

STATE ADDENDUM

Instructions: Print out the state addendum. Complete as instructed and mail to:

NEW HAMPSHIRE BOARD OF MEDICINE
7 EAGLE SQUARE
CONCORD, NEW HAMPSHIRE 03301

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.

ADDENDUM TO APPLICATION

Applicant Name _____ Date _____

Please answer the following questions. **If you answer “yes” to any of these questions, please explain on the reverse side of this sheet, or attach an additional 8 ½” x 11” sheet(s) if necessary.**

1. Have you been actively engaged in the practice of clinical medicine within the past 12 months? Yes No
2. Are you certified by an American Specialty Board? (If yes, provide a notarized copy of all certificates.) Yes No
3. Have you ever, for any reason, lost American Specialty Board Certification? Yes No
4. Have you been denied required recertification by any specialty boards? (If yes, list each board and dates denied.) Yes No
5. Has any medical malpractice suit been brought against you or has any claim been settled on your behalf in the last ten years? (If so, list each suit/claim on the Malpractice Liability Claims Information page within the online Uniform Application.) Yes No
6. Have you ever applied for licensure or to sit for an examination, or taken an examination, under a different name? Yes No
7. Have you ever been denied the privilege of taking or finishing an examination or been accused of cheating or improper conduct during an examination since you graduated from high school? Yes No
8. Have you ever failed any national medical licensure examination or any part of that examination, state board examination, or failed to gain certification from the National Board of Medical Examiners? **You must report all exam failures, even if you later passed the examination.** (This does not include specialty board certification examinations.) Yes No
9. Have you ever failed a foreign licensing or certification examination? Yes No
10. Have you ever been denied a medical license, whether full, limited, or temporary, for any reason? Yes No
11. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, limited, suspended, or revoked, or have you ever resigned from a medical staff in lieu of disciplinary action? Yes No
12. Is any investigation or disciplinary action pending, or has any investigation or disciplinary action been taken against you in the last ten years by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state, or local)? Yes No
13. Have you ever voluntarily surrendered a license to practice medicine or any healing art or allowed such a license to lapse in lieu of facing disciplinary investigation or action? Yes No
14. Have you ever withdrawn an application for licensure, hospital privileges, or appointment for any reason? Yes No

Applicant Name _____ **Date** _____

15. Have you ever been a defendant in a criminal proceeding including driving while under the influence or driving while suspended, which has not been annulled by a court, but not including traffic offenses not classified as misdemeanors or felonies? Yes No

16. Has your privilege to possess, dispense, or prescribe controlled substances ever been suspended, revoked, denied, restricted, or surrendered, or have you ever been charged, investigated, or warned by a state or federal agency based on controlled substance issues? Yes No

17. The NH Board of Medicine (“Board”) acknowledges that it is not only normal but anticipated and acceptable for a physician or a physician assistant to feel overwhelmed from time to time and to seek help when appropriate. The Board emphasizes the importance of provider health, self-care, and appropriate treatment for all health conditions. The Board supports the NH Professionals Health Program (“NHPHP”). The NHPHP provides free-of-charge, confidential and “safe-haven non-reporting” intake assessments, referrals and monitoring (when appropriate) for all NH physicians and physician assistants who have potentially impairing or troubling conditions such as substance use, mental health conditions, burnout, physical illness or disruptive behavior. The Board encourages all providers to read about the NHPHP, provider wellness and resources found at www.nhphp.org.

Are you currently suffering from any condition, mental or physical that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?

Yes No

18. Are you currently or have you in the past been monitored or treated by a private, state, medical society or hospital physician health program, other than through the NH board approved physician health program? Yes No

Anticipated Practice Location(s) (if known):

Applicant's Signature

Applicant's Printed Last Name

Date of Signature

For Board Use Only:

Application Received: _____, 20____ Fee Paid: _____ Check # _____

License Number: _____ Date of Issue: _____