

# **ATTENTION!**

**Criminal History Record Checks (CHRC) are required for all applicants. The Board may not reinstate or issue a new license to any applicant, physician or allied health practitioner, if the Board has not received criminal history record information.**

**The Board recommends that you do not submit your fingerprints for a CHRC earlier than 6 weeks before the date you intend to submit your initial license or reinstatement application to the Board.**

**The Board is only authorized to retain CHRC information for 90 days. If the CHRC is over 90 days, the applicant will be required to complete a new CHRC.**

**For detailed instructions on submitting your fingerprints for a CHRC, please read and follow the attached instructions.**



# MARYLAND Department of Health Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

## **Notice: Criminal History Records Check Required**

Dear Applicant for Initial License or Reinstatement of License:

A full Criminal History Records Check (CHRC) is a qualification of licensure. The Board may not reinstate or issue a new license to any applicant, physician, or allied health practitioner, if the Board has not received criminal history record information.

A CHRC will include both a State and national criminal history records check conducted by the Maryland Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) and will be maintained in the Maryland and FBI database for further identification purposes. Applicants have the right to challenge their records, which is discussed in more detail in the FBI NonCriminal Justice Applicant's Privacy Rights notice ([https://www.mbp.state.md.us/forms/fbi\\_privacy\\_rights.pdf](https://www.mbp.state.md.us/forms/fbi_privacy_rights.pdf)). An applicant for initial licensure or reinstatement shall apply to CJIS for a CHRC and the application shall include:

1. Two complete sets of legible fingerprints taken on forms approved by CJIS and the FBI; and
2. Payment of the required fees.

### **Timing of CHRCs**

The Board recommends that applicants do not submit fingerprints earlier than 6 weeks before the date the applicant/licensee intends to complete the initial license or reinstatement application. The Board is only authorized to retain CHRC information for 90 days. If the CHRC is over 90 days, the applicant will be required to complete a new CHRC.

### **Fingerprints**

#### **A. For Initial Applicants and Reinstatements**

All applicants for licensure in Maryland will be required to submit fingerprints for the CHRC. In order to be fingerprinted, the fingerprinting entity will need the following Board specific information:

- CJIS Authorization #: 1600000743
- FBI ORI #: MD 920522Z
- Reason Fingerprinted: Professional License
- Type of Check: Governmental Licensing/ Certification

## 1. Within Maryland

- a. Go to an authorized location to be fingerprinted prior to mailing in your application to the Board. For a list of electronic fingerprinting locations go to the following website: <https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>. The Board is not responsible for the list. If there are any concerns about a fingerprinting location, please contact CJIS directly.
- b. Provide the fingerprinting entity the CJIS Authorization number and FBI ORI # provided on page 1 of this letter.
- c. Pay the appropriate fee to the fingerprinting entity.

Once the Board receives the results of the CHRCs, the application process will be completed in accordance to Board regulations and policies.

## 2. Outside of Maryland

- a. Out of state applicants have the option of using a Maryland location for fingerprinting. If a Maryland location is used, follow the instructions above for applicants within Maryland. If a location outside of Maryland is used, follow the instructions below.
- b. Either:
  - i. Write to CJIS-Central Repository at P.O Box 32708, Pikesville, Maryland 21282-2708, or
  - ii. Call the Central Repository in Baltimore City at 410-764-4501 or toll free number 1-888-795-0011 to request fingerprint cards.
- c. Have CJIS Authorization and FBI ORI Board #'s available to complete your submission.
- d. Mail the fingerprint card and associated fee to CJIS-Central Repository, P.O Box 32708, Pikesville, Maryland 21282-2708, or overnight the fingerprint card to 6776 Reisterstown Road, Suite 102, Baltimore Maryland 21215.
- e. Please include a check or cashier's check made out to "CJIS Central Repository".

Once the Board received the results of the CHRCs, the application process will be completed in accordance to the Board regulations and policies.

### **Timing of CHRCs**

The Board recommends that applicants do not submit fingerprints earlier than 6 weeks before the date the applicant/licensee intends to complete the initial license or reinstatement application. The Board is only authorized to retain CHRC information for 90 days. If the CHRC is over 90 days, the applicant will be required to complete a new CHRC.

### **Fees:**

Fees are required for CJIS to process each criminal background record check request. All fees must be paid by credit card, check or cashier's check in United States currency. The Central Repository cannot accept cash.

Do not send any payment to the Board, as it does not conduct CHRCs. For additional information contact CJIS at 410-764-4501 or visit <https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>.

*Questions?*

Should you have any questions, concerns, or to check the status of a criminal history record information request, please contact the **CJIS Call Center at 410-764-4501 or 1-888-795-0011**, Monday-Friday 8:00 a.m. - 5:00 p.m. The Board cannot assist you in this regard.

**\*Please do not contact the Board to verify receipt or submit receipts. The Board will receive the electronic CHRC notifications within 3 – 14 days.**

**MARYLAND BOARD OF PHYSICIANS**

**P.O. Box 37217**

**Baltimore, MD 21297**

[www.mbp.state.md.us](http://www.mbp.state.md.us)

410-764-4777; 800-492-6836

**APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE**

1. The application packet consists of the enclosed twelve forms.
2. The application fee of \$1,090.00 must be made payable to the Board of Physicians.
3. An application that is submitted to the Board of Physicians (the Board) without the correct application fee will be returned to the sender.
4. In general, the processing of an application takes from 14 to 16 weeks. Sixty days after receipt of an application, the Board will determine if an application is complete. If it is determined that the application is not complete, a status letter (notice of deficiency) will be sent to the applicant. Upon receipt, the applicant shall correct the deficiency within 60 days or other period specified in the notice.

