Print

Fees

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Total Fees **$0.00**

Introduction

Vermont Department of Health - Board of Medical Practice
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
medicalboard@vdh.state.vt.us
802-657-4220 or 800-745-7371

Dear Doctor:

The Board of Medical Practice is pleased that you have chosen to apply for licensure in Vermont.

Uniform Application for Physician Licensure (UA):
The Board has adopted the Uniform Application for Physician Licensure (UA) into its Medical Licensing Application. This application will make it easier for physicians to apply for licensure in states that utilize this application (UA). The Vermont Board of Medical Practice is one of the first boards to incorporate the UA into its state license application.
Please utilize the Instructions & Helpful Hints to complete the application. It is recommended that you review the Board's rules to ensure that you meet the eligibility requirements on our website at http://www.healthvermont.gov/hc/med_board/bmp.aspx**. The following factors may negatively impact the application process: illegibility, incomplete or inaccurate information, failure to enclose the required fee, and failure to arrange for the required direct source verifications. Failure to answer all questions completely or accurately, or the omission or falsification of materials or facts may be cause for denial of your application, disciplinary action after licensure, or delay your license from being issued. If you have questions about the application or forms, please contact this office before you submit the application.**

The Federation Credentials Verification Service (FCVS):
The Board accepts the use of FCVS to primary source verify core physician credentials as part of the licensure process. If using FCVS, the Federation of State Medical Boards (FSMB) credential verification service, the Board recommends completing the FCVS application first or simultaneously with the Vermont Board of Medical Practice Application for License.

FCVS is a service of the (FSMB) and was created to help license portability for physicians. FSMB is a national not-for-profit organization that provides this service for state medical licensing authorities in the United States, Guam, Puerto Rico and the Vigrin Islands, (contact FCVS for a complete state listing of requiring and accepting licensing authorities).

By using FCVS to verify your credentials, you will establish a permanent repository of primary source-verified documents. Once your file is established, these documents will be available for your use at any time. The documents that FCVS

verifies and stores for you fall into the following categories:

- Identity
- Medical Education
- Postgraduate Training
- Examination History (state licensing authorities only)
- Board Action/Disciplinary History
- ECFMG Certification (if applicable)
- ABMS Board Certification

You pay FCVS a fee for gathering and forwarding your initial or Subsequent Profile, and can also forward additional Profiles to other licensing boards and health care entities of your choice. Average processing time to collect and forward your initial Profile is approximately 8-12 weeks. Once your permanent file is established, updated Subsequent Profiles are typically forwarded within 2-3 weeks. Most physicians will benefit greatly throughout their career by having their credentials permanently stored and easily accessible.

Contact FCVS at 888-ASK-FCVS (or outside the U.S. at 1-817-868-5000) for additional information regarding the service and its fees. If your credentials are already on file with FCVS directly at the above number to have them forwarded to the Vermont Board of Medical Practice.

Sincerely,
Vermont Board of Medical Practice

Instructions for completing the Application for Licensure to Practice Medicine in Vermont

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Application Fees: $625, this fee is non-refundable.

Examination Transcript. Request that a transcript of your exam scores be sent directly to the Vermont Department of Health - Board of Medical Practice from the appropriate examining agency. If you are using FCVS, they will obtain your exam score transcripts based on the information you provide in the FCVS application. For those that have taken any component of the NBME in conjunction with another exam (USMLE/FLEX), you must request the transcripts from the NBME.

- USMLE/FLEX/SPEX - Request transcripts online at www.fsmb.org or call (817) 868-4000.
- NBME - Download the request form at www.nbme.org/Cert-tran/certification.html or call (215)590-9500.
- State Exam - Contact the state licensing board in which you took the exam.
- LMCC - Call (613)521-6012

ECFMG (if applicable): Request that a Confirmation Report of ECFMG Certification be sent directly to the Vermont Department of Health - Board of Medical Practice from the ECFMG. If you are using FCVS, you do not need to contact the ECFMG. You will complete the ECFMG release forms included in the FCVS application and FCVS will

coordinate with the ECFMG to obtain your certification.

