



New Mexico Medical Board
2055 S. Pacheco Street, Building 400
Santa Fe, NM 87505
505-476-7220
Fax: 505-476-7233

Michelle Lujan Grisham
Governor

Peter T. Beaudette, MD
Chair

TO ALL APPLICANTS

Thank you for requesting an application for a license to practice medicine in New Mexico. We look forward to working with you to process your application.

A license to practice medicine in New Mexico is a privilege, not a right. The statutory mandate of the New Mexico Medical Board is to protect the health and safety of the citizens of the state, and the members of the Medical Board take their responsibilities very seriously. Upon completion, your application will be reviewed for quality assurance and reviewed by the medical and executive directors of the Board. You may be required to come to the Board Office in Santa Fe for an interview as part of the application process. *Please do not assume that licensure is a mere formality or that the granting of a license is automatic.*

PLEASE DO NOT: close your practice and move your family to New Mexico, enroll your children in school, begin construction of a new home, execute contracts with prospective practice partners, schedule patients, or begin practicing until you have received a license.

We will make every effort to complete the application process as quickly as possible but occasionally we encounter unanticipated questions or difficulties that may cause delay or even denial. We will not begin working on your application until we have received a completed NM Statewide application and all required fees. Please understand that much of the supporting documentation for your application has to be obtained from third parties, which can add time to the licensing process. In addition, some applications, such as those with a history of disciplinary action, require in-depth investigation that may take extra time and require your cooperation.

One sure way to make certain that your application is processed as efficiently as possible is to read the directions carefully and call or email the Board office if you have any questions. Our staff will be happy to assist you in any way we can.

Again, thank you for your application. *We look forward to working with you to make this process as rapid and painless as possible!*

BASIC REQUIREMENTS FOR ALL APPLICANTS

I. EXAMINATION REQUIREMENTS

Applicants for licensure by examination must have attained a passing score of at least 75 on each required exam. An applicant may attempt to successfully complete any part of a board-approved examination **six times**, as long as the entire examination is successfully completed within **seven years** from the date the first step of the examination is passed. MD/PhD candidates must successfully complete the entire examination within ten years from the date the first step of the examination is passed.

- **Board Approved Examinations** (for more specific information see Part 3 of rules):
 1. All three “steps” of the United States Medical Licensing Examination (USMLE).
 2. Two “components” of the Federation Licensing Examination (FLEX).
 3. All three “parts” of the National Board of Medical Examiners examination (NBME). (*MD Only*)
 4. All three “parts” of the National Board of Examiners of Osteopathic Medical examination (NBOE). (*DO Only*)
 5. Three “components” of the Comprehensive Osteopathic Medical Licensing Examination (COMPLEX). (*DO Only*)
 6. Any of the above listed in (1), (2) or (3) in an approved “hybrid” combination, per Board rule 16.10.3.8 NMAC.
 7. The Board will accept the results of State Board examinations if taken and passed **before December 1973** (one of the national licensing examinations is required after that date).
 8. Medical Council of Canada Qualifying Examination (MCCQE).
 9. International medical graduates must have passed the ECFMG exam plus one of the approved combinations listed in Board rule 16.10.3.8 NMAC.

II. REQUIREMENTS FOR LICENSURE BY EXAMINATION

- **Education Requirements:** All applicants must have graduated and received a diploma from a New Mexico Board approved school, or present proof of completion of a program substantially equivalent to an United States medical school as determined by an international education credential evaluation service approved by the Board.
- **Postgraduate Training Requirements:** All applicants for a license must have satisfactorily completed twenty-four (24) months of postgraduate medical education in a program approved by the Board. The ACGME *Graduate Medical Education Directory* and the *Directory of Residency Programs of the Royal College of Physicians and Surgeons of Canada* are the official lists approved by the Board.
- **Examination Requirements:** All applicants for licensure by examination must have successfully passed one of the examinations or combination of examinations listed above.

III. REQUIREMENTS FOR LICENSURE BY ENDORSEMENT

Applicants who meet **ALL** of the following requirements may apply for licensure by endorsement, which means the Board does not require primary source verification of medical education, transcripts, postgraduate training and examination history:

1. Hold an unrestricted license in another state and be free of disciplinary history, license restrictions, or pending investigations in all states where they hold a license;
2. Graduated from an approved medical school or hold current ECFMG certification;
3. Hold current certification from a medical specialty board recognized by ABMS or AOA-BOS; and
4. Has been a licensed physician in the United States or Canada and has practiced medicine (not including postgraduate training) in the United States or Canada immediately preceding the application for at least three years.

A complete copy of the rules may be downloaded from the website at www.nmmb.state.nm.us. Part 2 of the rules addresses licensure requirements in detail, and Part 3 addresses examinations approved by the Board.

B. COMPLETING THE APPLICATION FORM

You may choose from completing an online application or paper application form to obtain licensure in New Mexico. Step-by-step instructions are included in this instruction material. All methods begin with the Statewide Application for licensing, approved by the NM Medical Society and the NM Hospital Association.

Apply directly to the NM Medical Board-Paper Application or Online Application

This application process requires **you** to request required documentation verifying your professional recommendations, licenses, work history and hospital and healthcare affiliations, medical education, post-graduate training, and examination history from the source and have it sent directly to the Board office from the source.

C. OPTIONS FOR USING CREDENTIALING ORGANIZATIONS FOR GATHERING SOURCE DOCUMENTS

New Mexico Hospital Services Corporation Credentials Verification Organization (HSC)

HSC will obtain nearly all the required documents for your license application and will also have the information available to process your application for privileges at most New Mexico hospitals and credentialing for all health plans in the state. HSC is “one stop” credentialing to help you start practice as soon as possible. HSC is able to process applications by examination and endorsement. HSC will obtain affiliation and employment verification, license and board certification verification, peer references, and verify education if applicable.

