

What is form # — will it be on every page?

??

VERMONT DEPARTMENT OF HEALTH
BOARD OF MEDICAL PRACTICE
108 Cherry Street, PO Box 70
Burlington VT 05402-0070
802 867-4220 or 800-745-7371

license must be printed

2004 PHYSICIAN'S LICENSE RENEWAL APPLICATION

PART I

1. Your legal name:

Last Name First Name Middle Name: Suffix

a. Have you ever legally changed your name? Yes No

If yes, enter your former name and any other name(s) under which you were licensed in Vermont or elsewhere in the past two years:

Last Name First Name Middle Name: Suffix

b. Indicate your name, as it should appear on your license:

Last Name First Name Middle Name: Suffix

2. Your Date of Birth: _____
Month / Day / Year

3. Home Address:

(Street)

(City) (State) (Zip)

4. Work Address:

(Street)

(City) (State) (Zip)

5. Please check your preferred mailing address: Home Work

NOTE: The mailing address will be publicly listed on the Board's web site.

→ Common license for separate - so its mailing address public access access

6. Home Telephone Number with Area Code: (____) _____

7. Work Telephone Number with Area Code: (____) _____

pl. please check which address you prefer listed on the Board's web site - how - with

8. E-mail address:

Please check here if the Department of Health may use this e-mail address to send you public health information.
 yes no

PART II

9. Were you in active practice in Vermont in the past 12 Months? yes no

10. Do you hold, or have you ever held, a medical license in any other state? yes no
 If yes, complete the section below and attach additional pages if necessary.

State	License Number	Type of License	Date Issued	Status (Active or Inactive)

ANY "YES" RESPONSE TO THE QUESTIONS BELOW MUST BE FULLY EXPLAINED ON THE ENCLOSED FORM A.

11. Have you ever applied for and been denied a license to practice medicine or any other healing art?
 yes no

12. Have you ever withdrawn an application for a license to practice medicine or any other healing art?
 yes no

13. Have you ever voluntarily suspended, surrendered or resigned a license to practice medicine or any other healing art in lieu of disciplinary action?
 yes no

14. Are any formal disciplinary charges pending or has any disciplinary action ever been taken against you by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)?
 yes no

15. Have you ever been denied the privilege of taking an examination before any state medical examining board?
 yes no

16. Have you ever discontinued your education, training, or practice for a period of more than three months for reasons other than a family need?
 yes no

17. Have you ever been dismissed or suspended from, or asked to leave a residency training program before completion?
 yes no

18. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked, or resigned from a medical staff after a complaint or peer review action was initiated against you?
 yes no

19. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, or restricted by, or surrendered to any jurisdiction or federal agency at any time?
 yes no

20. Are you presently or have you ever been a defendant in a criminal proceeding?

yes no

PART III

(Unless otherwise ordered by a court, your responses to the questions in Part III are considered exempt from public disclosure.)

Any "yes" response to the questions below must be fully explained on the enclosed Form A.

21. To your knowledge, are you the subject of an investigation by any other licensing board as of the date of this application? yes no

22. To your knowledge, are you presently the subject of a criminal investigation? yes no

The following definitions are provided to assist you in answering questions 23 through 25.

"Ability to practice medicine" - This term includes:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" - Includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, hepatitis, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Currently" - This term means recently enough to have a real or perceived impact on one's functioning as a licensee.

"Chemical substances" - This term is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Controlled substances" - This term means those drugs listed on Schedules I through V of Section 202 of the Controlled Substances Act (21 USC § 812).

"Illegal use of controlled substances" - This term means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act, as periodically updated by the Food and Drug Administration. This term does not include the use of a drug taken under the supervision of a licensed health care professional or other uses authorized by the Controlled Substances Act or other provisions of federal law.

23. Do you have a medical condition that in any way impairs or limits your ability to practice medicine in your field of practice with reasonable skill and safety?

yes no

In explaining a "Yes" answer on Form A, please provide reasonable assurances that your medical condition is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

24. Are you currently engaged in the use of alcohol or other chemical substances that in any way impairs your ability to practice medicine in your field of practice with reasonable skill and safety?

yes no

In explaining a "Yes" answer on Form A, please provide reasonable assurances that your use is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

25. Are you currently engaged in the illegal use of controlled substances?

yes no

In explaining a "Yes" answer on Form A, please provide reasonable assurances that such use is not a real and ongoing problem in your practice of medicine.

