

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 45 days 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.

Instructions to Apply for a Criminal History Records Check

As a qualification for initial licensure, reinstatement, or registration, individuals must apply for a state and FBI criminal history records check (also known as CHRC or background check) through the Criminal Justice Information System (CJIS) Central Repository of the Department of Public Safety and Correctional Services (DPSCS). Individuals must submit their fingerprints to CJIS for a background check. The Board of Physicians (the Board) may not reinstate or issue a new license or registration to any applicant or licensee if the Board has not received their CHRC information.

Note: A CHRC is not required to renew a license or registration.

The CHRC results will be maintained in the Maryland and FBI databases for further identification. Individuals have the right to challenge their records, which is discussed in detail in the **FBI Privacy Act Statement/Noncriminal Justice Applicant's Privacy Rights notice**.

How do I submit my fingerprints for a CHRC?

1. If you reside **within** Maryland:
 - Go to *any* authorized location in Maryland that provides commercial fingerprinting services. For a listing of commercial fingerprinting servicers in Maryland, visit the DPSCS website at <https://dpscs.maryland.gov/publicservs/fingerprint.shtml>.
 - ***Note:*** Before you go to a **CJIS**-operated fingerprinting service location, download and print the LiveScan pre-registration form. *Complete the form and bring it with you.* The LiveScan pre-registration form includes the Board's unique agency authorization numbers.
2. If you reside **outside** of Maryland:
 - Out-of-state individuals have the option of using a Maryland location for fingerprinting. If using a Maryland location, follow the instructions *above* for individuals *residing within Maryland*. If you're using a fingerprinting servicer outside of Maryland, you must contact CJIS and request that they mail you a fingerprint card. Please contact CJIS by:
 - a. Emailing CJIS customer service at cjis.customerservice@maryland.gov, or
 - b. Calling CJIS at 410-764-4501, or call toll-free at 1-888-795-0011.
3. Provide the fingerprinting servicer with the Board's unique agency authorization numbers and information listed below, or if applying by mail, write the following information on your fingerprint cards:
 - a. CJIS state authorization #: 1600000743**
 - b. FBI ORI #: MD920522Z**
 - c. Indicate the reason for fingerprinting: Professional License**
 - d. The type of check: Governmental licensing/certification**
4. ***Note:*** After having your fingerprints taken, please retain your payment receipt in your records. You will need it to enter your CHRC receipt/confirmation number at the beginning of the Board's application for licensure, reinstatement, or registration. You may also use the barcode numbers on the fingerprint cards or your background check results letter from CJIS.
5. Pay all processing fees to the fingerprinting servicer or mail the fingerprint card and processing fee to CJIS. Do not mail your fingerprint card to the Board.
6. Download and print the [FBI Privacy Act Statement/Noncriminal Justice Applicant's Privacy Rights notice](#). *You must acknowledge receipt of this notice when you file your application with the Board.* Please retain a copy in your files for future reference.

For additional information, please refer to the [Frequently Asked Questions](#) on the Board's website. If you have further questions about applying for a background check, please contact CJIS at 410-764-4501, or cjis.customerservice@maryland.gov.

MARYLAND BOARD OF PHYSICIANS

P.O Box 37217
 Baltimore, Maryland 21215-0095
www.mbp.state.md.us

FOR BANK USE ONLY

Date _____
 Check Number _____
 Amount Paid _____
 Name Code _____
 App ID: 113
 Fee: \$100

**Exemption to Licensure PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT
 ACT OF 2022 (PL 117-333) CHECKLIST**

**IF YOU SEEK A GENERAL MARYLAND PHYSICIAN OR ALLIED HEALTH LICENSE, DO NOT
 COMPLETE THIS REGISTRATION APPLICATION. INSTEAD, COMPLETE AN APPLICATION FOR
 LICENSURE.**

**THERE IS A NON-REFUNDABLE FEE OF \$100 ASSOCIATED WITH THIS REGISTRATION
 APPLICATION.**

**CHECKS/ MONEY ORDERS SHOULD BE MADE PAYABLE TO "MARYLAND BOARD OF PHYSICIANS".
 THE FEE AND THIS COMPLETED REGISTRATION APPLICATION SHOULD BE MAILED TO:**

**MARYLAND BOARD OF PHYSICIANS
 P.O. BOX 37217
 BALTIMORE, MD 21297**

COMPLETE THIS FORM ONLY IF:

- a. YOU ARE A PHYSICIAN OR ALLIED HEALTH PROFESSIONAL WHO IS PRESENTLY A SERVICE
 MEMBER OR WHO HAS A SPOUSE WHO IS A SERVICE MEMBER;**
- b. YOU CURRENTLY HAVE AN ACTIVE PHYSICIAN OR ALLIED HEALTH LICENSE IN A STATE OR
 STATES OTHER THAN MARYLAND THAT ARE IN GOOD STANDING: AND**
- c. EITHER YOU OR YOUR SPOUSE IS UNDER ORDERS TO PROVIDE MILITARY SERVICE IN
 MARYLAND.**

INCLUDED REQUIRED DOCUMENTS

☐	Completed and Signed Application
☐	Copy of military orders indicating military service in Maryland
☐	* If a military member's spouse: A copy of your marriage certificate that indicates your name and your spouse's name (sponsor).

