

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
(LSBME)**

Main Phone: (504) 568-6820 (auto attendant)



PHYSICIANS / OSTEOPATHS

APPLICATION AND INSTRUCTIONS

(Rev. 090106)

Visit the LSBME website at www.lsbme.louisiana.gov

Application Processing Address:

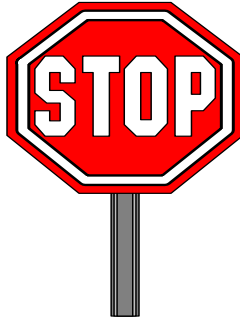
LSBME, P.O. Box 54403, New Orleans, LA 70154-4403

Criminal Background Check Address:

LSBME, ATTN.: CB, P. O. Box 30250, New Orleans, LA 70190-0250

Physical Address:

630 Camp Street, New Orleans, LA 70130



PLEASE READ FIRST

The Louisiana State Board of Medical Examiners (the “Board”) annually processes hundreds of applications for licensure. This process involves the collection of credentials from the applicant as well as other sources. The Board conducts a thorough evaluation of credentials, employment or work history, malpractice history and disciplinary history. This process takes time - anywhere from a few weeks to several months, depending upon how quickly the applicant complies with what is requested and the nature of any problems requiring closer attention. Licensure is not guaranteed. As such, each applicant is advised not to make commitments on loans, practice start dates, home purchases, etc. The Board will not accelerate one application at the expense of another nor will it waive any requirements in the screening process. Once the application is received and reviewed, the analyst prepares and sends out a missing document report to request additional information and/or to return items that need corrections or clarifications. Please wait at least thirty days before calling to check on the status of the application. The Board has no control over materials that must be requested from other agencies. The Board shall have a reasonable period of time to collect and assimilate all required documents and information necessary to issue a license. If after submitting an application for licensure, an applicant has failed to respond or make an effort to pursue licensure for a period of six months, the application will be null and void and the applicant must reapply. If you have been named in a malpractice suit, been sanctioned by another state or agency or have answered “yes” to any of the questions on the oath and affirmation page of the application, you must provide a detailed notarized narrative of the incident and anticipate a delay in the licensing process. This includes offenses that may have occurred as a juvenile and that may have been expunged from your record. The criminal background check can take months to process. As such, it is suggested that you request the criminal background materials as soon as you know that you are relocating to Louisiana.

All physician applicants for full licensure in Louisiana are required to submit their background credentials to the Federation Credentials Verification Service (FCVS). FCVS is a service of the Federation of State Medical Boards and was created to help simplify the licensure process for physicians (both MD’s and DO’s). All applicants for full licensure shall complete two separate applications, the first being the physician license application and the other is the FCVS application. The FCVS application can be found on-line at <http://www.fsmb.org/fcvs.html>.

FCVS will be required September 1, 2006.

Qualifications for Licensure - International Medical Graduates

- ◆ Be at least 21 years of age and of good moral character;
- ◆ Be a citizen of the United States or possess valid and current legal authority to reside and work in the United States duly issued by the commissioner of the Immigration and Naturalization Service;
- ◆ Possess a Doctor of Medicine degree duly issued by a medical school approved by the board. This diploma must be in English; if not, must be accompanied by a certified translation into English;
- ◆ Applicant must have completed three years of ACGME approved residency training in the United States or Canada in the same specialty;
- ◆ Have taken and passed FLEX/USMLE Steps 1, 2, and 3 or a combination thereof. Examination cannot have been taken more than four times;
- ◆ Have taken and passed the ECFMG examination and have a valid certificate;
- ◆ If a medical competency examination has not been taken within 10 years of application, the applicant must be board certified or re-certified through the American Board of Medical Specialties within the past ten years or the applicant must take and pass SPEX (Special Purpose Examination) administered through the Federation of State Medical Boards, Inc.

