

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE

RENEWAL APPLICATION – PHYSICIAN AND SURGEON (MD)

Full Name

Street Address

City State Zip Code

License Number

RETURN TO:

State Board of Medicine
PO Box 8414
Harrisburg, PA 17105-8414

Check if appropriate

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- NAME CHANGE – The name above is not the current name on the licensure records. (You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. **Form must still be completed – questions answered, signed and dated.**
- I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements. **Renewal must be completed and fee required.**

SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

YES	NO	<i>If you answered yes to questions 2 through 8, provide details AND attach certified copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN</i>
		1. Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction? LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?
		3. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court?
		5. Since your initial application or your last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?
		6. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
		8. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and <u>the date you were served</u> . **If you previously reported the complaint to the Board provide the docket number _____
		9. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

SECTION B – CONTINUING EDUCATION – SELECT ONE BELOW. *You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2014.*

- During this renewal cycle (1/1/11-12/31/12) I have completed the required 100 hours of continuing education with at least 20 hours in courses granted AMA Category 1 approval and at least 12 credit hours in approved activities in the area of patient safety/risk management.
- I am currently enrolled/have participated in an accredited training program during this renewal cycle (1/1/11-12/31/12) and I am exempt from the continuing education requirement.

SECTION C – VERIFICATION OF INFORMATION

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (Mandatory): _____ Date: _____

EXPIRATION DATE: →	December 31, 2012
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →	Fee-waived for 2012 renewal only!
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY: DECEMBER 1, 2012	



Commonwealth of Pennsylvania
Department of Health
2012 Survey of Physicians

License #:
* Required to avoid duplication
* Anonymous & aggregate reporting only

IF YOU HAVE ALREADY SUBMITTED YOUR RENEWAL SURVEY ONLINE DO NOT MAIL THIS SURVEY

The Department of Health, with the support of the Department of State, requests that you complete this survey to assist in understanding and describing the physician workforce. Strict controls are placed upon information when shared for the production of statistical reports and analysis. This information, when released to the public, will be in aggregate form only. To view past physician workforce reports, visit www.health.state.pa.us/workforce. Thank you for your cooperation!

- 1. Year of Birth
2. Sex: Male Female
3. Hispanic or Latino Origin Yes No
4. Race (check one) American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White/Caucasian Other
5. State of Residence (State Abbreviation) Non-US (check) 5a. County of Residence (Codes on page 3)
6. In which state did you obtain your DO or MD degree? (State Abbreviation) Non-US (check)
6a. In what year did you obtain this degree?
7. In which state did you complete your medical internship/residency for your primary specialty? (State Abbreviation) Non-US (check)
8. In which state were you first licensed as a physician? (State Abbreviation) Non-US License (check)
8a. In what year was this first license issued?
9. Are you currently in a graduate training program? Yes No
10. Enter the code number that best describes your primary specialty:

Note: All surgical specialties are listed alphabetically under surgery

- 01=Adolescent Medicine 18=Internal Medicine - General 35=Preventive Medicine
02=Allergy & Immunology 19=Maternal & Fetal Medicine 36=Psychiatry - General
03=Anesthesiology 20=Medical Genetics 37=Psychiatry - Adult
04=Cardiovascular Disease 21=Neonatal-Perinatal Medicine 38=Psychiatry - Child & Adolescent
05=Critical Care Medicine 22=Nephrology 39=Pulmonary Disease
06=Dermatology 23=Neurology 40=Radiation Oncology
07=Emergency Medicine 24=Neuromusculoskeletal Medicine 41=Radiology
08=Endocrinology, Diabetes and Metabolism 25=Nuclear Medicine 42=Rheumatology
09=Family Medicine 26=Obstetrics & Gynecology 43=Surgery - General
10=Gastroenterology 27=Occupational Medicine 44=Surgery - Colon and Rectal
11=General Practice 28=Oncology 45=Surgery - Neurological
12=Geriatric Medicine 29=Ophthalmology 46=Surgery - Orthopedic
13=Gynecology Only 30>Otolaryngology 47=Surgery - Pediatric
14=Hematology 31=Pathology 48=Surgery - Plastic
15=Hospice & Palliative Medicine 32=Pediatrics - General 49=Surgery - Thoracic & Cardiac
16=Hospitalist 33=Pediatrics - Subspecialties 50=Surgery - Vascular
17=Infectious Diseases 34=Physical Medicine & Rehabilitation 51=Urology

- 10a. Did you complete an accredited residency program or fellowship in your primary specialty? Yes No
10b. Are you ABMS or AOA certified in your primary specialty? Yes No
10c. Are you actively practicing your primary specialty? Yes No >> If 'No', skip to question 11
10d. In which state are you primarily practicing your primary specialty? (State Abbreviation) Non-US (check)
10e. In which county are you primarily practicing your primary specialty? (Codes on page 3)
If you do not practice in Pennsylvania, select 00 for not in Pennsylvania.

