

**APPLICATION FOR CONVERTING FROM A
VOLUNTEER LICENSE TO A FULL LICENSE**

NORTH CAROLINA MEDICAL BOARD
P.O. Box 20007, Raleigh, NC 27619
1203 Front Street, Raleigh, NC 27609

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

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: _____

Practice Address: _____

Mailing Address (Circle one): Practice or Home

Email Address: _____

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

Current Home Telephone Number: (_____) _____

Current Business Telephone Number: (_____) _____

Current Fax Number: (_____) _____

Current Cell Phone/Beeper: (_____) _____

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

Internship: _____ City/State: _____ Year of Completion: _____

Residency: _____ City/State: _____ Year of Completion: _____

States where you have ever held a license (active or inactive). _____

Current Medical Specialty: _____ Sub Specialty: _____

Please provide a brief description of your practice plans for the State of North Carolina if known. _____

CIRCLE your answer to the following questions. Provide a detailed description of any YES answers. Any changes in your answers to these questions between the time your application is notarized and the time your application is complete must be reported to the Board. The following questions refer to events in any jurisdiction – U.S. or Foreign.

Complaint includes, but is not limited to, any instance where any person or organization has raised a concern regarding your or your practice regardless of the outcome.

Investigation includes, but is not limited to, an inquiry into (in person or otherwise), examination or inspection of, or gathering of evidence or information regarding you or your practice regardless of the outcome.

1. Are you aware of any **complaint or investigation**, ever, regarding you that has been received or conducted by any of the following: YES NO

- professional licensing board or agency (including, but not limited to, the North Carolina Medical Board)
- military service
- medical or professional organization/association
- local, state, federal, or other governmental agency
- private or governmental insurance company or payor
- hospital or other healthcare organization
- professional certifying board

2. Have you ever been denied the privilege of taking an examination by any professional licensing board, agency, or any other organization which provides professional certification or credentialing? YES NO

3. Have you ever: YES NO

- withdrawn a license application
- been denied a license
- surrendered a license
- had a license restricted or limited in any way
- placed a license on inactive status while under investigation

4. In the past five (5) years, have you used or consumed any controlled substance or other prescription drug that you obtained through illegal or improper means? YES NO

5. In the past five (5) years, have you used or consumed any illicit or illegal drugs including, but not limited to cocaine, heroin, ecstasy, LSD, mescaline, psilocybin, PCP and/or marijuana? YES NO

6. In the past five (5) years, have you used alcohol or other substances in a manner that could in any way impair or limit your ability to practice medicine with reasonable skill and safety or have you been told you were impaired by your use of alcohol or other substances in a manner that could impair or limit your ability to practice medicine with reasonable skill and safety? YES NO

7. In the past five (5) years, have you had, or have you been told you have, a mental health or physical condition (not referenced above) which in any way limits or impairs or, if untreated, could limit or impair your ability to YES NO

practice medicine in a competent or professional manner?

8. Have you ever had a professional liability policy cancelled or not renewed relating to an accusation of your poor medical care or misconduct? YES NO

9. Have you ever been separated or discharged other than honorably from the US military, foreign military, Veteran's Administration or public health service? YES NO

10. While at any professional school or training program, have you ever: YES NO

- been suspended, placed on scholastic or disciplinary probation, expelled or requested to resign, or
- withdrawn or gone on leave of absence while under investigation or threat of investigation or disciplinary action?

11. Have you ever: YES NO

1 – been named in a malpractice lawsuit;

2 - had a malpractice lawsuit filed against you that was resolved with a judgment (regardless of appeal), award, payment, or settlement regardless of whether the payment or settlement was in your name; or

3. a malpractice settlement or payment was made involving your care of a patient.

If so, you will need to complete the "Claims Information Form". In addition, you are required to provide a copy of the plaintiff's complaint and if applicable, a copy of the judgement, award, payment or settlement documents.

Malpractice payment information is requested for two reasons: (1) internal investigation, and (2) public reporting.

Internal Investigation: The NCMB investigates all malpractice payment reports to determine if disciplinary or remedial action is necessary.

Public Reporting: Not all malpractice payment reports will be published. The NCMB will only publish:

- judgments or awards that occurred within the past seven years, and
- Settlements that occurred on or after May 1, 2008, and are \$75,000 or greater.

