

Unlicensed Medical Practitioner-registration spreadsheet Guidelines.

To assist the Maryland Board of Physician (MBP) in registering applicants as Unlicensed Medical Practitioners, in addition to the paper registration forms, please send the applicant's information in a spreadsheet to the attention of Mr. Mark Higby at mhigby@dhmh.state.md.us

Use the following format:

| Column | Description |
|--------|--|
| A | Registration number (leave blank for initial registrations) |
| B | Applicant's last name |
| C | Applicant's first name |
| D | Applicant's middle initial |
| E | Date of applicant's birth (mm/dd/yyyy) |
| F | Applicant's social security number (###-##-####) |
| G | Applicant's sex (M or F) |
| H | Applicant's ethnicity (Oriental/Asian, Black, White, Hispanic, Amer. Ind.) |
| I | Applicant's medical school name |
| J | Applicant's date of graduation from medical school (mm/dd/yyyy) |
| K | Degree earned (MD, DO, MBBS, MD, PhD, etc) |
| L | Department/Division |
| M | Institution's name |
| N | Institution's street address |
| O | Institution's city |
| P | Institution's state |
| Q | Institution's zip code |
| R | Institution's telephone number |
| S | Institution's facility code as issued by MBP |
| T | Appointment start date |
| U | Appointment end date |
| V | Section 11 (Y or N) |
| W | ACGME number |
| X | Director's Name |
| Y | Director's License Number |
| Z | Director's phone number |
| AA | Program (area of concentration) |

Remember: The Board of Physicians cannot register or re-register an individual as an unlicensed medical practitioner unless both the complete application and payment has been received by the bank, reviewed at the Board, and entered into the Board's system.