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**Rules of**  
**Department of Economic**  
**Development**  
**Division 150—State Board of Registration**  
**for the Healing Arts**  
**Chapter 2—Licensing of Physicians and Surgeons**

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## Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

### Division 150—State Board of Registration for the Healing Arts Chapter 2—Licensing of Physicians and Surgeons

#### 4 CSR 150-2.001 Definitions

*PURPOSE:* This rule advises the public of the definitions which the board has adopted for certain terms which are used in Chapter 334, RSMo.

(1) The term “extenuating circumstances,” as used in section 334.090, RSMo, shall mean the existence of those circumstances under which an ordinary prudent person would not have timely registered. Notwithstanding the previously mentioned, failure to receive a renewal notice is not an extenuating circumstance.

(2) The term “hospitals approved by the board,” as used in section 334.045, RSMo, shall mean all hospitals which are approved and accredited to teach graduate medical education by the accreditation counsel on graduate medical education of the American Medical Association or the education committee of the American Osteopathic Association.

(3) The term “reasonable intervals,” as used in section 334.100.2(24)(d), RSMo, shall mean not less than annually.

(4) The term “timely pay,” as used in section 334.100.2(4)(n), RSMo, shall mean any license renewal fee received by the board within sixty (60) days of the license renewal date.

(5) The term “American Specialty Board,” as used in Chapter 334, RSMo, and its accompanying rules and regulations shall mean any specialty board formally recognized by the American Board of Medical Specialties, the American Medical Association or the American Osteopathic Association.

*AUTHORITY:* sections 334.045 and 334.125, RSMo Supp. 1995 and 334.090 and 334.100, RSMo 1994.\* Original rule filed Jan. 19, 1988, effective April 15, 1988. Amended: Filed April 15, 1996, effective Nov. 30, 1996.

\*Original authority: 334.045, RSMo 1963, amended 1981, 1987, 1989, 1993, 1995; 334.090, RSMo 1945, amended 1951, 1959, 1963, 1981, 1987; 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993; and 334.125, RSMo 1959, amended 1993, 1995.

#### 4 CSR 150-2.004 Postgraduate Training Requirements for Permanent Licensure

*PURPOSE:* Section 334.035, RSMo requires every applicant for a permanent license as a physician and surgeon to provide the Missouri State Board of Registration for the Healing Arts with satisfactory evidence of having successfully completed postgraduate training in hospitals, or medical or osteopathic colleges as the board may prescribe by rule. This rule establishes the postgraduate training requirements which each applicant for a permanent license must satisfy. The board recognizes that certain limited situations may occur in which it would be in the best interest of the inhabitants of this state for the board to waive the postgraduate training requirements of this rule. Therefore, this rule also establishes the criteria which an applicant must fulfill before the board may waive the postgraduate training requirements of this rule.

(1) Every applicant for a permanent license as a physician and surgeon who is a graduate of a medical college, approved and accredited by the American Medical Association (AMA) or its Liaison Committee on Medical Education, or an osteopathic college approved and accredited by the American Osteopathic Association (AOA), must present a certificate with his/her application evidencing the satisfactory completion of one (1) year of postgraduate training in a program which is approved and accredited to teach postgraduate medical education by the accreditation counsel on graduate medical education of the AMA or the education committee of the AOA.

(2) Every applicant for a permanent license as a physician and surgeon who is not a graduate of a medical college, approved and accredited by the AMA or its Liaison Committee on Medical Education, or an osteopathic college approved and accredited by the AOA, must present, with his/her application, a certificate evidencing the satisfactory completion of three (3) years of postgraduate training in one (1) recognized specialty area of medicine in a program which is approved and accredited to teach postgraduate medical education by the accreditation council on graduate medical education of the AMA or the education committee of the AOA.

(3) Notwithstanding the provisions of sections (1) and (2) of this rule, the board may waive any portion of the postgraduate training requirements of this rule if the applicant is American Specialty Board-eligible to take an

American Specialty Board-certifying examination and the applicant has achieved a passing score (as defined in this chapter) on a licensing examination administered in a state or territory of the United States or the District of Columbia. The board also may waive any of the postgraduate training requirements of this rule if the applicant is a graduate of a program approved and accredited to teach medical education by the Canadian Royal College of Physicians and Surgeons and has one (1) year of postgraduate training in a program approved and accredited to teach postgraduate medical education by the Canadian Royal College of Physicians and Surgeons. The board may also waive any of the postgraduate training requirements of this rule if the applicant has served for three (3) or more years as a full-time faculty member of a medical college approved and accredited by the AMA or its Liaison Committee on Medical Education, or an osteopathic college approved and accredited by the AOA. Prior to waiving any of the postgraduate training requirements of this rule, the board may require the applicant to achieve a passing score on one (1) of the following: The Appropriate Specialty Board’s certifying examination in the physician’s field of specialization, Component 2 of the Federation Licensing Examination (FLEX) by December 31, 1993, Step 3 of the United States Medical Licensing Examination (USMLE), or the Federation of State Medical Boards’ Special Purpose Examination (SPEX). If the board waives any of the postgraduate training requirements of this rule, then the license issued to the applicant may be limited or restricted to the specialty area for which the applicant is American Specialty Board eligible.

*AUTHORITY:* sections 334.035, RSMo Supp. 1987 and 334.125, RSMo 1986.\* Emergency rule filed Nov. 16, 1987, effective Dec. 31, 1987, expired April 29, 1988. Original rule filed Feb. 17, 1988, effective April 28, 1988. Amended: Filed Dec. 23, 1988, effective May 1, 1989. Amended: Filed Jan. 3, 1991, effective June 10, 1991. Emergency amendment filed July 17, 1992, effective Aug. 1, 1992, expired Nov. 28, 1992. Emergency amendment filed Nov. 16, 1992, effective Nov. 29, 1992, expired March 28, 1993. Amended: Filed July 17, 1992, effective April 8, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994.

\*Original authority: 334.035, RSMo 1987 and 334.125, RSMo 1959.



