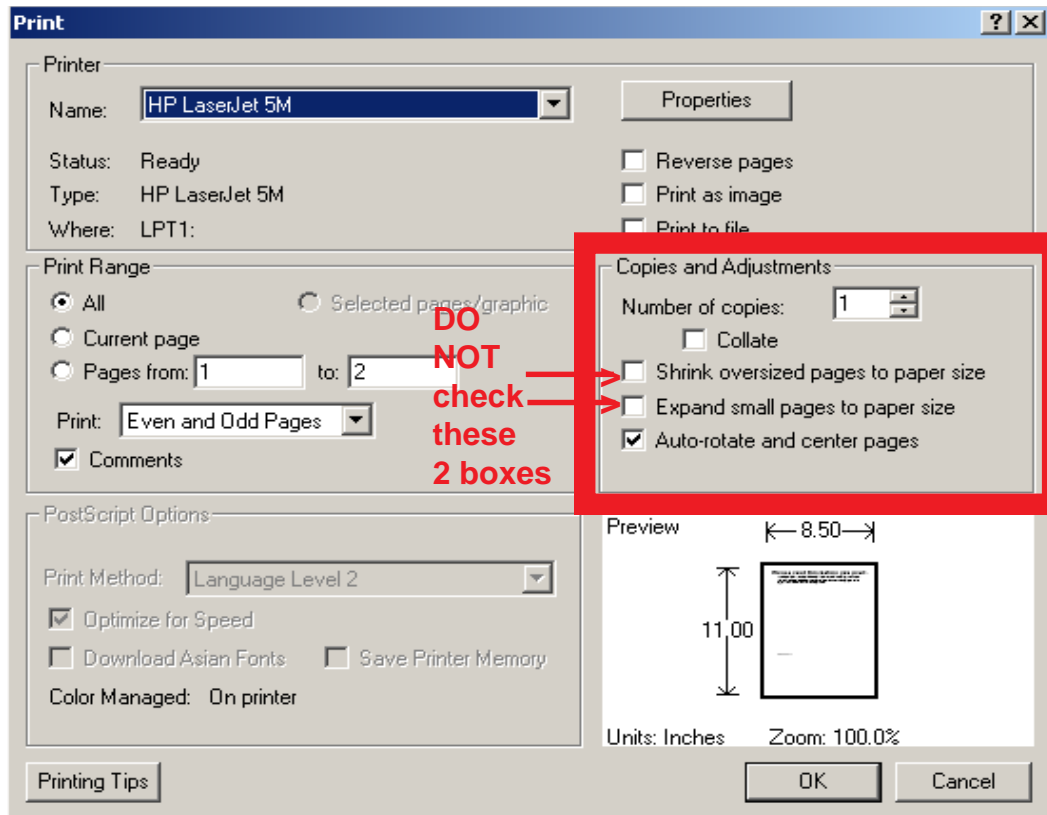


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance
 P.O. Box 1099
 Olympia, WA 98507-1099

A. Contents: Physician Initial License Application Packet

1. 657-079 .. Contents List/SSN Information/Deposit Slip	1 page
2. 657-090 .. Important Information	1 page
3. 657-004 .. Information/Instructions for Application for License To Practice Medicine	4 pages
4. 657-020 .. Application for License To Practice Medicine Applicable for MDs Only	4 pages
5. RCW 18.130.170	2 pages
6. RCW 18.130.180	2 pages
7. 657-100 .. Temporary Permit Request	2 pages
8. 657-099 .. Professional Liability Action History Form	1 page
9. 657-093 .. Request For Medical School Transcripts	1 page
10. Link to FSMB	1 page
11. 657-034 .. Post Graduate Training Program Verification Form	1 page
12. 657-008 .. State Medical License Verification Form	1 page
13. 657-017 .. Hospital Privilege Verification Form	1 page
14. Link to ECFMG	1 page
15. 657-002 .. Overview and Summary of Continuing Medical Education	3 pages

These are the standard forms you should find within this application packet. Any of the verification forms may be copied as needed. There are additional requirements for which there are no forms available; please read the instructions carefully in order to understand all that is required in order to be issued a license.

B. Important Social Security Number Information:

- * Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
- * Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



Physician & Surgeon (Initial)

DEPOSIT SLIP

NAME (Please Print)

DATE

Revenue Section
 P.O. Box 1099
 Olympia, Washington 98507-1099

Please note amount enclosed, and return with your application.

\$

- Check
 Money Order

DOH 657-079 (REV 7/2004)

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Application Information For License To Practice Medicine Applicable For MDs Only

Notice—This application is applicable to M.D.s only. Osteopathic physicians must contact the Board of Osteopathic Medicine and Surgery for an application at (360) 236-4943.

