

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). 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.**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND BOARD OF PHYSICIANS
P.O. BOX 2571
BALTIMORE, MD 21215-0095
www.mbp.state.md.us
410-764-4777; 800-492-6836

APPLICATION PACKET FOR EXEMPTION FROM LICENSE FEE

INFORMATION ON EXEMPTION FROM LICENSE FEE

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

QUALIFICATIONS

Applicants for initial, renewal or reinstatement of medical license must meet all of the following requirements in order to qualify for a fee exemption:

1. The physician provides or will provide medical services to patients, in Maryland, for which the physician will not receive remuneration.
2. The physician is not otherwise engaged in the 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. the physician meets all the other applicable requirements for medical licensure, renewal or reinstatement.
3. The administrator of the agency where the physician-applicant provides or will provide free medical services certifies in writing the specific arrangement between the agency and the physician-applicant. This certification must include, but not limited to, the beginning and ending dates of the arrangement and affirm that the medical services provided are without remuneration to the physician.

HOW TO APPLY FOR EXEMPTION FROM LICENSE FEE

Carefully review and complete the Checklist. If it appears that you meet the qualifications:

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CHECKLIST FOR EXEMPTION FROM LICENSE FEE APPLICATION
(Volunteer Physicians)

To encourage volunteer activities within the community, the Maryland Medical Practice Act provides an exemption from license fee for qualified physicians who are volunteering their medical services in Maryland.

The following may assist you in your decision to request this exemption.

Yes	No	The following statement(s) apply to me.
_____	_____	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, renewal or reinstatement 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 have answered yes to any of the above statements, then you will not qualify for an exemption from license.

1. Submit to the Board, Part 1 of the Application for Exemption from License Fee with your completed application for **initial medical licensure, renewal or reinstatement** according to directions on the respective application packets. Failure to include either your application for initial medical licensure, renewal or reinstatement will result in a delay in the processing of your application for exemption from license fee.
2. Send Part 2 of the Application for Exemption from License Fee to the administrator of the agency where you provide or plan to provide free medical services. The administrator 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*. The agency administrator (Facility Administrator) should send the form directly to the Board.

TERM AND RENEWAL OF LICENSE

Each license expires 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

A volunteer physician must notify the Board in writing of any change in the status of the medical license as a volunteer physician at least 60 days prior to the anticipated change.

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

MARYLAND BOARD OF PHYSICIANS

P.O. Box 2571

Baltimore, Maryland 21215-0095

APPLICATION FOR EXEMPTION FROM LICENSE FEE: PART 1

Instructions for Applicant: 1. Please print legibly or type the needed information. 2. This form must be returned to the above address with either your application for **initial medical licensure, reinstatement or renewal.** **Failure to do so, will result in a delay of the processing of your application for exemption from license fee.**

Name: _____

Address: _____

Maryland Medical License #: _____ Telephone # _____

I am applying for: (CHECK ONE) ____ initial, ____ renewal, or ____ reinstatement of Maryland medical license. (Please also attach your application for initial medical licensure, renewal or reinstatement.)

Name of Facility Administrator or Chief Executive Officer who can verify the information on this application. _____

Name and Address of Facility Where Services Are Being or Will Be Rendered: (**Also attach a brief description of duties and how they will benefit Maryland patients.**)

Inclusive Dates of Service: from _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

Affirmation:

I solemnly affirm under the penalties of perjury that:

1. 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;
2. 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;
3. 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
4. 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: PART 2

Instructions for Facility Administrator: 1. Please print legibly or type the needed information. 2. Return completed form to the Chief, Customer Service Center at the above address.

Name of Facility Administrator: _____

Name and Address of Facility: _____

Facility telephone#: _____

Name of Volunteer Physician: _____

Maryland License #: _____

Inclusive Dates of Physician's Service: From: _____ to: _____
(mm/dd/yyyy) (mm/dd/yyyy)

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

Affirmation:

I solemnly affirm under the penalties of perjury that:

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

Signature

Date