NORTH CAROLINA MEDICAL BOARD
APPLICATION FOR RETIRED VOLUNTEER LICENSE

This form may be used if completed within one (1) year of inactive date of license.

File ID No:	License No: MD

Application fee: $25.00
Make check or money order payable to "North Carolina Medical Board of "NCMB

□ NO □ YES 1. Since you last renewed, have you withdrawn a license application or have you been denied a license or denied the privilege of taking a license examination by an y professional licensing board or agency?

□ NO □ YES 2. Since you last renewed, have you engaged in the excessive use of alcohol, controlled substances or prescription drugs, or the use of illegal drugs, or received any therapy or treatment of 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 3. Since you last renewed, have you become aware of any medical conditions that impairs or limits or could possibly impair or limit your ability to practice medicine safely? (If you are an anonymous participant in the NC Physicians Health Program and are in compliance with your contract, you do not need to list any medical conditions related to that contract).

Medical condition includes physiologic, psychiatric, or psychologic conditions or disorders including by not limited to, orthopedic, ophthalmologic, or neuromuscular problems, speech or hearing impairment or infectious disease.

□ NO □ YES 4. Since you last renewed have you ever had a professional liability policy cancelled or not renewed?

□ NO □ YES 5. Since you last renewed, have you ever been separated or discharged other than honorably from the US military, foreign military, Veteran's Administration or public health service?

□ NO □ YES 6. Since you last renewed, 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)?

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: _____