**4 CSR 150-2.005 Examination Requirements for Permanent Licensure**

*PURPOSE: Chapter 334, RSMo requires each applicant for a permanent license as a physician and surgeon to be examined by the board. This rule specifies which examinations are acceptable to the board, explains the requirements for achieving a passing score on a licensing examination, limits the number of occasions on which an applicant may attempt to achieve a passing score on a licensing examination, requires additional postgraduate training before certain applicants may be examined by the board, establishes criteria which must exist before the board may waive certain requirements of this rule and authorizes the board to limit or restrict a license issued pursuant to a waiver of the requirements of this rule.*

(1) The board shall not issue a permanent license as a physician and surgeon to any applicant who has not met the qualifications set forth under either subsection (1)(A), (B) or (C) of this rule:

(A) Applicant has received a passing score on either any of the following:

1. A licensing examination administered in one (1) or more states or territories of the United States or the District of Columbia;

2. Components 1 and 2 of the Federation Licensing Examination (FLEX) before January 1, 1994; or

3. Each of the three (3) Steps of the United States Medical Licensing Examination (USMLE) within a seven (7)-year period. Applicant shall not be deemed to have received a passing score on any Step of the USMLE unless applicant has received a passing score on that Step within three (3) attempts. Failure to pass any USMLE Step shall be considered a failure to pass that Step for purposes of Missouri licensure, regardless of the jurisdiction in which the Step was administered; or

4. One (1) of the hybrid combinations of FLEX, USMLE, NBME (National Board of Medical Examiners) and NBOE (National Board of Osteopathic Examiners) examinations as set forth here, if completed before January 1, 2000:

NBOE Part I, NBME Part I or USMLE

Step 1

plus

NBOE Part II, NBME Part II or USMLE

Step 2

plus

NBOE Part III, NBME Part III or USMLE

Step 3

or

FLEX Component I

plus

USMLE Step 3

or

NBOE Part I, NBME Part I or USMLE

Step 1

plus

NBOE Part II, NBME Part II or USMLE

Step 2

plus

FLEX Component 2; or

(B) Applicant has received a certificate of the NBME of the United States, chartered under the laws of the District of Columbia or a certificate of the National Board of Examiners for Osteopathic Physicians and Surgeons, chartered under the laws of Indiana; or

(C) Applicant has received both a passing score on the Licentiate of the Medical Council of Canada (LMCC) and the medalist award in either medicine or surgery from the Royal College of Physicians and Surgeons.

(2) Beginning January 1, 1994, the licensing examination administered by Missouri shall be Part 3 of the USMLE.

(3) To receive a passing score, the applicant must achieve a weighted average score of not less than seventy-five percent (75%) on the FLEX, a two-digit scaled score of not less than seventy-five (75) on the USMLE, or an average score of not less than seventy-five (75) on any other licensing examination. Applicants who have taken the FLEX examination prior to 1985 may not average scores from a portion of the examination taken at one (1) test administration with scores from any other portion of the examination taken at another test administration to achieve a passing score. Applicants may not average scores from different Steps of the USMLE or from portions of different examinations in order to achieve a passing score.

(4) The board shall not issue a permanent license as a physician and surgeon or allow the Missouri State Board examination to be administered to any applicant who has failed to achieve a passing score cumulatively three (3) times or more on licensing examinations administered in one (1) or more states or territories of the United States, the District of Columbia or Canada.

(5) The board shall not allow any applicant, who has failed to achieve a passing score cumulatively two (2) times or more on licensing examinations administered in one (1) or more states or territories of the United States, the District of Columbia or Canada to take the licensing examination administered by the

board until the applicant has successfully completed one (1) additional year of postgraduate training in a program which is approved and accredited to teach postgraduate medical education by the accreditation counsel on graduate medical education of the American Medical Association or the education committee of the American Osteopathic Association following the second unsuccessful attempt to pass a licensing examination.

(6) The board may waive the provisions of section (4) of this rule if the applicant is American Specialty Board-certified, licensed to practice as a physician and surgeon in another state of the United States or the District of Columbia and the applicant has achieved a passing score on a licensing examination administered in a state or territory of the United States or the District of Columbia. Prior to waiving the provisions of section (4) of this rule, the board may require the applicant to achieve a passing score on one (1) of the following: The American Specialty Board's certifying examination in the physician's field of specialization, Part II of the FLEX or the Federation of State Medical Board's Special Purpose Examination (SPEX). If the board waives the provisions of section (4) of this rule, then the license issued to the applicant may be limited or restricted to the applicant's board specialty.

*AUTHORITY: sections 334.031, 334.040, 334.043 and 334.125, RSMo 1986.\* Original rule filed Feb. 17, 1988, effective May 12, 1988. Amended: Filed Sept. 5, 1990, effective Feb. 14, 1991. Emergency amendment filed July 17, 1992, effective Aug. 1, 1992, expired Nov. 28, 1992. Emergency amendment filed Nov. 16, 1992, effective Nov. 29, 1992, expired March 28, 1993. Amended: Filed July 17, 1992, effective April 8, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994.*

*\*Original authority: 334.031, RSMo 1959, amended 1981; 334.040, RSMo 1939, amended 1941, 1945, 1951, 1959, 1981; 334.043, RSMo 1959, amended 1981, 1983; and 334.125, RSMo 1959.*

**4 CSR 150-2.010 Applicants for Licensing by Examination**

*PURPOSE: This rule provides requirements to applicants desiring to take the examination in Missouri for permanent licensure to practice as a physician and a surgeon.*

(1) The applicant shall furnish satisfactory evidence as to his/her innocence of unprofessional or dishonorable conduct and good

moral character, including postgraduate reference letters from the applicant's training programs.

(2) The applicant shall furnish a certificate of graduation from an accredited high school, satisfactory evidence of completion of pre-professional education consisting of a minimum sixty (60) semester hours of college credit in acceptable subjects from a reputable college or university approved by the board.

