

MARYLAND BOARD OF PHYSICIANS
P.O. BOX 37217
BALTIMORE, MD 21297
410-764-4705; 1-800-492-6836 ext. 4705
www.mbp.state.md.us

APPLICATION FOR INACTIVE STATUS

Instructions and Important Information

Accuracy in Completing the Required Form: Read carefully and thoroughly the instructions and requirements in the application packet before completing and submitting the application form.

Authority: Maryland Health Occupations Code Annotated §14-320 and COMAR 10.32.01.05

1. Eligibility: Submit this application only 1) if your Maryland medical license is active and unrestricted or; 2) during the late renewal period, (October 1 through November 30), immediately following the expiration of your medical license on September 30th. Do not submit this application after November 30th if your license is Non-Renewed or Expired.
2. Complete Application: A complete application consists of the following:
 - a. A fully completed application form.
 - b. The two portions of the current original license bearing your name, address, license number, and expiration date of your license. If you do not have one or both portions, please send a signed, dated and notarized letter to the Board explaining what happened to one or both portions of the license.
 - c. The permit to dispense prescription drugs, if applicable.
 - d. A one-time fee of \$50.00 (check or money order) made payable to the Maryland Board of Physicians. Mail application and payment to address above.

Payment of fee is a condition for application for inactive status. Any applicant who attempts to fulfill this requirement by submitting a check with insufficient funds has not complied with COMAR 10.32.01.05 (B). The Board will notify you upon receipt of a returned check. Failure to correct the deficiency may result in a mistakenly granted inactive status being declared null and void.

3. Further Investigation: The Board reserves the right to make further investigation as it may deem necessary in processing your application for inactive status.
4. Reinstatement of Maryland Medical Licensure: A physician whose license is on inactive status and who wishes to practice medicine in Maryland shall apply for reinstatement on a form supplied by the Board and meet all the requirements for reinstatement, including those for continuing medical education.
5. Change of Name/Address: Each licensee (including those on inactive status) must notify the Board in writing of any change in name or address within 60 days of the change. Failure to do so may subject you to an administrative penalty of \$100.00. (MD Health Occ. Code Ann. § 14-316(f)).

6. Practicing Medicine Without a License: A physician who does not have an active license is not authorized to practice medicine in Maryland. Any person who practices medicine in Maryland without a license is subject to a civil fine of not more than \$50,000.00 to be levied by the Board. (MD Health Occ. Code Ann. §§14-601, 606)
7. Certification: Read carefully each item of the certification on the application.
8. Affidavit of applicant: Complete this section in the front of a notary public. Make sure you and the notary public have completed this section accurately and completely.
9. Contact for Accommodations at the Board, based on Americans with Disabilities Act (ADA).

The Maryland Board of Physicians (the Board) supports the Americans with Disabilities Act and will provide this material in an alternative format to facilitate effective communication with sensory impaired individuals. (For example, braille, large print, audio tape)

If you need such accommodations, please notify the ADA designee at the Board, Ellen Douglas Smith, at (410)-764-2477 or Toll Free, 1-800-494-6836 (TTD For disabled: 800-735-2258).

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Fee: \$50.00

FOR BANK USE ONLY
DATE: ____ / ____ / 20__
CHECK NUMBER: _____
AMT PAID: \$ _____
NAME CODE: _____
APPID: 43

Medical License Number: _____

Name: _____
(Print) Last name and generational indicator, if applicable First name Middle name

Mailing Address: _____

Birth date: _____ Telephone Number: _____

Allied Health Professionals Supervised: List below the allied health professionals you supervise or with whom you have a collaborative agreement or delegation agreement, if applicable.

<i>Names</i>	<i>Profession</i>	<i>Certification/Registration Numbers</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attachments: Check all that apply:

- The two portions of the current, original license.
- Permit to dispense prescription drugs, if applicable (If you have a CDS license contact the Div. of Drug Control). Do not attach your CDS license to this application.
- I have not attached anything to this application because _____

(PLEASE ATTACH A SIGNED AND DATED LETTER TO THE BOARD EXPLAINING WHAT HAPPENED TO ONE OR BOTH PORTIONS OF THE LICENSE)

Certification: Please read this section carefully before signing your name.

I understand that:

- a. A licensee with an inactive license may not practice medicine within Maryland; prescribe medication within Maryland; or conduct peer reviews of physicians within Maryland.
- b. An inactive licensee may be denied restoration of active status subject to the hearing provisions of Health Occupations Article, §14-405, Annotated Code of Maryland, and subject to any of the grounds listed in Health Occupations Article, §14-404, Annotated Code of Maryland.
- c. The inactive status of a license holder does not deprive the Board of its authority to institute or continue a disciplinary proceeding against a licensee.
- d. Upon issuance of an inactive status, the physician's permit to dispense prescription drugs will also be void. The physician must return the permit along with this application.
- e. Upon issuance of an inactive status, the physician's Maryland Controlled Dangerous Substance (MCDS) registration will be void. The physician must return the MCDS registration card to the Division of Drug Control, 4201 Patterson Avenue, Baltimore, MD 21215. Contact them directly at 410-764-2890.
- f. A person may not practice medicine in Maryland without a medical license pursuant to Health Occupations Article, §14-601, 606. Any person who violates this provision is subject to a civil fine not to exceed \$50,000.00.
- g. A physician whose license is on inactive status and who wishes to practice medicine in Maryland shall apply for reinstatement on a form supplied by the Board and meet all the requirements, including the continuing medical education, that the Board may adopt for the purpose of reinstatement of a medical license.
- h. Each licensee (including those on inactive status) must notify the Board in writing of any change in name or address within 60 days of the change. Failure to do so may subject you to an administrative penalty of \$100.00. (MD Health Occ. Code Ann. Section 14-316 (f)).

I certify that the information in this application is true and accurate to the best of my knowledge.

Signature of Applicant

Date

Affidavit of Applicant (This must be completed in front of a notary public.)

_____, MD/DO of _____
Name of Applicant in print (county, city, state, country)

Signature of Applicant

Notary public's name in print

Notary public's signature

Notary public's commission expires on

Date of notarization