

IMPORTANT INFORMATION REGARDING YOUR ND MEDICAL LICENSE

Your North Dakota medical license will expire on your **birth date** every **two years**.

Renewal notices are sent via email only so it is important to make sure you keep a valid email address on file with the Board. Please remember to go to our website at www.ndbom.org login to your dashboard, and click on "**Edit Contact Information**" to update your home and/or business address, phone # and email address. **The Board cannot correspond with you if you do not keep your information current with us.**

Please also note that under N.D.C.C. 43-17-24, licensees **must** maintain a permanent email and mailing address with the Board and must notify the Board, **in writing**, of the new contacting information within sixty days, or penalties and potential discipline may be imposed under law.

Please contact the Board office if you have any questions at 701-450-4060.

Thank you.



BOARD OF MEDICINE

Established 1890

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www.ndbom.org

Your ND medical license has been renewed through the IMLCC; however, the ND Board of Medicine requires you to answer the following questions and return to us via email briplinger@ndbom.org, fax or mail no later than 30 days from the issuance date of your license.

Since you **LAST** applied for renewal of your North Dakota License: (If any of the questions are answered “yes”, full details must be furnished on a separate sheet and made a part of your application).

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you had an application for a professional license denied? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been investigated and/or disciplined by any licensing board, agency, professional association, or medical facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your employment at any medical facility been terminated for cause including but not limited to results of unprofessional conduct or due to unfavorable peer review? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had hospital and/or clinic privileges denied, removed, or restricted or limitations imposed on such privileges or resigned hospital and/or clinic privileges to avoid formal action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been subject to informal or formal proceedings by any licensing board, agency, or professional association to revoke, suspend, restrict, deny or limit a professional license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you been named as a defendant or respondent in any malpractice proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been cited, arrested, charged, or convicted of any violation of any law, other than minor traffic citations? (You must answer “yes” even if the matter was dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you currently have any condition for which you are not treated that impairs your ability to practice your profession in a competent, ethical, and professional manner? You may also answer no to this question if you have a current contract with the North Dakota Professional Health Program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I affirm that I have completed my required hours of Continuing Medical Education in conformance with North Dakota Century Code section 43-17-27.1 and North Dakota Administrative Code Article 50-04. If, upon review and an opportunity for the licensee to submit information and a response, the North Dakota Board of Medicine concludes that I have not complied with this requirement, I hereby agree to waive my right to an administrative hearing and appeal pursuant to North Dakota Century Code chapter 28-32 and my license will be placed on inactive status and further recognize that the Board may issue an order of disciplinary action against my license. (PLEASE CHECK BOX TO AFFIRM). | <input type="checkbox"/> | |
| 11. I certify that I understand and will comply with Chapter 50-05-02 Prescription Drug Monitoring Program (PDMP), even if it doesn't currently pertain to my practice. (PLEASE CHECK BOX TO CERTIFY). | <input type="checkbox"/> | |

Signature

Date

Please print name

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.