APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE

1. The application packet consists of the enclosed twelve forms.

2. The application fee of $1,090.00 must be made payable to the Board of Physicians.

3. An application that is submitted to the Board of Physicians (the Board) without the correct application fee will be returned to the sender.

4. In general, the processing of an application takes from 14 to 16 weeks. Sixty days after receipt of an application, the Board will determine if an application is complete. If it is determined that the application is not complete, a status letter (notice of deficiency) will be sent to the applicant. Upon receipt, the applicant shall correct the deficiency within 60 days or other period specified in the notice.

   The application will lapse if the deficiency is not corrected within the required period. Thereafter, a new application and full application fee will be required.

5. Send your application to:

   Conceded Eminence Unit
   Board of Physicians
   P.O. Box 37217
   Baltimore, MD 21297

   Any communication that is not directed to the above address and any mistake or omission in completing the forms will delay the processing of the application.
IMPORTANT NOTICES

Fee schedule

The total Conceded Eminence fee is $1,090.00.

Social Security Numbers

Maryland law requires the Board of Physicians to collect Social Security numbers from all persons applying for their professional licenses or certificates. Disclosure of your Social Security number is mandatory. The Maryland Board of Physicians is permitted by State or Federal law or regulation to use the Social Security number for the following purposes:

1. Verification of identity with respect to actions related to your license (Code of Maryland Regulations 10.32.01.);
2. Administration of the Child Support Enforcement Program (Family Law Article, §10-119.3);
3. Identification by the Department of Assessments and Taxation of new businesses in Maryland (Health Occupations Article, §1-210);
4. Verification by the Maryland Medicaid program of licensure and sanctions for providers participating in Medicaid (42 U.S.C. §1396(a)(49); 42 U.S.C. §1396r-2; 42 U.S.C. §1320 a-7).
**ATTENTION**

If You Are a Veteran, Service Member or Military Spouse

**PLEASE REVIEW AND COMPLETE BEFORE PROCEEDING**

“**Veteran**” means a former service member who was discharged from active duty under circumstances other than dishonorable within one year before the date on which the application for license, certificate, or registration is submitted.

“**Veteran**” does not include an individual who has completed active duty and has been discharged for more than one year before the application for a license, certification, or registration is submitted.

“**Military Spouse**” means the spouse of a service member or veteran,

“**Military Spouse**” includes a surviving spouse of:

* A veteran; or
* A service member who died within one year before the date on which the application for license, certificate, or registration is submitted.

“**Service Member**” means an individual who is an active duty member of:

* The Armed Forces of The United States
* A reserve Component of the Armed Forces of the United States; or
* The National Guards of Any State

**Complete ONLY if You Meet the Following Criteria**

Check the appropriate box.

- [ ] Service Member — Currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any State. **Provide supporting documents.**

- [ ] Veteran — Discharged from active military duty under circumstances other than dishonorable within the one year of submitting the application. **Provide supporting documents.**

- [ ] Military Spouse: **Check the appropriate box**
  - [ ] Spouse is a Veteran. **Provide supporting documents.**
  - [ ] Spouse was a service member who died within one year before the date of submitting the application. **Provide supporting documents.**
  - [ ] Spouse is a Service Member currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any State. **Provide supporting documents.**

Name of Applicant (PRINT)
MARYLAND BOARD OF PHYSICIANS
P.O. BOX 37217
Baltimore, Maryland 21297

APPLICATION FOR MEDICAL LICENSE
BY CONCEDED EMINENCE

________________________________________________________________________________

FOR BOARD USE ONLY
License No. ___________________________ Date of Issuance: _______________
Control Number: _______________________ Expiration Date:_________________

________________________________________________________________________________

1. Name of Applicant:

Enter your name on the appropriate line. If any of your credentials bears a name that does not completely match the name on your application, explain the name change and attach a copy of a legal document that supports/explains the change.

Surname First Name Middle Name

Name Under Which Originally Licensed in Another Jurisdiction, If Different From Above

________________________________________________________________________________

2. Address

Street Address, Including Suite/Apartment Number

________________________________________________________________________________

Town/City State/Country Zip Code

3. Telephone Number (including area code):

________________________________________________________________________________

4. Information for Identification:

   MM/DD/YYYY Female Male
d. SSN: ________________________________

e. Race/Ethnicity: __________ Alaskan Native __________ Asian
   __________ Black or African American __________ Caucasian
   __________ Hispanic or Latin __________ Native American
   __________ Other (Specify) __________________________
5. **Medical Education**: Send a notarized true and unaltered copy of your medical school diploma to the Maryland Board of Physicians.