HSC is NCQA accredited and is endorsed by the New Mexico Medical Society. Please contact HSC at 505-346-0222 or toll free 866-908-0070 ext. 2006 to arrange utilizing their services. For more information, please contact credentialing@nmhsc.com or visiting their website at <https://ecredspractitioner.nmhsc.com/Account/Login?ReturnUrl=%2F>

Federation Credentials Verification Service (FCVS)

(Not to be used if qualifying by endorsement)

If you think that you may apply for licenses in several states over the coming years, completion of using the Federation of State Medical Boards (FSMB) Federation Credentials Verification Service (FCVS) to supply core documents (verification of medical education, PGT and exam history) may save you time and money by requiring only one set of source documents for your education and training. ***You must still complete the Statewide MD Application and submit it to the NMMB with the applicable fee.*** FCVS requires a one-time submission of education and training documents directly to a depository maintained by FSMB. Once an applicant satisfies FCVS criteria, those documents that do not change over time need not be reproduced when you apply for a license in another jurisdiction (e.g., transcripts, postgraduate training records, exam

scores). Again, the idea is to expedite the application process and eliminate the duplication of education and training documents each time you seek licensure in another state. Not all jurisdictions accept FCVS documents, but most states do and some actually require its use. You may obtain additional information or an application to apply for a FCVS Profile by calling 1-888-ASKFCVS (275-3287) or checking their website at www.fsmb.org, then the link to the Credential Verification Service.

We strongly encourage you to retain a copy of your application prior to submitting into the Board Office.

C. CRIMINAL HISTORY BACKGROUND CHECK

Like other state medical boards around the country, the NM Medical Board will conduct criminal background checks in order to fulfill its statutory mandate to protect the health and safety of the NM public. The applicant is responsible for any costs associated with obtaining fingerprints.

Will the criminal background check slow down my license application?

An application for initial licensure will not be considered complete until the required fingerprinting has been completed. However, completed applications will be processed pending the outcome of the background check, and licenses may be granted while the screening is still pending. If the background check reveals a felony or a violation of the Medical Practice Act the licensee will be notified and the Board will determine if the applicant is eligible for licensure or if disciplinary action will be taken against the licensee.

The State of NM has recently partnered with Gemalto to improve the public availability of fingerprint services, shorten background check response times and increase applicant convenience.

PLEASE DO NOT SEND YOUR FINGERPRINTS TO THE BOARD. WE WILL NOT ACCEPT THEM AND THEY WILL BE RETURNED TO YOU.

PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY



If you are a current resident of NM, please follow the instructions below:	If you live outside of NM, please follow the instructions below:
ALL APPLICANTS MUST REGISTER ONLINE	
<ol style="list-style-type: none"> 1. To register, please visit https://www.aps.gemalto.com/index.htm and click on the State of NM logo. While online registration is the preferred registration method, telephone registration can also be completed by calling 1-877-99NMAPS (1-877-996-6277) 2. Go to the “Applicant Use” Section of the webpage 3. Click on the Register Online for a Background Check link. (Registration is the process of collecting demographic information (name, height, eye color, etc) and collection of payment. The new fee for fingerprint service is <u>\$45.25.</u> 4. Once Registration and payment are complete the applicant will receive a registration ID (REG ID) that is unique to their fingerprinting record. 5. Visit one of the NMAPS fingerprint sites. Please see attached list of approved sites in NM or go to https://www.aps.gemalto.com/index.htm > New Mexico > Print Locations and Hours. 6. The REG ID and a valid form of identification are required at the fingerprint site. You must be registered prior to arriving at a fingerprint site. 7. The following are required at the fingerprint site: Valid Photo ID (such as Driver’s License or State ID card), Registration ID and Money Order (If this was your selected payment method) 	<ol style="list-style-type: none"> 1. All out of state applicants must request from the NM Medical Board 1 set of fingerprint cards before starting the registration process. <u>Fingerprint cards cannot be downloaded from the Board’s web site. Blank fingerprint cards will be sent to you upon your request.</u> 2. To register, please visit https://www.aps.gemalto.com/index.htm and click on the State of NM logo. While online registration is the preferred registration method, telephone registration can also be completed by calling 1-877-99NMAPS (1-877-996-6277) 3. Go to the “Applicant Use” Section of the webpage 4. Click on the Register Online for a Background Check link. (Registration is the process of collecting demographic information (name, height, eye color, etc) and collection of payment. The new fee for fingerprint service is <u>\$45.25.</u> 5. Once Registration and payment are complete the applicant will receive a registration ID (REG ID) that is unique to their fingerprinting record 6. Applicant must mail their completed set of fingerprint cards to the following address: <p style="text-align: center;">Gemalto NM Card Receiver APS Department #165 2964 Bradley Street Pasadena, CA 91107</p>
Questions? Please visit the Useful Links portion of the website and see FAQ’s	
<p>**You will have 90 days from the time of registration to get your fingerprints completed. After 90 days, your registration will be cancelled, and you will need to begin the process once again.</p> <p>**</p>	

Applying to the NM Medical Board (Paper Application Form)

Step 1: Complete the NM Statewide application in its entirety. Please type or print legibly in blue or black ink. An incomplete application will delay processing.

Step 2: The following documentation and fees must be included with the Statewide MD Application:

- a. Application fee of **\$400 made payable to the New Mexico Medical**. Applications will not be processed until the application fee has been received. The application fee is payable in U.S. funds by cashier's check, money order, personal check, MasterCard or Visa. **All fees are non-refundable.**
- b. A copy of your specialty board certificate and re-certification, if applicable.
- c. Completed "Applicant's Oath" including a **passport-quality color photo of the applicant taken within the last six months.**
- d. International medical graduates must submit a copy of their ECFMG certificate or fifth pathway certificate in addition to the information required above.