The application will lapse if the deficiency is not corrected within the required period. Thereafter, a new application and full application fee will be required.

5. Send your application to:

**Conceded Eminence Unit  
Board of Physicians  
P.O. Box 37217  
Baltimore, MD 21297**

Any communication not directed to the above address and any mistake or omission in completing the forms will delay the processing of the application.

## **IMPORTANT NOTICE**

### Social Security Numbers

Maryland law requires the Board to collect Social Security numbers from all persons applying for their professional licenses or certificates. Disclosure of your Social Security number is mandatory. The Board is permitted by State or Federal law or regulation to use the Social Security number for the following purposes:

1. Verification of identity with respect to actions related to your license (Code of Maryland Regulations 10.32.01.);
2. Administration of the Child Support Enforcement Program (Family Law Article, §10-119.3);
3. Identification by the Department of Assessments and Taxation of new businesses in Maryland (Health Occupations Article, §1-210);
4. Verification by the Maryland Medicaid program of licensure and sanctions for providers participating in Medicaid [42 U.S.C. §1396a(a)(49); 42 U.S.C. §1396r-2; 42 U.S.C. §1320a-7].



# Maryland Board of Physicians

APPLICATION FOR IML Conceded Eminence

FOR BANK USE ONLY	
Date	___/___/___
Check Number	_____
Amt Paid	_____
Name Code	_____
App ID : 20	

## ATTENTION

If You Are a Veteran, Service Member or Military Spouse

**PLEASE REVIEW AND COMPLETE BEFORE PROCEEDING**

**“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.

**“Veteran”** does not 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,

**“Service Member”** means an individual who is an active duty member of:

**“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.

- \* The Armed Forces of The United States
- \* A reserve Component of the Armed Forces of the United States; 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 U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any State. **Provide supporting documents.**
- Veteran – Discharged from active military duty under circumstances other than dishonorable within the one year of submitting the application. **Provide supporting documents.**
- Military Spouse: **Check the appropriate box**
  - Spouse is a Veteran. **Provide supporting documents.**
  - Spouse was a service member who died within one year before the date of submitting the application. **Provide supporting documents.**
  - Spouse is a Service Member currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any State. **Provide supporting documents.**

\_\_\_\_\_  
Name of Applicant (PRINT)

**MARYLAND BOARD OF PHYSICIANS**

P.O. BOX 37217  
Baltimore, Maryland 21297

**APPLICATION FOR MEDICAL LICENSE  
BY CONCEDED EMINENCE**

**FOR BANK USE ONLY**

DATE: \_\_\_\_/\_\_\_\_/200\_\_

CHECK NUMBER: \_\_\_\_\_

AMT PAID: \$ \_\_\_\_\_

NAME CODE: \_\_\_\_\_

APPID: 20

**FOR BOARD USE ONLY**

License No. \_\_\_\_\_

Date of Issuance: \_\_\_\_\_

Control Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**1. Name of Applicant:**

Enter your name on the appropriate line. If any of your credentials bears a name that does not completely match the name on your application, explain the name change and attach a copy of a legal document that supports/explains the change.

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Name Under Which Originally Licensed in Another Jurisdiction, If Different From Above

**2. Address**

\_\_\_\_\_  
Street Address, Including Suite/Apartment Number

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
State/Country

\_\_\_\_\_  
Zip Code

**3. Telephone Number (including area code):** \_\_\_\_\_

**4. Information for Identification:**

a. Date of Birth: \_\_\_\_\_ b. Sex: \_\_\_\_\_  
MM/DD/YYYY Female Male

c. Country of Birth: \_\_\_\_\_ d. SSN: \_\_\_\_\_

e. Race/Ethnicity: \_\_\_\_\_ Alaskan Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Caucasian  
\_\_\_\_\_ Hispanic or Latin \_\_\_\_\_ Native American  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_



Name of Applicant: \_\_\_\_\_

**5. Medical Education:** Send a notarized true and unaltered copy of your medical school diploma to the Maryland Board of Physicians.

\_\_\_\_\_  
Full Name of Medical School/University

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/County      State/Country      Zip Code

\_\_\_\_\_  
Date of Graduation      Inclusive Dates of Attendance

\_\_\_\_\_  
Language of Instruction During the Inclusive Dates of Attendance

**6. Activities After Graduation:** List all the activities upon graduation from a medical school. If you use attachments, print your name and date on each page.

From/to	Activity	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**7. Examination (s) Taken:** Contact all the applicable agencies that have your medical licensing examination scores and ask them to send your complete medical licensing examination history and scores to the Maryland Board of Physicians (the Board).

Below is a list of medical licensing examinations. Put a check mark opposite every examination you have taken.

- |       |                             |
|-------|-----------------------------|
| _____ | E-ECFMG                     |
| _____ | F-FLEX                      |
| _____ | N-National Boards           |
| _____ | Sp-SPEX                     |
| _____ | St-State Written Exam (USA) |
| _____ | U-USMLE                     |
| _____ | O-Other (Specify): _____    |

Name of Applicant: \_\_\_\_\_

8. Do you hold either a current or expired medical license in any state?

\_\_\_\_\_ If YES, list all states in which you have been licensed and the license numbers. (List additional states on another sheet of paper. Be sure to sign and date the sheet of paper.)

\_\_\_\_\_, # \_\_\_\_\_; \_\_\_\_\_, # \_\_\_\_\_; \_\_\_\_\_, # \_\_\_\_\_  
State License # State License # State License #

9. For each question, check the appropriate box that reflects your response. For each question answered YES, attach a detailed explanation and documentation. Include copies of malpractice claims, court complaints, disciplinary actions, records and file numbers, current status, and disposition. Each attachment must bear your name and the date of submission.

