

# REQUIREMENTS FOR A LICENSE TO PRACTICE MEDICINE THROUGH REACTIVATION

## PLEASE DO NOT PROCEED UNTIL YOU HAVE READ THESE INSTRUCTIONS

The North Carolina Medical Board annually processes over two thousand applications for medical licensure. Our process involves the collection of credentials from you, the applicant and from other sources. Once all the application materials have been collected, our staff must review them. After reviews have been done, it may be necessary for the staff to request additional information and/or to return items that need corrections or clarification. You will be notified in writing regarding any deficiencies in your application once it has been reviewed. It is our goal to review materials as quickly as possible, but we must be thorough.

\*\* Questions regarding your application can be e-mailed to [license@ncmedboard.org](mailto:license@ncmedboard.org). \*\*

Please adhere to the following guidelines:

1. The average processing time is 8 weeks. However, it could take longer during the months of March through August, due to the increased number of residents and relocating physicians.
2. You should submit your completed application, fingerprint cards, authority to release form and fee together as soon as possible in order that the background check can be requested. Credentials received prior to your application will be held in our office for 1 year.
3. If you have been named in any malpractice suits or have answered "yes" to any question on your application, anticipate the possibility that additional information and an interview will be requested.
4. It is recommended that you not make practice commitments prematurely.

**Application credentials and fee are good for 1 year. If you are not issued a license within the year and choose to reapply for a NC license, you will be required to resubmit all application credentials and the application fee.**

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State law will only allow us to speak to the applicant regarding the application. Relatives, staff members, future employers or placement services **can not** be informed about the status of your application even if you have signed a release authorizing them to speak with the Board regarding your application.

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Note: The NC Medical Board will be unable to return original or photocopies of application materials once received.

# REQUIREMENTS FOR A LICENSE TO PRACTICE MEDICINE THROUGH REACTIVATION

NORTH CAROLINA MEDICAL BOARD  
PO Box 20007, Raleigh, NC 27619  
1203 Front Street, Raleigh, NC 27609 (use this address for express/overnight deliveries)  
(919) 326-1100 or (800) 253-9653

DO NOT SUBMIT PHOTOCOPIES UNLESS SPECIFICALLY PERMITTED

An application for license in North Carolina is a confidential matter therefore we are unable to respond to any questions regarding your application from anyone other than you, the applicant. The licensing staff may be contacted by e-mail at [license@ncmedboard.org](mailto:license@ncmedboard.org).

Below is a summary of the rules of Chapter 32B of the North Carolina Administrative Code. These are the conditions, which might allow licensure, but the Board reserves the right to make whatever additional demands on the applicant for licensure that the Board deems appropriate at the time.

**Application credentials and fee are good for 1 year. If you are not issued a license within the year and choose to reapply for a NC license, you will be required to resubmit all application credentials and the application fee.**

1. Completed application form.
  - CIRCLE the correct answer for all questions and provide DETAILED explanations for affirmative answers.
  - A claim form must be completed for EACH malpractice suit or settlement (form enclosed-photocopy as needed). ATTACH A PHOTOCOPY OF PLAINTIFF'S COMPLAINTS AND SETTLEMENT ORDERS FOR EACH INCIDENT.
  - If your name has changed at any time during your life, you will need to list your prior names and submit a copy of legal documentation (marriage certificate, divorce decree, adoption papers, etc.) supporting the name change.
  - Attach a photograph taken within the past year to the applicant's oath and have the form notarized.
2. Complete the Immigration Status form.
3. Complete the authority to release form. Fingerprint cards cannot be submitted to the SBI without having this form on file.
4. Applicants must submit two completed fingerprint cards for the purpose of conducting a criminal background check. When possible, have different officials complete each card. It is recommended you have your local law enforcement office complete the fingerprinting. An application is not considered complete until results of the background check have been received. Expect a minimum of 8 weeks for the report to be received. Since rejections are common, the SBI has suggested that applicants use lotion or witch hazel on their hands before being fingerprinted. Fingerprint cards are submitted for processing twice a week. The SBI has suggested that using live scan when available may be a more reliable choice. **When using live scan, prints must be printed on fingerprint cards and be submitted to the NC Medical Board. They cannot be submitted electronically.** See detailed instructions for completing cards. E-mail [fpc@ncmedboard.org](mailto:fpc@ncmedboard.org) to request a set of fingerprint cards. A set contains 2 fingerprint cards.
5. You will need to document any CME you've obtained since your NC license went inactive on the CME log form. If you have not obtained any CME since becoming inactive, you will need to send a letter stating this.