Important Information—All Applicants

Prior to applying for licensure, please read through carefully and consider all the following laws relating to applications:

- ▶ **RCW 18.130.180(2) Unprofessional conduct.** The following conduct, acts or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter: (2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
- ▶ **WAC 246-12-340 Refund of Fees.** Fees submitted with applications for initial credentialing, examinations, renewal, and other fees associated with the licensing and regulation of the profession are non-refundable.
- ▶ **WAC 246-919-300 Application withdrawals.** An application for a license may not be withdrawn after the commission or the reviewing commission member determines that grounds exist for denial of the license or for the issuance of a conditional license. Applications which are subject to investigation for unprofessional conduct or impaired practice may not be withdrawn.

After the application and appropriate fees have been received by the department, the applicant will periodically be notified of any deficiencies which may exist. Applicants should allow at least 6–8 weeks for documents to reach the department and be placed with the application once they have been requested. Applications will not be considered complete until all required supporting documents are in the department. Only complete applications will be referred for review, which will require at least 5 business days for processing a routine application for a final decision and an additional 30 days for a non-routine application. All information, documents, data, etc. provided to the department by the applicant shall be submitted in writing and will become a part of the file. Telephone information will not be accepted in place of written documentation.

It is the responsibility of the applicant to submit the correct forms to the appropriate entities for the purpose of obtaining verification information in support of the application for a physician license. Documents submitted in support of the application must be submitted directly from the originating source. **Copies of transcripts, post graduate certificates, licenses, hospital privileges, examination scores, ECFMG certificates will not be accepted.**

Applications pending after one (1) year will become invalid, along with the fee and any other supporting documentation. Should the applicant wish to pursue licensure after that time, it will be necessary to begin the process over with a new application, current fee, and all supporting documents.

Temporary Permits—A temporary permit can be issued if the applicant:

1. has been previously licensed from a recognized jurisdiction (listed on page two of the request form);
2. submits both the application fee of \$325.00 and temporary permit fee of \$50.00. Make checks payable to the Department of Health;
3. can answer no to personal data questions 1 through 13 on the application (excluding question #9 pertaining to malpractice);
4. has all state license verifications submitted that show the applicant is in good standing; and
5. is shown to be in good standing by the following reports: the American Medical Association (AMA) Physician Profile Report and the Federation of State Medical Boards (FSMB) Data Bank Clearance Report. These reports will be obtained by Department staff, however if staff is unable to obtain the reports electronically, the applicant will be required to submit requests and pay any applicable fees.

General Instructions—All Applicants: Completing Application

Please note: If you have ever held a license to practice medicine in the state of Washington, contact the office at one of the telephone numbers listed at the end of these instructions. The reinstatement of a license in this state is an entirely different process and requires different forms and fees.

1. Application Fee: \$325.00. Make checks payable to the Department of Health.
2. Completed application form. All post graduate programs, experiences and names and addresses of hospitals where privileges have been granted within the past five (5) years must be listed on the Professional Training and Experience section.
 - A. Current photograph, no larger than 2" by 2", front view, taken within one year. Do not submit instant polaroid photographs other than passport photos. The photograph must be signed and dated across the bottom.
 - B. Personal Data Section—any positive answers to this section must be accompanied by an appropriate explanation and the required documentation.
 - C. Malpractice information **must include** the nature of the case, date and summary of care given. The applicant must complete the Professional Liability Action History form. Also included must be copies of the settlement or final disposition. If pending, indicate status. If the case is rather old, you should be able to contact the county where it was filed to get documentation.
 - D. You must indicate complete chronology from the receipt of the medical degree to the time of application. This must include the month and year, and beginning and ending dates, whether part of medical practice or not. All time breaks of 30 days or more must be accounted for.
 - E. Professional Training and Experience—All applicable sections **must be** completed. If additional space is needed, you may then attach additional sheets. No C.V. or resume will be accepted in lieu of completing appropriate section of application.
 - F. AIDS affidavit must be initialed. AIDS training may include self study, direct patient care, courses, or formal training.
3. Medical School Transcripts (Form provided)—**Official transcripts** must be sent directly from the applicant's medical school to this office listing the dates of attendance, subjects completed, degree and date awarded. International medical school transcripts not in English must also be accompanied by official translations.
4. Post Graduate Training Verification (Form provided)—Applicants must verify all accredited post graduate training received in the United States or Canada. The minimum amount of training, if medical school graduation date is *after* to July 28, 1985, is two years of post graduate training in the United States or Canada; if medical school graduation date is *before* July 28, 1985, the minimum amount of training is one year of post graduate training in the United States or Canada. Verification must be completed by the program director and sent directly to this office. Verifications must include the beginning and ending dates of the training.
5. Licensing Examination Scores. Certification of examination must be sent directly from the office of record to this office. Applicants must have received a score of at least 75. The state of Washington does not require re-examination unless specifically requested by the Commission.
 - A. National Board Scores must be received directly from the National Board of Medical Examiners. You can obtain the request form through their website at:
<http://www.nbme.org/programs/nbmecert.asp>.
If you have difficulty accessing the form, you can contact the NBME at (215) 590-9592.
 - B. USMLE or FLEX scores must be received directly from the Federation of State Medical Boards. You can obtain the request form through their website at: <http://www.fsmb.org>
If you have difficulty accessing the form, you can contact the FSMB at (817) 868-4041.