**YES NO**

- \_\_\_\_\_  a. Have you ever been denied an application for medical license, reinstatement, or renewal by any state licensing or disciplinary board or any comparable body in the Armed Services ?
- \_\_\_\_\_  b. Has any action been taken against your license by any state licensing or disciplinary board, or any comparable body in the Armed Services, including but not limited to limitations of practice, required education, admonishment, reprimand, suspension or revocation for an act that would be grounds for disciplinary action under Md. Code Ann., Health Occ. Section 14-404?
- \_\_\_\_\_  c. Have any investigations been brought against you by any licensing or disciplinary body or comparable body in the Armed Services?
- \_\_\_\_\_  d. Have you ever withdrawn an application for any medical or health professional license for reasons that would be grounds for disciplinary action under Md. Code Ann., Health Occ. Section 14-404?
- \_\_\_\_\_  e. Have any investigations or charges been brought against you by any hospital, related institution, or alternative health care system that might be grounds for action under Md. Code Ann., Health Occ. Section 14-404?
- \_\_\_\_\_  f. Have you ever had any limitations or loss of privileges by any hospital, related health care facility or alternative health care system that might be grounds for action under Md. Code Ann., Health Occ. Section 14-404?
- \_\_\_\_\_  g. Have you ever pled guilty, nolo contendere, or been convicted of, or received probation before judgement for any criminal act?
- \_\_\_\_\_  h. Have you ever pled guilty, nolo contendere, been convicted of, or received probation before judgement for any alcohol or controlled dangerous substance offense, including but not limited to, driving while under the influence of alcohol or controlled dangerous substance?

Name of Applicant: \_\_\_\_\_

**YES NO**

- \_\_\_\_ \_\_\_\_ i. Have you had any arrests which would provide a basis for investigation or charges that would be grounds for disciplinary action under Md. Code Ann., Health Occ. Section 14-404?
- \_\_\_\_ \_\_\_\_ j. Have you had any illness or condition which has impaired your ability to practice medicine within the 3 years prior to, or during the pendency of, this application?
- \_\_\_\_ \_\_\_\_ k. Have you ever had any treatment of alcohol abuse, substance abuse or chemical dependence?
- \_\_\_\_ \_\_\_\_ l. Have you ever been named as defendant in the filing or settling of any medical malpractice actions?

**10. Malpractice History:** Submit your complete malpractice history with the application form. Each page of the attachment must have your name and date of submission.

**11. Driving Record:** Submit your complete driving record, including but not limited to, convictions for driving while intoxicated or while under the influence of any chemical substance or medication. Each page of your driving record must have your name and date of submission.

**12. Physical and/or Mental Examinations and/or Evaluation Program for Treatment of Impaired Applicant:** Submit all the applicable documents. Each page of the document must have your name and date of submission.

**13. Agreement, Allowance, Consent and Certification** (To be signed and dated in front of a notary public).

- A. **Agreements to Cooperate and to Notify the Maryland Board of Physicians (the Board) of any action:** I agree that I will cooperate fully with any request for information, inspection of my medical practice or investigation, including the subpoena of documents on records, incident to my medical practice while licensed in the State of Maryland. I further agree to inform the Board by certified mail, return receipt requested, within 30 days of receiving notice of any action against me under Md. Code Ann., Health Occ. Sections 14-205, 14-206, 14-301, 14-302, 14-306-308, and Chapter 273 (1992).
- B. **Allowance for the Maryland Board of Physicians to Release Information That Is Not Statutorily Protected:** I allow the Maryland Board of Physicians to release information about me that is not statutorily protected.
- C. **Consent to Submit to an Evaluation:** I consent to submit to an evaluation by the Specialty Identification Committee of the Medical and Chirurgical Faculty of Maryland or other committee, to an interview, and to be subject to peer review of my practice in accordance with Md. Code Ann, Health Occ., Section 14-401(b).

Name of Applicant: \_\_\_\_\_

D. **Certification:** I certify that the information supplied in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

14. **Notarization** (to be completed by a notary public)

\_\_\_\_\_, M.D. of

\_\_\_\_\_ being duly sworn says that he/she is the person referred to in the above application for license to practice Medicine and Surgery in the State of Maryland, and that all statements made in this application are true. The attached photograph bearing my notarial seal is that of the person, here present, making the above application. Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Notary Public in Print

APPLICANT'S  
PASSPORT  
PHOTOGRAPH

**MARYLAND BOARD OF PHYSICIANS**

P.O. Box 2571

Baltimore, MD 21215-0095

**APPLICATION FOR MEDICAL LICENSURE BY CONCEDED EMINENCE**

**Recommendation**

To: The Maryland Board of Physicians

From: \_\_\_\_\_ Dean, Johns Hopkins University School of Medicine  
\_\_\_\_\_ Dean, University of Maryland School of Medicine  
\_\_\_\_\_ Dean, Uniformed Services University of the Health Sciences  
\_\_\_\_\_ Director, National Institutes of Health

Re: Application of \_\_\_\_\_ M.D.

Date:

---

I recommend Dr. \_\_\_\_\_ for a medical license by conceded  
Name of Applicant

eminence and attest that the applicant will be appointed \_\_\_\_\_ at the  
Title

\_\_\_\_\_, effective \_\_\_\_\_  
Name of Institution Date

The applicant's proposed responsibilities will be as follows:

The reason for any limitations of those practice responsibilities are:

The degree of supervision under which the applicant will function is described below:

---

Signature

---

Name in Print and Full Title

---

Full Name of Institution

---

Telephone, including area code

**SCHOOL/COLLEGE/UNIVERSITY SEAL**

**MARYLAND BOARD OF PHYSICIANS**

P. O. Box 2571

Baltimore, Maryland 21215-0095

**APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE**

**Evidence of Teaching, Research, and Achievement**

Under penalties of perjury, I attest that I possess the following qualifications:

1. Within 10 years prior to this application, I have published original results of clinical research in a medical journal listed in the Index Medicus, or in an equivalent scholarly publication and hereby submit the attached copies of these articles in English or in a foreign language with verifiable, certified translations in English.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. I have held an appointment at the level of:

- a. Associate professor at an LCME-approved medical school.