List any other counties in which you practice your primary specialty. (Codes on page 3)
10f. 10g.



11. Do you have a secondary specialty? Yes No >> if 'No', skip to question 12
- 11a. Enter the code number from the list in question 10 that best describes your secondary specialty:
- 11b. Did you complete an accredited residency program or fellowship in your secondary specialty? Yes No
- 11c. Are you ABMS or AOA certified in your secondary specialty? Yes No
- 11d. Are you actively practicing your secondary specialty? Yes No >> if 'No', skip to question 12
- 11e. In which state are you primarily practicing your secondary specialty? (State Abbreviation) Non-US (check)
- 11f. In which county are you primarily practicing your secondary specialty? (Codes on page 3)
If you do not practice in Pennsylvania, select 00 for not in Pennsylvania.
- List any other counties in which you practice your secondary specialty. (Codes on page 3) 11g. 11h.
12. In the past 12 months, did you volunteer your services as a physician in Pennsylvania? Yes No
13. In the past 12 months, did you provide direct patient care in a safety net facility in Pennsylvania, including volunteer hours?
Note: for the purposes of this survey, a safety net provider includes the following: free health clinic, Federally Qualified Health Center (FQHC), Federally Qualified Health Center Look Alike (FQHC-LA) or Certified Rural Health Clinic (RHC).
 Yes No
14. Have you ever delivered babies as part of your practice? Yes No >> if 'No', skip to question 15
- 14a. Do you currently deliver babies as part of your practice? Yes No
- 14b. In the past 24 months, did you stop delivering babies as part of your practice? Yes No
15. What is your current employment status? (select the best fitting category)
- | | |
|---|--|
| <input type="checkbox"/> Employed in health care (direct, indirect) | <input type="checkbox"/> Unemployed, disabled |
| <input type="checkbox"/> Employed, not in health care | <input type="checkbox"/> Unemployed, not seeking work in health care |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed, seeking work in health care |

If employed in health care continue to question 16.

If employed, not in health care, unemployed or retired, you have finished the survey. Thank you!!

16. Are you employed by or do you own a medical practice? Employed by Full/Part Owner Neither
 >> if 'Neither', skip to question 17
- 16a. Does this practice include Physician Assistants? Yes No
- 16b. Does this practice include Nurse Practitioners? Yes No
17. Which practice setting best describes where you work the most hours each week? (check one)
- | | | |
|---|---|--|
| <input type="checkbox"/> Ambulatory Surgical Facility | <input type="checkbox"/> Hospital - Outpatient | <input type="checkbox"/> Office/Clinic - Single Specialty |
| <input type="checkbox"/> Business/Industry | <input type="checkbox"/> Medical School | <input type="checkbox"/> Office/Clinic - Solo Practice |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Nursing Home or Extended Care Facility | <input type="checkbox"/> Public Health - Federal/State/Local |
| <input type="checkbox"/> Hospital - Federal/State | <input type="checkbox"/> Office/Clinic - Free/No Charge | <input type="checkbox"/> Research Laboratory |
| <input type="checkbox"/> Hospital - Inpatient | <input type="checkbox"/> Office/Clinic - Multi Specialty | <input type="checkbox"/> Other _____ |
18. Are you currently providing clinical or direct patient care on a regular basis? Yes No >> if 'Yes', skip to question 19
- 18a. How many years has it been since you provided clinical or direct patient care?
 Less than 2 years 2 to less than 5 years 5 to less than 10 years 10+ Years
19. Indicate the number of hours you spent in Pennsylvania during the average week in the past 12 months on each activity below:
Note: For purposes of this survey, direct patient care includes the amount of time a physician spends directly with patients in a medical setting; including time spent on patient record keeping and patient specific office work. This would also include 'on call' hours if the physician is required to remain in a medical facility.
- | | |
|---|--|
| 19a. <input type="checkbox"/> <input type="checkbox"/> Administration | 19b. <input type="checkbox"/> <input type="checkbox"/> Research |
| 19c. <input type="checkbox"/> <input type="checkbox"/> Teaching/Education | 19d. <input type="checkbox"/> <input type="checkbox"/> Clinical or direct patient care |

If you responded with zero hours of 'clinical or direct patient care', you have finished the survey. Thank you!!