CONFIDENTIAL ASSISTANCE IS AVAILABLE

Since 1999, part of each license fee has been used to create and maintain the Vermont Practitioners Health Program, a service of the Vermont Medical Society. This is a confidential program for the identification, treatment and rehabilitation of physicians affected by the disease of substance abuse. For further information about this program, call 802-223-0400 (a confidential line).

PART IV

The following questions are required by Vermont law, 26 VSA § 1368, to update and maintain a data repository within the Department of Health and to make individual profiles on all health care professionals licensed, certified, or registered by the Department available to the public. Your physician profile is located at the following website <http://health.vermonters.com/bmp/rbsearchform.shtml>.

Please include photocopies of court papers, licensing authority decisions, and any other relevant documents if your answers to questions 26 through 31 have changed since your last application. We cannot process your application without them.

26. Criminal Convictions [26 VSA § 1368(a)(1)] Check here if none

Please provide a description of all crimes (felonies and misdemeanors; this includes DUI but not speeding or parking tickets) of which you have been convicted within the past ten years not listed below. Please provide complete copies of documentation for each matter.

(Conviction Date)	(Court)	(City/State)	(Crime)
-------------------	---------	--------------	---------

27. Nolo Contendere/Matters Continued [26 VSA § 1368(a)(2)] Check here if none

Please provide a description of all charges to which you pleaded "nolo contendere" ("I will not contest it") or where sufficient facts of guilt were found and the matter was continued without a finding by a court of competent jurisdiction not listed below. Please provide complete copies of documentation for each matter.

(Conviction Date)	(Court)	(City/State)	(Charge)
-------------------	---------	--------------	----------

28. Vermont Board of Medical Practice Matters [26 VSA § 1368(a)(3)] Check here if none

Please provide a description of all formal charges served, findings, conclusions, and orders of the Board of Medical Practice (including stipulations), and final disposition of such matters by the courts, if appealed.

(Date) (Final Disposition - Summary)

29. Licensing or Certification Authority Matters in Other States [26 VSA § 1368(a)(4)]

Check here if none

Please provide a description of all formal charges served by licensing or certification authorities of other states, the findings, conclusions, and orders of such authorities, and final disposition of such matters by the courts, if appealed, in those states, if not listed below. Please provide complete copies of documentation for each matter.

(Date of Final Disposition) (Licensing or Certification Authority) (Court) (City/State) (Nature of Charge)

30. Restriction of Hospital Privileges [26 VSA § 1368(a)(5)]

A. Revocation/Involuntary Restrictions

Check here if none

Please provide a description of any revocation or involuntary restriction of your hospital privileges that were related to competence or character and were issued by the hospital's governing body or any other official of the hospital after procedural due process (opportunity for hearing) was afforded to you if not listed below. Please provide complete copies of documentation for each matter.

(Date) (Hospital) (State) (Nature of Restriction) (Reason for Restriction)

B. Other Restrictions

Check here if none

Please provide a description of all resignations from, or non-renewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital if not listed below. Please provide complete copies of documentation for each matter.

(Date) (Hospital) (State)

(Nature of Action) (Action)

(Reason for Action) In lieu In settlement

31. Medical Malpractice Court Judgments/Settlements [26 VSA § 1368(a)(6A)]

A. Judgments

Check here if none

Please complete the attached Form A and provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you within the past 10 years (10 years from payment date) in which a payment was awarded to a complaining party if not listed below. Please provide complete copies of documentation, to include final disposition and, if possible, a copy of the complaint for each matter.

Judgement Arbitration

(Date) (Court) (State) (Nature of Case) (Amount Assessed Against You)

B. Settlements

Check here if none

Please provide a description of all settlements of medical malpractice claims against you within the past 10 years (10 years from payment date) in which a payment was awarded to a complaining party if not listed below. Please provide complete copies of documentation, to include final disposition and, if possible, a copy of the complaint for each matter.