\_\_\_\_\_  
Name and Address of Medical School

for \_\_\_\_\_ years or at a medical school listed in the World Health Organization Directory,  
Number

\_\_\_\_\_

\_\_\_\_\_  
Name and Address of Medical School

\_\_\_\_\_

for \_\_\_\_\_ years.  
Number

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THE NEXT PAGE OF THIS FORM MUST ALSO BE COMPLETED.**

b. Full Professor at an LCME-approved medical school, \_\_\_\_\_

\_\_\_\_\_  
Name and Address of Medical School  
\_\_\_\_\_

for \_\_\_\_\_ years or at a medical school listed in the World Health  
Number

Organization Directory, \_\_\_\_\_

\_\_\_\_\_  
Name and Address of Medical School  
\_\_\_\_\_

for \_\_\_\_\_ years.  
Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

3. Within 10 years prior to this application. I have developed a treatment modality, surgical technique, or other verified original contribution to the field of medicine, which is attested to by the dean of a medical school in Maryland or by the director of the National Institutes of Health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4. I have actively practiced medicine cumulatively for at least 15 years. Of these 15 years, \_\_\_\_\_ were spent on research while on sabbatical leave.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5. I am a member in good standing of the Board of \_\_\_\_\_  
\_\_\_\_\_ of the American board of Medical Specialties of other equivalent  
specialty board. Attached is a copy of the applicable board certificate(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**MARYLAND BOARD OF PHYSICIANS**

P.O. Box 2571

Baltimore, Maryland 21215-0095

**APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE**

**Supervision of Applicant**

To: The Maryland Board of Physicians

From: The Supervising Physician

Re: Application of \_\_\_\_\_, M.D.

Date:

---

I am/will be the supervising physician of the applicant. The detailed description of the medical services, duties, and responsibilities that the applicant will perform are listed below.

**THE NEXT PAGE OF THIS FORM MUST ALSO BE COMPLETED.**

*Continued from previous page*

Attestation:

Under penalties of perjury, I attest that the information provided in this form is true and correct to the best of my knowledge and belief.

---

Signature of Supervising Physician

Date

---

Title of Supervising Physician

---

Name of Institution Where the Applicant and the Supervising Physician Will Work Together

---

Telephone number, including area code of supervising physician

**MARYLAND BOARD OF PHYSICIANS**

P.O. Box 2571

Baltimore, MD 21215-0095

**APPLICATION FOR MEDICAL LICENSURE BY CONCEDED EMINENCE**

**Consent to Release Information**

To the Maryland Board of Physicians:

I agree that any person may release to you any information necessary for the processing of my application for medical license by conceded eminence in the State of Maryland.

---

Signature of Applicant

Date

---

Name of Applicant in Print

**MARYLAND BOARD OF PHYSICIANS**

P.O. Box 2571

Baltimore, Maryland 21215-0095

**APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE**

**Attestation By A Dean of Medical School in Maryland or The Director of the National Institutes of Health**

Name of applicant: \_\_\_\_\_

Attestation:

I attest that Dr. \_\_\_\_\_ has developed:

- \_\_\_\_\_ 1. a treatment modality; and/or
- \_\_\_\_\_ 2. a surgical technique; and/or
- \_\_\_\_\_ 3. other verified original contribution(s) to the field of medicine.

Attached are the description(s) of the treatment modality and/or surgical technique and/or other verified contribution(s) to the field of medicine as well as the supporting documents.

\_\_\_\_\_  
Signature of Dean of Medical School in Maryland/Director of National Institutes of Health Date

\_\_\_\_\_  
Name and Title in Print Date

\_\_\_\_\_  
Telephone number, including area code

**MARYLAND BOARD OF PHYSICIANS**

P.O. Box 2571  
Baltimore, MD 21215-0095

**APPLICATION FOR CONCEDED EMINENCE**

**Verification of Education and English Language Instruction**

**Part 1 - Applicant, please complete this part of the form and send it to the institution that conferred the MD/DO on you.**

Name: \_\_\_\_\_  
Last name and generational indicator, if applicable      First name      Middle name

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month/date/year

Name of Institution that conferred the Medical Degree/Doctor of Osteopathy\* \_\_\_\_\_  
\_\_\_\_\_

Degree received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
Month/day/year

Inclusive date of attendance: From \_\_\_\_\_ to \_\_\_\_\_  
Month/year      Month/year

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*If this institution is different from the medical school(s) where you obtained your medical education, write the name of your medical schools and the inclusive dates of your attendance.

