

North Dakota Board of Medicine
Paper License Renewal Form

General Information:

Name: _____ ND License # _____

Social Security #: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Use for correspondence: Business Address Home Address

Specialty 1: _____ ABMS Certified
 Yes No

Specialty 2: _____ Yes No

Specialty 3: _____ Yes No

Specialty 4: _____ Yes No

If your license has already expired, have you practiced medicine within the state of North Dakota, even on one occasion?

Yes No

Prescription Drug Monitoring Program (PDMP) Certification

I certify that I understand and will comply with Chapter 50-05-02 - PDMP Rule, even if it doesn't currently pertain to my practice.

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This information is the confidential property of the North Dakota Board of Medicine Investigative Panels.

If any of the questions below are answered "yes", you are required to provide full details.

Since you LAST applied for renewal of your ND medical license:

1. Have you had an application for a professional license denied? Yes No
2. Have you been investigated and/or disciplined by any licensing board, agency professional association or medical facility (**other than the North Dakota Board of Medicine**)? Yes No
3. Has any disciplinary action been instituted which could have affected or could now affect your license to practice in any state or foreign country? Yes No
4. Have you been subject to informal or formal proceedings by any licensing board, agency or professional association (**other than the North Dakota Board of Medicine**) to revoke, suspend, restrict or limit a professional license? Yes No
5. Have you been subject to informal or formal proceedings which might have resulted in the surrender of a state and/or federal narcotic registration certificate? Yes No
6. Have you had hospital privileges denied, removed or restricted, or limitations imposed on such privileges, or resigned hospital privileges to avoid such action? Yes No
7. Has your employment at any medical facility terminated for any reason? Yes No
8. Have you been convicted of any crime, felony or misdemeanor? (You must answer "yes", even if the imposition of sentence was deferred and the crime was later dismissed.) Yes No
9. Have you been arrested for, or charged with, any crime? Yes No
10. Have you been treated for any physical, mental or emotional condition which impaired or could be said to impair your ability to practice safely and competently? You may answer no to this question if you have a current contract with the North Dakota Professional Health Program (NDPHP) or a physician's health program in another state. Yes No
11. Do you currently have or since the time of your last application renewal have you had a dependency on the use of or engaged in the excessive or habitual use of alcohol or drugs which impaired or does impair your ability to practice medicine safely and competently? You may answer no to this question if you have a current contract with the North Dakota Professional Health Program (NDPHP) or a physician's health program in another state. Yes No

Signature: _____ Date: _____