- C. State Examinations must be certified and sent directly from the State Medical Board and include both Basic Science and medical subjects scores. State examinations from the states of Florida and Hawaii are *not accepted* by Washington State. The examination given in its entirety by the Board of Medical Examiners of Puerto Rico is accepted by Washington State.
 - D. LMCC must be received directly from the Medical Council of Canada, Le Conseil Medical du Canada, 2283, bl. St. Laurent Blvd., Suite 300, Ottawa, Ontario K1G 5A2, phone (613) 521-6012. A valid certificate must have been obtained after 1969.
6. State Licensure Verification (Form provided)—Applicant must verify **all** medical licenses they hold, or have held, in any other state, territory or possession of the United States or Canadian providence. Verification is required whether the license is active or inactive, and includes temporary and training licenses. Applicant should contact the state licensing authority for information on any fees for verification of licensure.
 7. Hospital Privilege Verification (Form provided)—Applicant must verify **all** hospitals where admitting or specialty privileges have been granted in the **past five years**. Verification must be received directly from the hospital. (This does not include post graduate training hospitals.) All hospital privileges connected with military practice experiences may be verified by the current duty station or, if no longer in active service, the Human Resource Command, 1 Reserve Way, St. Louis, MO 63132.

Locum Tenens: All hospital privileges of a 30 day or longer duration must also be verified.
 8. Reports: 1) the Federation of State Medical Boards Data Bank Clearance Report; and 2) the American Medical Association Physician Profile Report. These reports will be obtained by Department staff, however if staff is unable to obtain these reports electronically, the applicant will be required to submit requests and pay any applicable fees.

International Medical Graduates

NOTE: All documents must be translated to English.

In addition to the standard requirements previously stated, international medical graduates are also required to submit one of the following:

1. Educational Commission for Foreign Medical Graduates (ECFMG) Certification—Certification must be sent directly from the ECFMG to this office stating that the applicant has been issued a standard certificate with an indefinite status. Pursuant to WAC 246-919-340, ECFMG certification is not required if the applicant was issued a physician license in the United States prior to 1958 or completed a Fifth Pathway program (see below). The request for certification can be obtained through their website at:

<http://www.ecfm.org>
2. Fifth Pathway Applicants: Fifth Pathway programs are specifically designed to substitute for the year of public service required of students by international medical schools that meet the criteria defined by the AMA. Fifth Pathway applicants must submit evidence of successful completion of an accredited Fifth Pathway program. Dates of attendance and evaluations are to be sent directly from the program. The post graduate training verification form may be used for this purpose.

All documents not written in English must be translated. This may be done by a professional U.S. translating agency, consulate, the school program (using letterhead stationary), or a qualified and recognized translator. All translations **must be original** documents with the appropriate signatures and seals, and must be accompanied by a certified copy of the documents being translated. Original translations will be returned to the applicant if certified copies of the translations are also submitted.

Graduates of the University of Saigon, South Vietnam, may contact the American Medical Association, Medical School Services, 515 North State Street, Chicago, IL 60610 for verification of their medical school education and training as provided by the Faculty-Council-in-Exile. Other Vietnamese physicians may contact the American Medical Association for the appropriate individual to verify records of their schools.

Contact Information

Other circumstances:

International graduates who attended a medical school in a country at war (the conflict may be current or past) or in a country that harbors hostilities toward the United States, may have in their possession their own academic transcripts with identification that it was issued to the applicant directly from the school. That identification could either be an embossed seal or some other type of school authentication. The Department may accept this transcript from the applicant, make copies and certify its authenticity, and return the transcript to the applicant.

Applications and fees are to be sent to:

Department of Health
Medical Quality Assurance Commission
P.O. Box 1099
Olympia, WA 98507-1099

All other inquiries and documents should be directed to:

Department of Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

(360) 236-4785 (A-L)

(360) 236-4784 (M-Z)



Health Professions Quality Assurance
 P.O. Box 1099
 Olympia, WA 98507-1099
 (360) 236-4785
 (360) 236-4784

FOR OFFICE USE ONLY	
ISSUANCE DATE	
LICENSE #	

LICENSE #

Application For License To Practice Medicine Applicable For MD's Only

- National Boards
 Other State Exam
 LMCC (must have been obtained after 1969)
 FLEX Examination
 USMLE Examination

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

NOTE: Application fees are non-refundable. Make remittance payable to the Department of Health.

1. Demographic Information

APPLICANT'S NAME	LAST	FIRST	MIDDLE INITIAL
------------------	------	-------	----------------

ADDRESS

CITY	STATE	ZIP	COUNTY
------	-------	-----	--------

NOTE: The mailing address you provide will be the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-12-310, it is your responsibility to maintain a current mailing address on file with the Department.