(Date) (Court) (State) (Amount of Settlement Against You)

32. Medical Professional Schools [26 VSA § 1368(a)(7)]

Please provide the names of medical professional schools you attended and the dates of graduation if not listed below.

(School/Institution) (City) (State) (Year of Graduation)

If necessary, please use an additional sheet and check this box:

33. Graduate Medical Education/Residency [26 VSA § 1368(a)(8)]

Please provide information about any graduate medical education/residency attended or completed that is not listed below.

(School/Institution) (Specialty) (City) (State) (Year of Graduation)

If necessary, please use an additional sheet and check this box:

34. Specialty Board Certification [26 VSA § 1368(a)(9)]

Please verify the following information regarding your specialty board certification and update as necessary using the attached Specialty Codes List.

Specialty Code	Specialty Name (if code unknown)	Board Certified	Name of Board	Year Certified	Year Recertified
		<input type="checkbox"/> yes <input type="checkbox"/> no			
		<input type="checkbox"/> yes <input type="checkbox"/> no			

35. Years of Practice [26 VSA § 1368(a)(10)]

Month and year you started practicing as a physician?

36. Hospital Privileges [26 VSA § 1368(a)(11)]

Check here if none

List all information for all hospitals where you currently have hospital staff privileges if not listed below:

(Name) (City) (State) (Year Started)

37. **Appointments/Teaching** [26 VSA § 1368(a)(12)]

Note: Answering #37 is optional. By answering, you are granting permission to have this information posted on the web.

A. **Appointments** Check here if none

Please provide information about your appointments to medical school or professional school faculties if not listed.

(School)	(City)	(State)	(Nature of Appointment)	From (year)	To (year)
----------	--------	---------	-------------------------	-------------	-----------

B. **Teaching** Check here if none

Please provide information regarding your responsibility for teaching graduate medical education within the past 10 years if not listed.

(School/Institution)	(City)	(State)	(Nature of Teaching)	From (year)	To (year)
----------------------	--------	---------	----------------------	-------------	-----------

38. **Publications:** [26 VSA § 1368(a)(13)] Check here if none

Note: Answering #38 is optional. By answering, you are granting permission to have this information posted on the web.

Please provide information regarding your publications in peer-reviewed medical literature within the past 10 years if not listed.

(Title)	(Publication)	(Year)
---------	---------------	--------

39. **Activities** [26 VSA § 1368(a)(14)] Check here if none

Note: Answering #39 is optional. By answering, you are granting permission to have this information posted on the web.

Please provide information regarding your professional or community service activities and awards if not listed.

(Activities or Awards)

40. **Practice Setting** [26 VSA § 1368(a)(15)] Check here if none

What is the location of your primary practice setting?

Town or City	State
--------------	-------

41. **Translating Services** [26 VSA § 1368(a)(16)] Check here if none

Please identify any translating services available at your primary practice location. Are any translating services available at your primary practice location? Not applicable
If yes, please describe here the translating services available:

--

If necessary, please use an additional sheet and check this box:

42. **Medicaid/New Patients** [26 VSA § 1368(a)(17)]

A. Medicaid participation

Do you participate in the Medicaid program? yes no not applicable

B. New Medicaid Patients

Are you currently accepting new Medicaid patients? yes no not applicable

Part V

I hereby affirm that the information provided above is true and accurate, and that I have answered the questions to the best of my knowledge and ability.

Date: _____

Applicant's Signature

Reminder - You must also complete the enclosed Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions regardless of whether or not you have children



58157

Clinical Practice Questions

If you have any questions on this section, please call (802) 863-7300 or 1-800-869-2871.

INSTRUCTIONS

Fill in checkboxes completely. Example:
Please print legibly using a dark blue or black pen and UPPERCASE letters.

- Scans well
- Does not scan well

Vermont License Number

0	4	2	0	0					
---	---	---	---	---	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender: Male

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Female

1. Please fill in all of the boxes below that describe your practice as a physician:
("Active" here means providing direct patient care.)

- Active in clinical practice in Vermont
- Active in clinical practice outside Vermont
- Not currently in active practice
- Administration
- Teaching
- Research

--- If you do not provide patient care in Vermont, please stop here and return with your relicensing application.

