

MARYLAND BOARD OF PHYSICIANS
P.O. Box 2571
Baltimore, Maryland 21215-0095
410-764-4777; 800-492-6836

APPLICATION FOR EXEMPTION FROM LICENSE FEE
(VOLUNTEER)

INSTRUCTIONS AND IMPORTANT INFORMATION

The Maryland Medical Practice Act, Health Occupations Article §14-315 contains a provision for the exemption from fees associated with initial licensure or renewal of a medical license if certain conditions are met. Licenses issued with fees exemptions are full, unrestricted volunteer licenses.

QUALIFICATIONS

Physicians applying for an initial license or renewal of licensure must meet all of the following requirements to qualify for a fee-exempt (volunteer) license:

- 1) The physician provides or will provide medical services to patients in Maryland for which the physician does not receive personal remuneration.
- 2) The physician is not otherwise engaged in the private practice of medicine. This means that the physician:
 - a. Does not write prescriptions for family, friends, and/or self;
 - b. Whose medical practice in Maryland is limited solely to uncompensated medical care approved by the Board of Physicians (the Board); and
 - c. Meets all the other applicable requirements for an initial license or renewal of licensure.
- 3) The facility administrator of the agency or authorized person where the physician provides or will provide uncompensated medical services certifies in writing that the medical services provided are without remuneration to the physician and provide the beginning and ending dates of service.

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CHECKLIST FOR EXEMPTION FROM LICENSE FEE

To assist you in your decision to request an exemption, please complete the following checklist. The following statement(s) apply to me:

Yes

No

I intend to write prescriptions for my family, friends and/or self.

I am required to have an active Maryland medical license as part of my employment, for which I receive some remuneration.

I provide medical services as part of my employment for which I receive remuneration. I am retired and do not intend to practice medicine in Maryland.

I qualify for medical licensure or renewal, except that I have not met the CME (or other) requirements.

I am a federal employee not licensed in any other state and rely on a Maryland license as a condition of my employment with the federal government.

If you answered yes to any of the above statements, you ***do not*** qualify for a volunteer license.

PART 1 & PART 2 EXEMPTION FORM INSTRUCTIONS

If you answered *no* to all of the statements on the checklist, it appears that you meet the qualifications on page 1 for an exemption from license fee. Please follow the instructions below to complete the exemption application:

- 1) Complete Part 1 of the Application for Exemption from License Fee, and send it to the Board with your completed application for an initial medical license or renewal of **licensure by the due date for submission of supplemental forms according to directions in the respective application**. Return Part 1 to the address at the top of the form or scan and email it to: mdh.mbpcredentials@maryland.gov.

PART 1 & PART 2 EXEMPTION FORM INSTRUCTIONS-CONTINUED

- 2) Send Part 2 of the Application for Exemption from License Fee to the facility administrator of the agency where you provide or plan to provide free uncompensated medical services. The administrator or authorized person must verify that you do not or will not receive remuneration for medical services, and briefly describe the services you provide or will be providing, and send the completed form directly to the Board. Part 2 must be received by the due date for submission of supplemental forms in your application for initial licensure or renewal of licensure. Return Part 2 to the address at the top of the form or scan and email it to: mdh.mbpcredentials@maryland.gov.

Note: Failure to submit Parts 1 & 2 to the Board by the due date may result in denial of your request for a volunteer license.

TERM AND RENEWAL OF LICENSE

A volunteer license will expire on the second anniversary of the date on which it is issued, and may be renewed every two years upon application to the Board.

TERMINATION OF FEE EXEMPTION

You may convert your fee-exempt license to fee-paid by submitting a Volunteer Physician License Conversion form to the Board approximately 60 days prior to the anticipated change in status of your medical license. The form is located on the Board's website under [Download Physician Applications](#).

Upon receipt of the conversion form, the Board shall charge the physician the license fee as required under Md. Code Ann., Health Occ. §14-316 Term and renewal of licenses; notice of change of physician address.

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APPLICATION FOR EXEMPTION FROM LICENSE FEE (VOLUNTEER): PART 1

Instructions to Physician:

- a. Complete all sections of this form, sign and date it.
- b. Return this form to the address above along with your application for initial medical licensure or renewal of licensure. You may scan and email it to: mdh.mbpcredentials@maryland.gov.

Failure to submit this application in a timely manner may result in denial of your request for a fee-exempt (volunteer) license.

- 1) Physician's name: _____
- 2) Address: _____

- 3) Maryland medical license # (or type N/A): _____ Telephone # _____
- 4) I am applying for (CHECK ONE): _____ initial license _____ renewal
- 5) Name of facility administrator or authorized person who can verify the information on this application:

- 6) Name and address of facility where services are being or will be rendered:

- 7) Inclusive dates of service: from: _____ to: _____
(mm/dd/yyyy) (mm/dd/yyyy)
- 8) Provide a brief description of your duties: _____

Affirmation:

I solemnly affirm under the penalties of perjury that:

- I do not or will not receive any form of remuneration for the services being provided or that will be provided at the above-mentioned facility;
- I do not engage or will not be otherwise engaged in the practice of medicine in Maryland, except in the above-mentioned facility where my services are being provided or will be provided without remuneration;
- I will notify the Board within 60 days, if I should otherwise practice medicine in Maryland and/or if I should otherwise receive remuneration for my services; and
- The contents of this form are true and correct to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

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APPLICATION FOR EXEMPTION FROM LICENSE FEE (VOLUNTEER): PART 2

Instructions to Facility Administrator / Authorized Person:

- a. Complete all sections of this form, sign and date it.
b. Return the completed form to the address above or scan and email to:
mdh.mbpcredentials@maryland.gov.

1) Name of facility administrator or authorized person: _____

2) Name and address of facility where services are being or will be rendered:

3) Facility telephone#: _____

4) Name of volunteer physician: _____

5) Maryland license #: _____ (if applicable)

6) Physician is applying for (CHECK ONE):
_____ initial license _____ renewal

7) Inclusive dates of physician's service: from: _____ to: _____
 (mm/dd/yyyy) (mm/dd/yyyy)

8) Brief description of duties and how they will benefit Maryland patients:

Affirmation:

I solemnly affirm under the penalties of perjury that:

- Dr. _____ does not, or will not receive any form of remuneration for the medical services provided at the above-mentioned facility; and
- The contents of this form are true and correct to the best of my knowledge, information, and belief.

Signature: _____ Date: _____