**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS**

Renewals: 504/568-6820 (Auto Attendant) + 1

Main Number: 504/568-6820



# Physicians (MD/DO) & Acupuncturists

# Application/Renewal Packet

(Rev. 3 31 2022)

### Visit the LSBME Website at

[www.lsbme.la.gov](http://www.lsbme.la.gov)

#### Louisiana State Board of Medical Examiners-New Orleans, Louisiana

Physical & Application Processing Address: LSBME, 630 Camp Street, New Orleans, LA 70130

****

**SPECIALTY CODE DESCRIPTIONS**

**ADL** Adolescent Medicine

**AM** Aerospace Medicine

**A** Allergy

**AI** Allergy and Immunology

**AN** Anesthesiology

**BE** Broncho-Esophagology

**BLB** Blood Banking

**CD** Cardiovascular Diseases

**CCM** Critical Care Medicine

**D** Dermatology

**DMP** Dermatopathology

**DIA** Diabetics

**EM** Emergency Medicine

**END** Endocrinology

**REN** Endocrinology, Reproductive

**FP** Family Practice

**GE** Gastroenterology

**GP** General Practice

**GPM** General Preventive Medicine

**GER** Geriatrics

**GO** Gynecological Oncology

**GYN** Gynecology

**HEM** Hematology

**HYP** Hypnosis

**IG** Immunology

**DLI** Immunology, Diagnostic Lab

**IP** Immunopathology

**ID** Infectious Diseases

**IM** Internal Medicine

**LAE** Laryngology

**LM** Legal Medicine

**MFM** Maternal and Fetal Medicine

**MFS** Maxillofacial Surgery

**MM** Medical Microbiology

**NPM** Neonatal-Perinatal Medicine

**ND** Neoplastic Diseases

**NEP** Nephrology

**N** Neurology

**CHN** Neurology, Child

**NA** Neuropathology

**NM** Nuclear Medicine

**NR** Nuclear Radiology

**NTR** Nutrition

**OBS** Obstetrics

**OBG** Obstetrics-Gynecology

**OM** Occupational Medicine

**ON** Oncology

**RO** Oncology, Radiation

**OPH** Ophthalmology

**OT** Otology

**OTO** Otorhinolaryngology

**PTH** Pathology

**ATP** Pathology, Anatomic

**CMP** Pathology, Chemical

**CLP** Pathology, Clinical

**FOP** Pathology, Forensic

**PD** Pediatrics

**PDA** Pediatrics, Allergy

**PDC** Pediatrics, Cardiology

**PDE** Pediatrics, Endocrinology

**PHO** Pediatrics, Hematology-Oncology

**PNP** Pediatrics, Nephrology

**PDP** Pediatrics, Pulmonology

**PA** Pharmacology

**PM** Physical Medicine and Rehabilitation

**P** Psychiatry

**CHP** Psychiatry, Child

**PYA** Psychoanalysis

**PYM** Psychosomatic Medicine

**PH** Public Health

**PUD** Pulmonary Diseases

**R** Radiology

**RIP** Radioisotopic Pathology

**DR** Radiology, Diagnostic

**PDR** Radiology, Pediatric

**TR** Radiology, Therapeutic

**RHU** Rheumatology

**RHI** Rhinology

**AS** Surgery, Abdominal

**CDS** Surgery, Cardiovascular

**CRS** Surgery, Colon and Rectal

**FPS** Surgery, Facial Plastic, Oto.

**GS** Surgery, General

**HS** Surgery, Hand

**HNS** Surgery, Head and Neck

**NS** Surgery, Neurological

**ORS** Surgery, Orthopedic

**PDS** Surgery, Pediatric

**PS** Surgery, Plastic

**TS** Surgery, Thoracic

**TRS** Surgery, Traumatic

**U** Surgery, Urological

**VS** Surgery, Vascular

**OS** Other

**US** Unspecified

LSBME Renewal Fees[[1]](#footnote-1)