Qualifications for Licensure - U.S./Canadian Graduates

- ◆ Be at least 21 years of age and of good moral character;
- ◆ Be a citizen of the United States or possess valid and current legal authority to reside and work in the United States duly issued by the commissioner of the Immigration and Naturalization Service;
- ◆ Possess a Doctor of Medicine degree duly issued by a medical school approved by the Board. The diploma must be in English. If not, must be accompanied by a certified translation into English;
- ◆ Completed a year of ACGME approved internship training in the United States or Canada;
- ◆ Have taken and passed either the state board examination, National Boards Parts 1, 2, and 3, FLEX, USMLE, COMLEX-USA, NBOME or a combination thereof. Examination cannot have been taken more than four times;
- ◆ If a medical competency examination has not been taken within 10 years of application, the applicant must be board certified or re-certified through the American Board of Medical Specialties or the American Osteopathic Association within the past ten years or the applicant must take and pass SPEX (Special Purpose Examination) administered through the Federation of State Medical Boards, Inc or COMVEX-USA administered by the National Board of Osteopathic Examiners.

Instructions for Completing the Application

Page 1

Licensure Category- Indicate your licensure category.

Address - Indicate your current Business, Home, and Preferred Mailing Address. (The Business address will appear on our website at www.lsbme.louisiana.gov).

Specialty- List specialties and board certifications.

Identification- Answer all identification questions.

Personal Interview - Board members are located throughout the state, indicate which city you would prefer to make the personal appearance.

Page 2

Statement of Legal Name - Record your name as it appears on each document listed that applies to you. This form must also be completed by any person whose name is not the same as the name on the diploma received from the professional school. This form must be notarized.

Page 3

Premedical/professional Education - List your education. Account for all time from high school to the present.

Medical/Professional Education - List the professional education - the place where you received your Medical/Osteopathic/Podiatry Degree. List all professional schools attended in chronological order.

Postgraduate Medical Training - List all postgraduate training done in the United States or Canada in chronological order.

Fifth Pathway - Complete only if applicable. This section does not apply to U.S./Canadian graduates or Podiatrists.

Practice History and Non-Professional Activities - List the practice history and non-medical/professional related activities here. Do not include training.

Examination History - Indicate the examination taken, number of attempts, and the state for which the examination was taken. List all that apply. There is a limit on the number of times an applicant can take the examinations. The limit applies whether the examination was taken in Louisiana or in another state.

To request the **FLEX**, **SPEX** or **USMLE** scores, you must complete the Federation's request form which can be obtained from their web site at www.fsmb.org.

To request the **National Board** scores, you must complete the National Board's request form which can be obtained from their web site at www.nbme.org.

To request the **NBOME/COMLEX-USA** scores, you must complete the National Board's Request form which can be obtained from their web site at www.nbome.org.

USMLE

- ◆ USMLE Step 1 - no limit
- ◆ USMLE Step 2 - four (4)
- ◆ USMLE Step 3 - four (4)
- plus*
- ◆ Board certification, if applicable

COMLEX-USA

- ◆ COMLEX - USA 1 - no limit
- ◆ COMLEX - USA 2 - four (4)
- ◆ COMLEX - USA 3 - four (4)
- Plus*
- ◆ Board certification, if applicable

NBOME

- ◆ NBOME - Part 1
- ◆ NBOME - Part 2 - four (4)
- ◆ NBOME - Part 3 - four (4)
- plus*
- ◆ Board certification, if applicable

NBME

- ◆ NBME Part 1
- ◆ NBME Part 2 - four (4)
- ◆ NBME Part 3 - four (4)
- Plus*
- ◆ Board certification, if applicable

If on the basis of FLEX:

- ◆ Pre-1985 - four (4)
- ◆ Post-1985 –
- Component I - four (4)
- Component II - four (4)
- Plus*
- ◆ Board certification, if applicable

Acceptable combination of exams:

- ◆ FLEX Component I
 - plus*
 - ◆ USMLE Step 3
-

- ◆ NBOME Part 1
 - ◆ NBOME Part 2
 - plus*
 - ◆ COMLEX - USA 3
-

- ◆ NBME Part 1
 - ◆ NBME Part 2
 - plus*
 - ◆ USMLE Step 3
-

- ◆ NBME Part 1
 - ◆ NBME Part 2
 - plus*
 - ◆ FLEX Component 2
-

NOTE: If a medical competency examination has not been taken within 10 years of application, the applicant must be board certified or re-certified through the American Board of Medical Specialties or the American Osteopathic Association within the past ten years or the applicant must take and pass SPEX (Special Purpose Examination) administered through the Federation of State Medical Board, Inc or COMVEX-USA administered by the National Board of Osteopathic Examiners.

Page 4

Third Party Authorization- Read and have this form notarized.