**Part 2 - Authorized official in the educational institution that conferred the medical degree or doctor or osteopathy on the applicant, please complete this part of the form and send it directly to the Maryland Board of Physicians at the above address.**

I hereby certify that:

\_\_\_\_\_ A. The applicant graduated with a degree of \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_ B. The language of instruction was \_\_\_\_\_ during the inclusive dates  
of attendance: From \_\_\_\_\_ to \_\_\_\_\_.  
Month/year      Month/year

Name of School Official in Print \_\_\_\_\_

Signature of School Official \_\_\_\_\_

Title \_\_\_\_\_

**SEAL OF INSTITUTION**

**MARYLAND BOARD OF PHYSICIANS**

P.O. Box 2571

Baltimore, MD 21215-0095

**APPLICATION FOR MEDICAL LICENSURE BY CONCEDED EMINENCE**

**State Board Licensure Verification**

**Part A: To be completed by applicant. Please complete this portion and send a copy of the form to each state board from which you have ever been issued any form of medical licensure.**

Name in Print \_\_\_\_\_

Medical School of Graduation and Branch, If Applicable \_\_\_\_\_ Year of Graduation \_\_\_\_\_

State Issuing License \_\_\_\_\_ License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Licensed by: \_\_\_\_\_ FLEX \_\_\_\_\_ National Boards  
\_\_\_\_\_ MCCQE \_\_\_\_\_ State Written Exam  
\_\_\_\_\_ USMLE \_\_\_\_\_ OTHER (explain)

Any restrictions, conditions, etc., on your license to practice medicine? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

Present status of medical license: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part B: To be completed by the State Licensing Authority. Please complete this part and send this form directly to the Maryland Board of Physicians at the above address.**

Licensee is: \_\_\_\_\_ in good standing \_\_\_\_\_ revoked \_\_\_\_\_ suspended \_\_\_\_\_ other

If not in good standing, reason: \_\_\_\_\_

Any negative information or pending charges: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature of Board Official Completing This Form \_\_\_\_\_ Date \_\_\_\_\_

**STATE**

Name in Print \_\_\_\_\_

**SEAL**

Name of State Medical/ Osteopathic Board \_\_\_\_\_

**MARYLAND BOARD OF PHYSICIANS**

P.O. Box 2571

Baltimore, MD 21215-0095

**APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE**

**Documentation of Speech Impairment**

**Part A: To be completed by the applicant**

Name of applicant: \_\_\_\_\_

Type of speech impairment claimed: \_\_\_\_\_

Onset of impairment: \_\_\_\_\_

Status of impairment: \_\_\_\_\_

Name of treating physician: \_\_\_\_\_

Name of speech pathologist: \_\_\_\_\_

Number of times the Test of Spoken English or Test of English as a Foreign Language or equivalent examination approved by the Board has been taken to date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part B: To be completed by the treating physician**

History:

**THE NEXT PAGE OF THIS FORM MUST BE COMPLETED.**

Diagnosis, including results of specific test:

Treatment:

Current status:

Recommendation:

---

Signature

Date

---

Name in Print

---

Telephone number including area code

**PAGE 3 OF THIS FORM MUST ALSO BE COMPLETED.**



Name of Applicant: \_\_\_\_\_

**Part C: To be completed by the speech pathologist**

History:

Diagnosis, including tests and results:

Treatment:

Current Status:

Recommendation:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name in Print

\_\_\_\_\_  
Telephone number including area code

**MARYLAND BOARD OF PHYSICIANS**

P.O. Box 2571

Baltimore, Maryland 21215-0095

**APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE**

**Certificate of Physicians**

I hereby certify that I have known \_\_\_\_\_, M.D.

for \_\_\_\_\_ years and that he/she is of good moral character and free from mental defect and

Number

drug habits likely to interfere with the proper practice of medicine and surgery. I further certify the

photograph affixed to this form is a recent one and a genuine likeness of \_\_\_\_\_

\_\_\_\_\_, M.D.

Name in Print

I have been licensed in the following state(s);

State

Status of Medical License

\_\_\_\_\_  
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\_\_\_\_\_

Signature of Physician Vouching for the Applicant

Date

Name in Print

Street Address

Town/City

State

Zip Code

# MARYLAND BOARD OF PHYSICIANS

P.O. Box 2571

Baltimore, Maryland 21215-0095

## APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE

### Additional Information and Requirements

#### 1. Certificate of Physician

Send copies of the enclosed MBP Form ConEm10 07/2003 to two physicians who will vouch for your good moral character and freedom from mental defects and drug habits likely to interfere with the proper practice of medicine and surgery for completion and submission to the Board. Both physicians must hold medical licenses in the United States of America. The licenses must be active and in good standing.

#### 2. Claim of Speech Impairment

If you wish to claim speech impairment, submit MBP Form ConEm 9 07/2003 with your application form, MBP Form ConEm1 07/2003. These documents must be submitted to the Board before your second attempt at passing the Test of Spoken English or its equivalent.

After the second examination, documentation of an impairment may not be submitted or accepted unless there has been an intervening medical/surgical event which has created the impairment. You will be allowed to claim impairment only if:

- a. This event was reported to the Board before a third examination; and
- b. The Board determines that the medical/surgical event did indeed create the impairment.

If you have properly claimed and documented a speech impairment, the Board shall request the following proof:

- a. Documentation from three licensed physicians that you can communicate in a professionally competent manner with patients and health care providers; or
- b. A hearing before the Board where you will be asked to describe the manner in which you will obtain a history and physical examination from a typical patient.

#### 3. Competence to Practice Medicine

Request the Chief of Staff of the hospital where you practiced medicine within the 5 years preceding this application to send a letter to the Conceded Eminence Unit of the Maryland Board of Physicians (the Board) at the above address detailing your competence to practice medicine. The letter must be on official letterhead, signed and dated.

