is submitted.		
 "Military Spouse" means the spouse of a service member or veteran, "Military Spouse" includes a surviving spouse of: ✓ A veteran; or ✓ A service member who died within one year before the date on which the application for license, certification, or registration is submitted. 	 "Service Member" means an individual who is an active duty member of: ✓ The Armed Forces of the U.S.A ✓ A reserve Component of the Armed Forces of the U.S.A; or ✓ The National Guards of any State 	
Complete ONLY if You Meet the Following Criteria		
Check the appropriate box Service Member — Currently serving in the Unit Forces or National Guards of any State. Provide Weteran — Discharged from active military during the one year of submitting the application.	de a copy of your current military ID output ty under circumstances other than	card.
Military Spouse: Spouse is a Veteran. Provide a copy of Spouse was a Service Member who did the application. Provide Uniformed Se	f your spouse's DD214 and your marr ed within one year before the date o	

Spouse is a Service Member currently serving in the U.S. Armed Forces, a reserve

spouse's current military ID and your marriage certificate.

Name of Applicant: ______ Military Branch: _____

component of the Armed Forces or National Guards of any State. Provide a copy of your