Page 5

Oath or Affirmation - Read, answer and have this form notarized. Any “yes” answer(s) must be accompanied by a notarized affidavit. The applicant must explain in detail the incident(s) in which he/she is answering yes to and have the explanation typed written and notarized. This includes offenses that may have occurred as a juvenile and that may have been expunged from your record.

Page 6

Verification/Endorsement - If you named any state (including District of Columbia, Puerto Rico, Guam, Canada) on page 3 of the application, send a copy of this form to each of those states for completion whether the license issued was permanent, temporary or is now expired. It is suggested that you contact each state to inquire as to whether or not that state has any requirements that must be fulfilled before it will complete our form. Most states charge a fee and will not complete the form until that fee is paid. You may make as many machine copies of this form as is necessary.

Page 7

Certificate of Medical/Professional Society – The Executive Officer of the local county medical/professional society completes the appropriate section of the form. The seal of the society is to be impressed on the form. If the society does not have a seal, that fact must be verified on the form by the Executive Officer of the society. Applicants who are not members of a local/county/parish medical/professional society are required to provide an explanation on the form. **Note:** You are not required to be a member to obtain licensure in Louisiana.

Character Recommendation(s) - Two are required for MD's/DO's from physicians - one for Podiatry from physicians/podiatrist other than relatives attesting to the applicants' good moral character and who have known the applicant for at least six months prior to filing the application.

GENERAL INSTRUCTIONS

The state of Louisiana does criminal background checks as part of the application process through the state (Louisiana Department of Public Safety and Corrections (DOC) and Federal Bureau of Investigations (FBI). Materials for this purpose can be obtained by writing to:

LSBME
Attn: CB
P O Box 30250
New Orleans, LA 70190-0250

or by e-mail at lsbmemat@lsbme.louisiana.gov

Applicants with criminal history may expect delays in the application process

Notarized Birth Certificate - The applicant must submit a notarized copy of the birth certificate or a notarized copy of the passport (expired passports are acceptable). If the applicant submits a passport, the applicant must include a written explanation of the reason the birth certificate is not available.

Valid Visa - Applicants who are not native-born citizens of the United States must show proof of legal entry into the United States to work or reside by presenting:

- ◆ Original Certificate of Naturalization
- ◆ Birth Certificate establishing birth to U.S. citizens traveling abroad
- ◆ Valid Visa issued by the Department of Immigration and Naturalization (INS)

Personal Appearance - Applicants should contact this office regarding the personal appearance. Appointments will only be scheduled after receipt of **ALL** application materials. At the time of the personal appearance, the applicant must present the **ORIGINAL** of the following documents (copies should have already been provided). All documents required to be presented must be in English. If the document(s) is not in English, they must be accompanied by a translation into English certified by a translator other than the applicant who shall attest to the accuracy of such translation under penalty of the law.

- ◆ Medical/Professional school diploma with English translation.
- ◆ If application is based on reciprocity/endorsement, the license of the state that FLEX/USMLE Step 3 was taken for and passed.
- ◆ Medical school transcripts (International Medical Graduates only).
- ◆ Marriage license and/or court decree of the applicant who applies in a name different from the name on the medical diploma.
- ◆ If not a native born citizen of the United States, you must present a Certificate of Naturalization, a birth certificate identifying you as having been born to American parents while abroad or a valid visa which allows you to work and reside in the United States.

Graduates of international medical schools must also present the original of the:

- ◆ Current ECFMG certificate;
- ◆ Intern, residency/fellowship certificate(s).

Graduates of international medical schools must also provide a letter from the chief of services of all internships/residencies/fellowships served in the United States or Canada. The letter must give the inclusive dates of training and performance. It is not necessary to provide certificates or letters for training in a country other than the United States.

FEES ARE NOT REFUNDABLE and must accompany the application - \$382.00 (MD/DO) \$182.00 (Transfer from GETP) It should be noted that should the check be returned for any reason, you will be required to resubmit the fee in the form of a money order and there will be an additional charge of \$23.00.

Federation Credentials Verification Service (FCVS) –

Applicants for licensure who are in the process of seeking employment and/or applicants for licensure/certification by multiple states and/or multiple entities (i.e. hospitals, insurance companies) that require primary source verification should consider applying with the Federation of State Medical Boards Credentials Verification Service (FCVS). For more information on the FCVS process, visit their website at www.fsmb.org. FCVS will be required September 1, 2006.