(3) The applicant shall furnish satisfactory evidence of having attended throughout at least four (4) terms of thirty-two (32) weeks of actual instructions in each term and of having received a diploma from some reputable medical or osteopathic college that enforces requirements of four (4) terms of thirty-two (32) weeks for actual instruction in each term, including, in addition to class work, experience in operative and hospital work during the last two (2) years of instruction as is required by the American Medical Association (AMA) and the American Osteopathic Association (AOA) before the college is approved and accredited as reputable.

(4) All applicants shall have on file, in the office of the executive director, a photocopy of their professional degrees before licenses can be issued to them.

(5) For applicants desiring to take the board's examination after January 1, 1994, the applicant shall furnish satisfactory evidence of having passed—

(A) Component 1 of the Federation Licensing Examination (FLEX); or

(B) Both—

1. Part I of the NBME (National Board of Medical Examiners) examination, Part I of the NBOE (National Board of Osteopathic Examiners) examination or Step 1 of the USMLE (United States Medical Licensing Examination); and

2. Part II of the NBME examination or Part II of the NBOE examination or Step 2 of the USMLE.

(6) For applicants desiring to take the examination after January 1, 1994, the applicant shall provide evidence that the applicant will have met the board's postgraduate training requirements as stated in 4 CSR 150-2.004, within sixty (60) days of the examination.

(7) Upon proper showing, the State Board of Registration for the Healing Arts may accept the certificate of the National Board of Medical Examiners of the United States, chartered under the laws of the District of

Columbia, of The National Board of Examiners for Osteopathic Physicians and Surgeons, chartered under the laws of Indiana, in lieu of and as equivalent to its own professional examination, upon proper application and an appropriate fee to be established by the board.

(8) The board does not necessarily accept the operative and hospital work of any medical or osteopathic school outside the United States and Canada; therefore an applicant from an international school may be required to have at least three (3) years of AMA/AOA approved training in a hospital in the United States approved for resident training by the board before making application for examination.

(A) This applicant must furnish to the board a copy of his/her credentials in the original form with translated copy of each attached and shall be verified to the board by the school of graduation direct or documents bearing the evidence shall be visaed by the United States consul in the country the school of graduation is or was located.

(B) This applicant is required to get a certificate from the Educational Commission for Foreign Medical Graduates or show evidence to the board that s/he has passed the equivalent examination in another state or national board.

(9) Medical or osteopathic colleges in Canada, at the discretion of the board, may not be considered international schools by the State Board of Registration for the Healing Arts.

*AUTHORITY: section 334.125, RSMo Supp. 1995.\* Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed Aug. 10, 1984, effective Jan. 1, 1987. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed April 15, 1996, effective Nov. 30, 1996.*

*\*Original authority: 334.125, RSMo 1959, amended 1993, 1995.*

*State Board of Registration for the Healing Arts of Missouri v. De Vore, 517 SW2d 480 (Mo. App. 1975). Administrative Hearing Commission Act, section 161.252, RSMo (1969), repealed the former authority of the board to conduct evidentiary hearings on the qualifications of applicants for licensure.*

*State Board of Registration for the Healing Arts of Missouri v. Masters, 512 SW2d 150 (Mo. App. 1974). Board's refusal to issue osteopath an annual certificate of registration*

*held not tantamount to refusal to renew license as would give Administrative Hearing Commission jurisdiction and authority.*

*State Board of Registration for the Healing Arts of Missouri v. Masters, 512 SW2d 150 (Mo. App. 1974). Board may not issue annual certificate of registration to person who is not licensed to practice medicine in this state.*

*Op. Atty. Gen. No. 257, Goode (6-1-70). Pathology is a branch of the practice of medicine within the provisions of Chapter 334, RSMo (1969) and a profession under the jurisdiction of the State Board of Registration for the Healing Arts, and that an individual must be licensed by the board before s/he can lawfully practice pathology. The prosecuting and circuit attorneys have the responsibility for criminal prosecutions arising out of violations of Chapter 334.*

*Op. Atty. Gen. No. 82, Hardwicke (3-1-65). Physicians who accept professional staff appointments in Missouri hospitals and regularly practice medicine and surgery in those hospitals are maintaining an "appointed place to meet patients or receive calls within the limits of this state." These physicians are required to have a Missouri license.*

*Op. Atty. Gen. No. 36, Hailey (3-29-55). A physician who is not licensed in the state of Missouri may not engage in activities constituting the practice of medicine within the state, regardless of who his/her employer may be or under whose supervision s/he may do so.*

#### 4 CSR 150-2.015 Determination of Competency

*PURPOSE: This rule complies with the provisions of section 334.100.2(24), RSMo and specifies the procedures to be followed under this statute in determining competency.*

(1) Whenever the board has reason to believe that a physician or surgeon is unable to practice with reasonable skill and safety to patients by reasons of incompetency, illness, drunkenness, excessive use of drugs, narcotics, chemicals or as a result of any mental or physical condition, the board may hold a hearing to determine whether probable cause exists to reexamine to establish competency in a specialty, examine a pattern and practice of professional conduct or to examine to determine mental or physical competency, or both.

(2) Notice of the probable cause hearing shall be served on the licensee within a reasonable amount of time before the hearing, but in no event later than ten (10) days before the hearing.

(3) Following the probable cause hearing and upon a finding by the board that probable cause exists to determine a physician's or surgeon's competency, the board shall issue an order setting forth the allegations leading to a finding of probable cause, the method of further determination of competency, the instructions to the competency panel, the time frame for determination and the final order to be issued by the board in the event the physician fails to designate an examining physician to the board or fails to submit to an examination when directed. The board may include the reasonable intervals at which the physician may be given an opportunity to demonstrate competency.

(4) Members of the competency panel shall be licensed to practice the healing arts in Missouri. Panels which review physicians who graduated from a medical school accredited by the American Medical Association (AMA) shall be composed of graduates from an AMA-accredited medical school. Panels which review physicians who graduated from a medical school accredited by the American Osteopathic Association (AOA) shall be composed of graduates from an AOA-accredited medical school. The panel shall be reimbursed by the board for reasonable and necessary expenses, and at a per-diem rate identical to that provided for Board of Healing Arts members in section 334.120, RSMo. Neither the physician nor the board shall pay or make any other compensation of any kind to the panel for its review.