*\*Foreign checks will NOT be accepted.*

|  |  |  |
| --- | --- | --- |
| **Medicine & Surgery/DO/INST due on or before the last day of licensee’s birth month.** | | |
| MD/DO | Scheduled Renewal Fee  $332.00 | After Last Day of Your Birth Month  $632.00 |
| IF REDUCED FEE[[2]](#footnote-2) | Scheduled Renewal Fee  $150.00 | After Last Day of Your Birth Month  $300.00 |

|  |  |
| --- | --- |
| **Acupuncturists Due Date December 31.** | |
| ACU | Scheduled Renewal Fee  $100.00 |

**Louisiana Department of Health and Hospitals  
 Office of Public Health**

**IMPORTANT NOTICE:**

**Disease Reporting in Louisiana**

**September 2014**

**Dear Colleague:**

**We would like to remind you about the importance of reporting communicable diseases. In light of recent events, the importance of enhancing surveillance for infectious disease and illnesses compatible with biological/chemical events cannot be overstated. The list of reportable diseases and conditions is currently being amended to include selected biological agents that might be used in a terrorist event (see attached). In Louisiana, disease surveillance rests on reporting to the *Office of Public Health (OPH)*. All health care providers, including physicians, hospitals, and laboratories are required by law to report. The confidentiality of reports is protected by state law. The reports are used in several ways:**

* + **The surveillance data are used by *OPH* and various other health care providers for health planning, policy making, and research.**
  + **Individual case reports of certain diseases – such as tuberculosis and syphilis – receive follow-up by *OPH* to ensure that patients receive appropriate medical treatment and that their contacts receive appropriate preventive therapy.**
  + **Reports of some infectious diseases such as measles, salmonellosis, and vibrio infections can lead to identification of disease outbreaks that can then be controlled.**
  + **Reports also can be used to identify groups at high risk, prompting intervention efforts targeted at those groups.**
  + **Summaries of surveillance data are presented in our bimonthly newsletter,** **The Louisiana Morbidity Report,** [**http://new.dhh.louisiana.gov/index.cfm/newsroom/archives/126**](http://new.dhh.louisiana.gov/index.cfm/newsroom/archives/126)**, and in our Annual Summary Reports,** [**http://new.dhh.louisiana.gov/index.cfm/page/536**](http://new.dhh.louisiana.gov/index.cfm/page/536)**.**
  + **Rapid notification of potential bioterrorist events.**

**For easier reporting, we have installed a toll-free number for reporting diseases (1 800-256-2748). You can report by phone, or by facsimile transmission (504-568-8290). For forms and guidelines please see** [**http://new.dhh.louisiana.gov/index.cfm/page/1013**](http://new.dhh.louisiana.gov/index.cfm/page/1013)**. All facsimile transmissions are considered as part of the confidential disease case report, and as such, are not subject to disclosure. A website for the Infectious Disease Epidemiology Section, has been developed,** [**http://new.dhh.louisiana.gov/index.cfm/page/299**](http://new.dhh.louisiana.gov/index.cfm/page/299) **which includes disease and reporting information.**

**Thank you for your interest in the health of Louisiana’s citizens.**

**Sincerely,**

 **Raoult Ratard, MD, MPH&TM, MS  
State Epidemiologist**

**Sanitary Code - State of Louisiana   
Part II - The Control of Disease**

**LAC 51:II.105: The following diseases/conditions are hereby declared reportable with reporting requirements by Class:**

***Class A Diseases/Conditions - Reporting Required Within 24 Hours***

***Diseases of major public health concern because of the severity of disease and potential for epidemic spread-report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result is known; [in addition, all cases of rare or exotic communicable diseases, unexplained death, unusual cluster of disease and all outbreaks shall be reported.***