Contact Addresses

Federation of State Medical Boards, Inc. (FSMB)

400 Fuller Wiser Road, Suite 300
Euless, TX 76039-3855
(817) 868-4000
Website: www.fsmb.org

Educational Council for Foreign Graduates (ECFMG)

3624 Market Street, Fourth Floor
Philadelphia, PA 19104-2685
(215) 386-5900

The National Board of Medical Examiners

3750 Market Street
Philadelphia, PA 19104-3102
(215) 590-9500

The National Board of Osteopathic Examiners, Inc.

8765 West Higgins Rd, Suite 200
Chicago, IL 60631-4101
(773) 714-0622

American Board of Medical Specialties

1007 Church Street, Suite 404
Evanston, IL 60201-5913
(847) 491-9091

FREQUENTLY ASKED QUESTIONS



Q. How long does the application process take?

A. The initial application process could take anywhere from a few weeks to several months to complete. Once the file is complete, it must be presented to the board for final consideration. Once a decision is made, the applicant is notified by mail within a week to ten days.

Q. How is the application processed?

A. Applications are processed in the order in which they are received. One application is not given priority over another.

Q. What is the deadline for the application to be presented to the Board for consideration?

A. The deadline is two weeks prior to a scheduled meeting. The application must be complete in every respect in order to be presented. If not, the application will have to wait until the next meeting. Board meetings are not held in the months of April and November.

Q. I need a license immediately. How can you help me?

A. Applications are processed on a first come first serve basis.

Q. Can I be issued a temporary license to practice medicine?

A. No. The state of Louisiana does not issue a temporary license to practice medicine. We do not issue a locum tenens license. The only temporary license issued for the practice of medicine is an interim. The interim license is only issued after the application is complete and has been presented to the Board and approved pending receipt of the results of the criminal background check.

Q. Can I be issued a temporary permit to do residency/fellowship training?

A. Yes. The state of Louisiana does issue a permit for training purposes only.

Q. I am completing my internship/residency in June. How soon can I apply for a permanent license?

A. A U.S./Canadian graduate may apply for licensure four months prior to completion of the internship/residency. An international graduate can apply four months prior to completion of the third year of training. The required three years of postgraduate approved training must be in the same specialty.

Q. I have decided not to relocate to Louisiana. Can I withdraw my application? Is the fee refundable?

A. To withdraw an application, you must notify the Board in writing. No fees are refundable.

Q. What does "primary source verification" mean?

A. The term means that all information is received directly from the issuing agency.

Q. Does Louisiana accept the LMCC of Canada for license? Even if I have a license in another state?

A. No.

Q. Is there a difference between being a Medical Doctor and being a Doctor of Osteopathy when issuing a medical license?

A. No. All are classified as physicians and are issued the same type of medical license.

Q. Can I practice in Louisiana with a license from another state?

A. Not unless you are practicing in a federal institution or military base.

Q. What does "Board Certified" mean?

A. Board certified means that you have taken and passed an oral and written examination in your specialty.

Q. What fees are involved in the application process?

A. There is a non-refundable license fee of \$382.00 (MD/DO), 182.00 (Transfer from GETP) and \$300.00 (Podiatry) made payable to the Louisiana State Board of Medical Examiners and must accompany your application. A \$50.00 **money order** is required for the criminal background check. The money order is made payable to the Department of Public Safety and Corrections.

Q. How many attempts are allowed on FLEX/USMLE/NBOME/COMLEX-USA/SPEX/NBME?

A. Four

Q. Will I have to take an additional examination for licensure?

A. Only if it has been over ten years since a medical competency examination was taken and passed from the date of filing an application. The required examination is SPEX/COMVEX-USA or a specialty board certification or re-certification examination.

Q. If I have had my fingerprints cleared by another state or agency, will Louisiana accept them?

A. No.

Q. Do I need to send my ORIGINAL or a notarized copy of my documents with the application?

A. No. A copy of the aforementioned documents should be submitted with your application. All original documents are presented at the personal appearance.

Q. Can a family member, friend, spouse or telephone call take the place of appearing in person for the interview?

A. No.

Q. I have a license in another state. Do I have to go through the application process again?

A. Yes.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

FEE SCHEDULE FOR MD/DO

(Rev 050104)

Initial Licensure Fees

Note: If applying for a temporary permit, permanent licensure fee must accompany the temporary permit fee.

