

## MARYLAND BOARD OF PHYSICIANS

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### VOLUNTEER PHYSICIAN LICENSE CONVERSION FORM

#### Instructions and Important Information

1. Complete this form only if you wish to convert your license from fee-exempt (volunteer) to a fee-paid license. (Health Occupations Article (H.O.) §14-315, Annotated Code of Maryland).
2. Provide all information requested below. The address below must match the address currently on file with the Maryland Board of Physicians (the Board).
3. Submit this form by fax or e-mail or mail, using the fax number, or e-mail address or mailing address listed above.
4. The Board will acknowledge and confirm receipt of this form by contacting you at the e-mail address provided below and sending you a payment conversion form to the e-mail address provided.
5. Conversions do not take effect until after the Board receives and processes the conversion fee.

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

Maryland Medical License Number: \_\_\_\_\_

First Name and Middle Initial: \_\_\_\_\_

Last Name and Generational Indicator (Jr., II, etc.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Affirmation

By submission of this form, I am notifying the Maryland Board of Physicians (the Board) that I request to change the status of my medical license from fee-exempt (volunteer) to a license that is fee-paid so that I may accept remuneration for my services because I will no longer will meet the requirements for license fee exemption under H.O. §14-315(a).

I understand the Board will contact me by e-mail to confirm receipt of this form and send me a conversion payment form to be returned by mail along with the applicable conversion fee. The fee is \$20 per month calculated from the date of receipt of this request through September 30 in the odd or even year\* that I will be due to renew my license. Fees are payable by check or money order only. **DO NOT SEND PAYMENT WITH THIS FORM.**

I understand that, upon receipt of my payment of the conversion fee, the Board will change the status of my license from fee-exempt to a license that is fee-paid within 2 business days. I also understand that the Board will issue a license to me with an expiration date of September 30 of my renewal cycle year.\*

I solemnly affirm under the penalties of perjury that the contents of this form are true and correct to the best of my knowledge, information, and belief.

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

*\*Physicians with last names that begin with A-L renew in even years. Physicians with last names that begin with M-Z renew in odd years.*