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| --- |
| Name (Printed or typed):       SS#: |

**L**ouisiana **S**tate **B**oard of **M**edical **E**xaminers

**Oath or Affirmation:** INITIAL LICENSE - Telemedicine Permit

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

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|  |  | **Yes** | **No** |
| 1 | In the 5 years prior to this application have you had any physical injury or disease or mental illness or impairment, which could reasonably be expected to affect your ability to practice medicine or other health profession? ***You may answer no to this question if you are currently in the Physicians' Health Foundation of Louisiana and in good standing.*** |  |  |
| 2 | In the 5 years prior to this application have you been referred to or obtained treatment for a substance abuse disorder including alcohol abuse? ***You may answer no to this question if you are currently in the Physicians' Health Foundation of Louisiana and in good standing.*** |  |  |
| 3 | Have you **EVER** been arrested for, cited for, charged with, convicted of; or pled guilty to; or pled *nolo contendere* to, a violation of **ANY** municipal, state or federal statute?  I**nclude anything expunged or judicially removed for any reason.** (You ***do not*** have to report misdemeanor traffic offenses or traffic ordinance violations **unless** theyinvolve alcohol or drugs). |  |  |
| 4 | Have you failed a professional licensure or certification examination (any step/part of FLEX, USMLE, NBME, NBOME, COMLEX-USA, SPEX/COMVEX-USA or PMLexis)? |  |  |
| 5 | Has your application for any professional license, certificate, or registration been denied by any state licensing board or federal authority? |  |  |
| 6 | Has your professional license, certificate, or registration been the subject of investigation or revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action by any state licensing board or federal authority? |  |  |
| 7 | Have you voluntarily surrendered any professional license, or agreed with any licensing authority not to seek re-licensure in order to avoid disciplinary action, investigation or inquiry? |  |  |
| 8 | Was your application for staff or clinical privileges at any hospital, clinic, or other health care institution denied? |  |  |
| 9 | Were you the subject of an inquiry or investigation by any hospital, clinic, or other health care institution which resulted in the suspension, restriction, probation or other limitation on your affiliation or staff or clinical privileges; including remediation and/or non-disciplinary sanctions? |  |  |
| 10 | Did you surrender or fail to renew staff or clinical privileges, or did you leave employment at any hospital, clinic, or other health care entity in lieu of investigation, while under investigation or while you were the subject of disciplinary proceedings? |  |  |
| 11 | Were you the subject of disciplinary action, placed on academic probation, or asked to undergo additional training or remediation during your professional training (as a student, intern, resident, fellow, or other trainee)? |  |  |
| 12 | Did you leave any professional training program as defined above before completion? |  |  |
| 13 | Was your professional training program extended for any reason? |  |  |
| 14 | Has your participation in any private, federal or state health insurance program been terminated, non-renewed, denied, suspended, restricted, placed on probation, or are you the subject of a current investigation or proceeding by such entities? |  |  |
| 15 | Have you surrendered your state or federal controlled substances permit or registration? |  |  |
| 16 | Has your membership in a professional society been revoked, suspended, or disciplined or have you resigned membership while under investigation |  |  |
| 17 | In the 10 years prior to this application have any malpractice claims been settled by you or on your behalf? |  |  |
| 18 | Has any court determined you are currently in violation of a court’s judgment or order for the support of dependent children? |  |  |

**Effect of application;**

The submission of this application pursuant to chapter 3 § 408 F shall constitute and operate as an authorization and consent by the applicant to:

1. Submit to the jurisdiction of the board all matters set forth in the act or any applicable Louisiana law, as well as the boards rules ;
2. Produce medical or other documents, records or material and appear before the board upon written request ; and
3. Report to the board in writing within 30 days of any disciplinary action against the applicant’s:
4. license to practice in another state; or
5. Federal or state registration or permit to prescribe dispense or administer controlled substances or the voluntary surrender thereof while under the investigation by the issuing authorities.

***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 there under.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year\_\_\_\_\_\_\_\_\_\_\_

(Notary Seal)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NOTARY PUBLIC