Profession		Form Of Payment	Payable To	Amount	Send To	Total
ALL APPLICANTS: FINGERPRINTS		Money Order	La. Department of Public Safety and Corrections	\$50.00	LSBME	\$50.00
For LSBME to return documents to applicant in U.S. by U.S. Certified Mail, Return Receipt Requested.		Check or Money Order	LSBME	\$2.55	LSBME	\$
For LSBME to return documents to applicant in U.S. by courier.		SEE INSTRUCTIONS				-----
RECIPROCIITY	Physicians And Surgeons (U.S. Or IMG)	Check or Money Order	LSBME	\$382.00	LSBME	\$
MD/DO	Transfer from PGY-1 Status	Check or Money Order	LSBME	\$232.00	LSBME	\$
	Graduate Education Temporary Permit(GETP)	Check or Money Order	LSBME	\$200.00	LSBME	\$
	Transfer from GETP Status	Check or Money Order	LSBME	\$182.00	LSBME	\$
	Dispensing Registration	Check or Money Order	LSBME	\$75.00	LSBME	\$
	Institutional Permits	Check or Money Order	LSBME	\$100.00	LSBME	\$
	Military Physician Permit	Check or Money Order	LSBME	\$100.00	LSBME	\$
	Military Intern Permit	Check or Money Order	LSBME	\$50.00	LSBME	\$
	Post Graduate Year One Registration (PGY1:PGY2)	Check or Money Order	LSBME	\$50.00	LSBME	\$
	Short Term	Check or Money Order	LSBME	\$100.00	LSBME	\$
	Physicians And Surgeons- Retired	Check or Money Order	LSBME	\$150.00*	LSBME	\$
Visiting Physicians	Check or Money Order	LSBME	\$100.00	LSBME	\$	
TOTAL						\$

*Must Complete Waiver Form

NOTE: The LSBME will notify applicant if insufficient monies are remitted.

Renewal Fees¹

Medicine & Surgery/DO/INST due on or before the first (1st) day of licensee's birth month.		
Medicine & Surgery/Do/Inst	Scheduled Renewal Fee \$332.00	If After Last (1 st) Day of Your Birth Month \$632.00
If Reduced Fee ²	Scheduled Renewal Fee \$150.00	If After Last (1 st) Day of Your Birth Month \$300.00

¹ Fees are not prorated (i.e. License received mid-year fee payable in full, next annual renewal payable in full)

² See Application for Reduction in Renewal Fee for Physicians. LAC 46:XLV, Subpart 2, Chapter 3, Subchapter I, §418. (Rev. 040202)

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

P. O. Box 30250, New Orleans, LA 70190-0250; Telephone: (504) 568-6820

MD/DO Initial Application for Licensure

(090106)

Check all that apply. Specify the purpose and discipline of licensure application. TYPE OR BLOCK PRINT ONLY.

Discipline applying for: Medicine & Surgery Osteopathy Check here if you have applied for FCVS
 Application is based on: First medical license Licensure by endorsement Reinstatement / Relicensure
 Intended Location/Date in Louisiana: City _____ Date: _____