6. A fee of \$263.00 U.S. dollars is to be paid at the time the application is submitted. Checks should be made payable to the NC Medical Board. Checks returned for insufficient funds will require an additional \$20.00 fee. Returned checks must be replaced by a certified check or money order. **FEES RECEIVED ARE NOT REFUNDABLE.** Applications will not be processed until application fee has been received.
  
7. When all applications materials have been received, your file will be forwarded to a staff member for quality assurance review. If the quality assurance review is complete and no additional information is needed, your file will be forwarded to a board member for review to determine whether you will be required to appear for a personal interview. Upon receipt of the board members decision, your license will be reactivated if a personal interview is not required. **INTERVIEWS SCHEDULED PRIOR TO APPLICANT BEING NOTIFIED BY NCMB STAFF THAT APPLICATION IS COMPLETE MAY BE CANCELED.**
  
8. If a physician has been away from clinical practice 2 years or longer, they may be required to develop a reentry plan as part of the license application. It is the responsibility of the applicant to be prepared to present a program of re-training or supervision that will establish proof of competency in their chosen area or medicine. Applicants in this category will be required to appear for a personal interview.

The reactivation of your license must be complete within one year of the inactive date to avoid having to submit more information. Your license will not be retroactive, but your license number will remain the same. However, if you would like to discuss other options, you may meet with a subcommittee of the Board after your application is complete.

**RENEWAL - NORTH CAROLINA LAW REQUIRES LICENSED PHYSICIANS TO RENEW WITH THE BOARD WITHIN 30 DAYS OF THEIR BIRTH DATE, EVERY YEAR, NO MATTER WHEN THE LICENSE IS ISSUED. A RENEWAL FEE IS REQUIRED.**





Name: \_\_\_\_\_  
(Printed)

**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

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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

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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

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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

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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

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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

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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 practice medicine in a competent or professional manner? YES NO

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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

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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

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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?

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11. Have you ever had an action taken against your privileges by a health care institution, including employers or group practices? If so, list each occurrence and provide documentation. YES NO

Actions include:

- Warnings
- Censures
- Discipline
- Admissions monitored
- Privileges limited, suspended or revoked
- Remediation
- Probation
- Withdrawals/resignations of privileges
- Suspension or termination of employment or a resignation under threat of investigation or disciplinary action or denial of staff membership.

Health care institutions include:

- Hospitals
- Health maintenance or preferred provider organizations
- Any facility in which you trained
- Any group practice
- Any other organization that issue credentials to physicians

\*\* All final suspensions and revocations will be visible to the public on the Board's website for a period of seven years (from the date of the action).\*\*

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**FOR THE PURPOSE OF QUESTIONS 12 AND 13, IF "YES", SUBMIT COPIES OF ALL RELEVANT DOCUMENTATION, SUCH A POLICE REPORTS, CERTIFIED COURT RECORDS AND DISPOSITIONS**

12. 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 the law involving the operation of some means of transportation while under the influence of drugs or alcohol? If so, you must list ever misdemeanor charge, arrest and conviction. YES    NO

Note: You are not required to report minor traffic offenses. "Minor traffic offenses" do not include driving while intoxicated, driving under the influence, careless and reckless driving, or any offence involving serious injury or death.

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

\*\* Misdemeanor convictions that involve offenses against a person, offenses of moral turpitude, offenses involving the use of drugs or alcohol and violations of public health and safety codes will be visible to the public on the Board's website for a period of 10 years (from the date of the conviction). If one of the actions reported is determined to be public information, the Board will notify the licensee in writing). \*\*

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13. Have you ever been charged with or convicted of a felony? Is so, list each occurrence. YES    NO

Charged includes being arrested, indicted or arraigned.

Convicted includes if you pled guilty, were found guilty by a court of competent jurisdiction, or 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.

