APPLICATION FOR RENEWAL OF MEDICAL LICENSE IN AN IMLC MEMBER STATE THROUGH THE IMLC

PAID **FOR** _____

To renew a medical license issued by a Member State of the Interstate Medical Licensure Compact (IMLC), please answer the questions below:

[IMPORTANT NOTE: The physician holding the medical license being renewed must be the person answering these questions, as they are attested to under penalty of perjury.]

1. What is your National Provider Identifier (NPI) number? _____

2. What is your name? _____ _____ _____
   First name Middle name Last name

3. You have indicated you are using the following Board for your State of Principal License:
   _____

   Is your license issued by that SPL currently full and unrestricted? Yes No

   What is the number of that medical license? _____

4. You have indicated you wish to renew the license issued to you by the
   _____

   What is the number of that medical license you wish to renew? _____

5. Have you been convicted, or received adjudication, deferred adjudication, community supervision, or deferred disposition, for any criminal offense by a court? Yes No

6. Have you had a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction (excluding any action related to the non-payment of fees related to a license? Yes No

7. Have you had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? Yes No

8. Have you complied with all continuing professional development or continuing medical education requirements to renew in _____? Yes No

Applicant's signature_____

Applicant's name _____

Date _____

ATTESTATION

I, _____the undersigned, hereby attest and certify that I am the person named in this APPLICATION FOR RENEWAL OF MEDICAL LICENSE IN AN IMLC MEMBER STATE THROUGH THE IMLC ("Renewal Application") that I have submitted, that all statements I have made or shall make with respect thereto are true, and that all statements, representations, documents, forms, or copies thereof furnished or to be furnished with respect to my Renewal Application are strictly true in every aspect.

I hereby apply to the _____ ("Member Board") and further authorize the Member Board to process my Renewal Application for renewal of medical licensure by the Member Board, and I hereby release, discharge, and exonerate the Member Board, the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind arising out of any disclosure to the Member Board.

I acknowledge that I have read, understand and answered all questions contained in the Renewal Application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to a refusal to renew a medical license or permit, or disciplinary action against one or more medical licenses or permits I hold, as well as my being prosecuted under appropriate federal and state laws.

I understand and acknowledge that the Member Board may require submission of information in addition that provided with this Renewal Application; that I am required to comply with all of the Member Board's continuing professional development or medical education requirements; and, that my failure to submit such information to the Member Board, or to comply with the Member Board's continuing professional development or medical education requirements, may constitute grounds for revocation of, or other disciplinary action against, the medical license issued to me and renewed by the Member Board in response to this Renewal Application.

I hereby release, discharge, and exonerate the SPL, the Member Board, and the Interstate Medical Licensure Compact Commission ("Commission"), their agents or representatives, and any person, entity, 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 SPL or the Member Board.

I will immediately notify the SPL, the Member Board, and the Commission in writing of any changes to the answers to any of the questions contained in the Renewal Application if such a change occurs at any time prior to a medical license being renewed by the Member Board.

I understand my failure to answer questions contained in the Renewal Application truthfully and completely may lead to denial of my renewal of a medical license in the Member Board, and revocation of, or other disciplinary action against, my license(s) or permit(s) to practice medicine in one or more Compact Member States.

Applicant's signature _____

Applicant's name _____

Applicant's National Provider Identifier (NPI) number _____

Date _____

MEDICAL LICENSE RENEWAL INFORMATION

Physician's Name _____

Please fill in your respective Member Board's information for the qualified Physician named above.

National Provider Identifier Number _____

Medical Board Name: _____

Member Board Renewal License Number _____

Date License Issued _____
mm/dd/yyyy

Date of Expiration _____
mm/dd/yyyy

Member Board Signature _____

Type Name _____

Date _____