Step 3: **Attach your payment to the Board to the front of the application.** Your payment to the Board must be in U.S. funds, and may be in the form of personal check, money order, Visa, or MasterCard. If you are using a Visa or MasterCard, please provide the type of credit card, number and expiration date on a cover letter. Do not send cash. Mail your completed application to:

New Mexico Medical Board
2055 S. Pacheco St. Bldg. 400
Santa Fe, NM 87505

Step 4: The following documentation must be requested by the applicant and submitted directly from the source to the Board. **THE BOARD WILL NOT ACCEPT THESE DOCUMENTS FROM THE APPLICANT.** If you qualify for licensure by endorsement, you are not required to have your examination history verified for the NM Medical Board.

- a. **Verification of Examination Scores.** The NMMB requires verification of exam scores directly from the source.
 - National Board scores may be obtained by calling 215-590-9592 or downloading the required request form at www.nbme.org.
 - USMLE, Flex and SPEX scores may be obtained from the Federation of State Medical Boards by calling 817-868-4000, or by visiting www.fsmb.org.
 - NBOME/COMLEX-USA scores may be obtained by requesting a certified copy by going to www.nbome.org/assessments/ (see link on the NBOME transcript page) You can also call 866-479-6828.
 - MCCQE scores can be requested by calling 613-521-6012.
 - State board exam scores and pass date should be requested with the Verification of Licensure form.
- b. **If you are an international medical graduate (IMG):**
 - Please contact ECFMG at 215-386-5900 or www.ecfm.org to request a Status Report of ECFMG Certification be sent directly to the New Mexico Medical Board, or
 - Request certification of successful completion of the fifth pathway program, if applicable, directly from the school.
 - Both examination scores (USMLE, Flex, National Board) **AND** ECFMG Certification are required to be sent to the Board.
 - **Note: Documents in languages other than English must be translated and the translation certified as accurate. Documents without a certified translation will not be accepted.**

Step 5: The following documentation *must be requested by the applicant* and submitted directly from the appropriate source directly to the NM Medical Board. **If you qualify for licensure by endorsement, you are not required to have your medical education, transcripts, postgraduate training and examination history verified for the NM Medical Board (see Eligibility for Licensure in New Mexico for details), but are required to have completed Verification of Work Experience forms from all work history and hospital and healthcare affiliations for the past 5 years, two completed Professional Recommendation Forms, and verification of each and every license regardless of the status sent directly to the NM Medical Board.**

- a. **Certification of Medical Education and Certified Transcripts.** You are required to have the Medical Education completed in its entirety (pages 1 and 2) by your medical school and returned directly to the NM Medical Board along with a certified copy of your transcripts posting you degree and degree date.
- b. **Certification of Postgraduate Training.** You are required to have the Postgraduate Training Verification form completed in its entirety by all PGT programs enrolled in and return the completed form(s) directly to the NM Medical Board.
- c. **Verification of Work Experience.** You must have the chief of staff or administrator in each and every hospital or health facility where you have held privileges or been employed during the past two (2) years (not including internship, residency, or fellowship) complete the Work Experience Verification form(s) and return the completed form(s) directly to the NM Medical Board.
- d. **Professional Recommendations.** In addition to the documents identified above and in place of “letters of recommendation,” the NMBME requires two Professional Recommendation forms sent directly to the Board from physicians, chiefs of staff, department chairs or equivalent with whom the applicant has worked and who have personal knowledge of the applicant’s character and competence to practice medicine. The recommending physicians must have personally known the applicant and have had the opportunity to personally observe the applicant’s ability and performance. The completed Professional Recommendation forms must be sent directly to the NM Medical Board from the recommending physician.
- e. **Verification of Licensure.** You must have each state or territorial licensing authority which has **ever** issued you a license to practice medicine (including temporary licenses and education/training permits, regardless of the status) send verification of that license directly to the NM Medical Board.

Step 6: **Personal Interview.** The NM Medical Board no longer requires every applicant be scheduled for a personal interview. If you are required to schedule an appointment for a personal interview with the Board or the Board’s designee, you will be notified after your application and all required documents have been received and are complete in every detail.

Step 7: **License.** Applicants whose applications are approved for licensure will be issued a license to practice in New Mexico. ***Medical licenses shall be renewed on July 1 following the date of issue.*** Initial licenses are valid for a period of not more than 13 months or less than 1 month.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION FOR TELEMEDICINE LICENSE

Definition: The practice of medicine across state lines as defined in the Medical Practice act, Sections 61-6-6, K NMSA 1978. A telemedicine license is a limited license that allows a physician located outside New Mexico to practice medicine on patients located in New Mexico.

Requirements: Each applicant for a Telemedicine license must be of good moral character and hold a full and unrestricted license to practice medicine in another state or territory of the United States.

Instructions:

Step 1: Complete the NM Statewide Application in its entirety. Please type or print legibly in blue or black ink. An incomplete application will delay processing.

Step 2: The following documentation and fee must be included with the application:

- a. Application fee of **\$400 made payable to the New Mexico Medical Board.**
- b. Completed form entitled “Applicant’s Oath” including attaching a **passport-quality color photo** of the applicant taken within the last six months.
- c. Copy of your Specialty Board Certificate and re-certification, if applicable.

Step 3: Attach your payment to the Board to the front of the application. Applications will not be processed until the application fee has been received. The application fee is payable in U.S. funds by cashier’s check, money order, personal check, Visa, or MasterCard. **All fees are non-refundable.** Mail your application and fee to:

*New Mexico Medical Board
2055 S. Pacheco St. Bldg. 400
Santa Fe, NM 87505*

Step 4: The following documentation must be requested by the applicant and submitted directly from the source to the Board. WE WILL NOT ACCEPT THESE DOCUMENTS FROM THE APPLICANT.