- ECFMG - Download the request form at www.ecfmg.org/cvs/state-medical-boards.html or call (215)386-5900

American Medical Association Profile. Request an American Medical Association Profile. You will need to complete the AMA Physician Profile Service Order Form. This form must be sent by the applicant directly to the AMA. Download the requests forms at:

- Physician Profile Service Form: https://profiles.ama-assn.org/amaprofiles/info/pdf/profileorderform.pdf
- AMA - Call at (800)665-2882

National Practitioner Data Bank Self Query. Effective September 1, 1990, the Federal government opened the National Practitioner Data Bank. This data bank, mandated by Congress, tracks regulatory board disciplinary actions, certain actions resulting from peer review and malpractice payments. You must self query this data bank on your own as part of the applicaiton process for a Vermont medical license. Simply query the data bank using the instructions below and when you receive the response, SEND THE ORIGINAL, UNALTERED response to the Board. You may keep a photocopy if you wish.

- Log-on to web site for NPDB: www.npdb-hipdb.hrsa.gov/
- Select "Report to and Query the Data Banks"
- Click on "Perform a Self-Query"
- Select the type of self-query you wish to perform, "Individual or Organization"
- Provide ALL required information and credit card information (Checks and Cash are not accepted)
- Once all information is complete, click CONTINUE. A formatted copy of the self-query is generated immediately with a Data Bank Control Number (DCN) listed at the top of the page. Print this formatted copy, and keep the DCN to monitor the processing status of your self-query. To print a query from the IQRS, you must have Adobe Acrobat Reader version 4.0 or higher installed on your computer.
- To complete the self-query process, you must sign the formatted self-query application in the presence of a notary public and mail it to the NPDB-HIPDB. Self-queries received without notarization or with an incomplete notarization are rejected. Notarized forms that are missing credit card information will be rejected.

Application Instructions. Complete the application as instructed in each section. Please see below for additional instructions and documents that need to be submitted to the Board.
Additional Instructions - Please see below additional instructions for completing specific sections of the Uniform Application (UA).

- Malpractice Claims - You will complete malpractice claims information in Addendum 2.
- Application for Physician Licensure Instructions Checklist (UA Checklist) - The checklist states that you must submit a certified birth certificate or a current, valid passport. You must submit a certified (NOT NOTARIZED) Birth Certificate, the Board will not accept a current, valid passport.

Additional Documents - submit the following documents to the Board along with the completed application (if applicable):

- Certified Copy of Birth Certificate. If you are using FCVS, you do not need to submit this document to the Board. This will be collected by FCVS as part of your FCVS Physician Profile. **A passport is NOT Acceptable**
- Copy of American Specialty Board Certificate(s).
- Curriculum vitae (CV/Resume).
- Addendum 4A - This form must be completed by the individual providing the reference. Make three (3) copies of this Reference Form and mail a copy to each individual that you have listed as a reference. The completed reference form must be returned directly to the Board.
- To complete the application you must download the forms located here and send them to the Board.

Name & Address

Name:

Indicate your full legal name (use no initials). If your name has changed at any time during your life and you are not using FCVS, you must submit a copy of the legal document (marriage certificate, divorce decree, etc.) supporting your name change.

1. Last Name:

Hayes

2. First Name:

Tracy

3. Middle Name:

Question not answered

4. Suffix:

Question not answered

5. M.D. or D.O.?

M.D.

6. All other names used:

Previous Name	From Month	From Year	To Month	To Year	Reason for Change
No Records Found					

7. If your name has changed at any time during your life and you are not using FCVS, you must submit a copy of the legal document (marriage certificate, divorce decree, etc.) supporting your name change.

Address/Phone:

Please complete all sections. Each state's law determines whether each address or phone number is a public record in the state in which you are applying. You may wish to contact the licensing authority for that state for further information. Many boards publish the "Public Access" address on their website; therefore, you should

consider what your preferred address is for these purposes.

8. Enter your MAILING ADDRESS information:

Attention					
Address 1	PO Box 70				
Address 2					
City	Burlington	**State**	VT	**Zip**	05402
Country	United States				
Email Address	tracy.hayes@state.vt.us				
Telephone Number	802-657-4223	**Alternate Phone Number**			

9. Enter your PUBLIC ACCESS address information:

Attention					
Street	108 Cherry Street				
City	Burlington	**State**	VT	**Zip**	05401
Country	United States				

Identification

If you have not provided one to FCVS you must submit a certified birth certificate. Notarized copies and passports are not accepted.