\*\* All felony convictions will be visible to the public on the Board's website. \*\*

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14. Have you ever had an action taken against you by a regulatory board or agency? If so, list each occurrence. YES    NO

Actions include revocations, suspensions, probations, limitations/restrictions, disciplinary/non-disciplinary actions and fines, including private actions and letters, or the issuance of a license through an order.

Regulatory Board or Agency includes any professional licensing board or agency, the US Food or Drug Administration, the US Drug Enforcement Administration, Medicare, or Medicaid.

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

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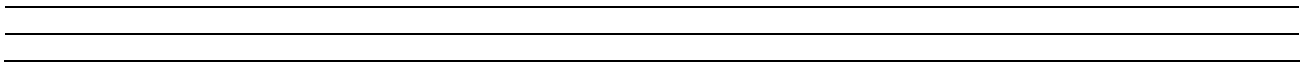
15. Have you ever been named in a malpractice lawsuit or a malpractice lawsuit filed against you was resolved – regardless of whether the judgment, award, payment or settlement was made in your name or a malpractice settlement or payment was made, affecting or involving you, where no lawsuit was filed? 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 the judgement, award, payment or settlement documents. YES    NO

\*\* 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.

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Revised 8/11

**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:** \_\_\_\_\_



**NC MEDICAL BOARD  
IMMIGRATION STATUS FORM**

PO Box 20007  
Raleigh, NC 27619

Physician Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

1. If you are not physically present in the United States of America or a United States Territory and have no plans to enter the United States of America or a United States Territory, please check below and then continue to the next page.

I am not physically present and I have no plans to enter the United States of America or a United States Territory.

\*If you do enter the United States of America or a United States Territory and practice as a licensee of the North Carolina Medical Board, you must notify the Legal Department at the North Carolina Medical Board immediately.

2. Are you a citizen of the United States of America?

Yes

No

If you answered "Yes," you must provide a copy of **one** of the following documents:

- a. Birth certificate indicating birth in the United States of America or a United States Territory.
- b. Valid and unexpired United States of America passport.
- c. Other appropriate documentation of United States of America citizenship deemed acceptable by the North Carolina Medical Board, which may include:
  1. Report of Birth Abroad of a United States of America citizen (FS-240)
  2. Certification of Report of Birth (DS-1350 or FS-545)
  3. Certificate of United States of America Citizenship (N-561)
  4. United States of America Citizen Identification Card (I-197)

If you answered "No," you must provide:

- a. A statement defining and specifying your immigration and alien status:

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**AND**

- b. A copy of a document indicating your immigration and alien status deemed acceptable by the North Carolina Medical Board, which may include one of the following documents:
1. Alien Registration Card or Green Card (Form I-551)
  2. Employment Authorization Document (Form I-688B or Form I-766)
  3. Certification of Report of Birth (DS-1350)
  4. Arrival-Departure Record (Form I-94)
  5. A copy of your application for an H-1 B Visa.
  6. Other documentation providing lawful status in the United States of America.

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**North Carolina Medical Board  
Continuing Medical Education Record Form**

*You may use this form to record your relevant Category 1 CME. Use as many of the forms as needed.  
The Board may request documentation of entries.*

<b>CME Activity</b>	<b>Practice-Relevant Subject</b>	<b>Date(s)</b>	<b>Hour Value</b>

**Credit 1 hours listed on this page: \_\_\_\_\_**

**(Must total at least 60 hours in 3 years).**

**(Refer to the Board's *Brief Guide to CME Requirements* and the *CME Rule* for further details.)**

Check box if you have not received any CME in the past 3 years.

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

# AUTHORITY FOR RELEASE OF INFORMATION

State and Federal Record Check

## NORTH CAROLINA MEDICAL BOARD

PO BOX 20007  
Raleigh, NC 27619

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Support Services to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history record check in connection with my application for a medical license with the North Carolina Medical Board pursuant to N.C.G.S. 90-11(HB 1638).

Please print or type the following information:

Name: \_\_\_\_\_  
Last First Middle Maiden

Soc Sec #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

I understand that the North Carolina State Bureau of Investigation, Division of Support Services, and its officials and employees shall not be held legally accountable in any way for providing this information to the North Carolina Medical Board, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the North Carolina Medical Board cannot provide a **hard copy** of the results of this criminal history record check to me.