- a. **Verification of Licensure:** You must have each and every state or territorial licensing authority which **ever** issued you a license to practice medicine (including temporary licenses and education/training permit, **whether active or inactive**) verify the standing of that license to the Board. You need to contact each licensing authority to inquire if they charge a fee to verify the license and send them the fee, if applicable, with the request form.

Licensure Process: Upon receipt of a completed application, including all required documentation and fee, Board staff will request and review an AMA or AOA Physician Profile and Federation of State Medical Boards Board Action Databank Search. When the application is complete in every detail, it will be reviewed for quality assurance and then forwarded to the Board designee for review and possible approval for licensure. A personal interview is not required unless there is a discrepancy in the application that cannot be resolved.

Initial License Expiration: Telemedicine licenses expire on July 1 following the date of issue. Initial licenses are valid for a period of not more than thirteen months or less than one month.

LICENSURE APPLICATION PROCESS

Step 1: Determine which of the following three methods you will use to apply to the NM Medical Board.

1. **Applying Directly:** *You* request all required documentation verifying your professional recommendations, licenses, work history and hospital and healthcare affiliations, medical education, post-graduate training, and examination history from the sources and have each source send the materials directly to the Board office. If you choose this method, you will need to follow essentially the same process next time you apply for a license in another state. In addition, when you begin practicing in New Mexico you may still need to go through HSC for credentialing purposes.
2. **Using HSC:** If you are getting ready to start practice in New Mexico, we suggest you apply through the NM Hospital Services Corporation Credentials Verification Organization (HSC). They will not only provide nearly all of the required documents for your license application, but they will also have the information available to process your application for privileges at most New Mexico hospitals and credentialing for all health plans in the state. It's "one stop" credentialing to help you start practice as soon as possible and is endorsed by the New Mexico Medical Society.
3. **Using FCVS:** If you think that you may apply for licenses in several states over the coming years, consider using the Federation of State Medical Boards (FSMB) Federation Credentials Verification Service (FCVS). FCVS verifies primary source documents related to your identity, medical education, postgraduate training, and more, and then creates an individualized profile that can be sent to any organization accepting FCVS. By eliminating the re-verification of items that never change, physicians benefit from a shortened credentialing process when applying to more than one state board. 97% of state boards accept or require FCVS.

To work on the initial FCVS application for creating a profile or the subsequent FCVS application for updating an existing profile, visit <https://www.fsmb.org/fcvs/> and select FCVS in the Licensure or Sign In menu, then sign in as directed. Please note that FCVS is for credentials verification only. The Uniform Application (UA) is the licensure application.

For assistance, use the messaging tool within FCVS or call 888-275-3287 with your FCVS ID number between 8am and 5pm CT on weekdays.

Regardless of what application method you use, we urge you to retain a copy of your application.

Step 2: Complete the Uniform Application for Physician State Licensure (UA).

The Uniform Application makes the licensure application process easier by eliminating redundancy. After completing the UA online for the first time, your application is securely stored and can be resubmitted to another state board using the UA without reentering the same information. You would only make updates as needed and ensure that you comply with any board-specific requirements.

In the UA, you will be asked to account for all time since medical school graduation, including providing your employment history, and asked to provide any information on medical malpractice claims. We recommend having this information on hand before you begin working on your UA.

To work on the UA, go to <https://www.fsmb.org/uniform-application/> and select Uniform Application from the Licensure menu or Sign In menu. If you have submitted a UA previously, select the state board in the State Board section to open the UA for editing. Submit your UA to the board when you have finished updating your UA.

First time UA users are required to pay a one-time service charge of \$60. Your receipt will be available immediately after submitting your UA, and you will receive a separate receipt via email.

The UA FAQ at <https://www.fsmb.org/uniform-application/ua-faq/> answers the most common UA questions. If your question or issue isn't listed, contact UA customer service at 800-793-7939 or email ua@fsmb.org with your username or FCVS ID if applicable, and a description of what you were doing at the time.

Please note the following:

- Provide both your current home address and current business practice/training address, otherwise an error will occur. Do not enter the same address for both home and work. You can use the same address for both Board Contact and Public Contact.
- You are not able to add or edit MD and DO licenses in the UA as that information comes directly into the system from the state boards. Email ua@fsmb.org with the correct information if changes are needed.
- Enter all other professional licenses (nurse, EMT, physician assistant, etc.) you have held (active or inactive) in the U.S. or Canada. Request verification from these boards as well.
- If you hold licenses in countries outside the U.S. or Canada, please provide that information on a separate sheet of paper to the Board.
- On the Chronology of Activities, if "Military Service" is reported, please provide a copy of your discharge or separation documents.
- For all locations where you have had admitting privileges, check the "Staff Privileges" box.
- Providers who do NOT have admitting privileges, please explain on a separate sheet of paper your procedures or the arrangements you make in instances when patients require admission to a hospital. If you are applying with a health plan, should arrangements include admitting coverage by another provider, a signed letter from the covering provider, including their primary admitting facility, is to be included.
- Clinical time indicates time spent with patients. Administrative indicates time spent on paperwork.
- For all malpractice claims, list as much detail as possible in the "specifics" section, including the name, age, sex of patient/claimant, the nature of the allegations in claims/suits (specify whether a suit was ever filed), names of other practitioners and hospital (if any) involved in claims/suits, name of defense attorney.