2. Are you currently in residency or fellowship training?

- Yes --- Please stop here and return with your relicensing application.
- No --- Continue with question 3.

3. When did you start practicing medicine in Vermont (excluding residency/fellowship training)?

Month		Year				
		-				

4. Do you plan to retire, or leave your Vermont practice, within the next 5 years?

Yes No

5. Do you plan to reduce your patient care hours in Vermont within the next 5 years?

Yes No

6. For each location in Vermont where you provide patient care, please enter the Vermont town name (not a mailing address) here, and answer the questions on the next page for these sites respectively. If engaged in two practice settings within the same town, enter as separate "sites" (repeating the town).

SITE 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SITE 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SITE 3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SITE 4

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CONTINUE ON NEXT PAGE





58157

Clinical Practice Questions (Continued from previous page)

When entering specialties, please use the 4-digit codes from the enclosed list of specialties. For each specialty, enter the (estimated) average number of hours, in a working week, during which you provide direct patient care, including diagnosis, treatment, and clinical reporting. Exclude on-call hours.

Please re-enter your License Number for scanning purposes

0 4 2 0 0

7. Enter the number of weeks per year during which you provide direct patient care at each site:
(We count 48 weeks, 40 hours/week, as full time.)
(Hours per week will be entered below)

SITE 1 SITE 2 SITE 3 SITE 4

8. Choose the one description that best fits your practice setting (for each site). The type of setting is not related to practice ownership. If you provide hospital care to patients who originate from your office or clinic, choose only the setting from which they originate.

- Ambulatory care, including associated hospital care:
Ambulatory care, without hospital care:
Office-based specialty care, including hospital care:
Office-based specialty care, without hospital care:
Hospital-based specialty care (e.g., pathology, E.R.):
Inpatient care only (hospitalist):
Student health center:
Business or work site:
Extended care / nursing home:
Other: (please specify)

9. Primary Specialty (at each site):
(specialty name, if code not found):
Hours per week in Primary Specialty:
Secondary Specialty, if any:
Hours per week in Secondary Specialty:
Tertiary Specialty, if any:
Hours per week in Tertiary Specialty:

- 10. Please answer each question:
I will accept new patients here
I participate in Medicaid here
I will accept new Medicaid patients here
I participate in Medicare here
I will accept new Medicare patients here
I work as a locum tenens here



SPECIALTY CODES

(primary care specialties in boldface)

(note: codes are not in order, please check them carefully)

0101	Allergy and Immunology	0801	Medical Genetics
4005	Allergy	0802	Clinical Biochemical Genetics
4015	Immunology	0804	Clinical Cytogenetics
0102	Clinical & Laboratory Immunology	0805	Clinical Genetics (MD)
4025	Pediatric Allergy	0806	Clinical Molecular Genetics
		0807	Molecular Genetics Pathology
0201	Anesthesiology		
0202	Critical Care Medicine (Anesth.)	0901	Neurological Surgery
0203	Pain Management		
		1001	Nuclear Medicine
0301	Colon & Rectal Surgery		
		1101	Obstetrics & Gynecology
0401	Dermatology	4011	Gynecology
0403	Clinical & Laboratory Dermatology	4020	Obstetrics
0404	Dermatological Immunology	1102	Critical Care Medicine (OBGYN)
0402	Dermatopathology	1103	Gynecologic Oncology
0405	Pediatric Dermatology	1104	Maternal & Fetal Medicine
		1105	Reproductive Endocrinology
0501	Emergency Medicine		
0502	Medical Toxicology	1201	Ophthalmology
0503	Pediatric Emergency Medicine	4026	Pediatric Ophthalmology
0504	Sports Medicine (EM)		
0505	Underseas Medicine (EM)		
		1301	Orthopaedic Surgery
0601	Family Practice	4004	Adult Reconstructive Orthopedics
0602	Geriatric Medicine	1302	Hand Surgery
0603	Sports Medicine (FP)	4022	Orthopedic Surgery Of The Spine
		4023	Orthopedic Trauma
4010	General Practice	4027	Pediatric Orthopedics
		4032	Sports Medicine (Ortho Surg)
		4033	Traumatic Surgery
0701	Internal Medicine (primary care)		
0702	Adolescent Medicine	1401	Otolaryngology
0703	Clinical Cardiac Electrophysiology	1402	Otology/Neurotology
0704	Cardiovascular Disease	1403	Pediatric Otolaryngology
0706	Clinical & Laboratory Immunology	1404	Plastic Surgery Within the Head and Neck
0705	Critical Care Medicine (IM)		
0707	Endocrinology Diabetes & Metabolism	1500	Pathology
0708	Gastroenterology	1501	Anatomic & Clinical Pathology
0709	Geriatric Medicine	1502	Anatomic Pathology
0710	Hematology	1503	Clinical Pathology
0711	Infectious Disease	1504	Blood Banking/Transfusion Medicine
0717	Interventional Cardiology	1505	Chemical Pathology
0712	Medical Oncology	1506	Cytopathology
0713	Nephrology	1507	Dermatopathology
0714	Pulmonary Disease	1508	Forensic Pathology
0715	Rheumatology	1509	Hematology
0716	Sports Medicine (IM)	1511	Medical Microbiology
		1512	Neuropathology
		1513	Pediatric Pathology
		4031	Radioisotopic Pathology