NAME: LAST		FIRST	MIDDLE	SUFFIX (SR, JR)
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE # & STATE	CONTROLLED SUBSTANCES PERMIT #'S <u>DEA:</u> _____ <u>STATE:</u> _____ <u>FED:</u> _____	
BUSINESS ADDRESS: *This address will appear on the LSBME website. **Renewal notices will be sent to this address. STREET & NO. (DO NOT USE P.O. BOX)			CITY	STATE
ZIP + 4	COUNTY/PARISH	COUNTRY (IF NOT U.S.)	PHONE: _____ FAX: _____ EMAIL: _____	
HOME ADDRESS: STREET & NO.		CITY	STATE	
ZIP + 4	COUNTY/PARISH	COUNTRY (IF NOT U.S.)	PHONE: _____ CELL: _____ FAX: _____ EMAIL: _____	
PREFERRED MAILING ADDRESS: STREET & NO.		CITY	STATE	
ZIP + 4	COUNTY/PARISH	COUNTRY (IF NOT U.S.)	PHONE: _____ FAX: _____ EMAIL: _____	
SPECIALTY: 1) _____ 2) _____ 3) _____ 4) _____				
AMERICAN/AOA SPECIALTY BOARD CERTIFICATION/YEAR: 1) _____ 2) _____ 3) _____ 4) _____				
<u>IDENTIFICATION:</u> RACE: _____ SEX: _____ WEIGHT: _____ HEIGHT: _____				
EYES: _____ HAIR: _____ MARKS: _____				
MARITAL STATUS: _____ SPOUSE'S FULL NAME: _____				
PLACE OF BIRTH: _____ DATE OF BIRTH: _____ ARE YOU A U.S. CITIZEN? _____				
IF NOT NATIVE BORN CITIZEN OF THE U.S. GIVE FOLLOWING INFORMATION: TYPE OF VISA: _____				
IF NATURALIZED, CERTIFICATE #: _____ INS #: _____ PETITION # _____				
DATE ISSUED: _____ DISTRICT COURT THROUGH WHICH ISSUED: _____				
U.S. ACTIVE DUTY: BRANCH: _____ DATES SERVED: _____ TYPE DISCHARGE: _____				
HAVE YOU EVER HELD ANY TYPE OF LICENSURE IN LOUISIANA? _____ IF YES, TYPE & #: _____				
<u>PERSONAL INTERVIEW</u>				
State the preferred location for personal interview with original credentials. Personal interview shall not be made until application is otherwise complete.				
If does not apply, mark "X" here: <input type="checkbox"/>				
MD/DO <input type="checkbox"/> New Orleans <input type="checkbox"/> Morgan City <input type="checkbox"/> Monroe <input type="checkbox"/> Slidell <input type="checkbox"/> Shreveport <input type="checkbox"/> Lafayette <input type="checkbox"/> Rayne				

Name (Printed or typed):

SS#:



Louisiana State Board of Medical Examiners

P. O. Box 30250, New Orleans, LA 70190-0250
Telephone: (504) 568-6820

Statement of Legal Name

- 1. My name appears as follows on the following documents:
a.) Medical/Professional diploma:
b.) Internship and residency certificate(s):
c.) E.C.F.M.G. Certificate:
d.) State License(s):
e.) Specialty Board Certificate(s):
f.) Certificate of Naturalization, Declaration of Intention, Valid Visa:
2. I am also known as: (list all names under which you are known)

My legal name and the name under which I will be known by the Louisiana State Board of Medical Examiners is: (if different from that which appears in No. 1a-1f above, a certified copy of your Marriage Certificate, Divorce Decree or Court Order must accompany this statement)

First Middle Last Suffix

I understand that the Louisiana State Board of Medical Examiners maintains all records in alphabetical order and that I will be listed alphabetically under my surname (last name) as stated in Item 1a of this Application.

Signature

Subscribed and sworn on this day of, in the year.

Notary Public

My Commission Expires

SEAL

Name (Printed or typed):

SS#:

Education			Post Graduate Training-Include 5th Pathway if applicable. See attached "Unusual Circumstances"		
High School			Hospital/Program		
City, State & Country, if not U.S.			City, State & Country, if not U.S.		
Month/Year Started	Month/Year Graduated		Month/Year Started	Month/Year Ended	Specialty
College/University			Hospital/Program		
City, State & Country, if not U.S.			City, State & Country, if not U.S.		
Month/Year Started	Month/ Year Ended	Degree	Month/Year Started	Month/Year Ended	Specialty
College/University			Hospital/Program		
City, State & Country, if not U.S.			City, State & Country, if not U.S.		
Month/Year Started	Month/ Year Ended	Degree	Month/Year Started	Month/Year Ended	Specialty
College/University			Hospital/Program		
City, State & Country, if not U.S.			City, State & Country, if not U.S.		
Month/Year Started	Month/ Year Ended	Degree	Month/Year Started	Month/Year Ended	Specialty
Professional/Medical School			Hospital/Program		
City, State & Country, if not U.S.			City, State & Country, if not U.S.		
Month/Year Started	Month/ Year Ended	Degree	Month/Year Started	Month/Year Ended	Specialty
<p align="center">Practice History and Non-Professional Activity (Do NOT include Training) Attach separate 8 ½ x 11 sheet if necessary. Account for ALL time not specified above, in chronological order, from High School to the present.</p>					
From Month/Year	To Month/Year	City	State or Country	Employer or practice setting (Clinic, Hosp., Solo/Group, Etc.)	Specialty or Activity
/	/				
/	/				
/	/				
/	/				
/	/				
<p align="center">Have you ever taken any of the following written exams: National Boards, other State Boards, USMLE, FLEX, COMLEX-USA, NBOME, SPEX/COMVEX-USA ___Yes ___No If yes, list name, location, date and result of each examination; failures must also be disclosed. Each examination agency must submit an original official Examination History Report directly to the LSBME. NOTE: Louisiana has a four time limit on all exams.</p>					
Examination(indicate # of times taken)		Date		Result (Pass/Fail)	
<p align="center">Have you ever been licensed to practice medicine in any state, territory, province, or country? ___Yes ___No If yes, list the State, License Number and Issue Date of license. Please include permanent, temporary, training, provisional, limited or permit. Verification is required for each. Attach separate 8 ½ x 11 sheet if necessary.</p>					
State		License Number		Issue Date	