   Full Name of Medical School/University

   Street Address

   City/County State/Country Zip Code

   Date of Graduation Inclusive Dates of Attendance

   Language of Instruction During the Inclusive Dates of Attendance

6. **Activities After Graduation**: List all the activities upon graduation from a medical school. If you use attachments, print your name and date on each page.

   From/to Activity Location

7. **Examination(s) Taken**: Contact all the applicable agencies that have your medical licensing examination scores and ask them to send your complete medical licensing examination history and scores to the Maryland Board of Physicians (the Board).

   Below is a list of medical licensing examinations. Put a check mark opposite every examination you have taken.

   ________ E-ECFMG
   ________ F-FLEX
   ________ N-National Boards
   ________ Sp-SPEX
   ________ St-State Written Exam (USA)
   ________ U-USMLE
   ________ O-Other (Specify): __________________________
8. Do you hold either a current or expired medical license in any state?
________________________ If YES, list all states in which you have been licensed and the license
numbers. (List additional states on another sheet of paper. Be sure to sign and date the sheet of
paper.)

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<tr>
<th>State</th>
<th>License #</th>
<th>State</th>
<th>License #</th>
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</tr>
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9. For each question, check the appropriate box that reflects your response. For each question
answered YES, attach a detailed explanation and documentation. Include copies of malpractice
claims, court complaints, disciplinary actions, records and file numbers, current status, and disposition. Each attachment must bear your name and the date of submission.

YES  NO
____  ____  a. Have you ever been denied an application for medical license, reinstatement, or
renewal by any state licensing or disciplinary board or any comparable body in the Armed Services?
____  ____  b. Has any action been taken against your license by any state licensing or discipli-
inary board, or any comparable body in the Armed Services, including but not
limited to limitations of practice, required education, admonishment, reprimand,
suspension or revocation for an act that would be grounds for disciplinary action
under Md. Code Ann., Health Occ. Section 14-404?
____  ____  c. Have any investigations been brought against you by any licensing or discipli-
nary body or comparable body in the Armed Services?
____  ____  d. Have you ever withdrawn an application for any medical or health professional
license for reasons that would be grounds for disciplinary action under Md.
Code Ann., Health Occ. Section 14-404?
____  ____  e. Have any investigations or charges been brought against you by any hospital,
related institution, or alternative health care system that might be grounds for
action under Md. Code Ann., Health Occ. Section 14-404?
____  ____  f. Have you ever had any limitations or loss of privileges by any hospital, related
health care facility or alternative health care system that might be grounds for
action under Md. Code Ann., Health Occ. Section 14-404?
____  ____  g. Have you ever pled guilty, nolo contendere, or been convicted of, or received
probation before judgement for any criminal act?
____  ____  h. Have you ever pled guilty, nolo contendere, been convicted of, or received pro-
bation before judgement for any alcohol or controlled dangerous substance
offense, including but not limited to, driving while under the influence of alcohol
or controlled dangerous substance?
YES  NO

____  ____ i. Have you had any arrests which would provide a basis for investigation or charges that would be grounds for disciplinary action under Md. Code Ann., Health Occ. Section 14-404?

____  ____ j. Have you had any illness or condition which has impaired your ability to practice medicine within the 3 years prior to, or during the pendency of, this application?

____  ____ k. Have you ever had any treatment of alcohol abuse, substance abuse or chemical dependence?

____  ____ l. Have you ever been named as defendant in the filing or settling of any medical malpractice actions?

10. Malpractice History: Submit your complete malpractice history with the application form. Each page of the attachment must have your name and date of submission.

11. Driving Record: Submit your complete driving record, including but not limited to, convictions for driving while intoxicated or while under the influence of any chemical substance or medication. Each page of your driving record must have your name and date of submission.

12. Physical and/or Mental Examinations and/or Evaluation Program for Treatment of Impaired Applicant: Submit all the applicable documents. Each page of the document must have your name and date of submission.

13. Agreement, Allowance, Consent and Certification (To be signed and dated in front of a notary public).

   A. Agreements to Cooperate and to Notify the Maryland Board of Physicians (the Board) of any action: I agree that I will cooperate fully with any request for information, inspection of my medical practice or investigation, including the subpoena of documents on records, incident to my medical practice while licensed in the State of Maryland. I further agree to inform the Board by certified mail, return receipt requested, within 30 days of receiving notice of any action against me under Md. Code Ann., Health Occ. Sections 14-205, 14-206, 14-301, 14-302, 14-306-308, and Chapter 273 (1992).

   B. Allowance for the Maryland Board of Physicians to Release Information That Is Not Statutorily Protected: I allow the Maryland Board of Physicians to release information about me that is not statutorily protected.

