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New Hampshire Board of Medicine

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APPLICATION FOR LICENSURE

INSTRUCTIONS
APPLICATION
and
FORMS

NOTICE!
To All Applicants for Licensure in New Hampshire

All applicants for licensure in New Hampshire are required to submit their background credentials to the Federation Credentials Verification Service (FCVS). FCVS is a service of the Federation of State Medical Boards and was created to help simplify the licensure process for physicians (both MD's and DO's).

FCVS provides a permanent central depository for documents which represent the core credentials of any physician. FCVS will conduct a primary source verification of those documents at the time they are submitted, and the physician will not be required to re-verify that information even if he or she moves to another state. Currently, 65 state medical boards accept FCVS documents in lieu of the applicant providing new original source documents. New Hampshire and 12 other state medical boards require all applicants to use FCVS for verification of their credentials.

The Board believes that FCVS offers a tremendous opportunity for physicians and state medical boards to improve the burdensome and duplicative process currently in place for state by state licensure. By eliminating the re-verification of documents that never change, physicians will benefit from a shortened credentialing process when they relocate or affiliate within other states. Additionally, the Board is one of the first Boards in the country to implement the new on-line application process for medical and osteopathic physicians called the "Common License Application Form" or "CLAF." The CLAF will benefit physicians by reducing redundancy in filling out multiple applications when applying for licensure in multiple states, thus increasing portability. Through the on-line CLAF process, the information provided to the FCVS will automatically populate into the CLAF, making the completion of the New Hampshire application faster and easier.

As other Boards join the on-line application system, physicians will be able to apply to multiple states by filling out the application once on the CLAF, then directing it to additional states. This will leave only the state-specific addendums of the application to be completed. Ohio has implemented the on-line CLAF. Kentucky is scheduled to implement the on-line CLAF soon after New Hampshire.

Thank you for joining us in pioneering the CLAF.

The Board reviews applications on the first Wednesday of each month. All applications must be complete before they are submitted to the Board for consideration. The agenda for Board consideration is closed at 12:00 P.M. on the day before the Board meets. Applications completed after 12:00 P.M. will be placed on the next month's agenda. Faxed materials are not acceptable.

GENERAL INFORMATION

On-line Application Process

1. You must complete the Federation Credentials Verification Service (FCVS) on-line application. You will receive an email from FCVS letting you know when you can proceed to the CLAF. If you have not yet submitted the FCVS, please go to www.fsmb.org/fcvs_physician.html.

2. Begin the process by clicking on the link at the end of these instructions. Select "Become a New User" and follow the instructions to register a Trusted Agent account. Click on "Return to CLAF" and logon, using your new Username and Password.

3. Complete the Common License Application Form (CLAF). Information that was provided in the FCVS application will automatically appear in CLAF. Those fields are shaded in gray and cannot be edited. If you need to make any changes to that information, follow the instructions on the screen to contact the FCVS. If you want a copy of your application, you must print it BEFORE you submit your application.

4. Print out the "Affidavit and Authorization For Release of Information" and "Form #1: Licensure Verification Form." These must be completed and submitted to the New Hampshire Board of Medicine.

5. Print out the "Addendum to Application" pages 1 - 2. These must be completed and submitted to the New Hampshire Board of Medicine with the application fee of $250.

6. Submit the on-line application by clicking on the "Submit Application" button.

Board Application Process

In addition to the FCVS and CLAF applications and processes, you must submit additional information directly to the Board. The Board will use this information, along with the FCVS Profile, to assess your qualifications for licensure. The Board conducts an independent background investigation. Please allow a minimum of 8 weeks for the entire licensure process to be completed. If you have malpractice or disciplinary history, it can take an additional 2 or 3 months for all pertinent documentation to be received.