(5) Following a determination by the panel, the panel shall make one (1) majority written report to the board either that the physician examined is able to practice with reasonable skill and safety to patients or that the physician examined is unable to practice with reasonable skill and safety to patients and specify the reasons or grounds for the opinion.

(6) Upon receipt of the written report from the panel, the board shall serve the physician with a copy of the report and notify the physician of the time, date and place of the meeting at which the board will formally accept and review the findings of the panel and determine a final order of discipline based on the evidence presented by the written report of the panel and any other evidence that pertains to the issue of the final order of discipline to be imposed.

*AUTHORITY: section 334.100, RSMo Supp. 1990.\* Original rule filed Oct. 14, 1976, effective Jan. 13, 1977. Rescinded and readopted: Filed Dec. 13, 1989, effective April 1, 1990.*

*\*Original authority: 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990.*

**4 CSR 150-2.020 Examination**

*PURPOSE: This rule provides specific instructions to applicants regarding examination procedures.*

(1) The executive director will notify applicants of the time and place examinations are to be held as soon as possible.

(2) Any applicant detected in seeking or giving help during the hours of the examination will be dismissed and his/her paper cancelled.

*AUTHORITY: sections 334.043, RSMo 1994 and 334.125, RSMo Supp. 1995.\* This version of rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed Jan. 12, 1982, effective April 11, 1982. Amended: Filed June 5, 1986, effective Sept. 26, 1986. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed April 15, 1996, effective Nov. 30, 1996.*

*\*Original authority: 334.043, RSMo 1959, amended 1981, 1983, 1993 and 334.125, RSMo 1959, amended 1993, 1995.*

*State Board of Registration for the Healing Arts of Missouri v. De Vore, 517 SW2d 480 (Mo. App. 1975). Administrative Hearing Commission Act section 161.252, RSMo (1969) repealed the former authority of the board to conduct evidentiary hearings on the qualifications of applicants for licensure.*

**4 CSR 150-2.030 Licensing by Reciprocity**

*PURPOSE: This rule provides information to those applicants desiring licensure by reciprocity.*

(1) The applicant shall furnish a postgraduate reference letter from each institution where s/he is a house officer, meaning either intern or resident.

(2) The applicant shall furnish a certificate of graduation from an accredited high school. Satisfactory evidence of completion of pre-professional education consisting of a minimum of sixty (60) semester hours of college

credit in acceptable subjects from a reputable college or university approved by the board.

(3) The applicant shall furnish satisfactory evidence of having attended throughout at least four (4) terms of thirty-two (32) weeks of actual instructions in each term of a professional college recognized as reputable by the board and of having received a diploma from a professional college recognized as reputable by the board.

(4) Applicants for licensing by reciprocity who have been examined successfully by any professional board considered competent by the Missouri State Board of Registration for the Healing Arts, and having received grades not less than those required by the board, and holding certificates as physicians and surgeons in any state or territory of the United States or the District of Columbia and, in addition, presenting to the board satisfactory certificates that they in every way fulfilled all the scholastic and other requirements of the Missouri State Board of Registration for the Healing Arts, at the discretion of the board, and upon showing to the State Board of Registration for the Healing Arts may receive from the board a license to practice as a physician and surgeon in Missouri without further examination. Applicants may be required to appear before the board in person.

(5) The applicant is required to make application (see 4 CSR 150-2.040) upon a form prepared by the board.

(6) No application will be considered unless fully and completely made out on the specified form properly attested.

(7) An applicant for reciprocity shall present, attached to the application, a recent photograph, not larger than three and one-half inches by five inches (3 1/2" x 5").

(8) Applications shall be sent to the executive director of the State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(9) The fee for reciprocity shall be an appropriate fee to be established by the board. The fee shall be sent in the form of a bank draft or post office money order or express money order. Personal checks will not be accepted.

(10) The applicant shall furnish, on a form prescribed by the board, verification of licensure from every state, territory or international country in which the applicant has ever been licensed to practice the healing arts.

(11) The professional diploma and verification of licensure shall be sent to the executive director of the State Board of Registration for the Healing Arts for verification. Photocopies of the documents may be accepted at the discretion of the board.

(12) When an applicant has filed his/her application and an appropriate fee, to be established by the board, for licensure by reciprocity and the application is denied by the board or subsequently withdrawn by the applicant, an appropriate fee established by the board will be retained by the State Board of Registration for the Healing Arts as a service charge.

(13) An applicant who cumulatively three (3) times or more has failed a licensing examination administered in one (1) or more states or territories of the United States or the District of Columbia will not be licensed by reciprocity in this state by the board.

*AUTHORITY: section 334.125, RSMo Supp. 1995.\* This version of rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed Jan. 13, 1982, effective April 11, 1982. Amended: Filed Dec. 23, 1988, effective May 1, 1989. Amended: April 15, 1996, effective Nov. 30, 1996.*

*\*Original authority: 334.125, RSMo 1959, amended 1993, 1995.*

*State Board of Registration for the Healing Arts of Missouri v. De Vore, 517 SW2d 480 (Mo. App. 1975). Administrative Hearing Commission Act section 161.252, RSMo (1969) repealed the former authority of the board to conduct evidentiary hearings on the qualifications of applicants for licensure.*

*State Board of Registration for the Healing Arts of Missouri v. Masters, 512 SW2d 150 (Mo. App. 1974). Board may not issue annual certificate of registration to person who is not licensed to practice medicine in this state.*

*Op. Atty. Gen. No. 257, Goode (6-1-70). Pathology is a branch of the practice of medicine within the provisions of Chapter 334, RSMo (1969) and a profession under the jurisdiction of the State Board of Registration for the Healing Arts, and that an individual must be licensed by the board before s/he can lawfully practice pathology. The prosecuting and circuit attorneys have the responsibility for criminal prosecutions arising out of violations of Chapter 334.*

*Op. Atty. Gen. No. 82, Hardwicke (3-1-65). Physicians who accept professional staff appointments in Missouri hospitals and regu-*

*larly practice medicine and surgery in those hospitals are maintaining an "appointed place to meet patients or receive calls within the limits of this state." These physicians are required to have a Missouri license.*

*Op. Atty. Gen. No. 36, Hailey (3-29-55). A physician who is not licensed in the state of Missouri may not engage in activities constituting the practice of medicine within the state, regardless of who his/her employer may be or under whose supervision s/he may do so.*



STATE OF MISSOURI  
BOARD OF REGISTRATION FOR THE HEALING ARTS  
**VERIFICATION OF LICENSURE**

P.O. BOX 4  
JEFFERSON CITY, MISSOURI 65102  
(314) 751-0171

Please type or print in **BLACK** ink.