|  |  |  |  |
| --- | --- | --- | --- |
| Acute Flaccid Paralysis | Fish/Shellfish Poisoning (Domoic Acid, neuro- | Plague (*Yersinia pestis*) | Smallpox |
| Anthrax | toxic, Cigueatera, paralytic, Scombroid) | Poliomyelitis (paralytic & non-paralytic) | *Staphylococcus aureus*, Vancomycin Inter- |
| Avian or novel strain Influenza A (initial | Foodborne Infection | Q Fever (*Coxiella burnetii)* | mediate or Resistant (VISA/VRSA) |
| detection) | *Haemophilus influenzae* (invasive disease) | Rabies (animal and human) | Staphylococcal Enterotoxin B (SEB) |
| Botulism | Influenza-associated Mortality | Ricin Poisoning | Pulmonary Poisoning |
| Brucellosis | Measles (Rubeola imported or indigenous) | Rubella (congenital syndrome) | Tularemia (*Francisella tularensis*) |
| Cholera | N*eisseria meningitidis* (invasive infection) | Rubella (German Measles) | Viral Hemorrhagic Fever |
| *Clostridium perfringens (*foodborne infection) | Outbreaks of Any Infectious Disease | Severe Acute Respiratory Syndrome-associa- | Yellow Fever |
| Diphtheria | Pertussis | ted Coronavirus (SARS-CoV) |  |

***Class B Diseases/Conditions - Reporting Required Within 1 Business Day***

***Diseases of public health concern needing timely response because of potential of epidemic spread-report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.***

|  |  |  |  |
| --- | --- | --- | --- |
| Amoeba (free living infection: *Acanth-* | Chancroid | Hepatitis B (acute illness and carriage in | Malaria |
| *amoeba, Naegleria, Balamuthia,* others) | Dengue Fever | pregnancy) | Mumps |
| Anaplasmosis | *Escherichia coli*, Shig-toxin producing | Hepatitis B (perinatal infection) | Salmonellosis |
| Arthropod-Borne Neuroinvasive Disease | (STEC), including *E. coli* 0157:H7 | Hepatitis E | Shigellosis |
| (West Nile, St, Louis, California, Eastern | Granuloma Inguinale | Herpes (neonatal) | Syphilis¹ |
| Equine, Western Equine, others) | Hantavirus (infection or Pulmonary Syndrome) | Human Immunodeficiency Virus2 [(HIV), | Tetanus |
| Aseptic Meningitis | Hemolytic-Uremic Syndrome | infection in pregnancy] | Tuberculosis3 (*M. tuberculosis*, *M. bovis,* |
| Babesiosis | Hepatitis A (acute disease) | HIV2 perinatal exposure] | *M. africanum*) |
| Chagas Disease |  | Legionellosis (acute disease) | Typhoid Fever |

***Class C Diseases/Conditions - Reporting Required Within 5 Business Days***

***Diseases of significant public health concern-report by the end of the workweek after the existence of a case, suspected case, or a positive laboratory result is known.***

|  |  |  |  |
| --- | --- | --- | --- |
| Acquired Immune Deficiency Syndrome3 | Giardia | Listeria | Streptococcal Disease, Group A |
| (AIDS) | Glanders | Lyme Disease | (invasive disease) |
| Anaplasma Phagocytophilum | Gonorrhea¹ (genital, oral, ophthalmic, pelvic | Lymphogranuloma Venereum1 | Streptococcal Disease, Group B |
| Blastomycosis | inflammatory disease, rectal) | Meliodosis (*Burkholderia pseudomallei)* | (invasive disease) |
| Campylobacteriosis | Hansen’s Disease (leprosy) | Meningitis, Eosinophilic | Streptococcal Toxic Shock Syndrome |
| Chlamydial infection¹ | Hepatitis B (carriage, other than in pregnancy) | Nipah Virus Infection | *Streptococcus pneumoniae*, invasive disease |
| Coccidioidomycosis | Hepatitis C (acute illness) | Psittacosis | Transmissible Spongiform Encephalopathies |
| Cryptococcosis | Hepatitis C (past or present infection) | Spotted Fevers [Rickettsia species including | (Creutzfeldt-Jacob Disease & variants) |
| Cryptosporidiosis | Human Immunodeficiency Virus2 (HIV | Rocky Mountain Spotted Fever (RMSF)] | Trichinosis |
| Cyclosporiasis | (infection other than as in Class B) | *Staphylococcus aureus* (MRSA) | Varicella (chickenpox) |
| Ehrlichiosis (human granulocytic and mono- | Human T Lymphocyte Virus (HTLV I and II | invasive infection | Vibrio Infections (other than cholera) |
| cytic, *Ehrlichia chaffeensis)* | infection) | Staphylococcal Toxic Shock Syndrome | Yersiniosis |
| Enterococcus, Vancomycin Resistant[(VRE) | Leptospiriosis |  |  |
| invasive disease] |  |  |  |

