FOR OFFICE USE ONLY
Receipt #
ID #
Issue Date
License #

Rhode Island
Board of Medical Licensure and Discipline

Room 205
3 Capitol Hill
Providence, RI 02908-5097

Instructions and
License Application for:

☐ Allopathic Medicine

☐ Osteopathic Medicine

☐ Academic Faculty
(Limited Medical Registration)

Applicant – Print/Type Name (First/MI/Last)

☐ I am also applying for a RI Uniform Controlled Substance Registration (CSR) and I have attached the CSR application to this license application.

Phone: (401) 222-3855 **TTY/TDD: (800) 745-5555** **Fax: (401) 222-2158**

GENERAL INFORMATION

Components of the Application. The following materials and information should be enclosed within this application packet:

Instructions:

General Information ……. Instructions Pages 1-2
Instructions for Completing Board Application/Checklist …….. Instructions Pages 3-5

Uniform Application for Physician Licensure:

Online Application …… Online Application

Addenda:

Addendum Instructions ……. Addendum Page 1
Addendum 1 – Additional Questions …… Addendum Pages 2-4
ABMS Certification Codes ……... Addendum Pages 5-6
Addendum 2 – Hospital Privileges …… Addendum Page 7
Addendum 3 – Voluntary Race/Ethnicity Questions ……..... Addendum Page 8
Addendum 4 – Reciprocity Release Form (Licensure Verification)……...…….. Addendum Page 9
Addendum 5 – Reference Form …… Addendum Page 10
Addendum 6 – Mandatory Addendum to Licensure Application/ Verif. Of SSN… Addendum Page 11
Addendum 7 – Uniform Controlled Substances Act Registration (CSR) ……..... Addendum Page 12
Addendum 8 – Academic Faculty, Limited Medical Registration Applicants… Addendum Page 13

Licensure Requirements.

U.S./Canadian Graduates:

- Graduated from a medical school accredited by the Liaison Committee for Medical Education (LCME).
- Satisfactorily completed two (2) years of internship or residency by the Accreditation Council for Graduate Medical Education, Accreditation Committee of the Federation of the Medical Licensing Authority of Canada or the Royal College of Physicians and Surgeons of Canada.
- Satisfactorily passed a licensure examination approved by the Board.
- Met any other requirement(s) set forth by regulation or established by the Board.

Foreign Graduates:

- Successfully completed a course of study from a medical school located outside the United States which is recognized by the World Health Organization.
- Obtained ECFMG certification.
- Have attained a score satisfactory to a medical school approved by the Liaison Committee on Medical Education on a qualifying examination acceptable to the State Board for Medicine.
- Have satisfactorily completed three (3) years of internship or residency in a training program accredited by the Accreditation Council for Graduate Medical Education.
- Have satisfactorily passed a license examination approved by the Board.
- Met any other requirement(s) set forth by regulation or established by the Board.

Academic Faculty – Limited Medical Registration. Academic Faculty – Limited Medical Registration Applicants **MUST**:

- Be recommended by the Medical School Dean.
- Be appointed to Senior Rank at the Medical School.
- Renew yearly and reapply every five (5) years.
- Practice ONLY in hospital and facilities affiliated with the Medical School.

Rules and Regulations. The rules and regulations governing the Practice of Medicine and Limited Medical Registration can be obtained at the following web site:

http://www.health.ri.gov/hsr/bmld/regulations.php

Applicant Name: _____ Date: _____

Rhode Island General Laws pertaining to the Practice of Medicine can be obtained at the following web sites:

Medical Licensure http://www.rilin.state.ri.us/statutes/title5/5-37/index.htm

Controlled Substance Act http://www.rilin.state.ri.us/statutes/title21/21-28/index.htm

Application Process Overview. The licensure process in the State of Rhode Island is conducted jointly by the Rhode Island Board of Medical Licensure and Discipline (Board) and the Federation of State Medicine Boards' Federation Credentials Verification Service (FCVS). All licensure applicants must complete and submit a Board application and a separate FCVS application.

FCVS Application Process. For applicants who have an active and unrestricted license in another state, the Board may elect to consider granting licensure pending receipt of FCVS, provided the applicant has submitted documentation of payment to FCVS and a written statement confirming completion of the FCVS application packet.

