

APPLICATION FOR RESIDENT TRAINING LICENSE

North Carolina Medical Board

Application for issuance of a license to practice medicine is effective for a period of **1 YEAR** from the date application is notarized.

All changes in the answers to these questions must be reported to the Board.

North Carolina General Statute 90-14 A (3) states an application may be denied or revoked if the applicant has made false statements or representations to the Board, or if the applicant has willfully concealed from the board material information in connection with an application for a license.

I hereby make application for a license to practice medicine and surgery of the State of North Carolina and submit the following statement concerning my age, moral character, medical education, and practice.

Institution Entering: _____

Full Name: _____
(First) (Middle) (Last) (Suffix) (MD/DO)

Other names you have been known by: _____
(Provide copies of official documents showing name change, i.e., a marriage certificate)

Home Address: _____

Email Address: _____

Soc. Sec. #: _____ - _____ - _____ Place of Birth: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Current Home Telephone Number: (____) _____

Medical School: _____ City/State: _____ Year of Graduation: _____

State(s) where licenses are currently held: _____

State(s) where licensure is expired: _____

Current Medical Specialty: _____ Sub Specialty: _____

Name: _____
(Printed)

CIRCLE the answer to the following questions "yes" or "no". Provide a detailed description of any YES answers.

- | | | |
|--|-----|----|
| 1. Are you aware of any investigation, past or present, regarding you, which has been conducted by any governmental agency or any professional licensing board? | YES | NO |
| _____ | | |
| _____ | | |
| 2. Have you ever been convicted of, pled guilty to, pled no contest, or received a prayer for judgment continued (PJC) to violation of federal, state or local law, <u>excluding</u> traffic violations? | YES | NO |
| _____ | | |
| _____ | | |
| 3. Have you ever been CHARGED with driving under the influence or while impaired? | YES | NO |
| _____ | | |
| _____ | | |
| 4. Have you <u>ever</u> been denied a license or the privilege of taking an examination by any professional licensing board or licensing agency? | YES | NO |
| _____ | | |
| _____ | | |
| 5. Has a license of any type issued to you by any professional licensing board been revoked, suspended, had probationary terms placed against it, limited or restricted, or had other disciplinary action placed against it or been issued through a public or private consent order? | YES | NO |
| _____ | | |
| _____ | | |
| 6. Have you ever voluntarily or otherwise surrendered any license? | YES | NO |
| _____ | | |
| _____ | | |
| 7. Have you ever been requested to appear before any professional licensing board, disciplinary agency, military or federal agency, medical society, or any authorized representative of such organizations? | YES | NO |
| _____ | | |
| _____ | | |
| 8. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended, been put on probation, or been requested to withdraw from or failed to reapply for privileges, or been denied staff membership by any licensed hospital, nursing home, clinic, managed care organization or other hospital care facility with an organized medical staff, in which you have trained, been a staff member or held hospital privileges? | YES | NO |
| _____ | | |
| _____ | | |
| 9. Have you ever been warned by the Drug Enforcement Administration (U.S. or State), or has any portion of your controlled substance registration certificate voluntarily or otherwise, been limited, denied, revoked, suspended or surrendered? | YES | NO |
| _____ | | |
| _____ | | |
| 10. Have you personally used or consumed in the past five (5) years any controlled substances or other prescription drugs other than those lawfully prescribed for you? | YES | NO |
| _____ | | |
| _____ | | |
| 11. Have you been told you are impaired as a result of your use of alcohol or other substances within the past five (5) years? | YES | NO |
| _____ | | |
| _____ | | |

Name: _____
(Printed)

12. Other than substance abuse, have you been told you are impaired as a result of your medical, surgical or psychiatric condition within the past five (5) years? YES NO
13. Have you ever been a defendant in a legal action involving professional liability (malpractice); have you ever been named in a malpractice suit, had a professional liability claim paid on your behalf or paid such a claim on yourself including suits dismissed or dropped? YES NO
14. Have you ever had a professional liability policy cancelled or not renewed? YES NO
15. Have you ever been separated or discharged other than honorably from U.S. military, foreign military, Veteran's Administration or public health service? YES NO
16. Have you ever been denied admission to, suspended, placed on scholastic or disciplinary probation, expelled or requested to resign from any school, medical school, or other similar institution? YES NO
17. Are you aware of any reports made about you to the National Practitioner's Data Bank? YES NO
18. Have you ever held a license in one of the following professions: dental, nursing, and/or law? YES NO

APPLICANT'S OATH

I hereby certify under oath that I am the person named in this application for a license to practice medicine in the State of North Carolina, that all statements I have made herein are true, that I am the person named in the various forms and credentials furnished to this Board with my application. The photograph submitted as part of this application process is a true likeness of myself and was taken within sixty days prior to the date of this application.

I further state that by filing this application for a license to practice medicine in the State of North Carolina, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of medicine. I agree to give any further information, which may be required. I understand that I will not receive a copy of any report or know its contents, and I further understand that the contents of any investigative report will be confidential as provided by law.

I authorize and request every person, hospital, clinic community, governmental agency, (local, state, federal or foreign), court, association, institution, or other organization having control of any documents, records and other information pertaining to me to furnish to the North Carolina Medical 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. I further permit the North Carolina Medical Board or any of its agents or representatives to inspect and make copies of such documents, records and other information in connection with this application, subsequent licensure or practice there under.

I hereby release, discharge and exonerate the North Carolina Medical Board, its agents or representatives and any person so furnishing information, from any and all liability for every nature and kind arising out of the furnishing or inspection of such documents, records, other information or the investigation made by the North Carolina Medical Board.

(Applicant's Signature)

State: _____

Subscribed and sworn to before me this _____ day of _____ 20____

County: _____

NOTARY PUBLIC _____

SEAL

My Commission expires _____