The Board meets the first Wednesday of each month. Only applications that are complete, including all outside verifications, will be forwarded to the Board for review. Licenses will be issued within 7-10 working days following the Board meeting and are mailed to the address furnished in your application. **You are responsible for notifying the Board office, in writing, if your address changes in the interim.**

Temporary License Application Process

Since the FCVS application process is fairly lengthy, and unless you already have an FCVS profile, you may want to apply for a temporary license in New Hampshire. A temporary license, if issued, is valid for only 6 months and requires you to provide a completed application, with the exception of the FCVS application, and additional information as follows:

(1) Evidence of qualifications as follows:

a. Proof of a full, unrestricted medical license in another state received directly from the state licensing authority; or

b. Certified copies of medical degree diploma, proof of 2 years of postgraduate training which meet the requirements of Med 302.01, and proof that you have passed one of the licensure examinations listed under Med 303.01;

(2) Proof that you have applied to the FCVS with full intent to complete the FCVS process; and

(3) The temporary license fee of $50.00. Make check payable to TREASURER, STATE OF NEW HAMPSHIRE. **Please submit one check for the temporary license fee ($50.00) and a separate check for the full license application fee ($250.00).**

****Before applying for the temporary license, please contact the New Hampshire facility you are applying at to confirm that they accept the temporary license.**

******Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have questions about this application process, or would like to check on the status of your Board application, please call the Board at (603) 271-6935.

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Licensure Requirements

Before completing the application process, please review the following requirements for licensure in New Hampshire:

- Obtained the M.D./D.O. degree or its equivalent as determined by the Board;
- Completed at least 2 years of postgraduate training in the U.S. or Canada approved by the Board, or its equivalent as determined by the Board;
- Successfully passed a national licensing examination sequence (or its acceptable hybrid combination) as approved by the Board on each examination, including:
    - National Board of Medical Examiners (NBME) Part I, II and III;
    - Pre-1985 FLEX or FLEX Component 1 and 2;
    - USMLE Step 1, 2 and 3;
    - NBOME Part I, II and III (or COMLEX);
    - Licentiate of the Medical Council of Canada (LMCC).

If you do not meet, or have questions about these requirements, please contact the Board prior to submitting your application.

General Instructions

1. All documents you submit must be originals, signed on letterhead unless notarized copies are specifically authorized.
2. You will receive an acknowledgment letter once your application has been received. This letter will advise you of what information, if any, is outstanding at that time. If you do not receive an acknowledgment letter within 30 days, please contact the Board between 8:00 A.M. and 4:00 P.M. EST.
3. With the acknowledgement letter, you will receive paperwork to complete a criminal background check. **Pursuant to RSA 329:11-a, you are required to submit a notarized criminal history record release form, along with a check made payable to the State of New Hampshire-Criminal Records in the amount of $45.25 for inked fingerprints OR $34.25 for livescan fingerprints (done in New Hampshire only), which authorizes the release of your criminal history record, if any, to the Board. This form will be provided to you with your acknowledgment letter once your application has been received by the Board.**

Completing your Application

1. Complete the on-line CLAF. You must respond to all components of the application.
   See "Licensure Requirements" above.

   Make a check or postal or express money order (in U.S. funds only) for the application fee of **$250.00** payable to: Treasurer, State of New Hampshire and staple it to the upper left-hand corner of the first page of the addendum. This application fee is NON-REFUNDABLE. [NOTE: This is the Board application fee. The FCVS verification fee is an additional and separate fee paid directly to FCVS.]
   (An additional $50.00 fee is required if requesting a temporary license. Please submit one check for the temporary license fee ($50) and a separate check for the full license application fee ($250).)

2. Complete page 10, "Malpractice Liability Claims Information," if applicable. You must use this form to report all claims or suits for medical malpractice made against you **in the last ten years**. The re-

port should be completed in its entirety. Make additional copies of this page as necessary for multiple claims.