***Class D Diseases/Conditions - Reporting Required Within 5 Business Days***

|  |  |  |  |
| --- | --- | --- | --- |
| Cancer | Heavy Metal (Arsenic, Cadmium, Mercury) | Pesticide-Related Illness or Injury (all ages)5 | Severe Undernutrition (severe anemia, |
| Carbon Monoxide Exposure and/or Poisoning5 | Exposure and/or Poisoning (all ages)5 | Phenylketonuria4 | failure to thrive) |
| Complications of Abortion | Hemophilia4 | Reye’s Syndrome | Sickle Cell Disease4 (newborns) |
| Congenital Hypothyroidism4 | Lead Exposure and/or Poisoning | Severe Traumatic Head Injury | Spinal Cord Injury |
| Galactosemia4 | (children)4, (adults)5 |  | Sudden Infant Death Syndrome (SIDS) |

Case reports not requiring special reporting instructions (see below) can be reported by mail or facsimile on Confidential Disease Report forms (2430), fascimile (504) 568-8290, telephone (504) 568-8313, or 1-800-256-2748 for forms and instructions.

¹Report on STD-43 form. Report cases of syphilis with active lesions by telephone, within one business day, to (504) 568-8374.

²Report to the Louisiana HIV/AIDS Program: Visit [www.hiv.dhh.louisiana.gov](http://www.hiv.dhh.louisiana.gov) or call 504-568-7474 for regional contact information.

3Report on CDC72.5 (f.5.2431) card

4Report to the Louisiana Genetic Diseases Program and Louisiana Childhood Lead Poisoning Prevention Programs: [www.genetics.dhh.louisiana.gov](http://www.genetics.dhh.louisiana.gov) or call (504) 568-8254.

5Report to the Section of Environmental Epidemiology and Toxicology: [www.seet.dhh.louisiana.gov](http://www.seet.dhh.louisiana.gov) or call 1-888-293-7020

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS**

LSBME, 630 Camp Street, New Orleans, LA 70130

(504) 568-6820 (Auto Attendant) + 1

#### MD/DO/ACU APPLICATION FOR LICENSE/CERTIFICATE RENEWAL

(Please allow 30 days for processing)

**READ CAREFULLY AND TAKE NOTICE:** This application and any subsequently issued license, permit, certificate, or other authority to practice in the State of Louisiana are subject to all Louisiana laws and administrative rules governing the practice of medicine and allied health. A copy of the laws and rules can be found on the LSBME website. All applicants are hereby PLACED ON NOTICE that they are responsible for knowing the laws and rules and for complying with them. By submitting this application, you expressly acknowledge and agree that you are responsible for knowing and complying with the laws and administrative rules governing the practice of licensure for which you are applying.

**Complete this form *PRIOR* to printing. It contains form fields to make it user friendly.**

Have you ever applied for a physician’s license in Louisiana prior to now? Yes No

Have you ever been licensed as a physician in Louisiana? Yes No

**Amount Due:**      *\*Foreign checks will NOT be accepted..*  **Due Date:**

|  |  |
| --- | --- |
| **Name and Mailing Address:** | **License #:**  **Credential Type:**  **Credential Status:** |

**INSTRUCTIONS:**

RENEWAL IS REQUIRED BY LAW ON OR BEFORE THE DUE DATE ABOVE.

FAILURE TO RENEW TIMELY MAY RESULT IN SUSPENSION FOR NON-RENEWAL. SEE SPECIAL INSTRUCTIONS FOR FORMS AND FEES.

