**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS**

*Please forward application and fee to* LSBME*,* 630 Camp Street, New Orleans, LA 70130

Telephone (504) 568-6820

# Application for Reduction in Renewal Fee for Physicians

**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.

Certain physicians who are 70 years of age or older or who have withdrawn from the practice of medicine because of disability may be eligible and qualified for a reduction in the licensure renewal fee under the following conditions:

* Meet the requirements of paragraph A or B of LAC 46:XLV, Subpart 2, Chapter 3, Subchapter I, Section 418, as provided herein below.
* Complete the Renewal Form.
* Pay a renewal fee of one hundred fifty dollars ($150.00).
* Complete the Application for Reduction in Renewal Fee before a Notary Public.
* Return the *completed* Renewal Form, *notarized* Application for Reduction in Renewal Fee and one hundred fifty dollars ($150.00) to

**LSBME, 630 Camp Street, New Orleans, LA 70130**

NOTE: *A physician who has already forwarded the Renewal Form and the three hundred and thirty-two dollar ($332.00) renewal fee to the Board, may apply for the reduction by completing the bottom portion of this Application for Reduction in Renewal Fee before a Notary Public and return the form to the Louisiana State Board of Medical Examiners, 630 Camp St, New Orleans, LA 70130. Reimbursement will be made to the physician if the application is approved.*

Questions regarding this form may be directed to: Licensure Office, Louisiana State Board of Medical Examiners, 630 Camp Street, New Orleans, LA, 70130, Phone: (504) 568-6820 or Email: [licensing@lsbme.la.gov](mailto:licensing@lsbme.la.gov).

LAC 46:XLV, Subpart 2, Chapter, 3, Subchapter I, Section 418 provides:

1. The fee otherwise required for annual renewal of licensure will be reduced by one-half in favor of a physician who holds an unrestricted license to practice medicine issued by the board and who has, prior to the first day of the year for which such renewal will be effective:
2. attained the age of 70 years;
3. voluntarily surrendered to the issuing authorities his or her state license and federal registration to prescribe, dispense or administer controlled substances; and
4. made application to the board for such reduced licensure renewal fee, upon a form supplied by the board, verifying the conditions requisite to such reduced fee and consenting to revocation of any license renewed pursuant to this section upon a finding by the board that the licensee, following issuance of licensure renewal pursuant to this section, continued to hold, obtained or sought to obtain state licensure or federal registration to prescribe, dispense or administer controlled substances.
5. The fee otherwise required for annual renewal of licensure will be reduced by one-half in favor of a physician who holds an unrestricted license to practice medicine issued by the board and who has, prior to the first day of the year for which such renewal will be effective:
6. ceased to engage in the practice of medicine in any form in this state as a consequence of physical or mental disability;
7. voluntarily surrendered to the issuing authorities his or her state license and federal registration to prescribe, dispense, or administer controlled substances; and
8. made application to the board for such reduced licensure renewal fee, upon a form supplied by the board, verifying the conditions requisite to such reduced fee, including independent physician verification of the applicant's physical or mental disability, and consenting to revocation of any license renewed pursuant to this section upon a finding by the board that the licensee, following issuance of licensure renewal pursuant to this section, engaged or sought to engage in any manner in the practice of medicine in this state or continued to hold, obtained, or sought to obtain state licensure or federal registration to prescribe, dispense, or administer controlled substances.
9. A physician whose medical license is renewed pursuant to this section shall not thereafter engage or seek to engage in the active practice of medicine in this state or to prescribe, dispense, or administer controlled substances or other prescription medications except upon prior application to and approval by the board, which, in its discretion, as a condition to reinstatement of full licensure, may require that:
10. the physician take and successfully pass all or a designated portion of the FLEX or SPEX examination; and/or
11. physician provide medical documentation satisfactory to the board that the physician is then physically and mentally capable of practicing medicine with reasonable skill and safety to patients.

**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)**.**

**CERTIFICATION**

\_\_\_\_\_\_This is to certify that I meet the requirements for reduced fees under paragraph A of section 418.

\_\_\_\_\_\_This is to certify that I meet the requirements for reduced fees under paragraph B of section 418. Verification of my physical/mental disability from

my attending physician is attached. \_\_\_\_\_\_This is to certify that I have attached a copy of the document of surrender of my DEA license.

*Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_day of Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_. Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Notary Public*

*My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Affix Notary Seal*