10. Date of Birth:

01/01/1900

11. Birth City:

Question not answered

12. Birth State/Province:

Question not answered

13. Birth Country:

United States

14. Gender:

Question not answered

15. Social Security Number:

123456789

The disclosure of your social security number is manditory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

16. NPI Number:

Question not answered

The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability (HIPAA) Administrative Simplification Standard. For more information on the NPI, please go to www.cms.gov.

17. Are you a U.S. Citizen?

Question not answered

Medical School

To ensure the eligibility of your school, please refer to the California Medical Board approved school list (available here.)

18. Medical Schools:
List all medical schools you have attended, even those from which you did not graduate, in chronological order. If you are not using FCVS, you must complete the "Medical Education Verification" form and send it to all medical schools you have attended. You must include a copy of your diploma to which the medical school must attach their seal prior to forwarding it to this Board. Additionally, the medical school must forward all documentation directly to this Board.

School	From Month	From Year	To Month	To Year	Status	Graduation Date	Document Upload
No Records Found							

19. Fifth Pathway (if applicable):
If you attended a Fifth Pathway program and are not using FCVS, you must complete the attached "Fifth Pathway Verification" form and send it to your medical school and to the institution where you completed your rotations. You must include a copy of your diploma. The medical school and institution must forward all documentation directly to this Board.

School	From Month	From Year	To Month	To Year	Status	Graduation Date
No Records Found						

Postgraduate Training

Postgraduate Training: List all postgraduate programs you have attended, even those you did not complete. If you are not using FCVS, you must complete the "Postgraduate Training Verification" form and send it to all postgraduate training programs you have attended. You must upload a copy of your certificate of program completion to this Board. Additionally, the postgraduate program must provide this Board with the Program Director's recommendation letter. The postgraduate program must forward all documentation directly to this Board.

20. Postgraduate Training (do not use abbreviations):

Site Name	City	State	Country	Start Date	End Date	Level	Specialty	Upload Certificate
No Records Found								

Examination History

Examination History:
If you are not using FCVS, you are responsible for contacting the appropriate examination entity and having a certified transcript of your scores sent directly to this Board.

21. List each licensure examination, U.S. or international, you have taken.

Examination	State	Most Recent Date Taken	Pass?	Score	Number of Attempts
No Records Found					

ECFMG

ECFMG: ***If ECFMG is applicable and you are not using FCVS, you are responsible for contacting ECFMG and having a certified "Status Report" forwarded directly to this Board. There is a separate fee for this report. Reports can be obtained through the ECFMG website at www.ecfmg.org.***

ECFMG (if applicable):

22. Certificate Number:

Question not answered

23. Issue Date:

Question not answered

24. Valid Through Date:

Question not answered

State/Province Professional Licensure

State/Province Professional Licensure whether temporary or permanent: ***List all states and Canadian provinces where you currently hold or have ever held any type of medical/osteopathic license or certification. You must also complete the "Licensure Verification" for (Form #1) and forward it to all states or provinces in which you have held any health care license or certification. The verifying entity must forward all documentation directly to this Board. Some state boards charge a fee for this information. Contact the state board where you hold or held a license to determine their requirements.***

25. State Licensure

State	Profession	License Type	License Number	Issue Date	Expiration Date	Status
No Records Found						

Chronology of Activities

Chronology of Activities: List ALL activities (medical, non-medical and postgraduate training) in chronological order beginning with medical school graduation to the

PRESENT date, using MONTH and YEAR. *For any non-working time, you MUST state exactly what your activities were, such as "vacation" or "seeking employment," as well as your permanent address.* If you worked for a physician-staffing group or did locum tenens, you must list all facilities where you worked and include complete dates and addresses. DO NOT SUBSTITUTE ANY OTHER RESUME FOR THIS APPLICATION. Be sure to indicate the percentage of working time spent in clinical administrative duties.

26. Chronology of Activities

Practice/Employment Name	Street Address	City	State	Zip Code	Position and Department	Experience Type	Start Date	End Date	% Clinical / % Administrative
No Records Found									

Medical Malpractice Claims Information

27. Malpractice Liability Claims Information
Have you ever been involved in a Malpractice Liability Claim? If you have you must provide complete and thorough information in the respective section of Addendum 2.