Please note that the dollar amount of the payment will not be published; nor will any information that might identify a patient. Payments that meet the criteria for public reporting will be visible to the public on the Board's website for a period of 7 years from the date of payment.

MISDEMEANOR/DUI/DWI

Circle your answer to the following question. If you answer “yes” to the question, you will need to provide a detailed explanation below. You must supply all supporting court documents.

Question:

Have you ever been charged with, arrested for or convicted of a misdemeanor including, but not limited to, Driving Under the Influence (“DUI”) or Driving While Impaired (“DWI”) and any other violation of law involving the operation of some means of transportation while under the influence of drugs or alcohol? If so, you must list every misdemeanor charge, arrest and conviction below.

YES NO

Definitions:

You have been charged if you have been arrested, indicted or arraigned for a criminal act, even if the charge was later dismissed.

You have been convicted if you pleaded guilty, were found guilty by a court, entered a plea of nolo contendere (no contest) or received a prayer for judgment continued (PJC) for a violation of federal, state or local law.

Instructions:

Failure to report may result in denial of licensure, fines or other public disciplinary action. **You must report all charges, arrests and convictions for driving while intoxicated, driving under the influence, careless and reckless driving and any offenses involving serious injury or death.** Minor traffic offenses are not required to be reported.

Expungements:

Do not report expunged charges or convictions for which you possess written documentary proof of expungement. **Do not assume** any previous charge, arrest or conviction has been expunged unless you have in your possession an official written court order or document, signed by a judge, which explicitly orders the charge, arrest or conviction sealed and/or expunged.

Some misdemeanor convictions that involve offenses against a person, offenses of moral turpitude, offenses involving the use of drugs or alcohol, violations of public health and safety codes, and failure to file state or federal taxes will be publicly visible on the Board’s website for 10 years (from the date of conviction). The Board will notify you prior to publishing your misdemeanor conviction on the website. All felony convictions will be visible to the public on the Board’s website.

Examples:

2/12/2005	Driving Intoxicated While	NC	7/29/2005	Reckless Driving	Fine; Community Service	Crossed center line. Arrested for DWI. Pled guilty to reckless driving.
3/25/2006	Assault	NY	N/A	N/A	Charges Dismissed	Punched a guy at a bar. Charges dismissed after community service.
4/2/2007	Public Intoxification	SC	9/15/2007	Public Intoxification	Fine; probation	Drank too much at a football game. Found guilty by a judge.

Date of Charge or Arrest	What were you charged with or arrested for?	Jurisdiction in which Charge or Arrest Occurred	Date of Conviction (if you were not convicted, answer n/a)	What were you convicted of? (if you were not convicted answer n/a)	Sentence Imposed (If no sentence imposed, answer n/a)	Detailed Explanation
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FELONY

Circle your answer to the following question. If you answer “yes” to the question, you will need to provide a detailed explanation below. You must supply all supporting court documents.

Have you **ever** been charged with, arrested for or convicted of a felony including, but not limited to, Driving Under the Influence (“DUI”) or Driving While Impaired (“DWI”) and any other violation of the law involving the operation of some means of transportation while under the influence of drugs or alcohol? YES NO
 If so, you must list every felony charge, arrest and conviction below.

You have been charged if you have been arrested, indicted or arraigned for a criminal act, even if the charge was later dismissed.

You have been convicted if you pleaded guilty, were found guilty by a court, entered a plea of nolo contendere (no contest) or received a prayer for judgment continued (PJC) for a violation of federal, state or local law.

Instructions:

Failure to report may result in denial of licensure, fines or other public disciplinary action. **You must report all charges, arrests and convictions** for driving while intoxicated, driving under the influence, careless and reckless driving and any offenses involving serious injury or death. Minor traffic offenses are not required to be reported.

Expungements:

Do not report expunged charges or convictions for which you possess written documentary proof of expungement. **Do not assume** any previous charge, arrest or conviction has been expunged unless you have in your possession an official written court order or document, signed by a judge, which explicitly orders the charge, arrest or conviction sealed and/or expunged.

Please review any pre-populated information for accuracy. If anything has changed, you must complete a new entry with the updated information.