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.)	SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 26.23 RCW)
()	— —

GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE (MO/DAY/YEAR)	PLACE OF BIRTH (CITY/STATE)
---	-------------------------	-----------------------------

Have you previously applied for a Washington State license or limited license? Yes No

Have you ever been known under any other name(s)? Yes No

If yes, list name(s):

HEIGHT	WEIGHT
EYE COLOR	HAIR COLOR
MEDICAL SCHOOL	YEAR OF GRADUATION
MEDICAL SPECIALITY	

Attach Current Photograph Here. Indicate Date Taken and Sign in Ink Across Bottom of the Photo.

NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

2. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain.

“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, HIV disease, tuberculosis, drug addiction and alcoholism.

1a. If you answered “yes” to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

1b. If you answered “yes” to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered “yes” to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in “1b” so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain.

“Currently” means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.

“Chemical substances” includes 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.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?

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

“Currently” means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.

“Illegal use of controlled substances” means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

a. the use or distribution of controlled substances or legend drugs?

b. a charge of a sex offense?

c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)

6. Have you ever been found in any civil, administrative or criminal proceedings to have:

a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself?

b. committed any act involving moral turpitude, dishonesty or corruption?

c. violated any state or federal law or rule regulating the practice of a health care professional?

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, explain and provide copies of all judgments, decisions, and agreements.

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority?

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?

2. Personal Data Questions (Continued)

YES NO

10. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?
11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?
12. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?
13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?

3. Education And Experience

Provide a chronological listing of your educational preparation and post-graduate training.
(Attach additional 8 1/2 X 11 sheets if necessary.)

Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of Years Attended	Dates Attended		Diploma or Degree Obtained (Quote titles in original language and translate to English.)
		From (mo/yr)	To (mo/yr)	
Medical Education (List all Medical Schools Attended)				
Post-Graduate Training (List all Programs Attended)				

4. Professional Experience

In chronological order list all professional experience received since graduation from medical school to the present.
(Exclude activities listed under other sections, identify any periods of time break of 30 days or more.)
(Attach additional 8 1/2 X 11 sheets if necessary.)

	Dates of Experience	
	From (mo/yr)	To (mo/yr)

5. Hospital Privileges

List hospitals in the U.S. or Canada where hospital privileges have been granted within the past five (5) years.
(Attach additional 8 1/2 X 11 sheets if necessary.)

NAME OF HOSPITAL (For locum tenens, enter only those of a 30 day or longer duration. See instructions regarding reports and verification.)	Dates	
	Beginning (mo/yr)	Ending (mo/yr)

6. Licenses In Other States

List all licenses to practice medicine in any state, Canadian province or other country.
(Include whether active or inactive.)

State, County or Province	Date License Issued	License Number	Basis of Licensure		Status of License		Any Limitations on License
			Examination (Date Passed)	Endorsement	Active	Inactive	
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes

7. Fifth Pathway (foreign-trained applicants only) (Attach additional 8 1/2 X 11 sheets if necessary.)

Name and Location of Fifth Pathway Program	Name and Location of Hospital	Dates Attended	
		Beginning (mo/yr)	Ending (mo/yr)

8. AIDS Affidavit

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and the psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my registration may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE

9. Applicant's Attestation

I, _____, certify that I am the person described and identified in
Name of Applicant

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

Signature of Applicant

Date

<p>Official Use Only</p> <p>Washington State Records Center</p>

RCW 18.130.170 Capacity of license holder to practice—Hearing—Mental or physical examination—Implied consent.

(1) If the disciplining authority believes a license holder or applicant may be unable to practice with reasonable skill and safety to consumers by reason of any mental or physical condition, a statement of charges in the name of the disciplining authority shall be served on the license holder or applicant and notice shall also be issued providing an opportunity for a hearing. The hearing shall be limited to the sole issue of the capacity of the license holder or applicant to practice with reasonable skill and safety. If the disciplining authority determines that the license holder or applicant is unable to practice with reasonable skill and safety for one of the reasons stated in this subsection, the disciplining authority shall impose such sanctions under RCW 18.130.160 as is deemed necessary to protect the public.

(2)(a) In investigating or adjudicating a complaint or report that a license holder or applicant may be unable to practice with reasonable skill or safety by reason of any mental or physical condition, the disciplining authority may require a license holder or applicant to submit to a mental or physical examination by one or more licensed or certified health professionals designated by the disciplining authority. The license holder or applicant shall be provided written notice of the disciplining authority's intent to order a mental or physical examination, which notice shall include: (i) A statement of the specific conduct, event, or circumstances justifying an examination; (ii) a summary of the evidence supporting the disciplining authority's concern that the license holder or applicant may be unable to practice with reasonable skill and safety by reason of a mental or physical condition, and the grounds for believing such evidence to be credible and reliable; (iii) a statement of the nature, purpose, scope, and content of the intended examination; (iv) a statement that the license holder or applicant has the right to respond in writing within twenty days to challenge the disciplining authority's grounds for ordering an examination or to challenge the manner or form of the examination; and (v) a statement that if the license holder or applicant timely responds to the notice of intent, then the license holder or applicant will not be required to submit to the examination while the response is under consideration.

