



BOARD OF MEDICINE

Established 1890

4204 Boulder Ridge Rd Suite 260
Bismarck, ND 58503-6162

Phone (701) 450-4060 • Fax (701) 989-6392
www.ndbom.org

Petition for Uniquely Qualified License

1. Please indicate your specialty and detail how you will make a unique or special contribution to the practice of medicine in North Dakota.

2. Please detail what unique training or experience you have for obtaining a medical license. Please be specific whether the training or experience was obtained in the United States or in a different country.

3. Please outline the nature of length of your medical practice.

4. Please outline what postgraduate training or research you have engaged in. Please be specific where this postgraduate training or research was obtained and whether it was approved by an accrediting agency.

5. Are you ABMS/AOA Board Certified? If so, when was certification obtained and are you engaged in ongoing maintenance of certification?

6. Are you currently or ever been licensed in another State? If so, when was licensure obtained and do you have any history of discipline in the state?

Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.

7. Have any adverse actions been taken against you by any medical facility, including but not limited to performance improvement plans, reprimands, resignation in lieu of discipline, or any other restrictions, limitations, or removal of privileges or credentials?

8. Do you have any malpractice judgements or settlements or pending malpractice cases? If so, please describe when such judgement/settlement occurred, the amount of settlement, and an overview of the nature of the case and your involvement.

9. What U.S. or Canadian licensing exam(s) have you taken, such as the United States medical licensing examination (USMLE) or special purpose examination (SPEX)?

10. What other training, experience, research, or other information would you like the Board to know or consider as part of your petition for uniquely qualified license?

As part of your submission, please include a CV and [NPDB Report](#).

By signing this Petition, you attest that the information provided is true and accurate.

Physician Signature

(Date)