**ADDRESSES: Must provide at least 1 physical address. Check to specify one Public and one Mailing address.**

|  |  |
| --- | --- |
| **\*Public Address:** Address that is posted on the LSBME Website. **\*Mailing Address:** Mailings from the LSBME will go to this address. | |
| **BUSINESS ADDRESS** **Public Address** **Mailing Address** | **PHONE:**        **FAX:**        **E-MAIL:** |
| **HOME ADDRESS Public Address Mailing Address** | **PHONE:**        **FAX:**        **E-MAIL:** |
| **OTHER ADDRESS Public Address Mailing Address**  (i.e., P.O. Boxes, Alt. Business Address, etc**)** | **PHONE:**        **FAX:**        **E-MAIL:** |

|  |  |
| --- | --- |
| **Are you a U.S. Citizen?** | |
| **YES –** Answer below | **NO –** Answer below |
| **Born in the U.S**. (OR)  **Naturalized** - Must provide a current copy of your paperwork. | **DO YOU CURRENTLY HOLD:**  **J1 Visa** - A copy of your DS-2019 will be required to renew your license.  **H1B Visa –** A copy of your I-94 form & a current passport will be required to renew your license.  **Permanent Resident Card –** A current copy will be required to renew your license.  **Employment Authorization Card –** A copy of this card & a current passport will be required to renew your license.  **OTHER –** Must provide a copy of your current citizenship document. |

|  |
| --- |
| **Controlled Substances Permit #’s**  DEA #:       Exp. Date:    Louisiana State CDS #: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SPECIALTIES: See “Code Descriptions”**  Specialty (1)       (2)       (3)       (4)  Certification Year (1)       (2)       (3)       (4) | | | | | | | |
| **CHECK APPLICABLE BOX**  *If partnership, corporation or institutional, provide name of legal entity.* | SOLO | GROUP | | MILITARY | | RESIDENT TRAINING | |
| PARTNERSHIP | | INSTITUTIONAL | | CORPORATION | | OTHER |

**By submitting this application, I expressly acknowledge that I understand and agree I am responsible for knowing and complying with the laws and administrative rules governing the practice of licensure for which I am applying. A copy of which are available for my review on the LSBME website.** [**CLICK HERE TO READ THE RULES BY SELECTING YOUR LICENSE CATEGORY**](https://www.lsbme.la.gov/licensure/rules)**.**

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130

**PHYSICIANS WHO EMPLOY PRIVATE RADIOLOGICAL** **TECHNOLOGISTS –**

You must complete this form for each Private Radiological Technologist that you employ. RETURN IN THE SAME ENVELOPE WITH ANNUAL RENEWAL FORM AND APPLICATION FEE

***LAC 46 XLV Subpart 2, Chapter 29, Subchapter B, Sec. 2917 of the Louisiana State Board of Medical Examiners’ rules governing the certification of Private Radiological Technologists requires that each physician who employs any person to perform diagnostic or therapeutic radiological examinations or treatments or both in his private office or in the clinic in which that physician practices shall report to the Board annually as a condition of issuance or renewal of that physician’s licensure to practice medicine in the state of Louisiana the following information for each person so employed. This form may be copied.***

PRIVATE RADIOLOGICAL TECHNOLOGIST

* Employee Name:
* License Number:
* Certification Number\*:
* Address at which diagnostic or therapeutic radiological examinations and/or treatments are performed:

* Initial date of employment as a Private Radiological Technologist:
* Exemption(s) Claimed:

1.  a. Physician licensed by the board to practice medicine in the State of Louisiana; or

b. Person licensed by the Radiologic Technology Board of Examiners.

2.  Person who performs the functions of a private radiologic technologist, but has been employed by the supervising physicians for less than six months shall be exempt from the requirements of Chapter 29 only for the first six months of such employment. NOTE: This temporary exemption shall not apply to anyone who has been employed previously as a private radiologic technologist or who has otherwise performed any radiological examination or treat­ment in the course of any previous employment.