(b) Upon submission of a timely response to the notice of intent to order a mental or physical examination, the license holder or applicant shall have an opportunity to respond to or refute such an order by submission of evidence or written argument or both. The evidence and written argument supporting and opposing the mental or physical examination shall be reviewed by either a panel of the disciplining authority members who have not been involved with the allegations against the license holder or applicant or a neutral decision maker approved by the disciplining authority. The reviewing panel of the disciplining authority or the approved neutral decision maker may, in its discretion, ask for oral argument from the parties. The reviewing panel of the disciplining authority or the approved neutral decision maker shall prepare a written decision as to whether: There is reasonable cause to believe that the license holder or applicant may be unable to practice with reasonable skill and safety by reason of a mental or physical condition, or the manner or form of the mental or physical examination is appropriate, or both.

(c) Upon receipt by the disciplining authority of the written decision, or upon the failure of the license holder or applicant to timely respond to the notice of intent, the disciplining authority may issue an order requiring the license holder or applicant to undergo a mental or physical examination. All such mental or physical examinations shall be narrowly tailored to address only the alleged mental or physical condition and the ability of the license holder or applicant to

practice with reasonable skill and safety. An order of the disciplining authority requiring the license holder or applicant to undergo a mental or physical examination is not a final order for purposes of appeal. The cost of the examinations ordered by the disciplining authority shall be paid out of the health professions account. In addition to any examinations ordered by the disciplining authority, the licensee may submit physical or mental examination reports from licensed or certified health professionals of the license holder's or applicant's choosing and expense.

(d) If the disciplining authority finds that a license holder or applicant has failed to submit to a properly ordered mental or physical examination, then the disciplining authority may order appropriate action or discipline under RCW 18.130.180(9), unless the failure was due to circumstances beyond the person's control. However, no such action or discipline may be imposed unless the license holder or applicant has had the notice and opportunity to challenge the disciplining authority's grounds for ordering the examination, to challenge the manner and form, to assert any other defenses, and to have such challenges or defenses considered by either a panel of the disciplining authority members who have not been involved with the allegations against the license holder or applicant or a neutral decision maker approved by the disciplining authority, as previously set forth in this section. Further, the action or discipline ordered by the disciplining authority shall not be more severe than a suspension of the license, certification, registration or application until such time as the license holder or applicant complies with the properly ordered mental or physical examination.

(e) Nothing in this section shall restrict the power of a disciplining authority to act in an emergency under RCW 34.05.422(4), 34.05.479, and 18.130.050(7).

(f) A determination by a court of competent jurisdiction that a license holder or applicant is mentally incompetent or mentally ill is presumptive evidence of the license holder's or applicant's inability to practice with reasonable skill and safety. An individual affected under this section shall at reasonable intervals be afforded an opportunity, at his or her expense, to demonstrate that the individual can resume competent practice with reasonable skill and safety to the consumer.

(3) For the purpose of subsection (2) of this section, an applicant or license holder governed by this chapter, by making application, practicing, or filing a license renewal, is deemed to have given consent to submit to a mental, physical, or psychological examination when directed in writing by the disciplining authority and further to have waived all objections to the admissibility or use of the examining health professional's testimony or examination reports by the disciplining authority on the ground that the testimony or reports constitute privileged communications.

[1995 c 336 8; 1987 c 150 6; 1986 c 259 9; 1984 c 279 17.]

NOTES:

Severability—1987 c 150: See RCW 18.122.901.

Severability—1986 c 259: See note following RCW 18.130.010.

RCW 18.130.180 Unprofessional conduct.

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or

(d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;

(9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

- (11) Violations of rules established by any health agency;
- (12) Practice beyond the scope of practice as defined by law or rule;
- (13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
- (14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
- (15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
- (16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
- (17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
- (18) The procuring, or aiding or abetting in procuring, a criminal abortion;
- (19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
- (20) The willful betrayal of a practitioner-patient privilege as recognized by law;
- (21) Violation of chapter 19.68 RCW;
- (22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
- (23) Current misuse of:
 - (a) Alcohol;
 - (b) Controlled substances; or
 - (c) Legend drugs;
- (24) Abuse of a client or patient or sexual contact with a client or patient;
- (25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

[1995 c 336 § 9; 1993 c 367 § 22. Prior: 1991 c 332 § 34; 1991 c 215 § 3; 1989 c 270 § 33; 1986 c 259 § 10; 1984 c 279 § 18.]

NOTES:

Application to scope of practice—Captions not law—1991 c 332: See notes following RCW 18.130.010.

Severability—1986 c 259: See note following RCW 18.130.010.



