

NORTH CAROLINA MEDICAL BOARD

1203 Front Street, Raleigh, NC 27609
(919) 326-1100

Application Process for Limited Volunteer License

Military Physicians working at clinics specializing in the treatment of indigent patients.

Pursuant to your desire for a Limited Volunteer License (Military). The law permits the Board to issue a Limited Volunteer License to you if you meet the following requirements:

1. You must have a license to practice medicine in another state. You must have that state licensing board submit a letter verifying that the license is in good standing or have the licensing board complete the enclosed form and return to this Board.
2. You must produce proof that you are authorized to treat personnel enlisted in the United States armed services or veterans. This requirement can be satisfied by having a letter submitted from the hospital or clinic administrator verifying that you have privileges at a clinic which treats personnel enlisted in the United States armed services or veterans.

We ask that you provide the additional information requested in the enclosed application so that our files can be complete and so that we may contact you as the need might arise. No **application fee** is required. However, every physician who holds a license is required to register that license within 30 days of his or her date of birth each year. A registration fee is required.

Applicants for this license are also required to provide fingerprints as set forth in the N.C. G.S. 90-11 (b) and 21 N.C.A.C. in order for the Board to conduct a state and federal criminal history record check. See enclosed details.

APPLICATION FOR LICENSE TO PRACTICE MEDICINE THROUGH MILITARY VOLUNTEER 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: _____

License Exam Taken: (Check One)

- National Board Medical Examination
- National Board of Osteopathic Medicine Examination
- Federation Licensing Examination (FLEX)
- United States Medical Licensing Examination
- Licentiate of the Medical Council of Canada
- State Board Written Examination

State(s) where exam was taken: _____

State(s) where licenses are currently held: _____

State(s) where licensure is expired: _____

Current Medical Specialty: _____ Sub Specialty: _____

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.

- | | | |
|---|-----|----|
| 1. Are you aware of any complaint or investigation, past or present, regarding you that has been received or conducted by any governmental agency or any professional licensing board or agency? | YES | NO |
| _____ | | |
| _____ | | |
| _____ | | |
| 2. Have you ever been denied a license or the privilege of taking an examination by any professional licensing board or agency or withdrawn an application made to any professional licensing board or agency? | YES | NO |
| _____ | | |
| _____ | | |
| _____ | | |
| 3. Have you ever surrendered any license? | YES | NO |
| _____ | | |
| _____ | | |
| _____ | | |
| 4. Has a license of any type issued to you by any professional licensing board or agency 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 |
| _____ | | |
| _____ | | |
| _____ | | |
| 5. Have you ever been investigated by or met with or been requested to appear before any professional licensing board or agency, military or federal agency, medical society, or any representative of such organizations? | YES | NO |
| _____ | | |
| _____ | | |
| _____ | | |
| 6. 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 or resign privileges, or been denied staff membership by any facility in which you have trained or been a staff member? | YES | NO |
| _____ | | |
| _____ | | |
| _____ | | |
| 7. Has a registration issued to you by the U.S. Drug Enforcement Administration or a state equivalent, been revoked, suspended, had probationary terms placed against it, been limited or restricted, or had other disciplinary action placed against it? | YES | NO |
| _____ | | |
| _____ | | |
| _____ | | |

FOR THE PURPOSE OF QUESTIONS 8 & 9, IF "YES", SUBMIT COPIES OF ALL RELEVANT DOCUMENTATION, SUCH AS POLICE REPORTS, CERTIFIED COURT RECORDS AND DISPOSITIONS.

- | | | |
|--|-----|----|
| 8. Have you ever been charged with (arrested, indicted or arraigned), convicted of, pled guilty to, pled no contest to, or received a prayer for judgment continued (PJC) for a violation of federal, state or local law, <u>excluding</u> minor traffic violations? | YES | NO |
| _____ | | |
| _____ | | |
| _____ | | |
| 9. Have you ever been ARRESTED FOR OR CHARGED WITH driving under the influence or driving while impaired? | YES | NO |
| _____ | | |
| _____ | | |
| _____ | | |

Name: _____
(Printed)

10. In the past five (5) years have you used or consumed any controlled substances or other prescription drugs other than those lawfully prescribed for you, by another authorized healthcare professional or have you used illegal drugs? "Used illegal drugs" means the use of controlled substances obtained illegally, such as, but not limited to heroin or cocaine, as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the direction of a licensed healthcare practitioner.

YES NO

11. 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 when on duty?

YES NO

FOR THE PURPOSE OF QUESTION 12, "MEDICAL CONDITIONS" INCLUDES PHYSIOLOGIC, PSYCHIATRIC, PSYCHOLOGIC CONDITIONS OR DISORDERS, INCLUDING BUT NOT LIMITED TO ORTHOPEDIC, OPHTHALMOLOGIC, NEUROMUSCULAR PROBLEMS, SPEECH AND HEARING IMPAIRMENT OR INFECTIOUS DISEASES.

12. Do you have any medical conditions, other than substance abuse?

YES NO

13. Have you ever been named as a defendant or as an agent of a hospital that provides sovereign immunity, in a legal action involving professional liability (malpractice)? If yes, complete the Claim Informations form.

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 suspended from, placed on scholastic or disciplinary probation, expelled or requested to resign from any school, including medical school?