20. Do you accept Medicaid patients? Yes No 20a. Are you accepting new Medicaid patients? Yes No
21. Do you accept Medicare patients? Yes No 21a. Are you accepting new Medicare patients? Yes No

License #: _____



22. In the past 6 months, did you personally provide language interpretive services to patients? (languages other than English)
 Yes No >>If 'No', skip to question 23

22a. In which languages did you personally provide language interpretive service to patients? (check all that apply)

- Arabic Chinese French German Hindi Italian
 Korean Russian Sign Language Spanish Urdu Other _____

The following seven questions ask about your use of information technology (IT) in your practice in the past 6 months.

23. Did you use IT to obtain information about treatment alternatives or recommended guidelines? Yes No
24. Did you use IT to generate reminders for you about preventive services? Yes No
25. Did you use IT to access medical records, patient notes, medication lists or problem lists? Yes No
26. Did you use IT to exchange clinical data and/or images with other practitioners? Yes No
27. Did you use IT to exchange clinical data and/or images with hospitals and/or laboratories? Yes No
28. Did you use IT to send patient prescriptions to pharmacies? Yes No
29. Did you use IT to communicate directly with patients? (e.g., email or secure messaging) Yes No
30. In the past 12 months, how satisfied were you with your medical career?
 Very Satisfied Satisfied Dissatisfied Very Dissatisfied
31. Overall, how satisfied are you with your medical career?
 Very Satisfied Satisfied Dissatisfied Very Dissatisfied
32. What is the greatest source of your professional satisfaction? (check one)
 Decision making autonomy Financial reasons -- salary/income Financial reasons -- other, including insurance
 Intellectual challenge Patient relationships Practice environment
 Staff relationships Other: _____
33. What is the greatest source of your professional dissatisfaction? (check one)
 Availability of leisure time Decision making autonomy Financial reasons -- salary/income
 Financial reasons -- other, including insurance Patient relationships Practice environment
 Staff relationships Time spent with patients Other: _____
34. How long have you practiced medicine in Pennsylvania?
 Less than 3 years 3 to less than 6 years 6 to less than 11 years 11 to less than 16 years 16+ years
35. How much longer do you anticipate practicing medicine in Pennsylvania?
 Less than 3 years 3 to less than 6 years 6 to less than 11 years 11 to less than 16 years 16+ years
36. How much longer do you anticipate practicing direct patient care in Pennsylvania?
 Less than 3 years 3 to less than 6 years 6 to less than 11 years 11 to less than 16 years 16+ years
37. If you plan to leave direct patient care in Pennsylvania in less than 6 years, indicate your primary reason below (check one).
 Change careers Complete further training Family reasons
 Financial reasons -- salary/income Financial reasons -- other, including insurance Physical demands
 Practice demands Retirement Relocation
 Stress/burnout Other: _____

Thank you!

If you are interested in learning more about emergency disaster response effort volunteer opportunities in Pennsylvania, please access www.serv.pa.gov for more information.

Pennsylvania County Codes						
01=Adams	11=Cambria	21=Cumberland	31=Huntingdon	41=Lycoming	51=Philadelphia	61=Venango
02=Allegheny	12=Cameron	22=Dauphin	32=Indiana	42=McKean	52=Pike	62=Warren
03=Armstrong	13=Carbon	23=Delaware	33=Jefferson	43=Mercer	53=Potter	63=Washington
04=Beaver	14=Centre	24=Elk	34=Juniata	44=Mifflin	54=Schuylkill	64=Wayne
05=Bedford	15=Chester	25=Eric	35=Lackawanna	45=Monroe	55=Snyder	65=Westmoreland
06=Berks	16=Clarion	26=Payette	36=Lancaster	46=Montgomery	56=Somerset	66=Wyoming
07=Blair	17=Clearfield	27=Forest	37=Lawrence	47=Montour	57=Sullivan	67=York
08=Bradford	18=Clinton	28=Franklin	38=Lebanon	48=Northampton	58=Susquehanna	
09=Bucks	19=Columbia	29=Fulton	39=Lehigh	49=Northumberland	59=Tioga	00=Not in PA
10=Butler	20=Crawford	30=Greene	40=Luzerne	50=Perry	60=Union	