Washington State Department of
Health
 Medical Quality Assurance Commission
 PO Box 47866
 Olympia, WA 98504-7866
 (360) 236-4785 (A-L)
 (360) 236-4784 (M-Z)

Temporary Permit Request

I hereby request a **ONE TIME ONLY Temporary Permit**. I understand that the temporary permit shall expire upon the issuance of a license, initiation of an investigation by the Commission, or 90 days, whichever occurs first.

 SIGNATURE

 DATE

 PRINT OR TYPE FULL NAME AND DATE OF BIRTH

 MAILING ADDRESS

 CITY

 STATE

 ZIP CODE

Please note: "WAC 246-12-340 Refund of Fees. Fees submitted with application for initial credentialing, examinations, renewal, and other fees associated with the licensing and regulation of the profession are non-refundable."

General Information

A Temporary Permit may be issued upon receipt of the following:

1. Must be licensed in a Recognized Jurisdiction (See list on page two);
2. Completed Application Form
 - a) Personal Data Questions 1-13 must ALL be negative (excluding #9 regarding malpractice);
3. Temporary Permit Request Form;
4. Application and Temporary Permit Fees paid (\$375.00)
5. A clear Federation of State Medical Boards (FSMB) data bank clearance report;
6. A clear American Medical Association (AMA Profile); and
7. Written verification from ALL states in which the applicant was or is licensed.

For Office Use Only

Approved

Disapproved

Review Date _____

 SIGNATURE

PERMIT NUMBER

DATE ISSUED

EXPIRATION DATE

General Information on Recognized Jurisdictions

Jurisdictions deemed to have licensing standards substantially equivalent to Washington's standards, with regard to post graduate training requirements are set out below.

If you are a US/Canadian physician who graduated BEFORE July 28, 1985 (requirement of 1 year of post graduate medical training), you must have a license in one of the following states:

Alabama	Idaho	Missouri	Oregon
Alaska	Illinois	Montana	Pennsylvania
Arizona	Indiana	Nebraska	Rhode Island
Arkansas	Iowa	Nevada	South Carolina
California	Kansas	New Hampshire	South Dakota
Colorado	Kentucky	New Jersey	Texas
Connecticut	Louisiana	New Mexico	Utah
Delaware	Maine	New York	Vermont
District of Columbia	Maryland	North Carolina	Virginia
Florida	Massachusetts	North Dakota	West Virginia
Georgia	Michigan	Ohio	Wisconsin
Guam	Minnesota	Oklahoma	Wyoming
Hawaii	Mississippi		

If you are a US/Canadian physician who graduated AFTER July 28, 1985 (requirement of 2 years of post graduate medical training), you must have a license in one of the following states:

Connecticut	Maine	Michigan	Nevada	New Hampshire
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If you are a Foreign Medical Graduate who graduated BEFORE July 28, 1985 (requirement of 1 year of post graduate medical training AND ECFMG Certification), you must have a license in one of the following states:

Alabama	Idaho	Missouri	Pennsylvania
Alaska	Illinois	Montana	Rhode Island
Arizona	Indiana	Nebraska	South Carolina
Arkansas	Iowa	Nevada	South Dakota
California	Kansas	New Hampshire	Tennessee
Colorado	Kentucky	New Jersey	Texas
Connecticut	Louisiana	New Mexico	Utah
Delaware	Maine	New York	Vermont
District of Columbia	Maryland	North Carolina	Virginia
Florida	Massachusetts	North Dakota	West Virginia
Georgia	Michigan	Ohio	Wisconsin
Guam	Minnesota	Oklahoma	Wyoming
Hawaii	Mississippi	Oregon	

If you are a Foreign Medical Graduate who graduated AFTER July 28, 1985 (requirement of 2 years of post graduate medical training AND ECFMG Certification), you must have a license in one of the following states:

Arizona	Kentucky	Montana	Ohio
Colorado	Louisiana	Nebraska	Oregon
Connecticut	Maine	Nevada	Rhode Island
Delaware	Maryland	New Hampshire	Tennessee
Georgia	Massachusetts	New Jersey	Texas
Hawaii	Michigan	New Mexico	Virginia
Idaho	Minnesota	New York	West Virginia
Indiana	Mississippi	North Carolina	Wyoming
Kansas	Missouri	North Dakota	



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MD

Washington State Medical Quality Assurance Commission Applicant's Professional Liability Action History

Applicant's Name: _____

Today's Date: _____

Please submit a **separate form for each past or current professional liability claim or lawsuit** which has been filed against you. (Photocopy this page as needed.) Only a legible and signed narrative which addresses all of the following details will be accepted.

- 1) Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. (Please submit additional pages of narrative if necessary.)

Date of occurrence: _____ Details: _____

- 2) Date suit or claim was filed: _____ Name and address of Insurance Carrier that handled the claim: _____

- 3) Your status in the legal action (primary defendant, co-defendant, other): _____

- 4) Current status of suit or other action: _____

- 5) Date of settlement, judgment, or dismissal: _____

- 6) If the case was settled out-of-court, or with a judgment, settlement amount attributed to you, please disclose amount. **(You must enclose a copy of final disposition of case—this includes dismissals.)** \$ _____

I verify the information contained in this form is correct and complete to the best of my knowledge:

 Signature

 Date

(This page intentionally left blank.)

