NORTH CAROLINA MEDICAL BOARD
APPLICATION FOR RETIRED VOLUNTEER LICENSE

This form may be used if completed within six (six months) of inactive date of license.

File ID No:	License No: MD

□ NO □ YES 1. Since you last registered with the NC Medical Board, have you had any disciplinary or probationary action taken by any licensing board, hospital, medical staff or any other medical organization OR have you been denied issuance of a license?

□ NO □ YES 2. Since you last registered with the NC Medical Board, have you been denied a license, denied the privilege of taking a license examination, or withdrawn a license application?

□ NO □ YES 3. Since you last registered with the NC Medical Board, have you engaged in the excessive use of alcohol or prescription drugs, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use? (If you are an anonymous participant in the NC Physicians Health Program and are in compliance with your contract, you may answer "No" to this question.)

□ NO □ YES 4. Since you last registered with the NC Medical Board, have you been charged with (arrested, indicted, or arraigned), convicted of or pled guilty or nolo contender (no contest) to a crime?

□ NO □ YES 5. Since you last registered with the NC Medical Board, have you become aware of any medical, surgical, or psychiatric condition that could possible impair or limit your ability to practice medicine safely? (Examples of medical conditions might include problems with vision, speech, hearing, memory, or mobility.)

□ NO □ YES 6. Since you last registered with the NC Medical Board, has there been a medical malpractice judgment, settlement or award affecting or involving you (regardless of whether the judgment, settlement or award was made in your name?)

□ NO □ YES 7. Since you last registered with the NC Medical Board, has a medical malpractice lawsuit been filed that affects or involves you (regardless of whether you were named in the lawsuit?)

If The Answer To One Or More Of The Preceding Seven Questions Is "Yes", Please Attach An Explanation.

Date of Birth: If incorrect, enter correction (MM/DD/YY): □□/□□/□□

Social Security Number: If incorrect, enter correction: □□□-□□-□□□□

Disclosure of your social security number is mandatory pursuant to 42 U.S.C. §1320a et seq., U.S.C. §666(a)(13) and N.C. Gen. Stat. §93B-14.

STATISTICAL INFORMATION (N.C. Gen. Stat. §93B-12)**:**

Gender: □ Male □ Female

Race/Ethnicity:
□ White/Non-Hispanic
□ Black/Non-Hispanic
□ American Indian/Alaskan Native
□ Asian/Pacific Islander
□ Hispanic
□ Other

By my signature, I am certifying that all answers on this form and any accompanying attachments or enclosures are correct and I understand that I may be disciplined for false statements.

Signature _____ Date: _____