Some misdemeanor convictions that involve offenses against a person, offenses of moral turpitude, offenses involving the use of drugs or alcohol, violations of public health and safety codes, and failure to file state or federal taxes will be publicly visible on the Board’s website for 10 years (from the date of conviction). The Board will notify you prior to publishing your misdemeanor conviction on the website. All felony convictions will be visible to the public on the Board’s website.

Examples:

2/12/2005	Felony Prescription Fraud	NC	3/24/2006	Misdemeanor Larceny	12 months probation	Wrote prescriptions with intent to sell. Pleaded guilty to a lesser offense.
3/25/2006	Felony Embezzlement	NY	N/A	N/A	Charges Dismissed	Stole money from my practice. Charges dismissed after deferred prosecution completed.
4/2/2007	Felony Medicare Fraud	SC	6/14/2008	Felony Medicare Fraud	Fine and exclusion from participation	Medicare audit revealed I submitted false claims and up-coded charges

Date of Charge or Arrest	What were you charged with or arrested for?	Jurisdiction in which Charge or Arrest Occurred	Date of Conviction (if you were not convicted, answer n/a)	What were you convicted of? (if you were not convicted answer n/a)	Sentence Imposed (If no sentence imposed, answer n/a)	Detailed Explanation
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REGULATORY BOARD/AGENCY ACTIONS

Circle your answer to the following question. If you answer “yes” to the question, you will need to provide a detailed explanation below. You must supply all supporting court documents.

Have you **ever** had an action taken against you by a regulatory board or agency?

YES NO

Definitions:

Actions include, but are not limited to:

- Revocations
- Suspensions
- Probations
- Limitations/restrictions
- Disciplinary/non-disciplinary actions and fines
- Private actions and letters
- Issuance of a license through an order
- License denials

Regulatory board or agency includes:

- Any professional licensing board or agency
- The U.S. Food and Drug Administration
- The U.S. Drug Enforcement Administration
- Medicare or Medicaid

All public actions taken by state medical/regulatory boards will be visible to the public on the Board’s website indefinitely. All actions taken by federal/state agencies such as the U.S. Food and Drug Administration, the U.S Drug Enforcement Administration, Medicare, and Medicaid will be visible to the public on the Board’s website for a period of seven years (from the date of action).

Examples:

2/12/2005	Florida Medical Board	Reprimand	Public	Disruptive Behavior
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Date of Action	Name of Regulatory Board or Agency that took action	Action Taken	Was the Action Public or Private	Reason for Action Taken
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**North Carolina Medical Board
PO Box 20007
Raleigh, NC 27619**

THIS ENTIRE FORM MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC

Applicant's Printed Name

THE FOLLOWING SENTENCE IS TO BE COPIED BY THE APPLICANT IN THE APPLICANT'S USUAL HANDWRITING.

I hereby certify under oath that I am the person named in this application and that all statements I have made or may make are true and complete.

I further certify and acknowledge the following (initial each statement):

- _____ I am the person named in the various forms and credentials furnished with respect to my application and that all documents, forms or copies furnished with respect to my application are true in every aspect.
- _____ If I fail to answer questions truthfully and completely, the NC Medical Board (NCMB) may deny my application or take other disciplinary action and that all license denials are reported to the National Practitioners Data Bank and other state medical boards.
- _____ If I am in doubt about whether to report any information requested, I should fully disclose the information and provide an explanation of the circumstances.
- _____ If someone else completed the application for me, I am responsible to make sure the answers are truthful and complete.

I waive confidentiality, authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the NCMB any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, my examination grades, or any other pertinent data and to permit the NCMB or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges.

I hereby release, discharge and exonerate the NCMB, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the NCMB.

I will immediately notify the NCMB in writing of any changes to the answers to any questions contained in this application if such a change occurs at any time prior to a decision by the NCMB regarding my application.

Applicant's Signature

Applicant's Soc. Sec. Number

Applicant's Printed Name

Applicant's Date of Birth

Date of Signature

Applicant's Photograph

Securely tape or glue in this square a current, front-view, 2" X 2" passport-type color photograph of yourself on photo quality paper.

NOTARY PUBLIC

I certify that on the date set forth above the individual named above did appear personally before me and that I did witness this applicant complete this form including the handwritten statement above.

State of _____, County of _____.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____.

(Official Notary Seal)

Official Signature of Notary

Notary's Printed Name

My Commission Expires: _____