   C. Consent to Submit to an Evaluation: I consent to submit to an evaluation by the Specialty Identification Committee of the Medical and Chirurgical Faculty of Maryland or other committee, to an interview, and to be subject to peer review of my practice in accordance with Md. Code Ann, Health Occ., Section 14-401(b).
D. **Certification**: I certify that the information supplied in this application is true and accurate to the best of my knowledge and belief.

________________________________________  Date

**Signature of Applicant**

14. **Notarization** (to be completed by a notary public)

________________________________________, M.D. of  

________________________________________ being duly sworn says that he/she is the person referred to in the above application for license to practice Medicine and Surgery in the State of Maryland, and that all statements made in this application are true. The attached photograph bearing my notarial seal is that of the person, here present, making the above application. Sworn before me this______________day of ____________ , 20____. My commission expires on _______________________.

________________________________________  Date

**Signature of Notary Public**

________________________________________

**Name of Notary Public in Print**

APPLICANT'S PASSPORT PHOTOGRAPH
APPLICATION FOR MEDICAL LICENSURE BY CONCEDED EMINENCE

Recommendation

To: The Maryland Board of Physicians

From: Dean, Johns Hopkins University School of Medicine
       Dean, University of Maryland School of Medicine
       Dean, Uniformed Services University of the Health Sciences
       Director, National Institutes of Health

Re: Application of ________________________________ M.D.

Date:

I recommend Dr. ________________________________ for a medical license by conceded eminence and attest that the applicant will be appointed _________________________ at the _________________________, effective _____________________________

______________________, effective ________________ Date

Name of Applicant

Title

Name of Institution

The applicant's proposed responsibilities will be as follows:
The reason for any limitations of those practice responsibilities are:

The degree of supervision under which the applicant will function is described below:

______________________________________________________________________________

Signature

______________________________________________________________________________

Name in Print and Full Title

______________________________________________________________________________

Full Name of Institution

______________________________________________________________________________

Telephone, including area code

SCHOOL/COLLEGE/UNIVERSITY SEAL
Under penalties of perjury, I attest that I possess the following qualifications:

1. Within 10 years prior to this application, I have published original results of clinical research in a medical journal listed in the Index Medicus, or in an equivalent scholarly publication and hereby submit the attached copies of these articles in English or in a foreign language with verifiable, certified translations in English.

Signature________________________________________________   Date_____________________________

2. I have held an appointment at the level of:
   a. Associate professor at an LCME-approved medical school.

   Name and Address of Medical School

   for ____________ years or at a medical school listed in the World Health Organization Directory,
   Number

   Name and Address of Medical School

   for ____________ years.
   Number

Signature________________________________________________   Date_____________________________

THE NEXT PAGE OF THIS FORM MUST ALSO BE COMPLETED.
b. Full Professor at an LCME-approved medical school, 

_______________________________________________________

Name and Address of Medical School

_______________________________________________________

for _____________ years or at a medical school listed in the World Health Organization Directory, 

Number

Organization Directory, 

_______________________________________________________

Name and Address of Medical School

_______________________________________________________

for _____________ years.

Number

_______________________________________________________

Signature

_______________________________________________________

Date

3. Within 10 years prior to this application. I have developed a treatment modality, surgical technique, or other verified original contribution to the field of medicine, which is attested to by the dean of a medical school in Maryland or by the director of the National Institutes of Health.

_______________________________________________________

Signature

_______________________________________________________

Date

4. I have actively practiced medicine cumulatively for at least 15 years. Of these 15 years, ______ were spent on research while on sabbatical leave.

_______________________________________________________

Signature

_______________________________________________________

Date

5. I am a member in good standing of the Board of ___________________________ of the American board of Medical Specialties of other equivalent specialty board. Attached is a copy of the applicable board certificate(s).

_______________________________________________________

Signature

_______________________________________________________

Date
Supervision of Applicant

To: The Maryland Board of Physicians

From: The Supervising Physician

Re: Application of ____________________________________________, M.D.

Date:

I am/will be the supervising physician of the applicant. The detailed description of the medical services, duties, and responsibilities that the applicant will perform are listed below.

THE NEXT PAGE OF THIS FORM MUST ALSO BE COMPLETED.
Attestation:

Under penalties of perjury, I attest that the information provided in this form is true and correct to the best of my knowledge and belief.

Signature of Supervising Physician ____________________________ Date ____________

Title of Supervising Physician ________________________________

Name of Institution Where the Applicant and the Supervising Physician Will Work Together ________________________________

Telephone number, including area code of supervising physician ________________________________
Consent to Release Information

To the Maryland Board of Physicians:

I agree that any person may release to you any information necessary for the processing of my application for medical license by conceded eminence in the State of Maryland.