3. Complete page 11, “Affidavit and Authorization For Release of Information.” The affidavit must be signed in the presence of a notary and must have a 2”x2” recent “passport” photograph of yourself securely affixed to the form. [NOTE: The FCVS application also requires a separate Affidavit that must be notarized. You may wish to have both forms notarized at the same time. Be certain to submit the correct form to the correct agency.]

4. Obtain a total of four (4) letters of reference attesting to your moral character and professional abilities. These letters must be obtained from the following: the chief of staff (ref. 1) and hospital administrator (ref. 2) in a hospital where you presently hold staff privileges (if no staff privileges are presently held, letters of recommendation shall be submitted by 2 other practicing medical doctors who hold hospital staff privileges); and two (2) additional letters of reference from practicing physicians. **Reference letters must be originals submitted on letterhead. References may be submitted by the applicant or by the physician providing the reference.**

5. Submit a notarized copy of your American Board of Medical Specialty Certificate(s), if applicable.

6. Submit your curriculum vitae.

7. Submit a notarized copy of your current Drug Enforcement Administration (DEA) certificate.

8. Obtain verification from all states where you hold, or have ever held, a license to practice medicine. To obtain this verification, you must mail page 12, “Licensure Verification Form,” to each licensing authority in which you are/were licensed. Be certain to sign and complete the identifying information on each form. **These verifications must be received directly from the licensing authority.** You may obtain the mailing address of all 70 medical licensing authorities at the Federation of State Medical Boards’ website at *www.fsmb.org*, or by calling the Board in question. Most states charge a fee for verification of licensure. To save time, you should check with the state board before submitting your request. Please do not contact the New Hampshire Board for mailing addresses of other licensing authorities.

9. Print and complete the "Addendum to Application" (Addendum Pages 1-2).

10. Prepare all documents as instructed. Submit the documents listed above by mailing them to:

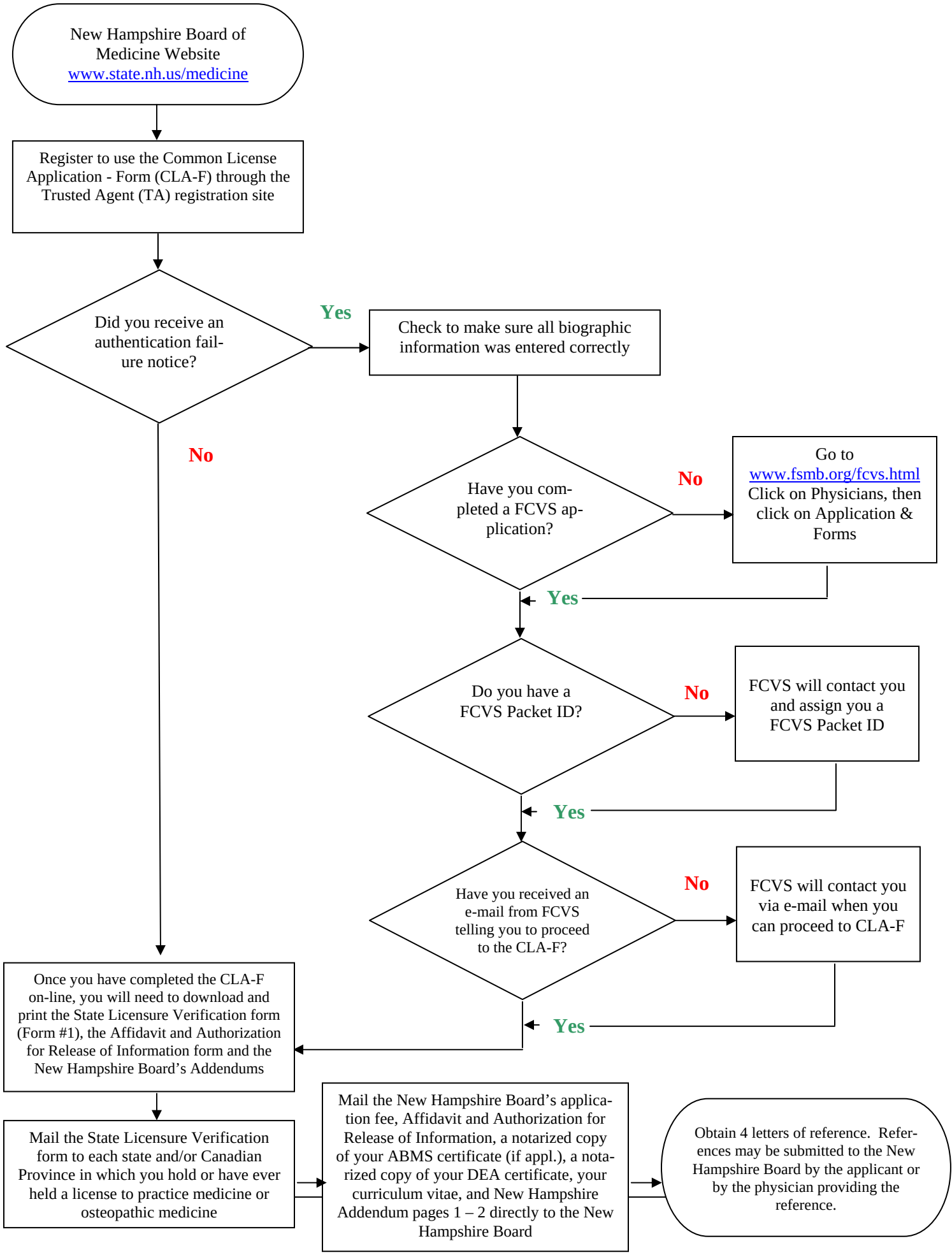
BOARD OF MEDICINE
2 INDUSTRIAL PARK DRIVE, SUITE 8
CONCORD, NEW HAMPSHIRE 03301-8520