No

Affidavit & Authorization for Release of Information

Affidavit and Authorization for Release of Information:

To complete this application you must download the Affidavit and Authorization for Release of Information form and attach a recent (less than 6 months old) passport quality, color photograph of yourself. Take the form to a notary public and sign the form in the presence of the notary public. The notarized form then must be sent directly to the Board.

Addendum 1

28. Were you in active clinical practice in the past 12 months?

Yes

29. Years of Practice
What year did you start practicing as a medical professional?

Question not answered

30. Have you ever held a Vermont Limited Temporary License?

Yes

31. If yes, License Number:

Question not answered

32. Premedical Education
Please provide the names of premedical schools you attended and the dates of attendance.

School	From Month	From Year	To Month	To Year	Status	Graduation Date
No Records Found						

33. Specialty Board Certifications

Specialty	Certification Board	Certification Date	Specialty Expiration Date
No Records Found			

34. Practice
Do you have hospital privileges?

Yes

35. List all hospitals where you have, or previously have had, staff privileges.

Facility Name	City	State	Start Date	End Date	Specialty
No Records Found					

Statutory Profile Questions

Vermont law, 26 VSA § 1368, creates a data repository within the Department of Health. Under this law, the Department must collect certain information to create individual profiles on all health care professionals licensed, certified, or registered by the Department pursuant to Title 26 of the VSA. Please try to answer the following questions as best as you can. You will receive a copy of your profile prior to its initial release to the public and each time the profile is modified or amended. You will be given a reasonable time to correct factual inaccuracies that appear in such profile.

It is very important for us to receive copies of court papers, licensing authority decisions, and other documents relevant to the questions below in order to have a true and accurate description of actions taken.

If you have been convicted of an alcohol or drug related crime, you must contact the Vermont Practitioners Health Program to arrange for a confidential evaluation (802-223-0400). The evaluation will need to be received by this Board prior to licensure.

36. Criminal Convictions [See 26 VSA § 1368(a)(1)] Have you been convicted of any crimes (felonies and misdemeanors; this includes DUI but not speeding or parking tickets)? For purposes of this question, "convicted" means that you pleaded guilty or that you were found adjudged guilty by a court of competent jurisdiction.

Yes

37. Criminal Convictions [See 26 VSA § 1368(a)(1)] Please provide a description of all crimes (felonies and misdemeanors; this includes DUI but not speeding or parking tickets) of which you have been convicted. For purposes of this question, "convicted" means that you pleaded guilty or that you were found adjudged guilty by a court of competent jurisdiction. Please provide copies of papers fully documenting the convictions.

Date of Conviction	Court of Conviction	City	State	Description	Upload Document(s)
No Records Found					

38. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)]
Have there been any charges to which you pleaded "nolo contendere" ("I will not contest it") or where sufficient facts of guilt were found and the matter was continued without finding by a court of competent jurisdiction?

Yes

39. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)]
Please provide a description of all charges to which you pleaded "nolo contendere" ("I will not contest it") or where sufficient facts of guilt were found and the matter was continue without finding by a court of competent jurisdiction.

Date of Charges	Court	City	State	Description of Charges
No Records Found				

40. Vermont Board of Medical Practice Matters [See 26 VSA § 1368(a)(3)]
Have there been any formal charges served, findings, conclusions, and/or orders of the Board of Medical Practice (including stipluations), and/or final disposition of such matters by the courts, if appealed?

Yes

41. Vermont Board of Medical Practice Matters [See 26 VSA § 1368(a)(3)]
Please provide a description of all formal charges served, findings, conclusions, and orders of the Board of Medical Practice (including stipluations), and final disposition of such matters by the courts, if appealed.

Date	Final Disposition Summary
No Records Found	

42. Licensing Authority Matters in Other States [See 26 VSA § 1368(a)(4)]
Have there been any formal charges served against you by licensing or certification authorities of other states?

Yes

43. Licensing Authority Matters in Other States [See 26 VSA § 1368(a)(4)]
Please provide a description of all formal charges served by licensing or certification authorities of other states, the findings, conclusions, and orders of such authorities, and final disposition of such matters by the courts, if appealed, in those states. Please provide copies of papers fully documenting these matters.