In addition to completing the core UA online, all applicants must:

- Submit a UA Affidavit and Authorization for Release of Information form to the Board. The UA Affidavit is separate from the FCVS Affidavit and must be sent directly to the Board. Attach a recent (less than 6 months old) two inch by two-inch (2" x 2") passport quality, color photograph of yourself (head and shoulders only) in the space provided. Proof photos, negatives, and digital photos are not acceptable. This form must be notarized and returned to the New Mexico Medical Board.

- Have each full, temporary, training, or limited healthcare or profession license or certification you have ever held in the U.S. or Canada verified by the granting board, whether the license or certification is active or inactive. Determine the fees and verification method for each board using the licensure verification resource at <https://www.fsmb.org/uniform-application/>. Use the UA Licensure Verification Form for boards that need a written request. If the verifying board uses VeriDoc or another method, use that method instead.
- Complete the three addenda as instructed.
 - Addendum 1 – Additional Physician Information form. Provide all information requested. If you answer YES to any of the Professional Practice Questions, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.
 - Addendum 2 – Professional Recommendation form. Complete the top portion of two copies of this form. The NMBME requires two Professional Recommendation forms sent directly to the Board from physicians, chiefs of staff, department chairs or equivalent with whom you have worked and who have personal knowledge of your character and competence to practice medicine. The recommending physicians must have personally known you and have had the opportunity to personally observe your ability and performance. The completed forms must be sent directly to the New Mexico Medical Board from the recommending physicians.
 - Addendum 3 – Work Experience Verification form. Complete the top portion of the form, including dates. You must have the chief of staff, administrator, or medical staff services of each and every hospital and/or health facility where you have been granted and/or held privileges and/or been employed during the past two (2) years if applying by examination, and past three (3) years if applying by endorsement (not including internship, residency, or fellowship), complete the rest of the form in its entirety and send it directly to the New Mexico Medical Board.

If you are using FCVS for credentials verification,

- Do not complete the UA Medical Education, Postgraduate Training, or Fifth Pathway Verification forms, or send identity documents, transcripts, certificates, or examination scores to the Board. FCVS handles all of this for you.

If you are not using FCVS for credentials verification,

- Send to the Board a certified copy of a legal name change document (marriage certificate, divorce decree, court order) if your name is not the same on all of your submitted documents.
- Contact each appropriate exam entity to have a certified transcript of your scores sent directly to the Board. If you have taken any component of the NBME in conjunction with another exam (USMLE/FLEX), request your transcript from the NBME. For contact information, see the UA FAQ at <https://www.fsmb.org/uniform-application/ua-faq/>.
- Complete the UA Medical Education Verification, Postgraduate Training Verification, and Fifth Pathway Verification (if applicable) forms as directed on each form. The UA Medical School Verification form should be accompanied by a copy of your diploma if you graduated from that school.
- If you are an International Medical Graduate, request from ECFMG that your ECFMG certificate, Fifth Pathway Program Certificate, and/or FMGEMS certificate be sent to the Board, as applicable. See the UA FAQ at the link on the previous page for contact information.

Step 3: Prepare your documents and fees and mail to the appropriate locations.

The checklist on the last page of these instructions should be used to ensure that you complete all requirements and send all paperwork to the correct locations. Depending on your method of application and what is applicable to your situation, **you must send the following items directly to the New Mexico Medical Board:**

1. Application fee of **\$400 made payable to the New Mexico Medical Board** (or \$50 if you are enrolled in a postgraduate training program in New Mexico and are applying for a Public Service License. **Please have your Program Director send the NMMB a letter granting you permission for a Public Service License**). Applications will not be processed until the completed Uniform Application Addenda and application fee have been received. The application fee is payable in U.S. funds by cashier's check, money order, personal check, MasterCard or Visa.
2. **When you provide a check as payment, you authorize the State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. All fees are non-refundable.**
3. If using HSC, include a check in the amount of **\$320 made payable to NMHSC**. A copy of the application and your check will be forwarded to HSC from the Board. HSC will bill the applicant for any add-on costs required to obtain the source documents. These may include license verifications or notarized proof of education.
4. If you are an international medical graduate, include a copy of your ECFMG certificate or Fifth Pathway certificate.
5. If you are not a US citizen, you must provide proof of compliance with immigration laws (copies of naturalization papers, passport, J-1 or H-1 visa).
6. A notarized copy of your birth certificate or a current, valid passport.
7. Supporting documentation of any legal name change.
8. A copy or copies of your examination transcript(s).
9. A copy of your specialty board certificate and re-certification, if applicable.
10. Applicable forms and addenda within the Uniform Application. The Affidavit and Authorization for Release of Information form and the Additional Physician Information form are required for all application methods.
11. Other required documentation as needed (military discharge/separation documents, written arrangements for admitting if lacking privileges, letter from treating physician, details to professional practice questions with "yes" answers, etc.).

Attach your payment to the Board to the front of your application documents. Your payment to the Board must be in U.S. funds and may be in the form of personal check, money order, Visa, or MasterCard. If you are using a Visa or MasterCard, please provide the type of credit card, number, and expiration date on a cover letter. Do not send cash. Mail your documents to: New Mexico Medical Board, 2055 S. Pacheco St. Bldg. 400, Santa Fe, NM 87505.

Step 4: Complete a criminal history background check.

Beginning in July 2007, the New Mexico Medical Board began requiring that all applicants for initial licensure submit fingerprints and other information for a state and national background check at their cost. Like other state medical boards around the country, the New Mexico Medical Board conducts criminal background checks in order to fulfill its statutory mandate to protect the health and safety of the New Mexico public. **A background**

check packet, including blank fingerprint cards and instructions, will be sent to you upon receipt of your Uniform Application Addenda and application fee. Fingerprint cards cannot be downloaded from the Board's web site.