**THE NEXT PAGE OF THIS FORM MUST ALSO BE READ.**

#### 4. **Competency in the English Language**

An applicant shall demonstrate oral and written competency in the English language as follows:

- a. Graduation from a recognized, English-speaking undergraduate college or university after at least 3 years of enrollment; **or**
- b. Graduation from a recognized, English-speaking professional school; **or**
- c. Achieving a score of 220 on the Test of Spoken English on tests taken before July 1995 or a score of at least 50 on tests taken beginning July, 1995; **or**
- d. Achieve a score of at least 2 or Advanced for examinations after October 1, 1994. (NOTE: A prospective OPI applicant must have an application for conceded eminence on file with the Board before OPI testing can be scheduled; **and**
- e. Achieving a score of 550 on the paper and pencils Test of English as a Foreign Language (TOEFL) or a score of at least 213 on the computer-based TOEFL; **or**
- f. A passing score on the Educational Commission for Foreign Medical Graduates (ECFMG) English test taken beginning January, 1974.

#### **Information about the OPI, TOEFL and TSE**

**If you need to schedule a TOEFL or TSE examination, or to arrange for your scores to be sent to the Board, contact the Educational Testing Service by phone at 1-609-771-7100; by fax at 1-609-771-7500 e-mail at [toefl@est.org](mailto:toefl@est.org) or <http://www.toefl.org>.**

**For information about the OPI, contact the Language Testing International at 1-914-948-5100. The LTI will explain to you how to make payment for testing. Within 24-72 hours of receiving your payment, LTI can schedule your interview. Before you schedule your interview, contact the Board at 410-764-4760 or 1-800-492-6836, extension 4760 to arrange a specific date, time, and location for your telephone interview. Remember, you must have an application on file with the Board before LTI will schedule your interview.**

#### 5. **Evaluation**

The Board may require you to be evaluated by a committee of the Medical and Chirurgical Faculty of Maryland or other committee and to be interviewed. The Board may also require a peer review of your practice in accordance with Health Occupations Article, Section 14-401(b), Annotated Code of Maryland.

#### 6. **Withdrawal**

An application may not be withdrawn if the applicant is under investigation of charges for reasons that may be grounds under Health Occupations Article, Section 14-404, Annotated Code of Maryland, if the applicant were licensed in this State.

#### 7. **ECFMG Certification**

If applicable, please provide a copy of your ECFMG Certificate.

**MARYLAND BOARD OF PHYSICIANS**

P.O, Box 2571

Baltimore, Maryland 21215-0095

**APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE**

**Checklist for the Applicant**

Have you:

- Completed and submitted the 5-page application form, MBP Form ConEm1 07/2003?
- Enclosed explanation of different names on your credentials and supporting legal document, if applicable?
- Enclosed a notarized true and unaltered copy of your medical school diploma?
- Attached additional sheets, with your name and date on each page, listing your activities after graduation, if applicable?
- Requested all the applicable agencies to send directly to the Maryland Board of Physicians (the Board) your complete medical licensing examination history and scores?
- Enclosed detailed explanation and documentation for each YES answer give to any of the questions under number 9, if applicable? Each page must bear your name and date.
- Enclosed your complete malpractice history, if applicable?
- Enclosed your complete driving record, if applicable?
- Enclosed your physical and/or mental examinations and/or evaluation program for treatment of impairment, if applicable?
- Sent the recommendation form, MBP Form ConEm2 07/2003, to a dean of a medical school in Maryland or the director of the National Institutes of Health for completion and submission to the Board?
- Completed and submitted the evidence of teaching, research, and achievement form, MBP Form ConEm3 07/2003?
- Attached copies of articles in English or in a foreign language with a verifiable, certified translation, if applicable? The articles must be on original results of your clinical research that have been published in a medical journal listed in the Index Medicus or in an equivalent scholarly publication.
- Attached a copy/copies of your board certificate(s), if applicable?

**THE NEXT PAGE OF THIS FORM MUST ALSO BE READ**

- \_\_\_\_\_ Sent the supervision of applicant form, MBP Form ConEm4 07/2003, to your supervising physician for completion and submission to the Board?
- \_\_\_\_\_ Completed and submitted the release of information form, MBP Form ConEm5 07/2003?
- \_\_\_\_\_ Sent the attestation form, MBP Form ConEm6 07/2003, to a dean of a medical school in Maryland or the director of NIH for completion and submission to the Board? The descriptions of the treatment modality and/or surgical technique and/or other verified contributions that you have made to the field of medicine as well as the supporting documents must be attached to the form.
- \_\_\_\_\_ Completed and submitted the Verification of Education and English Language Instruction form, MBP Form ConEm7 07/2003?
  - Requested the applicable agencies to submit directly to the Board your scores on the Test of Spoken English and the Test of English as a Foreign Language, if applicable?
- \_\_\_\_\_ Completed Part A of the state board licensure verification form, MBP Form ConEm8 07/2003, and sent it to each state medical board that ever issued you a license for completion and submission to the Board, if applicable?
- \_\_\_\_\_ Completed Part A of the documentation of speech impairment, MBP Form ConEm9 07/2003 and sent Part B and Part C to your treating physician and speech pathologist, respectively, for completion and submission to the Board, if applicable?
- \_\_\_\_\_ Sent the certificate of physician from, MBP Form ConEm10 07/2003, to two actively licensed physicians in the United States of America for completion and submission to this Board?
- \_\_\_\_\_ If applicable, provided a copy of your ECFMG certificate.
- \_\_\_\_\_ Read and been guided by the additional information and requirements from, MBP Form ConEm11 07/2003?

# **Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

## ***Subtitle 32 BOARD OF PHYSICIANS***

### **Chapter 13 Physician License by Conceded Eminence**

**Authority: Health Occupations Article, §§14-205, 14-206, 14-301, 14-302, 14-307—319, Annotated Code of Maryland; Chapter 273 (1993)**

*10.32.13.02*

#### **.01 Scope.**

These regulations establish the qualifications for an individual to become licensed in Maryland to practice medicine by virtue of conceded eminence and authority in the profession and to set limits on the license.