I, \_\_\_\_\_, hereby authorize and request the state board of \_\_\_\_\_ having control of any documents, records and other information pertaining to me to furnish to the MISSOURI STATE BOARD FOR THE HEALING ARTS, information including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

SIGNATURE OF APPLICANT	LICENSE NUMBER	ISSUE DATE
NAME IN FULL (PLEASE PRINT)	DATE OF BIRTH	SOCIAL SECURITY NO. (identification purposes)
OTHER NAMES USED IN OBTAINING LICENSURE		
CURRENT ADDRESS (street, city, state and zip code)		

THE FOLLOWING SECTION MUST BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MISSOURI BOARD OF HEALING ARTS.

STATE, TERRITORY OR FOREIGN COUNTRY OF	FULL NAME OF LICENSEE	
GRADUATE OF	LICENSE NUMBER	ISSUE DATE
LICENSE METHOD <input type="checkbox"/> NATIONAL BOARD <input type="checkbox"/> STATE BOARD EXAM <input type="checkbox"/> FLEX EXAMINATION <input type="checkbox"/> RECIPROCIITY W/ _____ <input type="checkbox"/> OTHER (SPECIFY)      ▶		

- |  |     |    |
|--|-----|----|
| 1. HAS THE APPLICANT EVER BEEN NOTIFIED OR REQUESTED TO APPEAR BEFORE ANY LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? <b>IF YES, ATTACH DETAILS</b>         | YES | NO |
| 2. HAS APPLICANT EVER BEEN THE SUBJECT OF COMPLAINTS OR CHARGES RECEIVED BY A DISCIPLINARY AUTHORITY IN YOUR STATE? <b>IF YES, ATTACH DETAILS</b>                  |     |    |
| 3. HAS THE APPLICANT EVER BEEN WARNED, CENSURED OR DISCIPLINED IN ANY MANNER BY A LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? <b>IF YES, ATTACH DETAILS</b> |     |    |
| 4. HAS ANY APPLICATION FOR INITIAL LICENSURE OR REINSTATEMENT EVER BEEN DENIED? <b>IF YES, ATTACH DETAILS</b>  |     |    |

COMMENTS, IF ANY

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BOARD SEAL	SIGNATURE AND TITLE	DATE
	STATE BOARD	



**4 CSR 150-2.040 Application Forms**

*PURPOSE:* This rule provides instructions for filing applications in the office of the State Board of Registration for the Healing Arts requesting permanent licensure in Missouri.

*(1969) repealed the former authority of the board to conduct evidentiary hearings on the qualifications of applicants for licensure.*

(1) The applicant is required to make application upon the form prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) Applications shall be sent to the executive director of the State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(4) The board shall charge an appropriate fee established by the board to each person applying to and appearing before it for examination for certificate of licensure to practice as a physician and surgeon. The fee shall be sent in the form of a bank draft, post office money order or express money order. Personal checks will not be accepted.

(5) A copy of the professional degree shall be sent to the executive director of the State Board of Registration for the Healing Arts for verification.

(6) When an applicant has one (1) or more years in a preprofessional or professional institution other than the one from which s/he is a graduate, s/he must file with the application a statement under seal from those institutions showing time spent and credit received.

(7) An applicant may withdraw his/her application for licensure anytime prior to the board's vote on his/her candidacy for licensure. In the event that an applicant withdraws his/her application, the appropriate fee established by the board will be retained by the State Board of Registration for the Healing Arts as a service charge.

*AUTHORITY:* section 334.125, RSMo Supp. 1995.\* Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed Jan. 3, 1991, effective June 10, 1991. Amendment: Filed April 15, 1996, effective Nov. 30, 1996.

\*Original authority: 334.125, RSMo 1959, amended 1993, 1995.

*State Board of Registration for the Healing Arts of Missouri v. De Vore*, 517 SW2d 480 (Mo. App. 1975). Administrative Hearing Commission Act section 161.252, RSMo