Date of Disposition	Licensing Authority	City	State	Description of Disposition	Upload Document(s)
No Records Found					

Restriction of Hospital Privileges [See 26 VSA § 1368(a)(5)]

44. Have your hospital privileges ever been revoked or involuntary restricted in relation to competence or character?

Yes

45.
A. Revocation/Involuntary Restrictions
Please provide a description of any revocation or involuntary restriction of your hospital privileges that were related to competence or character and were issued by the hospital's governing body or any other official of the hospital after procedural due process (opportunity for hearing) was afforded to you. Please upload copies of papers fully documenting these matters.

Date of Restriction	Hospital Name	State	Nature of Restriction	Reason for Restriction
No Records Found				

46. Have your hospital privileges ever been restricted, or have you ever resigned or not renewed your medical staff membership at a hospital in lieu of, or in settlement

of, a pending disciplinary case related to competence or character in that hospital?
Yes

47.
B. Other Restrictions
Please provide a description of all resignations from, or nonrenewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital. Please upload copies of papers fully documenting these matters.

Date	Hospital Name	State	Action	Nature of Action	Reason for Action	In Lieu or In Settlement
No Records Found						

Appointments/Teaching [See 26 VSA § 1368(a)(12)]
Note: answering the Appointments and Teaching questions is optional. By answering, you are granting permission to have this information posted on the web. (This form follows the statutory wording. Since most appointments are teaching appointments, these questions may overlap.)

48.
A. Appointments
Please provide information about your appointments to medical school or professional school facilities.

School	City	State	Nature of Position	Date Started	Date Ended
No Records Found					

49.
B. Teaching
Please provide information regarding your responsibility for teaching graduate medical education within the past 10 years.

School / Institution	City	State	Nature of Teaching	Date Started	Date Ended
No Records Found					

50. Publications [See 26 VSA § 1368(a)(13)]
Note: Answering this question is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your publication in peer-reviewed medical literature within the past 10 years.

Title	Publication	Publication Date	File Upload
No Records Found			

51. Activities [See 26 VSA § 1368(a)(14)]
Note: Answering this question is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your professional or community service activites and awards.

Activity or Award
No Records Found

52. When are you scheduled to begin work in Vermont?
Question not answered

53. Provide the following information for each practice location. Be sure to indicate which is to be your primary practice location.

Practice Name	Address 1	Address 2	Address 3	City	State	Zip Code	Primary Practice	Translating Services	Languages	Accepts Medicaid?	Accepts New Medicaid Patients?
No Records Found											

54. Provide a brief description of your anticipated practice:

Question not answered

55. What has been your physical residence (city, state) in the past ten years?

City	State	From	To
No Records Found			

Addendum 2

56. Have you ever applied for and been denied a certificate to practice medicine or any other healing art?

Yes

57. State:

Question not answered

58. Year:

Question not answered

59. Circumstances under which you applied and were denied a certificate to practice medicine or any other healing art:

Question not answered

60. Denied certificate to practice medicine or any other healing art - Upload documents

61. Have you ever withdrawn an application for a license or certificate to practice medicine or any other healing art?

No

62. State:

Question not answered

63. Year:

Question not answered

64. Circumstances under which license or certificate was withdrawn, denied, revoked, not renewed, or otherwise terminated:

Question not answered

65. Withdrawal or denial of license or certificate - Upload documents:

66. Have you ever voluntarily surrendered or resigned a license or certificate to practice medicine or any other healing art in lieu of disciplinary action or any other reason?

No

67. State:
Question not answered

68. Year:
Question not answered

69. Circumstances:
Question not answered

70. Voluntary surrendered or resigned a license or certificate to practice medicine or any healing art - Upload documents:

71. Are any formal disciplinary charges pending or has any disciplinary action ever been taken against you by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)?
No

72. Name of organization involved:
Question not answered

73. Date:
Question not answered

74. Duration:
Question not answered

75. Action Taken (add all that apply):
Question not answered

76. Circumstances:
Question not answered

77. Disciplinary charges or actions - Upload documents:

78. Have you ever been denied the privilege of taking an examination before any state medical examining board?
No

79. State:
Question not answered

80. Circumstances under which examination privileges denied:
Question not answered

81. Denial of examination privileges - Upload documents:

82. Have you ever discontinued your education, training, or clinical practice for a period of more than three (3) months NOT including premedical education?