Other Information

Your application process is not considered complete until your Board application, licensure verification(s), and FCVS Physician Information Profile are received in a manner satisfactory to the Board. The Board will not accelerate processing of one applicant at the expense of others for any reason. Once completed, your application will be reviewed at the first available Board meeting. Please allow 7-10 working days following the Board meeting for your license to be mailed to you.

Note: Do NOT make commitments to start practicing medicine in New Hampshire until you have been issued a license.

Licensure Process Flowchart


New Hampshire Board of Medicine Website www.state.nh.us/medicine
Register to use the Common License Application - Form (CLA-F) through the Trusted Agent (TA) registration site
Did you receive an authentication failure notice?
Yes
No
Check to make sure all biographic information was entered correctly
Have you completed a FCVS application?
No
Go to www.fsmb.org/fcvs.html Click on Physicians, then click on Application & Forms
Yes
Do you have a FCVS Packet ID?
No
FCVS will contact you and assign you a FCVS Packet ID
Yes
Have you received an e-mail from FCVS telling you to proceed to the CLA-F?
No
FCVS will contact you via e-mail when you can proceed to CLA-F
Yes
Once you have completed the CLA-F on-line, you will need to download and print the State Licensure Verification form (Form #1), the Affidavit and Authorization for Release of Information form and the New Hampshire Board's Addendums
Mail the State Licensure Verification form to each state and/or Canadian Province in which you hold or have ever held a license to practice medicine or osteopathic medicine
Mail the New Hampshire Board's application fee, Affidavit and Authorization for Release of Information, a notarized copy of your ABMS certificate (if appl.), a notarized copy of your DEA certificate, your curriculum vitae, and New Hampshire Addendum pages 1 – 2 directly to the New Hampshire Board
Obtain 4 letters of reference. References may be submitted to the New Hampshire Board by the applicant or by the physician providing the reference.

Begin FCVS application process

Begin CLAF process

If you would like a paper application, you must submit a written request to the New Hampshire Board of Medicine. Please be advised that the FCVS application must also be completed.