Please note the following definitions:

"Service Member" is defined as a member of the "uniformed services."

"Uniformed services" means:

- a. the armed forces (Army, Navy, Air Force, Marine Corps, Space Force, & Coast Guard); or
- b. the commissioned corps of the National Oceanic and Atmospheric Administration; or
- c. the commissioned corps of the Public Health Service.

"Spouse" is defined as "husband or wife, as the case may be."

"Residency in the State of Maryland" is defined as Maryland being the site of your or your spouse's duty station."

"Covered License" is defined as a license that, with respect to a scope of practice:

- a. is in good standing with the licensing authority that issued such license;
- b. has not been revoked or had discipline imposed by any State;
- c. does not have an investigation relating to unprofessional conduct pending in any State relating to it; and
- d. has not been voluntarily surrendered while under investigation for unprofessional conduct in any State.

GENERAL INFORMATION

NAME (First, Middle Initial, Last): _____

ADDRESS: _____

PHONE NUMBER: Primary (____) ____ - _____ **Secondary** (____) ____ - _____

EMAIL

SOCIAL SECURITY NO: ----- **BIRTHDATE:** ____/____/____

GENDER IDENTIFICATION: ☐ Female. ☐ Male. ☐ Other.

ETHNICITY: Are you of Hispanic or Latin Origin? ☐ Yes. ☐ No. ☐ Prefer not to answer.

RACE: (Please check all applicable; for statistical purposes only)

- | | | |
|---------------------------------|---|--|
| ☐ White. | ☐ Black or African American. | ☐ American Indian or Alaska Native. |
| ☐ Asian. | ☐ Native Hawaiian or Other Pacific Islander. | ☐ Other. |

COVERED LICENSE

I currently have an active physician or allied health license in good standing in the state of _____, and my license number is _____.

CERTIFICATION & ATTESTATION

I ATTEST THAT:

1. I am a Service Member or the spouse of a Service Member ordered to relocate to the State of Maryland for Military Service.
2. I will immediately notify the Maryland Board of Physicians of any changes or extensions to my residency in the State of Maryland due to Military orders.
3. I have read and understand the scope of practice for a physician or allied health license and the licensing requirements to practice the profession in the State of Maryland.
4. I hold a license in good standing without prior discipline in another state, and I acknowledge that I am only permitted to practice in Maryland if I maintain an out-of-state license and remain in good standing without discipline with each licensing authority that has issued me a license as a physician or allied health professional.
5. I acknowledge that I am subject to the jurisdiction of Maryland, I must follow the standards of practice in Maryland, and I am subject to Maryland discipline under the grounds set forth by Health Occupations Article, §§14-404, 14-5A-17, 14-5B-14, 14-5C-17, 14-5D-14, 14-5E-16, 14-5F-18, 14-5G-18, or 15-314, Annotated Code of Maryland.
6. I agree that I will fully cooperate with any request for information or any investigation related to my practice as a physician or allied health professional in the State of Maryland, including the subpoena of documents or records.

I CERTIFY THAT I have read, understood, and qualify for a license to practice as a physician or allied health professional in the State of Maryland, as outlined in Health Occupations Article, §§14-307, 14-5A-09, 14-5B-09, 14-5C-09, 14-5D-08, 14-5E-09, 14-5F-11, 14-5G-09, or 15-303, Annotated Code of Maryland.

I AFFIRM THAT the contents of this document are true, correct, and complete to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I AGREE THAT the Maryland Board of Physicians (the Board) may request any information necessary for the recognition of my exemption to licensure pursuant to the Federal Veterans Auto and Education Improvement Act of 2022 (PL 117-333) and State Government Article, §10-14A-03, Annotated Code of Maryland from any person or agency, including but not limited to postgraduate program directors, physicians, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

Applicant's Printed Name: _____

Applicant Signature: _____ **Date:** ____/____/____

I hereby certify that on this _____ day of _____, 20____, before me, _____, a Notary Public of the State of _____, personally appeared the Applicant _____, who has made oath in due form of law that signing the foregoing application was his/her voluntary act and deed.

AS WITNESS my hand and notarial seal. _____.

My Commission expires: _____.