No

83. If yes, please explain and include the dates over which your education, training, or clinical practice was discontinued:

Question not answered

84. Discontinued Education, Training, or Clinical Practice - Upload documents:

85. Have you ever been dismissed or suspended from, or asked to leave a training program before completion?

No

86. Residency Training Program(s)

Question not answered

87. Location of Program(s)

Question not answered

88. Year:

Question not answered

89. Circumstances:

Question not answered

90. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked, or resigned from a medical staff after a complaint or peer review action was initiated against you?

No

91. Institution involved:

Question not answered

92. Location:

Question not answered

93. Year:

Question not answered

94. Circumstances:

Question not answered

95. Affecting health care institution staff privileges, employment or appointment - Upload documents:

96. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, or restricted by, or surrendered to any jurisdiction or federal agency at any time?

No

97. Name of organization involved:

Question not answered

98. Type of restriction:

Question not answered

99. Date:

Question not answered

100. Circumstances:

Question not answered

101. Privilege to prescribe controlled substances - Upload documents:

102. Are you presently, or have you ever been, a defendant in a criminal proceeding?

No

103. Court:

Question not answered

104. City and state:

Question not answered

105. Charge:

Question not answered

106. Description:

Question not answered

107. Status:

Question not answered

108. Date:

Question not answered

109. Defendant in criminal proceeding - Upload Documents:

110. Do you currently, or have you ever, prescribed any prescription medication over the internet? This does not include any prescribing you would do using electronic medical records in your practice.

No

111. Please provide a general description of your practice of internet prescribing:

Question not answered

112. Medical Malpractice Court Judgments/Settlements [See 26 VSA § 1368(a)(6A)] Have you ever been involved in a Malpractice Liability Claim? Please provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you, and any pending malpractice cases.

No

113.
A. Judgments
Please provide a description of all medical malpractice court judgments against you

and all medical malpractice arbitration awards against you, and any pending malpractice cases.

Date of Judgment	Court	State	Judgement Amount Against You	Description	Judgment / Arbitration	Upload Document(s)
No Records Found						

114.
B. Settlements Please provide a description of all settlements of all pending settlements and settlements of medical malpractice claims against you. Please complete the below information and provide copies of papers fully documenting these matters.

Date Of Settlement	Court	State	Amount	Description	Upload Document(s)
No Records Found					

Medical Malpractice Claim
For each response provided in the previous Medical Malpractice Judgements and/or Settlements questions you must complete the form located here. Please download the form, complete it for each response, and then upload to each respective response. This information is required for each and every response provided for Judgements and/or Settlements.

115. Important: In addition to the above information, please upload a copy of the complaint and final judgment, settlement and release, or other final disposition of the claim. This information can be obtained from your legal representative.

Addendum 3

Addendum 3

This information is confidential and is exempt from public disclosure.

116. To your knowledge, are you presently the subject of a criminal investigation under which you have not been charged?

No

117. Court:

Question not answered

118. City and state:

Question not answered

119. Charge:

Question not answered

120. Description:

Question not answered

121. Status:

Question not answered

122. Date:

Question not answered

123. Criminal Investigation - proceeding - Upload documents

124. To your knowledge, are you the subject of an investigation by any other licensing or certification board under which you have not been charged as of the date of this application?

No

125. Licensing or certification board:

Question not answered

126. Date:

Question not answered

127. Location of Licensing Board:

Question not answered

128. Circumstances:

Question not answered

129. Investigation by other licensing or certification board - proceeding - Upload documents

MEDICAL QUESTIONS

Please answer "Yes" or "No" to the questions below. Definitions are provided to assist you in answering. Please explain any "Yes" answers in Form A.

DEFINITIONS

In answering the following questions, please use these definitions:

"Ability to practice medicine" - This term includes:

1. **The cognitive capacity to make and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and**
2. **The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and**
3. **The physical capability to perform medical tasks and procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.**

"Medical condition" - Includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, hepatitis, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Currently" - This term means recently enough to have a real or perceived impact on one's functioning as a podiatrist.