Request For Medical School Transcripts

UNIVERSITY MEDICAL SCHOOL

ADDRESS

I am applying for licensure to practice medicine in the state of Washington. Please send a copy of my medical school transcripts (with the MD degree and date granted posted) directly to the Washington State Medical Quality Assurance Commission at the address below. Thank you for your assistance.

Department of Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

Applicant: Please complete the identifying information below to assist the registrar's office in processing your request.

Student Name: _____

Social Security Number: _____

Year of Graduation: _____

Birthdate: _____

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To obtain USMLE Exam Request Form, go to their website at:

<http://www.fsmb.org>

Click on “Transcript Requests”

Then click on “EBAHR form”

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TO: Post Graduate Training Program Director

FACILITY NAME

ADDRESS

RE: Verification/Evaluation of Training

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the post-graduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, **directly** to the address shown below. **All questions must be answered.**

APPLICANT (PRINT OR TYPE)

BIRTHDATE

SIGNATURE OF APPLICANT

1. _____ is or was engaged in postgraduate training in our program

from _____ to _____
BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)

in the field of

2. **At the time this individual was in training, was this program accredited through the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons, or the College of Family Physicians of Canada?** Yes No

3. **Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program?** Yes No

If yes, please explain _____

Return to:

Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

Signature _____

Title _____

Hospital _____

PLEASE TYPE OR PRINT

Address _____

Date _____

Telephone _____

(SEAL)

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TO: State Medical Licensing

NAME OF LICENSING AGENCY

ADDRESS

RE: Verification of License/Registration as a Physician

I am applying for a license to practice medicine as a physician and surgeon in the state of Washington and before my application can be reviewed, a verification of my licensure status in your state is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, **directly** to the address shown below. **Please note, all questions must be answered.**

APPLICANT (PRINT OR TYPE) _____
BIRTHDATE

SIGNATURE OF APPLICANT

This is verify that _____ was issued license number _____ on _____

1. Date license, registration, or certification expires _____

2. Have any complaints been lodged against the license? Yes No

3. Is there currently any investigation in process regarding the license? Yes No

4. Has any disciplinary activity taken place regarding this license? Yes No

If yes, please provide any information or documentation which may be released; i.e., charges and final disposition.

Return to:
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

(SEAL)

Signature _____

Print Name _____

Title _____

State _____

PLEASE TYPE OR PRINT

Address _____

Date _____

Telephone _____

(This page intentionally left blank.)



TO: Hospital Administration

HOSPITAL NAME

ADDRESS

RE: Verification and Evaluation of Privileges

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification of my employment, with evaluations, is required. I am authorizing the release of and would appreciate you providing the information **directly** to the address shown below at your earliest convenience. **All questions must be answered.**

APPLICANT (PRINT OR TYPE)

BIRTHDATE

SIGNATURE OF APPLICANT

1. _____ now has/has had admitting or speciality privileges at this hospital

from _____ to _____
BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)

2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration?

Yes No

If yes, please explain

3. Has the applicant ever been asked to resign? Yes No

If yes, please explain

Return to:

Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

(SEAL)

Signature _____

Title _____

Hospital _____

PLEASE TYPE OR PRINT

Address _____

Date _____

Telephone _____

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Link to ECFMG Certification Request form:

<http://www.ecfmg.org/2002ib/ibcert.html#confirmstatus>

Click on “appropriate request form”

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Overview and Summary Of Physician Rules Governing Mandatory Continuing Medical Education

WAC 246-12-170 When is continued education required? Continuing education is required for renewal of a credential only if authorized in law. The regulatory entity defines the continuing education requirements. Practitioners should refer to the laws and rules relating to their profession to determine if continuing education is required.

WAC 246-919-430 General Requirements. (1) Licensed physicians must complete two hundred hours of continuing education every four years as required in chapter 246-12 WAC, Part 7.

(2) In lieu of two hundred hours of continuing medical education the commission will accept a current physician's recognition award of the American Medical Association, or a current certificate from any specialty board approved by the American Board of Medical Specialties (AMBS) which is considered by the specialty board as equivalent to the two hundred hours of continuing medical education required under WAC 246-919-430(1). The commission will also accept certification or recertification by a specialty board as the equivalent of two hundred hours of continuing medical education. A list of the approved specialty boards are designated in the 1995 Official American Boards of Medical Specialty Director of Board Certified Medical Specialist and will be maintained by the commission. The list shall be made available upon request. The certification must be obtained in the four years preceding application for renewal.

WAC 246-919-450 Categories of creditable continuing medical education activities. The following are categories of creditable continuing medical education activities approved by the commission.