Signature of Applicant ________________________________ Date __________________

Name of Applicant in Print ________________________________
APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE

Attestation By A Dean of Medical School in Maryland or The Director of the National Institutes of Health

Name of applicant: ____________________________________________________________

Attestation:

I attest that Dr. _____________________________________________________________ has developed:

_____ 1. a treatment modality; and/or

_____ 2. a surgical technique; and/or

_____ 3. other verified original contribution(s) to the field of medicine.

Attached are the description(s) of the treatment modality and/or surgical technique and/or other verified contribution(s) to the field of medicine as well as the supporting documents.

______________________________  _______________________________
Signature of Dean of Medical School in Maryland/Director of National Institutes of Health  Date

______________________________  _______________________________
Name and Title in Print  Date

______________________________
Telephone number, including area code
APPLICATION FOR CONCEDED EMINENCE

Verification of Education and English Language Instruction

Part 1 - Applicant, please complete this part of the form and send it to the institution that conferred the MD/DO on you.

Name: __________________________________________________________

Last name and generational indicator, if applicable  First name  Middle name

Birth date: ____________________________ Social Security Number: _____________________________________

Month/date/year

Name of Institution that conferred the Medical Degree/Doctor of Osteopathy*: __________________________________________________________

Degree received: ____________________Date of Graduation: ______________________________________________

Month/day/year

Inclusive date of attendance: From ____________________________ to _____________________________________

Month/year  Month/year

Signature of Applicant ____________________________ Date ____________________________

*If this institution is different from the medical school(s) where you obtained your medical education, write the name of your medical schools and the inclusive dates of your attendance.

Part 2 - Authorized official in the educational institution that conferred the medical degree or doctor or osteopathy on the applicant, please complete this part of the form and send it directly to the Maryland Board of Physicians at the above address.

I hereby certify that:

_____ A. The applicant graduated with a degree of _____________________ on ____________________.

_____ B. The language of instruction was _____________________ during the inclusive dates of attendance: From ____________________________ to ____________________________.

Month/year  Month/year

Name of School Official in Print __________________________________________________________

Signature of School Official ____________________________

Title __________________________________________________________

SEAL OF INSTITUTION
APPLICATION FOR MEDICAL LICENSURE BY CONCEDED EMINENCE

State Board Licensure Verification

Part A: To be completed by applicant. Please complete this portion and send a copy of the form to each state board from which you have ever been issued any form of medical licensure.

Name in Print: ____________________________________________

Medical School of Graduation and Branch, If Applicable: ____________________________ Year of Graduation: ____________________________

State Issuing License: ___________ License Number: ___________ Date Issued: ___________

Licensed by: 

☐ FLEX ☐ National Boards
☐ MCCQE ☐ State Written Exam
☐ USMLE ☐ OTHER (explain)

Any restrictions, conditions, etc., on your license to practice medicine? Yes No

If yes, explain: __________________________________________________________

Present status of medical license: ____________________________________________

Signature: ____________________________ Date: ____________________________

Part B: To be completed by the State Licensing Authority. Please complete this part and send this form directly to the Maryland Board of Physicians at the above address.

Licensee is: _______in good standing _______revoked _______suspended _______other

If not in good standing, reason: __________________________________________________________

Any negative information or pending charges: __________________________________________________________

Remarks: __________________________________________________________

Signature of Board Official Completing This Form: ____________________________ Date: ____________________________

STATE

Name in Print: ____________________________

Name of State Medical/ Osteopathic Board: ____________________________

STATE

Name in Print: ____________________________

Name of State Medical/ Osteopathic Board: ____________________________

MBF Form20 ConEm8 07/2003
APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE

Documentation of Speech Impairment

Part A: To be completed by the applicant

Name of applicant:________________________________________________________________________________

Type of speech impairment claimed:_________________________________________________________________

Onset of impairment:  _____________________________________________________________________________

Status of impairment: _____________________________________________________________________________

Name of treating physician: ________________________________________________________________________

Name of speech pathologist:________________________________________________________________________

Number of times the Test of Spoken English or Test of English as a Foreign Language or equivalent examination
approved by the Board has been taken to date: _________________________________________________________

________________________________________________________________________________________________

Signature Date

Part B: To be completed by the treating physician

History:

THE NEXT PAGE OF THIS FORM MUST BE COMPLETED.
Diagnosis, including results of specific test:

Treatment:

Current status:

Recommendation:

________________________________________________________________________________________________
Signature Date
________________________________________________________________________________________________
Name in Print

Telephone number including area code

PAGE 3 OF THIS FORM MUST ALSO BE COMPLETED.
Part C: To be completed by the speech pathologist

History:

Diagnosis, including tests and results:

Treatment:

Current Status:

Recommendation:

Signature _______________________________ Date _______________________________

Name in Print

Telephone number including area code
APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE

Certificate of Physicians

I hereby certify that I have known______________________________, M.D. for ____________years and that he/she is of good moral character and free from mental defect and drug habits likely to interfere with the proper practice of medicine and surgery. I further certify the photograph affixed to this form is a recent one and a genuine likeness of ________________________________, M.D.