"Chemical substances" - This term is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Controlled substances" - This term means those drugs listed on Schedules I through V of Section 202 of the Controlled Substances Act (21 USC § 812).

"Illegal use of controlled substances" - This term means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act, as periodically updated by the Food and Drug Administration. This term does not include the use of a drug taken under the supervision of a licensed health care professional or other uses authorized by the Controlled Substances Act or other provisions of federal law.

130. Do you have a medical condition that in any way impairs or potentially impairs or limits your ability to practice medicine in your field of practice with reasonable skill and safety?

No

131. In explaining "Yes" answer to the previous question, please provide reasonable assurances that your medical condition is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

Question not answered

132. Please upload any documents you have that are relevant to this matter.

133. Are you currently engaged in the use of alcohol or other chemical substances that in any way impairs or potentially impairs your ability to practice medicine in your field of practice with reasonable skill and safety?

No

134. In explaining a "Yes" answer to the previous question, please provide reasonable assurances that your use is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

Question not answered

135. Please upload any documents you have that are relevant to this matter.

136. Are you currently engaged in the illegal use of controlled substances?

No

137. In explaining a "Yes" answer to the previous question, please provide reasonable assurances that such use is not a real and ongoing problem in your practice of medicine.

Question not answered

138. Please upload any documents you have that are relevant to this matter.

Medical condition, treatment, use of chemical or illegal substances:

139. Treating organization:
Question not answered

140. Address:
Question not answered

141. Telephone:
Question not answered

142. Type of diagnosis, condition or treatment - field of practice - use of chemical substances:
Question not answered

143. Dates of illness or dependency (from, to):
Question not answered

144. Dates of treatment (from, to):
Question not answered

145. Name of rehabilitation/professional assistance or monitoring program:
Question not answered

146. Address:
Question not answered

147. Telephone:
Question not answered

148. Contact person at Program:
Question not answered

Addendum 4

149.

Addendum 4

List of Three (3) References

List a total of three (3) references in the section below. The individuals listed must be a fully licensed physician/podiatrist attesting to your character and professional abilities.

Chief of Service/Staff must be used as one of your references

****NOTE: Program Director should be substituted for Chief of Services for applicants who are applying for a license while still in residency training or have completed a residency within the last year.***

****NOTE: If you are unable to provide references from these individuals because you***

have never held hospital privileges, provide such an explanation below. Three other references from physicians/podiatrists you have worked with most recently will then be required.

****NOTE: A separate reference form must be completed by each individual providing the reference. The individual providing the reference should return the form directly to the Board.***

Reference First Name	Reference Last Name	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number	Email Address	Years Known	Organization/Capacity of Relationship
No Records Found										

150. Provide an explanation as to having never held hospital privileges:

Question not answered

Addendum 5

Vermont Department of Health - Board of Medical Practice

APPLICANT'S STATEMENT REGARDING CHILD SUPPORT AND TAXES

You must answer these questions.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

151. You must select one of the two statements below regarding child support regardless whether or not you have children:

I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

152. You <u>must</u> select one of the two statements below regarding taxes:

I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a $10,000.00 fine or both.)

The disclosure of your social security number is manditory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

153. Social Security Number:

121345678

154. Date of Birth:

01/01/1900

155. I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Yes

156. Date:

02/10/2012

Addendum 6

157.

State of Vermont
Department of Health
Board of Medical Practice

Statement of Good Standing

Regarding Any Unpaid Judgment Issued by the Judicial Bureau or District Court for Fines or Penalties for a Violation or Criminal Offense

I hereby state that either:

A. This does not apply to me because I don't have any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense, or

B. I am in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense.

I understand that a license may not be issued or renewed without such a statement.

I further understand that, for the purposes of this section, a person is in good standing with respect to any unpaid judgment issued by the judicial bureau or

district court for fines or penalties for a violation or criminal offense if:

1. **60 days or fewer have elapsed since the date a judgment was issued; or**
2. **the person is in compliance with a repayment plan approved by the judiciary.**

Yes

158. Date:

02/10/2012

Application Payment

159. You must choose one of the following payment options to complete your application. Note: Your application will NOT be processed by the Medical Board until payment is received. If you are a commissioned officer on active duty in the armed forces, you must submit a copy of your current active duty orders.

Employer