To have your "core" credentials verified, you must submit an FCVS application directly to the Federation's national office (Texas). This application must be obtained by contacting FCVS toll free at **1-888-ASK-FCVS** (1-888-275-3287), or it can be downloaded at the Federation's web site at: http://www.fsmb.org

This verification process is conducted separately and independently by the FCVS in accordance with established policies and procedures set forth by the Board. Because the verification process is the most time consuming task, it is recommended that you submit this application as soon as possible. You will deal directly with FCVS for all aspects of this verification. **Do not contact the Board about your FCVS application**.

The FCVS will verify your applicable credentials from the original, primary source in the following categories (some may not apply):

- Medical Education (Including Fifth Pathway)
- Post Graduate Training
- Examination History
- Board Action History
- ECFMG Certification
- Identity

When all information is received and reviewed for accuracy, FCVS will forward directly to the Board in a non-interpretive "Physician Information Profile" containing certified photocopies of your credentials. For more information about the FCVS process, or if you need assistance completing the FCVS application, call FCVS toll free at **1-888-ASK-FCVS** (1-888-275-3287).

Uniform Application for Physician Licensure (UA): The Board has incorporated the Uniform Application (UA) into its Medical Licensing Application. This form will make it easier for physicians to apply for licensure in states that utilize this form (UA). The Rhode Island Board of Medical Licensure and Discipline is one of the first boards to incorporate the UA into its state license application.

Board Application Process. In addition to the FCVS application and verification process, you must submit additional information directly to the Board. The Board will use this information, along with the FCVS Profile, to assess your qualifications for licensure. Please allow a minimum of 8 weeks for the entire licensure process to be completed. If you have malpractice or disciplinary history, it can take an additional 2 or 3 months for all pertinent documentation to be received.

The Board meets during the first week of each month. Only applications which are complete, including all outside verifications, will be forwarded to the Board for review and issuance of a license. You are responsible for notifying the Board office, in writing, if your address changes in the interim.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your Board application, please contact Lauren Lasso at (401) 222-7887 or by email at LaurenD@doh.state.ri.us.

Applicant Name: _____ Date: _____

Instructions for Completing the Board Application

Read the following instructions and those throughout the online application carefully before completing the Board application. Failure to submit all required information and appropriate documentation may result in processing delays. All of the information provided is subject to change.

General Instructions.

1. Type your information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information. Be sure to print your name in the box provided on the cover page.
2. Provide a response to each section or questions; otherwise, mark "N/A" for Not Applicable.
3. We suggest that you make a copy of your completed application and addenda before submitting it to the Board.
4. **It is your responsibility to check on the status of your application**.

Completing Your Board Application.

1. **Fees**. Make a check or money order (in U.S. funds only) for the application fee of $570.00 (or $710.00 if you applying for your Controlled Substance Registration (CSR), payable to "Rhode Island General Treasurer" and staple it to the upper left-hand corner of the first (Top) page of the Application Instructions. These application fees are NON-REFUNDABLE. If you are applying for your CSR, you MUST submit the Board application at the SAME TIME as the CSR application.

   NOTE: These are Board Application Fees. The FCVS verification fee is an additional and separate fee paid directly to the FCVS.

2. **Complete the Online Application (Uniform Application, UA)**. Complete the online Uniform Application as instructed in each section. **Please make special note of the information and instructions appearing in light blue at the beginning of each section; as this information will instruct you on how to complete the section as well as any documentation that will need to be submitted to the Board. Please utilize the Checklist to ensure that you submit all required documentation.** You must respond to all components of the application as instructed.

   ****Please see below for specific instructions on completing certain sections of the online UA:**

   Malpractice & Liability Section: Report all medical malpractice court judgments, medical malpractice arbitration awards and settlements, within the past ten (10) years, in which payment was made to a complaining party.

   Special Notice about Malpractice Information: Pursuant to R.I.G.L.§ 5-37-9.2, the Rhode Island Board of Medical Licensure and Discipline must collect data regarding your malpractice history. You are required to report to the Board all actual settlement or jury verdict amounts in the past ten (10) years. The Board will not make actual settlement or verdict amount available to the public. I must report the fact that a payment was made and how it compared to other payments made in your specialty. For each incident you report, you must include documentation that verifies the date, place, reason and disposition of the matter.

   Forms & Affidavit Section: DO NOT COMPLETE THE LICENSURE VERIFICATION FORM. In lieu of this form, you will obtain licensure verification on the Reciprocity Release Form (Addendum 4, in the Addendum Section).

3. **State Addendums.** Complete the addenda as instructed. Print out the completed addenda and return to the Rhode Island Board. Please type or print all responses.

4. **National Practitioner Data Bank Report**. Submit a "self-query" of the National Practitioner Data Bank (NPDB). The application is a Practitioner Request for Information Disclosure, which can be obtained by calling the NPBD, or downloading it from the NPDB web site.