CODES CONTINUED ON BACK

SPECIALTY CODES

(continued)

(primary care specialties in boldface)

1601 Pediatrics		2009 Neurodevelopmental Disabilities (neurology)
1602 Adolescent Medicine		2010 Pain Medicine (neurology)
1603 Clinical & Laboratory Immunology		4030 Psychoanalysis
1618 Developmental-Behavioral Pediatrics		
1604 Medical Toxicology		2101 Radiology
1605 Neonatal-Perinatal Medicine		2102 Diagnostic Radiology
1619 Neurodevelopmental Disabilities (peds)		2103 Radiation Oncology
1606 Pediatric Cardiology		2104 Radiological Physics
1607 Pediatric Critical Care Medicine		4018 Neuroradiology
1608 Pediatric Emergency Medicine		2105 Nuclear Radiology
1609 Pediatric Endocrinology		2106 Pediatric Radiology
1610 Pediatric Gastroenterology		2107 Vascular & Interventional Radiology
1611 Pediatric Hematology-Oncology		
1612 Pediatric Infectious Disease		2201 Surgery
1613 Pediatric Nephrology		4001 Abdominal Surgery
1614 Pediatric Pulmonology		4006 Cardiovascular Surgery
1615 Pediatric Rheumatology		4012 Head & Neck Surgery
1616 Pediatric Sports Medicine		4021 Oral & Maxillofacial Surgery
1617 Children With Special Health Needs		2203 Pediatric Surgery
		2202 Surgery Of The Hand
1701 Physical Medicine & Rehabilitation		2204 Surgical Critical Care
1702 Pain Medicine (phys med)		2205 Vascular Surgery
1703 Pediatric Rehabilitation Medicine		
1704 Spinal Cord Injury Medicine		2301 Thoracic Surgery
1801 Plastic Surgery		2401 Urology
1802 Hand Surgery		4029 Pediatric Urology
1803 Plastic Surgery Within the Head and Neck		
		3201 General Osteopathic Medicine
1901 Preventive Medicine		Misc. Specialties – not board names:
1902 Aerospace Medicine		4002 Acupuncture
1903 Occupational Medicine		4003 Addiction Medicine
1904 Public Health & General Preventive		4007 Clinical Pharmacology
1905 Medical Toxicology		4013 Hepatology
1906 Underseas Medicine (PM)		4014 Homeopathic Medicine
		4016 Legal Medicine
Psychiatry & Neurology		4017 Musculoskeletal Oncology
(Board Name - Not A Specialty)		4019 Nutrition
2001 Psychiatry		4024 Pain Medicine
2002 Neurology		4034 Sleep Medicine
2003 Neurology With Special Qualifications In Child Neurology		
2004 Addiction Psychiatry		9001 Rotating Internship (Residency)
2005 Child & Adolescent Psychiatry		
2008 Clinical Neurophysiology		9999 Other - Please Specify
2006 Forensic Psychiatry		
2007 Geriatric Psychiatry		

CODES CONTINUED ON FRONT