The criminal background check may or may not slow down your license application. A license will not be issued until the Board has confirmation of your background check. If the background check reveals a felony or a violation of the Medical Practice Act, you will be notified, and the Board will determine if you are eligible for licensure or if disciplinary action will be taken against you.

You must have your fingerprints taken by a qualified individual. Qualified individuals include, but are not limited to, a public law enforcement official. Public Law enforcement agencies include county sheriff, state, municipal, campus, military, and tribal police. In some locations it may be possible to find other agencies with staff trained to take fingerprints, including hospitals, medical centers, and local school districts. Some agencies may charge a fee to take fingerprints. You are responsible for any costs associated with obtaining fingerprints.

Step 5 (if needed): Personal Interview.

The New Mexico Medical Board no longer requires every applicant be scheduled for a personal interview. If you are required to schedule an appointment for a personal interview with the Board or the Board's designee, you will be notified after your application and all required documents have been received and are complete in every detail.

APPROVAL OF LICENSURE

Applicants whose applications are approved for licensure will be issued a license to practice in New Mexico. **Medical licenses shall be renewed on July 1 following the date of issue.** Initial licenses are valid for a period of not more than 13 months or less than 1 month.

Please use the checklist on the next page to ensure you have completed each part of the licensure process.

Uniform Application for Physician State Licensure Checklists

Please use the checklist that applies to you. Items beginning with a * should be sent directly to the NMMB.

	Applying Directly	Using HSC	Using FCVS
Completed online Uniform Application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Sent the Affidavit and Authorization for Release of Information form (within the online UA) to the NMMB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Sent Addendum 1 (Additional Physician Information form) to the NMMB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sent Addendum 2 (Professional Recommendation form) as instructed.	<input type="checkbox"/>	Completed via HSC	<input type="checkbox"/>
Sent Addendum 3 (Work Experience Verification form) as instructed.	<input type="checkbox"/>	Completed via HSC	<input type="checkbox"/>
*Sent application fee of \$400 made payable to New Mexico Medical Board to the NMMB (unless enrolled in a postgraduate training program and applying for a Public Service License, in which case a letter from your Program Director granting you permission for a Public Service License must be sent with a \$50 application fee).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Sent a copy of your specialty board certificate and re-certification to the NMMB (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Sent proof of compliance with immigration laws, e.g., copies of naturalization papers, passport, J-1 or H-1 visa to the NMMB (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Sent notarized copy of birth certificate or current, valid passport to the NMMB.	<input type="checkbox"/>	Completed via HSC	Completed via FCVS
*Sent supporting documentation of any legal name change to the NMMB.	<input type="checkbox"/>	Completed via HSC	Completed via FCVS
Sent Licensure Verification Form (Form #1 within the online UA) to each state board with which you have ever held any health care license or used VeriDoc or the board's preferred method of verification.	<input type="checkbox"/>	Completed via HSC	<input type="checkbox"/>
Sent Medical School Verification form (Form #2 within the online UA) and a copy of your diploma to each medical school attended.	<input type="checkbox"/>	Completed via HSC	Completed via FCVS
Sent Postgraduate Training Verification form (Form #3 within the online UA) to all training programs attended.	<input type="checkbox"/>	Completed via HSC	Completed via FCVS
*Sent a copy of your postgraduate training certificate(s) to the NMMB.	<input type="checkbox"/>	Completed via HSC	Completed via FCVS
*Sent all examination transcripts to the NMMB.	<input type="checkbox"/>	<input type="checkbox"/>	Completed via FCVS
Sent Fifth Pathway Verification form (Form #4) to the program director at the medical school/institution (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	Completed via FCVS
*Sent a copy of your ECFMG certificate (if applicable) to the NMMB.	<input type="checkbox"/>	<input type="checkbox"/>	Completed via FCVS
*Sent all additional required documentation (military discharge/separation documents, written arrangements for admitting if lacking privileges, letter from treating physician, details to professional practice questions with "yes" answers, etc.) to the NMMB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



New Mexico Medical Board
2055 S. Pacheco Street, Building 400
Santa Fe, NM 87505
505-476-7220
Fax: 505-476-7233

Michelle Lujan Grisham
Governor

Peter T. Beaudette, MD
Chair

ADDENDA INSTRUCTIONS

Addendum 1 – Additional Physician Information form. Provide all information requested. If you answer YES to any of the Professional Practice Questions except for Question 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

Addendum 2 – Professional Recommendation form. Complete the top portion of two copies of this form. The NMMB requires two Professional Recommendation forms sent directly to the Board from physicians, chiefs of staff, department chairs or equivalent with whom you have worked and who have personal knowledge of your character and competence to practice medicine. The recommending physicians must have personally known you and have had the opportunity to personally observe your ability and performance. The completed forms must be sent directly to the New Mexico Medical Board from the recommending physicians.

Addendum 3 – Work Experience Verification form. Complete the top portion of the form, including dates. You must have the chief of staff, administrator, or medical staff services of each and every hospital and/or health facility where you have been granted and/or held privileges and/or been employed during the past two (2) years if applying by examination, and past three (3) years if applying by endorsement (not including internship, residency, or fellowship), complete the rest of the form in its entirety and send it directly to the New Mexico Medical Board.

PROFESSIONAL REFERENCES – Please list three professional peers familiar with your professional performance in the past 5 years (not including current or impending partners or associates in practice).

(1) Name and Title:		
Street Address:		
City:	State:	Zip Code:
Telephone Number:	Facsimile Number:	

(2) Name and Title:		
Street Address:		
City:	State:	Zip Code:
Telephone Number:	Facsimile Number:	

(3) Name and Title:		
Street Address:		
City:	State:	Zip Code:
Telephone Number:	Facsimile Number:	

SPECIALTY BOARD CERTIFICATIONS N/A

Are you Board Certified? Yes No

Note: If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted for examination in your specialty, please give a brief explanation on an attached sheet.