   Phone: 1-800-767-6732
   Web Site: http://www.npdb-hipdb.com

Applicant Name: _____ Date: _____

You must mail this completed form directly to NPBD. **When you receive a response, send the Board the ORIGINAL, UNOPENED response**. The Board must have this response in order to complete your application so you are encouraged to make this request as soon as possible.

The application process is not considered complete until your Board application, applicable forms and FCVS Physician Information Profile are received in a manner satisfactory to the Board. Neither the Board nor FCVS will accelerate processing of one application at the expense of others for any reason. Once completed, your application will be reviewed and you will be contacted in writing. Be advised that you may be required to appear for an interview. Please allow 7-10 working days following the Board meeting for you wallet size license cared to be mailed to you. [Note: You may not practice medicine in Rhode Island until you have received a license number.]

Complete all application materials as instructed and arrange them in order as they appear in the application checklist (Instructions Page 5). Do not submit an application without all applicable information, documentation and fee.
Mail these components of the application to:

Rhode Island Department of Health
Board of Medical Licensure & Discipline
Room 205, Three Capitol Hill
Providence, RI 02908-5097

Applicant Name: _____ Date: _____

Application Checklist

Please review the following checklist to ensure you have satisfied all components of the application process. Some items may not apply.

☐ I have carefully read RIGL 5-37 and R5-37REG available at:

http://www.rilin.state.ri.us/statutes/title5/5-37/index.htm
http://www.health.ri.gov/hsr/bmld/regulations.php

☐ I have completed the FCVS application, and submitted all required forms, documents, and fee directly to FCVS.

☐ I have a **check or money order** made payable (in U.S. funds only) to the "**Rhode Island General Treasurer**" in the amount of **$570.00 (or $710.00 with CSR Application)** and have attached it to the upper left-hand corner of the first (Cover/Top) page of the application instructions.

☐ I have read and understand the "Instructions for Completing the Board Application."

☐ I have read and understand the "Special Notice about Malpractice Information." (Instructions Page 3, Completing your Board Application, #2)

☐ I have completed the **Online Rhode Island Board Application (UA)** as instructed in each section and submitted it to the Board.

- ☐ I have completed the **Affidavit and Authorization for Release of Information Form** (Forms & Affidavit Section of the Online UA). I have attached a color photograph of myself and the form has been notarized by a notary public.
- ☐ I did NOT complete the Licensure Verification Form (Forms & Affidavit Section of the Online UA), but will complete Addendum 4 (Addendum Page 9) in lieu of this form.

☐ I have completed **Addendum 1** (Addendum 1, Pages 2-4) as instructed.

- ☐ I have attached a copy(ies) of my ABMS Certificate(s).
- ☐ I have attached complete details of all "Yes" responses to Question #10.

☐ I have completed **Addendum 2** "**Hospital Privileges**" (Addendum 2, Page 7) as instructed.

☐ I have completed **Addendum 3** "**Voluntary Race/Ethnicity Questions**" (Addendum 3, Page 8) as instructed. This information is voluntary and will NOT affect your application in any way.

☐ I have completed and mailed **Addendum 4** "**Reciprocity Release Form**" (Addendum 4, Page 9) as instructed.

☐ I have completed and mailed **four (4) Addendum 5** "**Reference Form**" (Addendum 5, Page 10) as instructed.

☐ I have completed **Addendum 6** "**Mandatory Addendum to Licensure Application, Verification of SSN**" (Addendum 6, Page 11) as instructed.

☐ I have completed **Addendum 7** "**Rhode Island Uniform Controlled Substances Act Registration (CSR)"** (Addendum 7, Page 12) as instructed.

☐ I have completed **Addendum 8 "Academic Faculty – Limited Medical Registration Applicants Only"** (Addendum 8, Page 13) as instructed.

☐ I have arranged my Board Application materials in the following order:

1. Fee (Attached as instructed)
2. Completed Top/Cover of Application Instructions
3. Affidavit and Authorization for Release of Information Form
4. Completed Addendum 1, followed by a copy(ies) of the ABMS Certificate(s), followed by details of any "Yes" response to Question #10.
5. Completed Addendum 2 "Hospital Privileges"
6. Completed Addendum 3 "Voluntary Race/Ethnicity Questions"
7. Completed Addendum 4 "CSR Registration"
8. Completed Addendum 6 "Mandatory Addendum to Licensure Application, Verification of SSN"

Applicant Name: _____ Date: _____