

North Dakota Board of Medical Examiners
Paper License Renewal Form
7-1-10 to 6-30-11

Instructions:

You have selected the option to renew your North Dakota medical license by submitting a paper copy of your renewal application to the Board office rather than completing the renewal application online. If this is correct, please do the following:

1. Print the entire license renewal application.
2. Complete the renewal application in full. You must answer every question or the entire application will be returned to you.
3. Submit the completed renewal application along with \$200 (check or money order only) payable to the North Dakota State Board of Medical Examiners. Mail to:

Attn: License Renewal Department
North Dakota State Board of Medical Examiners
418 E Broadway Ave Suite 12
Bismarck, ND 58501

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General Information:

Name: _____

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

ABMS Certified

Specialty 1: _____

Yes No

Specialty 2: _____

Yes No

Specialty 3: _____

Yes No

Specialty 4: _____

Yes No

IT IS YOUR RESPONSIBILITY TO NOTIFY THIS OFFICE OF ANY ADDRESS CHANGE

You MUST return this form whether or not you wish to renew your North Dakota license.

Please check the appropriate option:

I wish to renew my North Dakota license.

I do not wish to renew my North Dakota license.

Failure to pay the annual registration fee within the time stated may be cause for suspension from practice and revocation of your license to practice medicine in North Dakota by the Board of Medical Examiners.

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Renewal Questions:

This information is the confidential property of the North Dakota State Board of Medical Examiners Investigative Panels.

Since you LAST applied for renewal of your North Dakota license:

1. Have you had an application for a professional license denied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you been investigated by any licensing board, agency or professional association (other than the North Dakota State Board of Medical Examiners) in connection with medical competency, practice act violations, unprofessional conduct or unethical conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been subject to informal or formal proceedings by any licensing board, agency or professional association (Other than the North Dakota State Board of Medical Examiners) to revoke, suspend, restrict or limit a professional license?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has your employment at any medical facility terminated for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you been convicted of any crime, felony or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you been arrested for, or charged with, any crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you had any physical, mental or emotional condition which impaired or does impair your ability to practice medicine safely and competently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you been admitted to any hospital or other inpatient care facility for any physical, mental or emotional condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you had a dependency on the use of alcohol or drugs which impaired or does impair your ability to practice medicine competently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you engaged in the excessive or habitual use of alcohol or drugs or received any treatment for alcoholism or excessive or illegal drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature: _____

Date: _____