Number

I have been licensed in the following state(s);

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<tr>
<th>State</th>
<th>Status of Medical License</th>
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Signature of Physician Vouching for the Applicant  Date

Name in Print

Street Address

Town/City  State  Zip Code
1. **Certificate of Physician**

Send copies of the enclosed MBP Form ConEm10 07/2003 to two physicians who will vouch for your good moral character and freedom from mental defects and drug habits likely to interfere with the proper practice of medicine and surgery for completion and submission to the Board. Both physicians must hold medical licenses in the United States of America. The licenses must be active and in good standing.

2. **Claim of Speech Impairment**

If you wish to claim speech impairment, submit MBP Form ConEm 9 07/2003 with your application form, MBP Form ConEm1 07/2003. These documents must be submitted to the Board before your second attempt at passing the Test of Spoken English or its equivalent.

After the second examination, documentation of an impairment may not be submitted or accepted unless there has been an intervening medical/surgical event which has created the impairment. You will be allowed to claim impairment only if:

- a. This event was reported to the Board before a third examination; and
- b. The Board determines that the medical/surgical event did indeed create the impairment.

If you have properly claimed and documented a speech impairment, the Board shall request the following proof:

- a. Documentation from three licensed physicians that you can communicate in a professionally competent manner with patients and health care providers; or
- b. A hearing before the Board where you will be asked to describe the manner in which you will obtain a history and physical examination from a typical patient.

3. **Competence to Practice Medicine**

Request the Chief of Staff of the hospital where you practiced medicine within the 5 years preceding this application to send a letter to the Conceded Eminence Unit of the Maryland Board of Physicians (the Board) at the above address detailing your competence to practice medicine. The letter must be on official letterhead, signed and dated.
4. **Competency in the English Language**

An applicant shall demonstrate oral and written competency in the English language as follows:

a. Graduation from a recognized, English-speaking undergraduate college or university after at least 3 years of enrollment; or

b. Graduation from a recognized, English-speaking professional school; or

c. Achieving a score of 220 on the Test of Spoken English on tests taken before July 1995 or a score of at least 50 on tests taken beginning July, 1995; or

d. Achieve a score of at least 2 or Advanced for examinations after October 1, 1994. (NOTE: A prospective OPI applicant must have an application for conceded eminence on file with the Board before OPI testing can be scheduled; and

e. Achieving a score of 550 on the paper and pencils Test of English as a Foreign Language (TOEFL) or a score of at least 213 on the computer-based TOEFL; or


---

**Information about the OPI, TOEFL and TSE**

If you need to schedule a TOEFL or TSE examination, or to arrange for your scores to be sent to the Board, contact the Educational Testing Service by phone at 1-609-771-7100; by fax at 1-609-771-7500 e-mail at toefl@est.org or http://www.toefl.org.

For information about the OPI, contact the Language Testing International at 1-914-948-5100. The LTI will explain to you how to make payment for testing. Within 24-72 hours of receiving your payment, LTI can schedule your interview. Before you schedule your interview, contact the Board at 410-764-4760 or 1-800-492-6836, extension 4760 to arrange a specific date, time, and location for your telephone interview. Remember, you must have an application on file with the Board before LTI will schedule your interview.

---

5. **Evaluation**

The Board may require you to be evaluated by a committee of the Medical and Chirurgical Faculty of Maryland or other committee and to be interviewed. The Board may also require a peer review of your practice in accordance with Health Occupations Article, Section 14-401(b), Annotated Code of Maryland.

6. **Withdrawal**

An application may not be withdrawn if the applicant is under investigation of charges for reasons that may be grounds under Health Occupations Article, Section 14-404, Annotated Code of Maryland, if the applicant were licensed in this State.

7. **ECFMG Certification**

If applicable, please provide a copy of your ECFMG Certificate.
APPLICATION FOR MEDICAL LICENSE BY CONCEDED EMINENCE

Checklist for the Applicant

Have you:

_____ Completed and submitted the 5-page application form, MBP Form ConEm1 07/2003?

____ Enclosed explanation of different names on your credentials and supporting legal document, if applicable?

____ Enclosed a notarized true and unaltered copy of your medical school diploma?

____ Attached additional sheets, with your name and date on each page, listing your activities after graduation, if applicable?