Category I—Continuing medical education activities with accredited sponsorship

Category II—Continuing medical education activities with nonaccredited sponsorship (maximum of 80 hours)

Category III—Teaching of physicians or allied health professionals (maximum of 80 hours)

Category IV—Books, papers, publications, exhibits (maximum of 80 hours)

Category V—Self-directed activities: Self-assessment, self-instruction, specialty board examination preparation, quality of care and/or utilization review (maximum of 80 hours)

WAC 246-919-460 Continuing medical education requirement. (1) The credits must be earned in the forty-eight month period preceding application for renewal of licensure.

(2) **Category I: Continuing medical education activities with accredited sponsorship.** The commission has approved the standards adopted by the Accreditation Council for Continuing Medical Education or its designated intrastate accrediting agency, the Washington State Medical Association, in accrediting organizations and institutions offering continuing medical education programs, and will accept attendance at such programs offered by organizations and institutions so recognized as Category I credit towards the licensee's continuing medical education requirement for annual renewal of licensure. The licensee may earn all two hundred credit hours in Category I.

(3) **Category II: Continuing medical education activities with nonaccredited sponsorship.** A maximum of eighty credit hours may be earned by attendance at continuing medical education programs that are not approved in accordance with the provisions of Category I.

(4) **Category III: Teaching of physicians or other allied health professionals.** A maximum of eighty credit hours may be earned for serving as an instructor of medical students, house staff, other physicians or allied health professionals from a hospital or institution with a formal training program if the hospital or institution has approved the instruction.

(5) **Category IV: Books, papers, publications, exhibits.**

- (a) A maximum of eighty credit hours may be earned under Category IV, with specific subcategories listed below. Credit may be earned only during the forty-eight month period following presentation or publication.
- (b) Ten credit hours may be claimed for a paper, exhibit, publication, or for each chapter of a book that is authored and published. A paper must be published in a recognized medical journal. A paper that is presented at a meeting or an exhibit that is shown must be to physicians or allied health professionals. Credit may be claimed only once for the scientific material presented. Credit should be claimed as of the date materials were presented or published.

Medical editing cannot be accepted in this or any other category for credit.

(6) **Category V: Self-directed activities.**

- (a) A maximum of eighty credit hours may be earned under Category V.
- (b) Self-assessment: Credit hours may be earned for completion of a multimedia medical education program.
- (c) Self-instruction: Credit hours may be earned for the independent reading of scientific journals and books.
- (d) Specialty board examination preparation: Credit hours may be earned for preparation for specialty board certification or recertification examinations.
- (e) Quality care and/or utilization review: Credit hours may be earned for participation on a staff committee for quality of care and/or utilization review in a hospital or institution or government agency.

WAC 246-919-470 Approval not required. (1) It will be unnecessary for a physician to inquire into the prior approval of any continuing medical education. The commission will accept any continuing medical education that reasonably falls within these regulations and relies upon each individual physician's integrity in complying with this requirement.

(2) Continuing medical education program sponsors need not apply for nor expect to receive prior commission approval for a formal continuing medical education program. The continuing medical education category will depend solely upon the accredited status of the organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The commission relies upon the integrity of program sponsors to present continuing medical education that constitutes a meritorious learning experience.

WAC 246-12-180 How to prove compliance. If continuing education is required for renewal, the practitioner must verify compliance by submitting a signed declaration of compliance.

WAC 246-12-210 When is a practitioner exempt from continuing education? A practitioner may be excused from or granted an extension of continuing education requirements due to illness or other extenuating circumstances. The profession's regulatory entity determines when the requirements may be waived or may grant an extension.

WAC 246-12-220 How credit hours for continuing education courses are determined. A credit hour is defined as time actually spent in a course or other activities as determined by the regulatory entity as fulfilling continuing education requirements. A credit hour for time actually spent in a course can not be less than fifty minutes.

WAC 246-12-230 Carrying over of continuing education credits. Continuing education hours in excess of the required hours earned in a reporting period cannot be carried forward to the next reporting cycle.

WAC 246-12-240 Taking the same course more than once during reporting cycle. The same course taken more than once during the reporting cycle will only be counted once.

Certifications: Current certifications or recertifications by specialty boards may be used in lieu of 200

Commission Clarification

hours. The original certification may not be used more than once.

Waivers: Waiver requests are to be submitted with your renewal. The commission will not review any request unless it contains a detailed account of hours earned, and the reason for the request. The request should be submitted in sufficient time before the birthday to allow for processing time.

Residencies and Fellowships: These may be counted in Category I for 50 hours each year, up to 200 hours. A note should be made on the affidavit that the 200 hours are for a residency or fellowship. Fractional credits may be granted for years partially completed.

Category II: It is the responsibility of the physician to determine if his/her course work falls under Category I or II. Most hospitals are not CME accredited, so be sure to check with the hospital before reporting. Hospital staff meetings and specialty groups are some examples of Category II.

All fees should be directed to:

Department of Health
Medical Quality Assurance Commission
PO Box 1099
Olympia, WA 98507-1099

All other inquiries or documents should be directed to:

Department of Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)
(360) 236-4700 (Renewals at Customer Service Center)