*10.32.13.02*

#### **.02 Definitions.**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

- (1) "ABMS or other equivalent specialty board" means the American Board of Medical Specialties or equivalent boards in other countries.
- (2) "Applicant" means an individual applying for initial licensure as a physician in Maryland.
- (3) "Application period" means the time between the filing of an application and the issuance of a license or denial of the application.
- (4) "Board" means the Board of Physicians.
- (5) "Conceded eminence and authority in the profession" means significant teaching, research, and achievement in a field of medicine recognized by the Board.
- (6) "Index Medicus" means an international list of periodicals concerning the practice of medicine.
- (7) "LCME" means Liaison Committee on Medical Education of the American College of Medical Education and the American Medical Association.
- (8) "LMCC" means Licentiate of the Medical Council of Canada, or its successor.

(9) "Malpractice history" means a list of claims filed against a health care provider for damage due to medical injuries as described in Courts and Judicial Proceedings Article, Title 3, Subtitle 2A, Annotated Code of Maryland, or adverse action reports made to the National Practitioner Data Bank of the federal government, or both.

(10) "Medical licensing examination results" means scores or results of examinations such as the:

- (a) Educational Commission for Foreign Medical Graduates (ECFMG), or its successor;
- (b) Federation Licensing Examination (FLEX) designed by the Federation of State Medical Boards;
- (c) National Board of Medical Examiners (NBME);
- (d) United States Medical Licensing Examination (USMLE) designed by the Federation of State Medical Boards; and
- (e) Special Purpose Examination prepared by the Federation of State Medical Boards (SPEX).

(11) "Speech impairment" means a disorder of the voice, in articulation of speech sounds, or nonfluency in the speaker's native language.

(12) "Test of Spoken English" means the Educational Testing Service examination designed to evaluate the spoken English proficiency of those whose native language is not English.

(13) "World Health Organization directory" means the World Directory of Medical Schools, an international list of recognized medical schools compiled by the World Health Organization agency of the United Nations.

*10.32.13.03*

### **.03 Qualifications for Special License by Conceded Eminence.**

A. An applicant shall:

- (1) Complete an application on a form supplied by the Board;
- (2) Pay an application fee set by the Board in COMAR 10.32.01.11;
- (3) Be of good moral character; and
- (4) Be at least 18 years old.

B. Recommendations. On a form supplied by the Board, the dean of a school of medicine in the State or the director of the National Institutes of Health shall recommend the applicant to the Board, by:

- (1) Attesting to the fact that the applicant is to receive an appointment at the institution represented by the dean or director; and



(2) Presenting the Board with detailed evidence of the physician's qualifications and competence including:

- (a) The nature of the physician's proposed responsibilities,
- (b) Reasons for any limitations of the physician's practice responsibilities, and
- (c) The degree of supervision, if any, under which the physician will function.

C. Evidence of Teaching, Research, and Achievement. An applicant shall demonstrate eminence and authority in the profession by meeting at least three of the following qualifications which are necessary, but not by themselves sufficient, for licensure under this chapter:

- (1) Within 10 years before the application, have published original results of clinical research in a medical journal listed in the Index Medicus or in an equivalent scholarly publication, and have submitted these articles to the Board in English or in a foreign language with verifiable, certified translations in English;
- (2) Have held an appointment at a medical school approved by the LCME or at any medical school listed in the World Health Organization directory at the level of associate or full professor, or its equivalent, for at least 5 years;
- (3) Within 10 years before the application, have developed a treatment modality, surgical technique, or other verified original contribution to the field of medicine, which is attested to by the dean of a school of medicine in the State or by the director of the National Institutes of Health;
- (4) Have actively practiced medicine cumulatively for 15 years, which may include up to 5 years sabbatical during which the applicant was involved in research; and
- (5) Be a member in good standing of a board of the American Board of Medical Specialties or other equivalent specialty board.

D. Supervision. The Board may require an applicant to submit the name of the licensed physician who agrees to supervise the medical services performed by the applicant for the first 6 months after the license is granted, and a detailed description of the medical services, duties, and responsibilities to be performed by the applicant.

E. Additional Requirements for License by Conceded Eminence and Authority in the Profession.

(1) The Board may require additional information which includes, but is not limited to, the following:

(a) A letter from the chief of staff of any hospital where the applicant has practiced within the 5 years preceding the application for license under this chapter, detailing the applicant's competence to practice medicine;

(b) A detailed description of activities including, but not limited to, the following:

(i) Any action, by any state licensing or disciplinary board, or any comparable body in the armed services, denying an application for licensure, reinstatement, or renewal,

(ii) Any action taken against the physician's license, by any state licensing or disciplinary board, or any comparable body in the armed services, including but not limited to limitations of practice, required education, admonishment, reprimand, suspension, or revocation for an act that would be grounds for disciplinary action under Health Occupations Article, § 14-404, Annotated Code of Maryland,

(iii) Any investigations or charges brought against the physician by any licensing or disciplinary body or comparable body in the armed services,

(iv) Any medical or health professional licenses for which the physician has applied when the application was withdrawn for reasons that would be grounds for disciplinary action under Health Occupations Article, § 14-404, Annotated Code of Maryland,

(v) Any investigations or charges brought against the physician by any hospital, related institution, or alternative health care system that might be grounds for action under Health Occupations Article, § 14-404, Annotated Code of Maryland,

(vi) Any limitations or loss in privileges by any hospital, related health care facility, or alternative health care system that would be grounds for disciplinary action under Health Occupations Article, § 14-404, Annotated Code of Maryland,

(vii) Any pleas of guilty or nolo contendere, or convictions, or receipt of probation before judgment for any criminal act,