Certified/Recertified by the:		
Date Certified:	Date Last Recertified:	Exp. Date:
Certified/Recertified by the:		
Date Certified:	Date Last Recertified:	Exp. Date:
Accepted for Examination by the:		
Until (expiration date):	If not accepted, have you made application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Certified/Recertified by the Subspecialty Board of:		
Date Certified:	Date Last Recertified:	Exp. Date:
Certified/Recertified by the Subspecialty Board of:		
Date Certified:	Date Last Recertified:	Exp. Date:
Accepted for Examination by the Subspecialty Board of:		
Until (expiration date):	If not accepted, have you made application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LIABILITY INSURANCE*

Do you have current liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Current Carrier:
Complete address:		
Dates Insured From: To:	Policy #:	Coverage Limits:

Professional Practice Questions (PPQs)

Read carefully before answering questions.

- A. You must answer all questions. You must provide explanatory information –
- for any “yes” answer to questions numbered 1-18 and
 - for any “no” answer to questions numbered 19-23.
- Your failure to provide full and accurate details for any or all of those answers may result in disciplinary action or denial of your application. If in doubt, disclose.
- B. The Board expects full and accurate disclosure of all information. You must update any information that changes while your application is pending.
- C. The term “you” means you personally and any healthcare entity for which you serve as a business owner, officer or medical director.

Licensing & Professional Membership		
1. a. <i>Regardless of the outcome</i> , have you been subject to investigation by a licensing board or other government entity that resulted or could have resulted in any type of sanction (e.g., fine, reprimand, suspension, revocation, limitation, probation)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Is any license you now hold under investigation or being challenged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever been denied membership or renewal, or been subject to investigation or discipline, by a professional organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Has a federal or state-controlled substance registration issued to you ever been voluntarily or involuntarily restricted, limited, suspended, or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Education		
4. Have you, for any reason, ever		
a. been suspended, dismissed, terminated, resigned or withdrawn from a medical school or postgraduate training (PGT) program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. been placed on probation or remediation by a medical school or PGT program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. taken a leave of absence or break from, had any interruption to, or any extension of a medical school or PGT program (reasons might include illness, disability, pregnancy or parental leave, academics, military service)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Privileges/Appointments		
5. a. For any reason, have your privileges at any healthcare entity ever been subject to investigation, which resulted in a voluntary or involuntary restriction, reduction, suspension, surrender, revocation, or non-renewal of your privileges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Have you ever agreed to limit or not to exercise your clinical privileges while under investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you ever been disciplined or suspended by any healthcare entity with which you have been employed, or resigned in lieu of investigation or other action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have you ever been subject to a request for corrective action by a healthcare entity where you held appointment as a member of the medical staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance/Health Care Plans		
8. Has any private or government health plan or network, e.g., a private healthcare insurance provider, Medicare, Medicaid, ever limited, sanctioned, or terminated you as a provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Liability		

9. Has your professional liability coverage ever been terminated by action of the insurance company, except as a result of the company ceasing to offer insurance to physicians?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Have you ever been denied professional liability insurance coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Has your professional liability insurance carrier ever excluded any procedures from your coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Within the past ten (10) years, have you ever been involved in a public or private settlement, or a medical malpractice claim or suit, or been notified in writing of the intent to file a malpractice suit? If yes, please complete the attached Malpractice History form (link to form) for each case.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Have you ever been reported to the National Practitioner Data Bank (NPDB)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ethics/Impairment		
14. Regardless of the outcome and the status of the proceeding, have you ever been arrested or named as a defendant in any criminal action, e.g., convicted, acquitted, dismissed, vacated, sealed, expunged, appealed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. a. During the past five (5) years, have you engaged in any behavior(s) or used any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Are you now engaging in any behavior(s) or using any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Have you been diagnosed with or treated for an addiction disorder at any time during the past five years (including the present)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Are you now, being treated with any opioid analgesic(s) for chronic pain? If yes, please provide a current neuropsychological evaluation and written clearance to practice from your treating physician. See Rule 16.10.14.10.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Do you have, or have you been diagnosed with, an illness or condition which impairs your judgment or affects your ongoing ability to practice medicine in a competent, ethical, and professional manner? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Are you currently out of compliance with a judgment and order for child support in New Mexico?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attestations		
19. I attest I will limit my practice to areas in which I am competent to practice.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. I attest I understand I have a continuing duty to report any adverse action taken against me or my license as required by Board Rule Part 16.10.10 NMAC.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. I attest I have reviewed the completed form and the information it contains is complete and accurate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. I attest I have provided a reliable and reasonable address for correspondence to be sent to me by the Board and will notify the Board of any address changes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. I attest I will adhere to AMA's ethical standards and the principles of professionalism, honesty, and respect for the law at all times.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "YES" to questions 1-18, and/or "NO" to questions 19-23, please provide a detailed written explanation for each of those answers with this application.

Applicant Name _____ Date _____

New Mexico Medical Board
2055 S. Pacheco St. Bldg. 400
Santa Fe, NM 87505 (505) 476-7220

APPLICANT'S OATH

I, _____, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.