STATE OF MISSOURI  
 BOARD OF REGISTRATION FOR THE HEALING ARTS  
**APPLICATION FOR MISSOURI LICENSURE - PHYSICIAN**

**SEE INSTRUCTIONS FIRST**

1. I HEREBY APPLY FOR A LICENSE AS A PHYSICIAN AND SURGEON IN THE STATE OF MISSOURI ON THE BASIS OF:				
<input type="checkbox"/> NATIONAL BOARD ENDORSEMENT	<input type="checkbox"/> RECIPROCITY	<input type="checkbox"/> FLEX ENDORSEMENT	<input type="checkbox"/> FLEX EXAMINATION ▶	<input type="checkbox"/> DECEMBER <input type="checkbox"/> JUNE
2. APPLICANT NAME (LAST, FIRST, MIDDLE, SUFFIX, MAIDEN) <span style="float:right"><input type="checkbox"/> M.D. <input type="checkbox"/> D.O.</span>				
3. PRINT NAME AS YOU WANT IT TO APPEAR ON YOUR MEDICAL WALL-HANGING LICENSE <span style="float:right"><input type="checkbox"/> M.D. <input type="checkbox"/> D.O.</span>				
4. CURRENT MAILING ADDRESS (STREET, CITY, STATE, ZIP)				
5. DATE OF BIRTH	AGE	6. PLACE OF BIRTH (CITY, STATE OR COUNTRY)	TELEPHONE HOME ▶ OFFICE ▶	
7. ECFMG NUMBER	DATE ISSUED	8. MEDICAL SPECIALTY	SOCIAL SECURITY NUMBER*	
9. TYPE OF PRACTICE YOU ARE CURRENTLY INVOLVED IN (CHECK ONE) <input type="checkbox"/> INTERN <input type="checkbox"/> RESIDENT <input type="checkbox"/> PRIVATE <input type="checkbox"/> FACULTY <input type="checkbox"/> OTHER (PLEASE EXPLAIN) ▶				
10. PROPOSED MISSOURI PRACTICE ADDRESS (INSTITUTION/GROUP, STREET, CITY, STATE, ZIP) (IF UNKNOWN, PLEASE EXPLAIN)				
11. TYPE OF PRACTICE THAT YOU WILL BE INVOLVED IN IF MISSOURI LICENSE IS GRANTED <input type="checkbox"/> INTERN <input type="checkbox"/> RESIDENT <input type="checkbox"/> PRIVATE <input type="checkbox"/> FACULTY <input type="checkbox"/> OTHER (PLEASE EXPLAIN) ▶				
12. ARE YOU A DIPLOMATE OF ANY AMERICAN SPECIALTY BOARD? <span style="float:right"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span> IF YES, WHICH?				
13. HAVE YOU TAKEN ALL THREE PARTS OF THE NATIONAL BOARD MEDICAL/OSTEOPATHIC EXAMINATION? <span style="float:right"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span> STATUS: <input type="checkbox"/> PENDING <input type="checkbox"/> DIPLOMATE				
14. HAVE YOU PREVIOUSLY TAKEN THE FLEX EXAMINATION? <span style="float:right"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span> IF YES, INDICATE THE NUMBER OF TIMES YOU HAVE TAKEN EACH PORTION OF THE FLEX EXAMINATION IN THE SPACE BELOW:				
PART I	PART II	PART III	COMPONENT 1	COMPONENT 2
LIST DATES AND STATES OF ALL FLEX EXAMINATIONS				
15. HAVE YOU PREVIOUSLY TAKEN A STATE BOARD EXAMINATION? <span style="float:right"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span> IF YES, NUMBER OF TIMES ▶				
LIST DATE AND STATES OF ALL STATE BOARD EXAMINATIONS				
16. List all of the states, territories or foreign countries in which you hold or have ever held a permanent, temporary or institutional license to practice medicine, in order of attainment.				
A.	B.	C.	D.	E.
F.	G.	H.	I.	J.
17. List all <b>other</b> professional licenses or certifications (e.g. Physician Assistant, Registered Nurse, etc.) you now hold or have ever held, excluding a license to practice medicine or osteopathic medicine. (Indicate the profession and state in which you are or have been licensed or certified.)				
A.		B.		
C.		D.		

**PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THE APPROPRIATE CHECKMARK. IF ANY ARE ANSWERED YES, SEE SEPARATE INSTRUCTIONS.**

	YES	NO
18. Have you ever been rejected for membership or notified by or requested to appear before any medical or osteopathic society?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever been denied the privilege of taking an examination administered by a U.S. state and/or Canadian provincial licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever been denied a license to practice medicine?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other hospital care facility with an organized medical staff?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended, been put on probation, or ever been requested to withdraw from any licensed hospital, nursing home, clinic, or other hospital care facility with an organized medical staff, in which you have trained, been a staff member, been a partner, or held hospital privileges?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever been requested to resign, withdraw or otherwise terminate your position with a medical partnership, professional association, corporation, or other medical practice organization, either public or private?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever, for any reason, lost American Board certification?	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any U.S. state and/or Canadian provincial licensing or disciplinary agency limited, probated, restricted, suspended, or revoked a license you have held?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever voluntarily surrendered a license issued to you by a U.S. state and/or Canadian provincial licensing agency other than failure to renew?	<input type="checkbox"/>	<input type="checkbox"/>
27. Have you ever been notified or requested to appear before any U.S. state and/or Canadian provincial licensing or disciplinary agency?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever been notified of any charges or complaints filed against you with any U.S. state and/or Canadian provincial licensing or disciplinary agency?	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you ever been diagnosed or treated for any mental or physical illness that would serve to hinder your ability to practice medicine?	<input type="checkbox"/>	<input type="checkbox"/>
30. Have you ever been chemically dependent?	<input type="checkbox"/>	<input type="checkbox"/>
31. Have you ever interrupted your training because of illness or impairment?	<input type="checkbox"/>	<input type="checkbox"/>
32. Have you ever been unable to practice medicine because of illness or impairment?	<input type="checkbox"/>	<input type="checkbox"/>
33. Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics controlled substances registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
34. Have you ever surrendered your state or federal controlled substances registration or had it restricted in any way?	<input type="checkbox"/>	<input type="checkbox"/>
35. Have you ever been arrested, fined, charged with or convicted of a crime, indicted, imprisoned or placed on probation?	<input type="checkbox"/>	<input type="checkbox"/>
36. Have you ever forfeited collateral for breach or violation of any law, police regulation or ordinance whatsoever, been summoned into court as a defendant, or has any law suit (other than malpractice) been filed against you?	<input type="checkbox"/>	<input type="checkbox"/>
37. Have you ever been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself?	<input type="checkbox"/>	<input type="checkbox"/>
38. Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs?	<input type="checkbox"/>	<input type="checkbox"/>
39. Have you ever been terminated, sanctioned, penalized, or had to repay monies to any State Medicaid or Federal Medicare Programs?	<input type="checkbox"/>	<input type="checkbox"/>
40. Have you ever made application for licensure in another state and subsequently withdrawn said application?	<input type="checkbox"/>	<input type="checkbox"/>

MO 419-0394 (10-90)



