

**Florida Department of Health - Board of Medicine
License Renewal Notice**

Active In-Training Medical Doctor License # ME expires January 31, 2013.

The Fee of **\$251.00** and the renewal notice must be postmarked on or before January 31, 2013.
Renewal notices postmarked on or after February 01, 2013, require renewal and delinquent fees of **\$611.00**.

DEPARTMENT USE ONLY

1. CURRENT MAILING ADDRESS:

This address will be used for all correspondence from the Department of Health.

2. CURRENT PRACTICE LOCATION:

This address will be printed on your certificate and posted on the internet.

3. CHANGES TO CURRENT LICENSE INFORMATION:

If you have any changes to the name or address associated with your license, please provide the updated information in the appropriate fields of section 10 on the back of this form.

4. CHANGE TO MILITARY STATUS:

I am requesting Military Active Status. (You must submit proof of active military duty. Attach a copy of your current active duty orders or a letter from your Commanding Officer.) The fee for military active status is \$0.00.

5. DISPENSING:

I wish to dispense medicinal drugs for a fee from my practice location and I understand an annual inspection of my dispensing records will be conducted. The fee for registration as a dispensing practitioner is **\$100.00** in addition to your renewal fee.

6. SPECIAL NEEDS:

If you are renewing to active status, would you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

Yes No

7. CONTROLLED SUBSTANCE PRESCRIBER:

In accordance with s. 456.44, Florida Statutes, a physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466 who prescribes any controlled substance, listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must designate himself or herself as a controlled substance prescribing practitioner on the physician's practitioner profile.

"Chronic nonmalignant pain" means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.

Do you prescribe controlled substances for the treatment of chronic nonmalignant pain? Yes No

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8. OTHER INFORMATION:

As required by Section 456.0635(2), Florida Statutes, please answer Yes or No to the following questions below. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

Department of Health
Division of Medical Quality Assurance
Bureau of Operations
4052 Bald Cypress Way, Bin #C-10
Tallahassee, FL 32399-3260

1. On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar offense(s) in another state or jurisdiction? (If you responded "no", skip to #2) Yes No
- a. Are you currently enrolled in a drug court program for a felony offense that allows the withdrawal of the plea or the dismissal of the charges? (If "yes", please provide supporting documentation) Yes No
2. On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? Yes No

[Note: The questions below refer to terminations as a provider, not as a recipient of services]

3. On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? Yes No
4. On or after July 1, 2009, have you been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? Yes No
5. Are you currently listed on the United States Department of Health and Human Services Office of the Inspector General's List of Excluded Individuals and Entities? Yes No
6. Have you ever been terminated for cause from participating in the Florida Medicaid program? Yes No
7. Have you ever been sanctioned by any state Medicaid program? Yes No

9. RENEWAL STATEMENT:

By submitting the appropriate renewal fees to the Department, a licensee certifies compliance with all requirements for renewal, including continuing education credits.

A licensee who has not actively practiced medicine in any jurisdiction for two years out of the immediate four years, or who has remained on inactive status for more than two consecutive biennial licensure cycles and who wishes to reactivate the license may be required to demonstrate the competency to resume active practice by sitting for the special purpose examination (SPEX) or by completing other reactivation requirements.

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10. CHANGES TO CURRENT LICENSE INFORMATION: **CHANGE OF NAME**

Name changes require legal documentation showing the name change. Please make sure that a photo copy of one of the following accompanies this form: a marriage license (marriage license must indicate the original signature and seal from the clerk of the court), a divorce decree indicating restoration of your maiden name, or a court order (e.g., adoption, name change, or federal identity change). Any one of these will be accepted unless the department has a question about the authenticity of the document. A driver's license or social security card is not considered legal documentation.

If the name change cannot be completed, your certificate will be renewed using the current name.

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|------|-------|--------|-------|--------|-----------|
| Last | First | Middle | Title | Suffix | Qualifier |
|------|-------|--------|-------|--------|-----------|

 CHANGE OF MAILING ADDRESS:

Attention

Street Address

Apt./Suite No.

City

State

Zip Code

Country (if outside U. S.) **CHANGE OF PRACTICE LOCATION:**

Attention

Street Address

Apt./Suite No.

City

State

Zip Code

Country (if outside U. S.)

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11. PROFILE CONFIRMATION:

Florida Statutes 456.039(1) and 456.0391(1) require that you update your profile at renewal. Please review and confirm the information in your profile before completing your renewal. Each practitioner who applies for license renewal must, in conjunction with procedures adopted by the Department of Health, and in addition to any other information that may be required, furnish the mandatory reporting requirements.

Note: A practitioner must submit updates to their profile within 15 days of any changes, 456.042,F.S.

You may review/update your profiling information by visiting the following link, www.FLHealthsource.com. If you still choose to manually submit your information after visiting our website, please print out your profile using the print friendly version and make any changes directly on the profile. Please include your updates, if any, along with your other renewal information.

12. THERE IS ONE RENEWAL METHOD AVAILABLE:

U.S. Mail: Mail completed form and fee payable to the Department of Health to the following address;

**Department of Health
Division of Medical Quality Assurance
P.O. Box 6320
Tallahassee, FL 32314-6320.**

13. CHECKLIST FOR MAILING RENEWAL FORM:

If mailing your renewal form, use the check list below as a guide for enclosing all the required items to ensure a smooth renewal. If renewing by mail, allow 2 -4 weeks processing time.

REQUIRED:

- Renewal Notice
- Cashier's Check or Money Order written to the Department of Health
- Financial Responsibility
- Letter from Medical Director
- Update Profile online at www.FLHealthsource.com
- Physician Workforce Survey
- Mail to: P.O. Box 6320, Tallahassee, Florida 32314-6320

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