____ Requested all the applicable agencies to send directly to the Maryland Board of Physicians (the Board) your complete medical licensing examination history and scores?

____ Enclosed detailed explanation and documentation for each YES answer given to any of the questions under number 9, if applicable? Each page must bear your name and date.

____ Enclosed your complete malpractice history, if applicable?

____ Enclosed your complete driving record, if applicable?

____ Enclosed your physical and/or mental examinations and/or evaluation program for treatment of impairment, if applicable?

____ Sent the recommendation form, MBP Form ConEm2 07/2003, to a dean of a medical school in Maryland or the director of the National Institutes of Health for completion and submission to the Board?

____ Completed and submitted the evidence of teaching, research, and achievement form, MBP Form ConEm3 07/2003?

____ Attached copies of articles in English or in a foreign language with a verifiable, certified translation, if applicable? The articles must be on original results of your clinical research that have been published in a medical journal listed in the Index Medicus or in an equivalent scholarly publication.

_______ Attached a copy/copies of your board certificate(s), if applicable?

THE NEXT PAGE OF THIS FORM MUST ALSO BE READ
Sent the supervision of applicant form, MBP Form ConEm4 07/2003, to your supervising physician for completion and submission to the Board?

Completed and submitted the release of information form, MBP Form ConEm5 07/2003?

Sent the attestation form, MBP Form ConEm6 07/2003, to a dean of a medical school in Maryland of the director of NIH for completion and submission to the Board? The descriptions of the treatment modality and/or surgical technique and/or other verified contributions that you have made to the field of medicine as well as the supporting documents must be attached to the form.

Completed and submitted the Verification of Education and English Language Instruction form, MBP Form ConEm7 07/2003?

Requested the applicable agencies to submit directly to the Board your scores on the Test of Spoken English and the Test of English as a Foreign Language, if applicable?

Completed Part A of the state board licensure verification form, MBP Form ConEm8 07/2003, and sent it to each state medical board that ever issued you a license for completion and submission to the Board, if applicable?

Completed Part A of the documentation of speech impairment, MBP Form ConEm9 07/2003 and sent Part B and Part C to your treating physician and speech pathologist, respectively, for completion and submission to the Board, if applicable?

Sent the certificate of physician from, MBP Form ConEm10 07/2003, to two actively licensed physicians in the United States of America for completion and submission to this Board?

If applicable, provided a copy of your ECFMG certificate.

Read and been guided by the additional information and requirements from, MBP Form ConEm11 07/2003?
Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Subtitle 32 BOARD OF PHYSICIANS

Chapter 13 Physician License by Conceded Eminence


10.32.13.02

.01 Scope.

These regulations establish the qualifications for an individual to become licensed in Maryland to practice medicine by virtue of conceded eminence and authority in the profession and to set limits on the license.

10.32.13.02

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "ABMS or other equivalent specialty board" means the American Board of Medical Specialties or equivalent boards in other countries.

(2) "Applicant" means an individual applying for initial licensure as a physician in Maryland.

(3) "Application period" means the time between the filing of an application and the issuance of a license or denial of the application.

(4) "Board" means the Board of Physicians.

(5) "Conceded eminence and authority in the profession" means significant teaching, research, and achievement in a field of medicine recognized by the Board.

(6) "Index Medicus" means an international list of periodicals concerning the practice of medicine.

(7) "LCME" means Liaison Committee on Medical Education of the American College of Medical Education and the American Medical Association.

(8) "LMCC" means Licentiate of the Medical Council of Canada, or its successor.
(9) "Malpractice history" means a list of claims filed against a health care provider for damage due to medical injuries as described in Courts and Judicial Proceedings Article, Title 3, Subtitle 2A, Annotated Code of Maryland, or adverse action reports made to the National Practitioner Data Bank of the federal government, or both.

(10) "Medical licensing examination results" means scores or results of examinations such as the:

(a) Educational Commission for Foreign Medical Graduates (ECFMG), or its successor;

(b) Federation Licensing Examination (FLEX) designed by the Federation of State Medical Boards;

(c) National Board of Medical Examiners (NBME);

(d) United States Medical Licensing Examination (USMLE) designed by the Federation of State Medical Boards; and

(e) Special Purpose Examination prepared by the Federation of State Medical Boards (SPEX).

(11) "Speech impairment" means a disorder of the voice, in articulation of speech sounds, or nonfluency in the speaker's native language.

(12) "Test of Spoken English" means the Educational Testing Service examination designed to evaluate the spoken English proficiency of those whose native language is not English.