Applicant's Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**ORI # BOME00000 – NORTH CAROLINA MEDICAL BOARD**

# Instruction Sheet for Completing the Fingerprint Cards

**The NC Medical Board requires 2 fingerprint cards for processing. Failure to submit 2 fingerprint cards will delay your application if the first card is rejected.**

1. The complete name of the subject is to be listed as indicated: Last name, First name, and Middle name. Please ensure the name is legible if written.
2. Signature of the subject being fingerprinted is written here.
3. List any and all alias names or nicknames, maiden name or any other married names.
4. List the date of birth numerically – month, day, and year.  
  
Example: May 11, 1948, should be shown as 05111948; October 15, 1930, should be shown as 10151930
5. Current residence of subject fingerprinted is written here.
6. Sex is to be listed M for male, and F for female, or U for Unknown.
7. Race is to be listed by placing an individual into one (1) of the following categories by writing the appropriate letter in the space provided:  
  
W      White  
B      Black  
I      American Indian or Alaskan Native  
A      Asian or Pacific Islander  
U      Unknown if unsure or unable to determine
8. Indicate the subject's height in feet and inches using all numerics.  
  
Example: 6'01" = 601, 6'11" = 611, 6' = 600
9. Indicate the subject's weight in pounds using all numerics.  
  
Example: 186 or 098, etc.
10. List the subject's eye color by placing one (1) of the following eye color codes in the space provided:  
  
BLK – Black                      GRY – Gray                      MAR – Maroon  
BLU – Blue                        GRN – Green                      PNK – Pink  
BRO – Brown                      HAZ – Hazel                      XXX – Unknown
11. Color of hair should be indicated by writing one (1) of the following color codes in the space provided:  
  
BAL – Bald (When subject has lost most of his hair or is hairless)  
BLK – Black  
BLN – Blond or Strawberry  
BRO – Brown  
GRY – Gray or partially  
RED – Red or Auburn  
SDY – Sandy
12. Indicate, if possible, the city and state where the subject was born. The state should be indicated by the two-digit abbreviation.
13. Indicate the date of the fingerprinting.
14. Signature of Official taking fingerprints.
15. Write the Social Security number in this space. The Social Security number is a very important identifier.

## Photocopy of a Sample Fingerprint Card

Each numbered block on this SAMPLE must be completed on the actual fingerprint cards. Follow the *Instruction Sheet for Completing the Fingerprint Cards* to ensure you are completing each block on the actual fingerprint cards with the correct information and in the proper format.

(The actual card must be white with blue writing)

<b>APPLICANT</b>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK					EBI	LEAVE BLANK
		LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME				
		1						
SIGNATURE OF PERSON FINGERPRINTED 2		ALIASES <u>AKA</u>	O R I	NCBCI0000 ST BU OF INV RALEIGH, NC			DATE OF BIRTH <u>DOB</u>	
RESIDENCE OF PERSON FINGERPRINTED 5		3					Month <u>4</u> Day Year	
DATE 13	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 14	CITIZENSHIP <u>CIZ</u>	SEX 6	RACE 7	HGT. 8	WGHT. 9	EYES 10	HAIR 11
EMPLOYER AND ADDRESS North Carolina Medical Board PO Box 20007 Raleigh, NC 27619-0007		YOUR NO. <u>OCA</u>	LEAVE BLANK					
REASON FINGERPRINTED Medical License Applicant State and Federal NCGS 90-11		FBI NO. <u>ERJ</u>	CLASS _____					
		ARMED FORCES NO. <u>MNU</u>	REF _____					
		SOCIAL SECURITY NO. <u>SOC</u> 15						
		MISCELLANEOUS NO. <u>MNU</u>						
<p><b>This is a SAMPLE CARD</b></p> <p><b>Do <u>NOT</u> put prints on this card</b></p>								
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE				
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE				
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY			L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			
<p><b>To request cards be mailed to you, please e-mail: <a href="mailto:fpc@ncmedboard.org">fpc@ncmedboard.org</a></b></p>								