Name (Printed or typed):

SS#:



Louisiana State Board of Medical Examiners

P. O. Box 30250, New Orleans, LA 70190-0250
Telephone: (504) 568-6820

Third Party Authorization

I understand and acknowledge that the submission of an application to, as well as the acceptance or maintenance of, any license, permit, certificate and/or registration (hereinafter referred to as a "license") issued by the Louisiana State Board of Medical Examiners (the "Board") shall constitute and operate as a perpetual authorization by me to each educational institution at which I have matriculated, each state or federal agency to which I have applied for any license, permit, certificate and/or registration, each person, firm, corporation, clinic, office or institution by whom or with whom I have been employed in the practice of medicine or as an allied health professional, each physician or other health care practitioner whom I have consulted or seen for diagnosis or treatment and each professional organization or specialty board to which I have applied for membership, to disclose and release to the Board any and all information and documentation concerning me which the Board may deem material to the consideration of my initial application and during such period as I may hold or maintain a license. With respect to any such information or documentation, the submission of an application to or the acceptance or maintenance of a license from the Board shall equally constitute and operate as a consent by me to the disclosure and release of such information and documentation and as a waiver by me of any privilege or right of confidentiality which I would otherwise possess with respect thereto.

By submitting an application or accepting or maintaining a license issued by the Board, I shall be deemed to have given my consent to submit to physical or mental examinations if, when and in the manner so directed by the Board and to have waived all objections as to the admissibility or disclosure of findings, reports or recommendations pertaining thereto on the grounds of privileges provided by law. I acknowledge that the expense of any such examination shall be borne by me.

The submission of an application or the acceptance or maintenance of a license from the Board shall also constitute and operate as perpetual authorization and consent by me to the Board to disclose and release any information or documentation set forth in or submitted with my application, or which then or at any time thereafter may be obtained by the Board from other persons, firms, corporations, associations or governmental entities, to any person, firm, corporation, association or governmental entity having a lawful, legitimate and reasonable need therefor, including, without limitation, the medical and/or allied health professional licensing, permitting, certifying and/or registering authority of any state; the Federation of State Medical Boards of the United States; professional organizations, associations and societies; the American Medical Association and any component state, county or parish medical society, including but not limited to the Louisiana State Medical Society and component parish societies thereof; the American Osteopathic Association; the Louisiana Osteopathic Medical Association; the Federal Drug Enforcement Agency; the Louisiana Office of Narcotics and Dangerous Drugs, Office of Licensing and Registration, Department of Health and Hospitals; federal, state, county or parish and municipal health and law enforcement agencies and the Armed Services.

I understand that this authorization and consent is valid commencing on the date herein below subscribed and that such will remain in force and effect until and unless I withdraw my application for, or no longer possess or maintain, a license issued by the Board. I also acknowledge that a duplicate of this document may serve as an original.

Signature: _____
Full Name

**TO BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn to before me this _____ day

of _____, 20 _____.

Notary Public

Seal

MY COMMISSION EXPIRES _____

Name (Printed or typed):

SS#:



Louisiana State Board of Medical Examiners

P. O. Box 30250, New Orleans, LA 70190-0250
Telephone: (504) 568-6820

OATH OR AFFIRMATION

Answer the following questions (Yes answers must be explained in sworn affidavit -AFFIDAVIT MUST BE TYPED!)

Table with 15 rows of questions and two columns for YES and NO answers.