(13) "World Health Organization directory" means the World Directory of Medical Schools, an international list of recognized medical schools compiled by the World Health Organization agency of the United Nations.

10.32.03.03

.03 Qualifications for Special License by Conceded Eminence.

A. An applicant shall:

(1) Complete an application on a form supplied by the Board;

(2) Pay an application fee set by the Board in COMAR 10.32.01.11;

(3) Be of good moral character; and

(4) Be at least 18 years old.

B. Recommendations. On a form supplied by the Board, the dean of a school of medicine in the State or the director of the National Institutes of Health shall recommend the applicant to the Board, by:

(1) Attesting to the fact that the applicant is to receive an appointment at the institution represented by the dean or director; and
(2) Presenting the Board with detailed evidence of the physician's qualifications and competence including:

(a) The nature of the physician's proposed responsibilities,

(b) Reasons for any limitations of the physician's practice responsibilities, and

(c) The degree of supervision, if any, under which the physician will function.

C. Evidence of Teaching, Research, and Achievement. An applicant shall demonstrate eminence and authority in the profession by meeting at least three of the following qualifications which are necessary, but not by themselves sufficient, for licensure under this chapter:

(1) Within 10 years before the application, have published original results of clinical research in a medical journal listed in the Index Medicus or in an equivalent scholarly publication, and have submitted these articles to the Board in English or in a foreign language with verifiable, certified translations in English;

(2) Have held an appointment at a medical school approved by the LCME or at any medical school listed in the World Health Organization directory at the level of associate or full professor, or its equivalent, for at least 5 years;

(3) Within 10 years before the application, have developed a treatment modality, surgical technique, or other verified original contribution to the field of medicine, which is attested to by the dean of a school of medicine in the State or by the director of the National Institutes of Health;

(4) Have actively practiced medicine cumulatively for 15 years, which may include up to 5 years sabbatical during which the applicant was involved in research; and

(5) Be a member in good standing of a board of the American Board of Medical Specialties or other equivalent specialty board.

D. Supervision. The Board may require an applicant to submit the name of the licensed physician who agrees to supervise the medical services performed by the applicant for the first 6 months after the license is granted, and a detailed description of the medical services, duties, and responsibilities to be performed by the applicant.

E. Additional Requirements for License by Conceded Eminence and Authority in the Profession.

(1) The Board may require additional information which includes, but is not limited to, the following:

(a) A letter from the chief of staff of any hospital where the applicant has practiced within the 5 years preceding the application for license under this chapter, detailing the applicant's competence to practice medicine;

(b) A detailed description of activities including, but not limited to, the following:

(i) Any action, by any state licensing or disciplinary board, or any comparable body in the armed services, denying an application for licensure, reinstatement, or renewal,

(ii) Any action taken against the physician's license, by any state licensing or disciplinary board, or any comparable body in the armed services, including but not limited to limitations of practice, required education, admonishment, reprimand, suspension, or revocation for an act that would be grounds for disciplinary action under Health Occupations Article, § 14-404, Annotated Code of Maryland,

(iii) Any investigations or charges brought against the physician by any licensing or disciplinary body or comparable body in the armed services,
(iv) Any medical or health professional licenses for which the physician has applied when the application was withdrawn for reasons that would be grounds for disciplinary action under Health Occupations Article, § 14-404, Annotated Code of Maryland,

(v) Any investigations or charges brought against the physician by any hospital, related institution, or alternative health care system that might be grounds for action under Health Occupations Article, § 14-404, Annotated Code of Maryland,

(vi) Any limitations or loss in privileges by any hospital, related health care facility, or alternative health care system that would be grounds for disciplinary action under Health Occupations Article, § 14-404, Annotated Code of Maryland,

(vii) Any pleas of guilty or nolo contendere, or convictions, or receipt of probation before judgment for any criminal act,

(viii) Any pleas of guilty or nolo contendere, or convictions, or receipt of probation before judgment for any alcohol or controlled dangerous substance offense including, but not limited to, driving while under the influence of alcohol or controlled dangerous substances,

(ix) Any arrests which would provide a basis for investigation or charges that would be grounds for disciplinary action under Health Occupations Article, § 14-404, Annotated Code of Maryland,

(x) Any illness or condition which has impaired the physician's ability to practice medicine within the 3 years before, or during the pendency of, the application,

(xi) Any treatment for alcohol abuse, substance abuse, or chemical dependence, and

(xii) The filing or settling of any medical malpractice actions in which the physician is, or has been, named as a defendant;

(c) Malpractice history;

(d) Driving record, including but not limited to convictions for driving while intoxicated or while under the influence of any chemical substance or medication;

(e) Medical licensing examination results;

(f) Physical or mental examinations, or both, by a physician or evaluation program for treatment of impaired physicians, or both, chosen by the Board.