**CERTIFICATION BY PHYSICIAN**

I hereby certify that this individual is proficient in, and is competent to perform the functions of a private radiologic technologist.

Date       Print Name:

License No.:       Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Only those individuals who have applied for certification have a certification number.

**Note:** Those individuals who are licensed by the Radiologic Technology Board of Examiners are exempt from the requirement of obtaining certification from the Louisiana Board of Medical Examiners.

|  |
| --- |
| **CME CERTIFICATION**    Every physician seeking the renewal or reinstatement of licensure is required to obtain annually 20 hours of Category 1 credit unless exempted. Physicians falling within any of the following categories are exempt:   * Initially licensed less than 1 year on the basis of examination; * Engaged in military service longer than one year’s duration outside of Louisiana; * Certified or recertified within the past year by a member board of the American Board of Medical Specialties; * Currently in a residency training or fellowship approved by the Board; * Retired physician in accordance with §418 of the rules.   As part of such CME requirement, physicians seeking to renew their license for the FIRST time must have attended a Board sponsored Orientation. (You can register [here](http://www.lsbme.la.gov/licensure/physicians/board-orientation).) Physicians who at the time of the initial renewal of medical licensure are residing and practicing in another state are exempt from attending the Board Orientation. However, in the event that the physician should return to Louisiana for the purpose of residing or practicing medicine, he must satisfy this requirement prior to the next renewal.  My signature certifies my understanding of the CME requirements for continued renewal of my license to practice medicine in Louisiana.  **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MD/DO ONLY Complete this section**

|  |  |  |
| --- | --- | --- |
| **Collaborative Drug Therapy Management –** Do you currently hold a CDTM permit? Yes No  If yes, check this box  to verify that your practice guidelines have not changed. | | |
| **OFFICE BASED SURGERY (OBS)** ― Do you perform surgical procedures in your office that require the administration of drugs that induce alteration of consciousness? Yes No **If yes**,  Is your facility accredited by any of the following organizations?  DHH Yes No  JCAHO Yes No  AAAASF Yes No  AAAH Yes No  What is the address of the facility you perform OBS?  Name(s) and license numbers of qualified monitoring personnel:  List type of procedures performed: | | |
| **TELEMEDICINE -** The practice of health care delivery, diagnosis, consultation, treatment, and transfer of medical data by a physician using interactive telecommunication technology that enables a physician and a patient located in this state separated by distance to interact via audio and/or video simultaneously. This does not apply to intraoperative monitoring, pathology or radiology.  Is Telemedicine utilized in your practice? Yes No **If Yes**,  Provide a brief description?  Are you associated or affiliated with a telemedicine company? Yes No **If yes,**  Provide the name of the company:  Does your telemedicine practice treat patients in Louisiana: Yes No **If yes,**  Individual Basis Hospital or Clinic - Name of Hospital or Clinic | | |
| **COLLABORATING PRACTICES:** Do you have a collaborating practice agreement with an APRN? Yes No If **yes**, complete below. | | |
| **Practitioner Name** | **Specialty** | **Address of primary practice location of APRN** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Controlled Dangerous Substance - Continuing Medical Education**

As per legislation passed in 2017, all practitioners with a Controlled Dangerous Substance (CDS) license in Louisiana are now required to complete at least **3** hours of Board approved continuing medical education (CME) that includes **ALL 4** of the below topics. This course is a once in a lifetime requirement under current law.  This 3 hour requirement will be considered a part of, and not in addition to, the prescriber’s annual CME requirement.

By checking the boxes below I certify that I have completed at least 3 hours of ***Board Approved*** CME covering the topics below. **The course(s) MUST be on the approved course list or it will not be accepted**. To see the list of approved courses go to [www.lsbme.la.gov](http://www.lsbme.la.gov). Click on *Orientations & Education,* then click on \***NEW** [Board Approved CME Courses for CDS Requirements](http://www.lsbme.la.gov/content/board-approved-cme-courses-cds-requirements).

**Best Practices**

**Chronic Pain**

**Diversion**

**Addiction Tx**

\*You must attach copies of your certificates of completion to this renewal.