(viii) Any pleas of guilty or nolo contendere, or convictions, or receipt of probation before judgment for any alcohol or controlled dangerous substance offense including, but not limited to, driving while under the influence of alcohol or controlled dangerous substances,

(ix) Any arrests which would provide a basis for investigation or charges that would be grounds for disciplinary action under Health Occupations Article, § 14-404, Annotated Code of Maryland,

(x) Any illness or condition which has impaired the physician's ability to practice medicine within the 3 years before, or during the pendency of, the application,

(xi) Any treatment for alcohol abuse, substance abuse, or chemical dependence, and

(xii) The filing or settling of any medical malpractice actions in which the physician is, or has been, named as a defendant;

(c) Malpractice history;

(d) Driving record, including but not limited to convictions for driving while intoxicated or while under the influence of any chemical substance or medication;

(e) Medical licensing examination results;

(f) Physical or mental examinations, or both, by a physician or evaluation program for treatment of impaired physicians, or both, chosen by the Board.

(2) On forms supplied by the Board, an applicant shall:

(a) Agree to release to the Board information from other institutions and government agencies including, but not limited to, the National Practitioner Data Bank, hospitals, and other licensing bodies; and

(b) Allow the Board to release information which is not statutorily protected.

(3) An applicant for licensure under this chapter shall agree to inform the Board by certified mail, return receipt requested, within 30 days of receiving notice of any action listed in this section.

F. English Language Competency. An applicant shall demonstrate oral and written English language competency as described in Health Occupations Article, § 14-307(h), Annotated Code of Maryland. The applicant also shall demonstrate oral and written language competency as follows:

- (1) Graduation from a recognized, English-speaking undergraduate college or university after at least 3 years of enrollment;
- (2) Graduation from a recognized, English-speaking professional school; or
- (3) Achieving a score of 220 on the Test of Spoken English or equivalent score on an equivalent examination approved by the Board, and achieving a score of 550 on the Test of English as a Foreign Language or equivalent examination approved by the Board.

G. Claim of Speech Impairment.

- (1) An applicant wishing to claim a speech impairment shall submit documentation of this impairment on forms supplied by the Board.
- (2) Documentation of a speech impairment shall be submitted from a:
  - (a) Licensed physician; and
  - (b) Speech-language pathologist who is currently licensed to practice speech pathology in the United States.
- (3) Documentation should be submitted with the applicant's initial application but, in all cases, shall be submitted before the applicant's second attempt at passing the Test of Spoken English or its equivalent.
- (4) After the second examination, documentation of an impairment may not be submitted or accepted unless there has been an intervening medical/surgical event which has created the impairment.
- (5) The applicant shall be allowed to claim the impairment only if:
  - (a) This event was reported to the Board before a third examination; and
  - (b) The Board determines that the medical/surgical event did indeed create the impairment.
- (6) If an applicant has properly claimed and documented a speech impairment, the Board shall grant a license if the applicant is able to prove the ability to communicate with allied health personnel and patients. The Board shall request the following proof:
  - (a) Documentation from three licensed physicians that the applicant can communicate in a professionally competent manner with patients and health care providers; or
  - (b) A hearing before the Board where the applicant is asked to describe the manner in which the applicant would obtain a history and physical examination from a typical patient.

H. Evaluation. The Board may require that an applicant under this chapter be evaluated by the Specialty Identification Committee of the Medical and Chirurgical Faculty of Maryland or other committee, and may require that the applicant be interviewed and be subject to peer review of the applicant's practice in accordance with Health Occupations Article, § 14-401(b), Annotated Code of Maryland.

I. Withdrawals. An application may not be withdrawn if the applicant is under investigation or charges for reasons that may be grounds under Health Occupations Article, § 14-404, Annotated Code of Maryland, if the applicant were licensed in this State.

10.32.13.04

#### **.04 Limited Practice.**

An applicant for licensure is restricted so that the applicant shall:

- A. For the first 6 months, practice medicine only within the institutions and programs specified within the application;
- B. Following the first 6 months, practice medicine only at an institution similar to that named in the original application and after approval by the Board; and
- C. Practice medicine under any conditions which the Board may set.

10.32.13.05

#### **.05 Unrestricted License.**

Nothing in these regulations entitles an individual licensed by conceded eminence in the profession to practice beyond the scope of these regulations without having qualified for an unrestricted license under Health Occupations Article, § 14-307 or 14-308, Annotated Code of Maryland, and regulations promulgated under those sections.

10.32.13.06

#### **.06 Term and Renewal of License by Conceded Eminence and Authority in the Profession.**

A. Term and Tenure.

- (1) The initial license is active for a period of 6 months, and, after that, for 2 years or for another term established by the Board.
- (2) Unless the Board has been advised and approves of an appointment at a new institution, a license issued under this regulation expires immediately when an individual leaves the appointment at the sponsoring institution.

B. Renewal. A license issued under this regulation may be renewed every 2 years on a date set by the Board and as specified in COMAR 10.32.01.

10.32.13.07

#### **.07 Licensure Required.**

Practicing medicine beyond the scope of these regulations, including practicing without notifying the Board and without approval of the Board at any institution or place outside the institution approved by the Board, constitutes practicing without a license under Health Occupations Article, § 14-404(a)(3), Annotated Code of Maryland.

10.32.13.08

## **.08 Termination and New Appointment.**

A. Duty to Inform of Termination. Failure to inform the Board of the termination of an appointment within 30 days constitutes unprofessional conduct under Health Occupations Article, § 14-404(a)(3), Annotated Code of Maryland.

B. New Appointment. An individual licensed under this chapter may not begin a new appointment without the approval of the Board.