OATH OR AFFIRMATION OF APPLICANT

I HEREBY swear or affirm that all statements made and information provided in or with this application are true, correct and complete; that I am the person named in the credentials herewith presented and that I am the original and lawful possessor of such documents; that the photograph submitted to LSBME is a true likeness of me and that it was taken within the last 60 days; that in consideration of the issuance to me of a license/certificate to practice in Louisiana, I swear that I shall observe, abide by and uphold the laws of the State of Louisiana governing my practice and that I shall abstain from unethical, deceptive and fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and that I shall not associate professionally with nor become a partner or employee of any person who resorts to such practices. I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said license/certificate and surrender of the rights and privileges accorded me thereunder.

Signed _____ Full Name

Subscribed and sworn to before me this _____ day
of _____ YEAR _____

NOTARY PUBLIC

My commission expires _____

Name (Printed or typed):

SS#:

Louisiana State Board of Medical Examiners

P. O. Box 30250, New Orleans, LA 70190-0250
Telephone: (504) 568-6820



****To be completed if applying based on reciprocity****

VERIFICATION / ENDORSEMENT

Section 1: To Applicant— Complete Section 1 of this form and forward it to the licensing agency of each state in which you have ever obtained licensure/certification, whether permanent or temporary. If necessary, this form may be duplicated.

I hereby authorize the licensing agency of the State of _____ to release all information on file concerning me, favorable or otherwise, to the Louisiana State Board of Medical Examiners.

TYPE OR PRINT YOUR FULL NAME

SIGNATURE

LICENSE NUMBER AND DATE ISSUED

ADDRESS

SOCIAL SECURITY NUMBER

CITY, STATE, ZIP CODE

Section 2: THE SECTION BELOW IS TO BE COMPLETED BY THE VERIFYING/ENDORING STATE and returned to the Louisiana State Board of Medical Examiners, P.O. Box 30250, New Orleans, LA 70190-0250. This form is NOT to be returned to the Applicant.

A. This is to certify that the records of the licensing Board of the State of _____ indicate that the above-named individual was issued license/certificate No. _____ dated _____ on the basis of written examination (state name of examination) _____; reciprocity with the state of _____; other basis (please name) _____.

B. If State Board Examination, provide statement of grades or attach hereto.

C. Provide the following:

- 1. Is this license/certificate current? Yes No Cannot Divulge
- 2. Is this license/certificate in good standing? Yes No Cannot Divulge
- 3. Has this individual ever been warned or reprimanded? Yes No Cannot Divulge
- 4. Has this individual license/certificate ever been revoked? Yes No Cannot Divulge
- 5. Has this individual license/certificate ever been suspended? Yes No Cannot Divulge
- 6. Has this individual license/certificate ever been placed on probation? Yes No Cannot Divulge
- 7. Has this individual license/certificate ever been restricted in any manner? Yes No Cannot Divulge
- 8. Has this individual ever had any charges filed against him/her? Yes No Cannot Divulge
- 9. Do you know of any information that may be a discredit to this person? Yes No Cannot Divulge
- 10. Do your files indicate any derogatory information whatsoever? Yes No Cannot Divulge

REMARKS

Date

Signature

Title

BOARD SEAL

Name and address of licensing agency

NOTE TO BOARD COMPLETING THIS FORM: If answer to 1 or 2 is "No", or 3 through 10 is "Yes", explain and attach certified copies of pertinent material (i.e., Notice of Hearing, Final Decision, Consent Order/Agreement, etc.).

Name (Printed or typed):

SS#:



Louisiana State Board of Medical Examiners

P. O. Box 30250, New Orleans, LA 70190-0250
Telephone: (504) 568-6820

CERTIFICATE OF MEDICAL/PROFESSIONAL SOCIETY (MD/DO only)

To be completed by the local county/parish medical/professional society and returned to the Louisiana State Board of Medical Examiners, Office of Licensure, P. O. Box 30250, New Orleans, LA 70190-0250. DO NOT RETURN TO APPLICANT.

I hereby certify that _____
is a member in good standing of this society.

Name of Society Signature of Executive Officer

Address Title

Date

SOCIETY SEAL
(If no seal, please so state)

NOTE: If you are not a member of your local county medical/professional society, explain why you are not:

CHARACTER RECOMMENDATIONS (SEE INSTRUCTIONS FOR REQUIREMENTS)

I hereby certify that I have known _____ for at least six (6) months and that to the best of my knowledge he/she is a person of good moral and professional character and is not addicted to intoxicants or habit forming drugs.

1.
Name
Street Address
City/State/Zip Code
Signature Date

2.
Name
Street Address
City/State/Zip Code
Signature Date