If you have already submitted your certificate(s) of completion and they were approved, check the box below:

**Certificate(s) of completion previously submitted & approved**

**\*Exemption Requests\***

An authorized prescriber renewing his/her license for the first time may be excused from the CME requirement upon submission of a certification attesting that he/she has not prescribed, administered or dispensed any CDS in Louisiana during the entire year covered by the prescriber’s expiring license. The Board will verify the certification through the Louisiana Prescription Monitoring Program. An exempted licensee, who subsequently prescribes, administers or dispenses a CDS shall satisfy the CME requirement as a condition to license renewal for the year immediately following that in which the CDS was prescribed, administered or dispensed.

**Apply for an exemption –** Go to [www.lsbme.la.gov](http://www.lsbme.la.gov), click on *Orientations & Education,* then click on \***NEW** [Board Approved CME Courses for CDS Requirements](http://www.lsbme.la.gov/content/board-approved-cme-courses-cds-requirements) to download the exemption form (at the bottom of the page). You must attach the exemption request to this renewal.

If you have already submitted your exemption request and it was approved, check the below box:

**Exemption Request previously submitted & approved**

Name (Printed or typed):  SS#:

**Louisiana State Board of Medical Examiners**

630 Camp Street, New Orleans, LA 70130

Telephone: (504) 568-6820

Oath or Affirmation: **RENEWAL LICENSURE: Physicians**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 1 | **SINCE YOUR LAST RENEWAL -** 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 | **SINCE YOUR LAST RENEWAL -** 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 | **SINCE YOUR LAST RENEWAL -** Have you been cited, arrested, charged with, convicted of or pled guilty or nolo contendere to a violation of any municipal, state or federal statute **including any that have been expunged or judicially removed for any reason** with the exception of misdemeanor traffic offenses or traffic ordinance violations that do NOT involve the use of drugs or alcohol? |  |  |
| 4 | **SINCE YOUR LAST RENEWAL -** Has your application for any professional license, certificate, or registration been denied by any state licensing board or federal authority? |  |  |
| 5 | **SINCE YOUR LAST RENEWAL -** 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? |  |  |
| 6 | **SINCE YOUR LAST RENEWAL -** Have you voluntarily surrendered any professional license, or agree with any licensing authority not to seek re-licensure in order to avoid disciplinary action, investigation or inquiry? |  |  |
| 7 | **SINCE YOUR LAST RENEWAL -** Was your application for staff or clinical privileges at any hospital, clinic, or other health care institution denied? |  |  |
| 8 | **SINCE YOUR LAST RENEWAL -** 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? |  |  |
| 9 | **SINCE YOUR LAST RENEWAL -** Did you surrender or fail to renew staff or clinical privileges 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? |  |  |
| 10 | **SINCE YOUR LAST RENEWAL -** 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)? |  |  |
| 11 | **SINCE YOUR LAST RENEWAL -** 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? |  |  |
| 12 | **SINCE YOUR LAST RENEWAL -** Have you surrendered your state or federal controlled substances permit or registration? |  |  |
| 13 | **SINCE YOUR LAST RENEWAL -** Has your membership in a professional society been revoked, suspended, or disciplined or have you resigned membership while under investigation |  |  |
| 14 | **SINCE YOUR LAST RENEWAL -** Were any malpractice claims settled by you or on your behalf? |  |  |
| 15 | **SINCE YOUR LAST RENEWAL -** Has any court determined you are currently in violation of a court’s judgment or order for the support of dependent children? |  |  |

I hereby certify that to the best of my knowledge, all statements I have made in this application for renewal are true and correct.

Signed (no stamps) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Fees are not prorated (i.e. License received mid-year fee payable in full, next annual renewal payable in full) [↑](#footnote-ref-1)
2. See Application for Reduction in Renewal Fee for Physicians. LAC 46:XLV, Subpart 2, Chapter 3, Subchapter I, §418.

   (Rev. 040202) [↑](#footnote-ref-2)