**41. HIGH SCHOOL NAME**

LOCATION	DATES ATTENDED
----------	----------------

**42. PREPROFESSIONAL EDUCATION (LIST ALL UNIVERSITIES/COLLEGES ATTENDED)**

FROM (MO/YR)	TO (MO/YR)	NAME & ADDRESS OF SCHOOL	DEGREE & DATE RECEIVED

**43. PROFESSIONAL EDUCATION (LIST ALL UNIVERSITIES/COLLEGES ATTENDED)**

FROM (MO/YR)	TO (MO/YR)	NAME OF SCHOOL	CITY/STATE

DEGREE DATE RECEIVED

**44. MEDICAL SCHOOL OF GRADUATION (PRINT NAME AS IT APPEARS ON YOUR DIPLOMA)**

LOCATION	DATE OF GRADUATION
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**FIFTH PATHWAY CANDIDATES ONLY**

**45. CLINICAL CLERKSHIP (FIFTH PATHWAY) HOSPITAL**

ADDRESS

PROGRAM DIRECTOR	TERM STARTED	COMPLETED
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**46. POST DEGREE EXPERIENCE (U.S. & CANADIAN ONLY)**

A.  INTERN     RESIDENT     FELLOW     OTHER (PLEASE EXPLAIN) ▶

NAME OF TRAINING HOSPITAL	DEPARTMENT/SPECIALTY
ADDRESS (STREET, CITY, STATE, ZIP)	
PROGRAM DIRECTOR	TERM STARTED    COMPLETED

B.  INTERN     RESIDENT     FELLOW     OTHER (PLEASE EXPLAIN) ▶

NAME OF TRAINING HOSPITAL	DEPARTMENT/SPECIALTY
ADDRESS (STREET, CITY, STATE, ZIP)	
PROGRAM DIRECTOR	TERM STARTED    COMPLETED

C.  INTERN     RESIDENT     FELLOW     OTHER (PLEASE EXPLAIN) ▶

NAME OF TRAINING HOSPITAL	DEPARTMENT/SPECIALTY
ADDRESS (STREET, CITY, STATE, ZIP)	
PROGRAM DIRECTOR	TERM STARTED    COMPLETED

D.  INTERN     RESIDENT     FELLOW     OTHER (PLEASE EXPLAIN) ▶

NAME OF TRAINING HOSPITAL	DEPARTMENT/SPECIALTY
ADDRESS (STREET, CITY, STATE, ZIP)	
PROGRAM DIRECTOR	TERM STARTED    COMPLETED

**47. LIST ALL OF YOUR HOSPITAL AFFILIATIONS (OTHER THAN TRAINING HOSPITALS) FOR THE LAST FIVE YEARS.**

HOSPITAL	ADDRESS	DATE OF PRIVILEGES
A.		
B.		
C.		
D.		
E.		
F.		
G.		
H.		
I.		
J.		

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**48. APPLICANT'S OATH**

State/Province of \_\_\_\_\_ County/Parish of \_\_\_\_\_

I, \_\_\_\_\_, hereby certify under oath that I am the person named in this application for a license to practice medicine in the State of Missouri; that all statements I have made herein are true; that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this application.

I acknowledge and state that I have read the Medical Practice Act, General Information For All Applicants and Instructions that accompanied this application and I have answered all questions in compliance with these instructions and understand that the fee I submitted is not refundable.

I further state that by filing this application for a license to practice medicine in the State of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of medicine, when in the opinion of the Missouri Board such an investigation is deemed necessary. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its content and I further understand that the contents of the investigative report will be privileged unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution, or other organization having control of any documents, records, and other information pertaining to me to furnish to the Missouri State Board of Healing Arts any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Missouri State Board of Healing Arts or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application.

**MUST BE SIGNED IN PRESENCE  
OF NOTARY**

APPLICANT'S SIGNATURE



I hereby certify that the below photograph is a true likeness of the person whose signature appears above.

NOTARY PUBLIC EMOSSER SEAL	STATE	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF _____ 19____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		
<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>		

ALL APPLICANTS MUST PLACE A PHOTOGRAPH  
IN SPACE PROVIDED.



PHOTO

## INSTRUCTIONS FOR COMPLETING YOUR LICENSURE APPLICATION

The Board wishes to stress that you should give full details and dates, and complete names, addresses and zip codes as required in your application. Answer all questions. If you do not, the processing of your application may be delayed indefinitely. Allow sixty (60) days for processing your application. Please type or print your application in ink. If using ink, please use **BLACK** ink only. The following information is provided in order to assist you in answering the questions.

**Question #1**—Please indicate by what method you will be applying for licensure. There are four approved methods:

- (1) National Board Endorsement—If you have taken all three parts of the National Board exam and have not taken the FLEX exam or a State Board exam and you are not applying to take the FLEX exam in Missouri, you will need to apply by this method.
- (2) Reciprocity—If you have taken the FLEX exam or a State Board exam and have a license in the state that the examination was given, you will need to apply by this method.
- (3) FLEX Endorsement—If you have taken the FLEX exam and do not have a license to practice medicine in the state that the exam was taken, you will need to apply by this method.
- (4) FLEX Examination—If you are requesting to sit for the FLEX examination in the State of Missouri, you will need to apply by this method. Please be sure to indicate either the December or June exam.

**Question #2**—Please print your full name.

**Question #3**—Print your name as you want it to appear on your medical wall-hanging license.

**Question #4**—Please provide address to which all licensure material should be sent.

**Question #5**—Indicate Month-Day-Year and Age.

**Question #6**—Indicate city and state/country of birth. Also give home and office telephone numbers and Social Security Number.

**Question #7**—(Foreign Medical Graduates Only) Indicate ECFMG number and date it was issued.

**Question #8**—If you have a medical specialty, please indicate the specialty.

**Question #9**—Indicate the type of practice in which you are currently involved.

**Question #10**—Indicate intended Missouri practice address. Give the name of the institution/group, street, city, state and zip. If unknown, please explain.

**Question #11**—Please indicate the type of practice that you intend to be involved with in the State of Missouri.

**Question #12**—If your answer is “yes”, give the name of the American Specialty Board(s).

**Question #13**—If your answer is “yes”, indicate whether your status is pending or you are a diplomate.

**Question #14**—If your answer is “yes”, indicate the number of times each Part and/or Component was taken. (FLEX examinations taken prior to June 1985 would have been given as Part I, Part II and Part III.) List all date(s) and the state(s) in which the exam(s) was given.