(2) On forms supplied by the Board, an applicant shall:

(a) Agree to release to the Board information from other institutions and government agencies including, but not limited to, the National Practitioner Data Bank, hospitals, and other licensing bodies; and

(b) Allow the Board to release information which is not statutorily protected.

(3) An applicant for licensure under this chapter shall agree to inform the Board by certified mail, return receipt requested, within 30 days of receiving notice of any action listed in this section.

F. English Language Competency. An applicant shall demonstrate oral and written English language competency as described in Health Occupations Article, § 14-307(h), Annotated Code of Maryland. The applicant also shall demonstrate oral and written language competency as follows:
(1) Graduation from a recognized, English-speaking undergraduate college or university after at least 3 years of enrollment;

(2) Graduation from a recognized, English-speaking professional school; or

(3) Achieving a score of 220 on the Test of Spoken English or equivalent score on an equivalent examination approved by the Board, and achieving a score of 550 on the Test of English as a Foreign Language or equivalent examination approved by the Board.

G. Claim of Speech Impairment.

(1) An applicant wishing to claim a speech impairment shall submit documentation of this impairment on forms supplied by the Board.

(2) Documentation of a speech impairment shall be submitted from a:

(a) Licensed physician; and

(b) Speech-language pathologist who is currently licensed to practice speech pathology in the United States.

(3) Documentation should be submitted with the applicant's initial application but, in all cases, shall be submitted before the applicant's second attempt at passing the Test of Spoken English or its equivalent.

(4) After the second examination, documentation of an impairment may not be submitted or accepted unless there has been an intervening medical/surgical event which has created the impairment.

(5) The applicant shall be allowed to claim the impairment only if:

(a) This event was reported to the Board before a third examination; and

(b) The Board determines that the medical/surgical event did indeed create the impairment.

(6) If an applicant has properly claimed and documented a speech impairment, the Board shall grant a license if the applicant is able to prove the ability to communicate with allied health personnel and patients. The Board shall request the following proof:

(a) Documentation from three licensed physicians that the applicant can communicate in a professionally competent manner with patients and health care providers; or

(b) A hearing before the Board where the applicant is asked to describe the manner in which the applicant would obtain a history and physical examination from a typical patient.

H. Evaluation. The Board may require that an applicant under this chapter be evaluated by the Specialty Identification Committee of the Medical and Chirurgical Faculty of Maryland or other committee, and may require that the applicant be interviewed and be subject to peer review of the applicant's practice in accordance with Health Occupations Article, § 14-401(b), Annotated Code of Maryland.

I. Withdrawals. An application may not be withdrawn if the applicant is under investigation or charges for reasons that may be grounds under Health Occupations Article, § 14-404, Annotated Code of Maryland, if the applicant were licensed in this State.
.04 Limited Practice.

An applicant for licensure is restricted so that the applicant shall:

A. For the first 6 months, practice medicine only within the institutions and programs specified within the application;

B. Following the first 6 months, practice medicine only at an institution similar to that named in the original application and after approval by the Board; and

C. Practice medicine under any conditions which the Board may set.

.05 Unrestricted License.

Nothing in these regulations entitles an individual licensed by conceded eminence in the profession to practice beyond the scope of these regulations without having qualified for an unrestricted license under Health Occupations Article, § 14-307 or 14-308, Annotated Code of Maryland, and regulations promulgated under those sections.

.06 Term and Renewal of License by Conceded Eminence and Authority in the Profession.

A. Term and Tenure.

(1) The initial license is active for a period of 6 months, and, after that, for 2 years or for another term established by the Board.

(2) Unless the Board has been advised and approves of an appointment at a new institution, a license issued under this regulation expires immediately when an individual leaves the appointment at the sponsoring institution.

B. Renewal. A license issued under this regulation may be renewed every 2 years on a date set by the Board and as specified in COMAR 10.32.01.

.07 Licensure Required.

Practicing medicine beyond the scope of these regulations, including practicing without notifying the Board and without approval of the Board at any institution or place outside the institution approved by the Board, constitutes practicing without a license under Health Occupations Article, § 14-404(a)(3), Annotated Code of Maryland.
.08 Termination and New Appointment.

A. Duty to Inform of Termination. Failure to inform the Board of the termination of an appointment within 30 days constitutes unprofessional conduct under Health Occupations Article, § 14-404(a)(3), Annotated Code of Maryland.

B. New Appointment. An individual licensed under this chapter may not begin a new appointment without the approval of the Board.