YES NO

17. Are you aware of any reports made about you to the National Practitioner's Data Bank (NPDB) or the Healthcare Integrity & Protection Data Bank (HIPDB)?

YES NO

Name: _____
(Printed)

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.

(Printed Name)

(Applicant's Signature)

(Social Security Number)

State: _____

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

County: _____

NOTARY PUBLIC _____

My Commission Expires _____

SEAL

CRIMINAL BACKGROUND CHECK INSTRUCTIONS

Effective February 1, 2003, pursuant to N.C. G.S. 90-11 (b) and 21 N.C.A.C. 32B.0104, applicants for licensure by this Board must provide fingerprints as set forth in the above-referenced rule in order for the Board to conduct a state and federal criminal history record check.

To ensure the proper finger print card is used you should email the North Carolina Medical Board's License Department at license@ncmedboard.org and request a set of cards be sent to you. On the card containing your fingerprints, you must fill in the information in each block that is checked on the example. Be aware that photo identification and a fee may be required by the law enforcement agency performing this service. Fingerprints of poor quality will be rejected and new prints will be required. If this occurs there will be a delay in processing your application. Once the cards are rejected new cards must be submitted within 90 days of being notified or the process will have to be restarted. Enclosed is a sample fingerprint card with instructions. It takes approximately 8-12 weeks to process, but on occasion may take longer.

Send the properly completed fingerprint cards, the form entitled "Authority For Release of Information" completed by you, and a check in the amount of \$38.00 payable to the North Carolina Medical Board. Checks made payable to the State Bureau of Investigation will not be accepted. The fee of \$38.00 will be paid by the North Carolina Medical Board to the North Carolina State Bureau of Investigation in accordance with the statute for the record check. You may pay the fingerprint and application fees in one check.

Any questions regarding this procedure can be submitted by email to the license department at license@ncmedboard.org.

**AUTHORITY FOR RELEASE OF INFORMATION
State and Federal Record Check**

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 Card

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)

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK						LEAVE BLANK	LEAVE BLANK	
		LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME						
SIGNATURE OF PERSON FINGERPRINTED 2		ALIASES <u>AKA</u> 3		O R I	NCBCI0000 ST BU OF INV RALEIGH, NC			DATE OF BIRTH <u>DOB</u> Month <u>4</u> Day Year		
RESIDENCE OF PERSON FINGERPRINTED 5		CITIZENSHIP <u>CTZ</u>		SEX <u>6</u>	RACE <u>7</u>	HGT. <u>8</u>	WGT. <u>9</u>	EYES <u>10</u>	HAIR <u>11</u>	PLACE OF BIRTH <u>POB</u> 12
DATE <u>13</u>	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 14		YOUR NO. <u>OCA</u> BOME00000		LEAVE BLANK					
EMPLOYER AND ADDRESS North Carolina Medical Board PO Box 20007 Raleigh, NC 27619-0007			FBI NO. <u>FBJ</u>		CLASS _____					
REASON FINGERPRINTED Medical License Applicant State and Federal NCGS 90-11			ARMED FORCES NO. <u>MNU</u>		REF _____					
			SOCIAL SECURITY NO. <u>SOC</u> 15							
			MISCELLANEOUS NO. <u>MNU</u>							

This is a SAMPLE CARD

**Do NOT put prints on
this card**

1. R. THUMB

2. R. INDEX

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

To request cards to mailed to you please email: license@ncmedboard.org

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Due to the volume of fingerprints that get rejected, please read the following in order to obtain the best possible set of prints.

SBI FINGERPRINT REJECTION POLICY

The quality of ten-print fingerprint image submissions accepted by the North Carolina State Bureau of Investigation has deteriorated in the last few years. Poor quality fingerprint images result in decreased reliability for both ten-print and latent searches. Low quality fingerprint data are frequently the result of poor rolling practices as opposed to poor image scanning of the rolled prints. For records to be maintained in both the State and Federal level, fingerprints must be rolled from the tip to below the first joint, and nail to nail. Ridge characteristic must be distinct and fingerprint impressions must be in sequential order. We request that all law enforcement agencies and non-criminal justice agencies submit fingerprints that are of good quality.

The following is the SBI/Identification Section Fingerprint Rejection Policy implemented February 2, 2004:

1. Every criminal and applicant fingerprint card must have all ten fingerprint images of good quality. The ten fingerprint images of the plain impressions/slaps must be completely discernable thereby allowing comparison between the plain impressions and rolled impressions.

NOTE: If a fingerprint in the plain impressions has been cut off (either too low or too high) the FBI cannot compare the rolled images to the plain images, and they will reject the card.

2. The exception to this is amputated, bandaged or deformed fingers. If one of these three notations is in a rolled impression block, there should be **NO** fingerprint in the plain impression/slaps.
3. Fingerprint cards submitted with the following will be rejected:
 - Hands out of sequence, or
 - Fingerprints out of sequence, or
 - Hand printed twice, or
 - Fingerprints printed twice, or
 - Fingerprints missing with no reason given

The definition of a good quality fingerprint is an image that provides sufficient data to accurately identify and locate principal fingerprint features. These features include minutia, cores and delta, and ridges. The image should cover sufficient area to allow examiners to identify fingerprint patterns and to compare the prints with those in the database.

If cards are rejected a new set must be submitted within 90 days of being notified of the rejection. If not received within 90 days the process must be restarted.