

STATE BOARD OF MEDICINE

REACTIVATION or STATUS CHANGE APPLICATION PHYSICIAN AND SURGEON

<p>Send to:</p> <p>STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 www.dos.state.pa.us/med</p>	Full Name	Last	First	Middle	
	Address				
	Address				
	Address	City	State	ZIP	
	Email:				
	License No.		Telephone No.		

Name Change

For a name change, indicate new name below and attach an 8 ½ x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating retaking of a maiden name, etc.).

New Name (Please Print): _____

LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE

APPLICANTS MUST COMPLETE THE FOLLOWING:

1.	<p>Enclose a check or money order, in the appropriate amount listed below, made payable to the "Commonwealth of Pennsylvania." If you have been practicing in Pennsylvania beyond the expiration date, include a late fee of \$5 per month or part of a month.</p> <p><u>FEES ARE NOT REFUNDABLE.</u> <u>Check or money order must be in "US funds."</u> <u>Note:</u> A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.</p>
2.	Complete the legal questionnaire.
3.	If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).
4.	Complete the Verification of Practice / Non-Practice form.
5.	<p><u>AS APPLICABLE:</u> Attach a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. <u>The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.</u></p>
6.	Submit copies of your continuing medical education certificates/documentation (as necessary). Continuing medical education requirements can be found at www.dos.state.pa.us/med .

PLEASE NOTE: If this application is not completed within six months, updates of certain sections and/or supporting documents will be required.

You are hereby reminded that in order to practice in Pennsylvania, **you must comply with the professional liability insurance requirements of your profession as required by law and/or regulation.**

PLEASE NOTE

A reactivation/status change application for a Pennsylvania license/certification which has been inactive/expired/active-retired for four years or more will require a review by the full Board. Please note that the Board has the authority to place conditions on your return to practice in order to protect the health, safety and welfare of the public.

The Board may require applicants who have not actively practiced for four or more years and are requesting reactivation of an expired/inactive/active-retired license/certification to successfully complete a clinical skills evaluation and/or retraining program. This may delay the reactivation of your license until an approved skills evaluation and/or retraining program has been successfully completed.

ACTIVE STATUS – REQUESTING ACTIVE-RETIRED STATUS

- I am retired from practice but desire to keep my license active to treat immediate family members only. I understand that I am exempt from the medical professional liability insurance and continuing education requirements.
- Complete Sections A and B.
 - Return your “Active” wall and wallet licenses.
 - Submit a \$5 check or money order made payable to the “Commonwealth of Pennsylvania.”

ACTIVE/RETIRED STATUS – REQUESTING ACTIVE STATUS

- I wish to reinstate my license to an active status. **I have completed the continuing education requirements and will hold medical professional liability insurance while practicing in Pennsylvania.**
- Complete Sections A, B and C.
 - Attach a current Curriculum Vitae listing **all** periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.
 - Return your “Active-Retired” wall and wallet licenses.
 - Submit copies of your continuing education certificates/documentation.
 - Submit a \$5 check or money order made payable to the “Commonwealth of Pennsylvania.”

ACTIVE STATUS – REQUESTING INACTIVE STATUS

- I do not wish to practice as a physician and surgeon in the Commonwealth of Pennsylvania and wish to place my license on an inactive status. I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry, clinical skills assessment as required by the Board.
- Complete Sections A and B.
 - Return your “Active” wall and wallet licenses.
 - No fee is required.

EXPIRED/INACTIVE STATUS – REQUESTING ACTIVE STATUS

- I wish to reinstate my license to an active status. I have completed the continuing education requirements and will hold professional liability insurance. .
- Complete Sections A, B and C.
 - Attach a current Curriculum Vitae listing **all** periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.
 - Submit copies of your continuing education certificates/documentation.
 - Submit a \$360 check or money order made payable to the “Commonwealth of Pennsylvania.”
 - If practicing in Pennsylvania after the license expired, in addition to \$360, submit \$5 per month, or part of a month, since the license expired.

EXPIRED/INACTIVE STATUS – REQUESTING ACTIVE-RETIRED STATUS

- I wish to reinstate my license to an active-retired status to treat immediate family members only. I understand that I am exempt from the medical professional liability insurance and continuing education requirements.
- Complete Sections A, B and C.
 - Attach a current Curriculum Vitae listing **all** periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.
 - Submit a \$360 check or money order made payable to the “Commonwealth of Pennsylvania.”
 - If practicing in Pennsylvania after the license expired, in addition to \$360, submit \$5 per month, or part of a month, since the license expired.

SECTION A - LEGAL QUESTIONS

THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED. If you answer "YES" to #2 through #8, provide complete details on a separate sheet as well as certified copies of relevant documents. **Sign and date below.**

		Yes	No
1.	Do you hold or have you ever held a license, certification or registration (active or inactive, current or expired) to practice this profession in any other state or jurisdiction? <u>If yes, list the jurisdiction(s) and profession here:</u>		
2.	Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		
3.	Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		
4.	Have you been convicted, found guilty or entered a plea of nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
5.	Have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		
6.	Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?		
7.	Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated for cause?		
8.	Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? <u>Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Pennsylvania Department of State Professional Health Monitoring Program.</u>		
9.	Since May 19, 2002 , have you been the subject of a civil malpractice law suit(s)? If yes, please submit a copy of the entire civil complaint(s) which must include the <u>filing date</u> and <u>the date you were served</u> . If you previously reported the complaint(s) to the Board, provide the docket number(s) _____.		

SECTION B - VERIFICATION OF INFORMATION

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		
Signature (Mandatory)			Date

SECTION C – VERIFICATION OF PRACTICE/NON-PRACTICE

VERIFICATION OF PRACTICE / NON-PRACTICE

***** Your reactivation cannot be processed unless this page is completed *****

Full Name	Last	First	Middle
License No.			

Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license you are reactivating. THEN, answer the following questions.		Yes	No
1.	Have you engaged in or practiced in your profession in Pennsylvania since your license lapsed or since you placed it on inactive status?		
2.	Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status?		

I understand that any false statement made is subject to the penalties of 18 PA C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license, permit and/or certification.

Signature of Licensee

Date