**ATTACH
RECENT
PASSPORT-
QUALITY*
PHOTOGRAPH
THAT WILL FIT IN
THIS SPACE**

Applicant Signature

Date

*Passport-quality color photograph taken within six months prior to filing the application, approximate size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name _____ Date _____

New Mexico Medical Board

2055 S. Pacheco St.

Building 400

Santa Fe, NM 87505

(505) 476-7220

VERIFICATION OF LICENSURE

I am applying for medical licensure in the State of New Mexico. The New Mexico Medical Board requires that your Board complete this form or its equivalent so that I may be considered for licensure. This is my authorization to release all information in your files, favorable or otherwise, to the NMMB, **2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505**

Print/Type Full Name _____

Signature _____ Date _____

License Number _____ Date Issued _____

Address _____

City _____ State _____ Zip Code _____

THE SECTION BELOW SHOULD BE COMPLETED BY THE MEDICAL BOARD

Name of Licensing Authority: _____

Name of Licensee: _____

License Number: _____ Issue Date: _____ Expiration Date: _____

1. Is license current? Yes No If "No" why not? _____

2. Did you receive source documents verifying: Education? Yes No

Postgraduate Training? Yes No

Examination? Yes No

3. Has licensee ever been disciplined by your Board? Yes No

If "Yes": Revoked Yes No

Suspended Yes No

Stipulated Yes No

On Probation Yes No

Dates: _____

4. Has his licensee's license ever been: Allowed to lapse for non-payment of fees? Yes No

Placed on Retired or Inactive status? Yes No

Surrendered Voluntarily? Yes No

5. Are there any formal charges pending against this license? Yes No

6. Has licensee ever been investigated or requested to appear before your Board for any serious matter? Yes No

If you answered "YES" to questions 3-6 please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).



Signature of Board Official _____ Date _____

Title _____ Phone Number _____

New Mexico Medical Board
2055 S. Pacheco St.
Building 400
Santa Fe, NM 87505
(505) 476-7220

MEDICAL EDUCATION VERIFICATION

APPLICANT INSTRUCTIONS: Please complete the waiver for release of information and forward this form to your university/medical school(s) or university of graduation for verification.

Waiver for Release of Information

I authorize the medical school/university listed below to provide any and all information pertaining to my medical education at your institution.

Applicant's Signature: _____ Date of Birth ____/____/____

Print or Type Name: _____ Soc Sec # _____

Other Name(s) _____

Name of Medical School: _____

Address: _____ City _____ State _____ Country _____

DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL INSTRUCTIONS:

Please complete this form and forward it DIRECTLY to NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Please include dean's letter (if available) and a **COPY OF THE OFFICIAL TRANSCRIPT** (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluations).

APPLICANT'S EDUCATIONAL DEGREE AND DATE AWARDED HISTORY

If name of institution was different from the above named institution when applicant attended, please enter name below:

Enrollment and Participation: Our records indicate that

(type or print the applicant's name): (Last Name) (First Name) (MI)

attended our medical school on the following dates (indicate the month, day and year in the section below):

ATTENDANCE DATES:	FROM	TO	FROM	TO
	____/____/____	____/____/____	____/____/____	____/____/____
	____/____/____	____/____/____	____/____/____	____/____/____
	____/____/____	____/____/____	____/____/____	____/____/____

The applicant attended _____ total weeks of continuing on-campus education, not less than 32 weeks in each academic year and:

Check One _____ Was awarded a degree in _____ on ____/____/____
mm dd yr

_____ Was NOT awarded degree. Please explain reasons(s): _____

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. **All questions must be answered. If you answer "YES" to any of the questions below, please enclose an explanation.**

1. Did the applicant take any leaves of absence or breaks from his/her medical education? ___ Yes ___ No
2. Was the applicant ever placed on probation? ___ Yes ___ No
3. Was the applicant ever disciplined or under investigation? ___ Yes ___ No
4. Were any negative reports ever filed by instructors regarding the applicant? ___ Yes ___ No

COMMENTS: _____

AFFIX INSTITUTIONAL SEAL HERE

Signature: _____

Print Name: _____

International medical schools **must** attach a copy of the medical school diploma and a transcript or provide and explanation.

Title: _____

Date: _____

**This form *will not be accepted* unless it is stamped with the institutional seal.
Thank you for helping us process this application for licensure.**

New Mexico Medical Board

2055 S. Pacheco St.

Building 400

Santa Fe, NM 87505

(505) 476-7220

POSTGRADUATE TRAINING VERIFICATION

I am applying for a license to practice medicine in New Mexico and the Medical Board requires this form to be completed by each hospital where I participated in an approved postgraduate training program in the United States or Canada. This is your authorization to release any information in your files of record, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Your prompt response will be appreciated.

Name: _____ M.D.

Signature

Date (Month/Day/Year)

(DO NOT DETACH)

This section to be completed by the office of the Administrator of the institution or program wherein the applicant satisfactorily completed (or will complete) an approved postgraduate training program in the United States or Canada.

This is to certify that _____, undertook and satisfactorily completed a full term approved program of _____ months in the _____
(number) (Full name and complete address of facility)

in the field of _____ from _____ to _____
Date: Mo/Day/Yr Date/Anticipated Date Mo/Day/Yr

1. Was this program approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, or the Royal College of Physicians and Surgeons of Canada? Yes No
2. Was applicant ever placed on probation, restricted, or limited? Yes No If **yes**, please attach written explanation.
3. Was there any reason not to continue applicant in the training program? Yes No If **yes**, please attach written explanation.
4. Did the applicant have any medical condition, which in any way impaired or limited his/her ability to safely practice any field of medicine? Yes No If **yes**, please attach written explanation.

Ability to practice medicine is to be construed to include all the following:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

5. Was the applicant ever diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, or any psychotic disorder? Yes No If **yes**, please attach written explanation.
6. Were applicant's final evaluations in every category rated satisfactory? Yes No If **no**, please attach written explanation.

Please affix hospital or notary seal here

Printed name of person completing this form Signature Date

Signature of Notary (if applicable) Date

My commission expires: _____

**If there is no hospital or notary seal, this form is unacceptable.
Please return this form directly to the address above
Thank you for your cooperation.**