**Question #15**—If your answer is “yes”, indicate the date(s) and the state(s) in which the exam(s) was given.

**Question #16**—List all licenses held, whether active or inactive, permanent, temporary, or institutional, date issued and license numbers.

**Question #17**—Indicate any other professional licenses that you have held (other than a license to practice medicine or osteopathic medicine) giving the profession and state in which the license was held.

**Question #18**—If your answer is “yes”, give the name and address of the society, dates and reasons on a separate notarized statement. Furnish a separate letter addressed to each authorizing them to release whatever information the Board may require from them.

**Question #19**—If your answer is “yes”, give full details on a separate notarized statement. This should include States/Provinces, dates and reasons.

**Question #20**—If your answer is “yes”, give full details on a separate notarized statement. This should include the States/Provinces, dates and reasons.

**Question #21**—If your answer is “yes”, give full details, addresses, etc. on a separate notarized statement. Furnish a separate letter addressed to each authorizing them to release whatever information the Board may require from them.

**Question #22**—If your answer is “yes”, give full details, addresses, etc. on a separate notarized statement. Furnish a separate letter addressed to each authorizing them to release whatever information the Board may require from them.

**Question #23**—If your answer is “yes”, give full details, addresses, etc. on a separate notarized statement. Furnish a separate letter addressed to each authorizing them to release whatever information the Board may require from them.

**Question #24**—If your answer is “yes”, give name of specialty board and date(s) and reason(s) you lost certification on a separate notarized statement. Furnish a separate letter addressed to them authorizing the release of whatever information the Board may require.

**Question #25**—If your answer is “yes”, give full details on a separate notarized statement. This should include the States/Provinces, dates and reasons.

**Question #26**—If your answer is “yes”, give full details, States/Provinces, dates and reasons on a separate notarized statement.

**Question #27**—If your answer is “yes”, give full details, States/Provinces, dates and reasons on a separate notarized statement.

**Question #28**—If your answer is “yes”, give full details, States/Provinces, dates and reasons on a separate notarized statement.



**Question #29**—If your answer is “yes”, give full details, dates, names and addresses, etc. on a separate notarized statement. FURNISH A SEPARATE LETTER ADDRESSED TO EACH THERAPIST AND/OR INSTITUTION AUTHORIZING THEM TO RELEASE WHATEVER INFORMATION THE BOARD MAY REQUIRE FROM THEM.

(Our process requires writing to each therapist and/or institution to verify the information you have given the Board and to obtain records of your treatment.)

**Question #30**—If your answer is “yes”, give full details, dates, etc. on a separate notarized statement. If you have been treated and/or hospitalized, FURNISH A SEPARATE LETTER ADDRESSED TO EACH THERAPIST AND/OR INSTITUTION AUTHORIZING THEM TO RELEASE WHATEVER INFORMATION THE BOARD MAY REQUIRE FROM THEM.

(Our process requires writing to each therapist and/or institution to verify the information you have given the Board and to obtain records of your treatment.)

**Question #31**—If your answer is “yes”, give full details, dates, names and addresses of each training institution, etc. on a separate notarized statement. FURNISH A SEPARATE LETTER ADDRESSED TO EACH INSTITUTION AUTHORIZING THEM TO RELEASE WHATEVER INFORMATION THE BOARD MAY REQUIRE FROM THEM. If you have been treated and/or hospitalized, FURNISH A SEPARATE LETTER ADDRESSED TO EACH THERAPIST AND/OR INSTITUTION AUTHORIZING THEM TO RELEASE WHATEVER INFORMATION THE BOARD MAY REQUIRE FROM THEM.

(Our process requires writing to each therapist and/or institution to verify the information you have given the Board and to obtain the records of your treatment.)

**Question #32**—If your answer is “yes”, give full details, dates, etc. on a separate notarized statement. If you have been treated and/or hospitalized, FURNISH A SEPARATE LETTER ADDRESSED TO EACH THERAPIST AND/OR INSTITUTION AUTHORIZING THEM TO RELEASE WHATEVER INFORMATION THE BOARD MAY REQUIRE FROM THEM.

(Our process requires writing to each therapist and/or institution to verify the information you have given the Board and to obtain records of your treatment.)

**Question #33**—If your answer is “yes”, give full details, dates, etc. on a separate notarized statement.

**Question #34**—If your answer is “yes”, give full details, dates, etc. on a separate notarized statement.

**Question #35**—If your answer is “yes”, give full details of the arrest, the dates, places and disposition of the case on a separate notarized statement. FURNISH A CERTIFIED COURT COPY (WITH COURT SEAL AFFIXED) OF THE ORIGINAL CHARGE, THE JUDGMENT, THE SENTENCE AND/OR THE DISMISSAL ORDER OR OTHER SUCH DOCUMENTS WITH THE DISPOSITION.

(This does not include any minor traffic or parking violation fines, which are under \$100.00. We suggest that if you have ever had an arrest record (no matter how minor), you answer the question “yes” on your application and furnish all details of the incident leading up to, and including, the arrest and the disposition of the case.)

**Question #36**—If your answer is “yes”, give full details, dates, etc. on a separate notarized statement. If you have ever been a defendant in any legal action, FURNISH A CERTIFIED COURT COPY (WITH COURT SEAL AFFIXED) OF THE ORIGINAL

COMPLAINT, THE ANSWER, THE JUDGMENT, THE SETTLEMENT, AND/OR THE DISPOSITION OF THE CASE. If the case is still pending, please so state. Have your attorney submit a letter regarding the current status of the case if the case is still pending.

**Question #37**—If your answer is “yes”, give full details on a separate notarized statement. FURNISH A CERTIFIED COURT COPY (WITH COURT SEAL AFFIXED) OF THE ORIGINAL COMPLAINT, THE ANSWER AND THE DISPOSITION OF THE CASE. If the case is still pending, please so state. Have your attorney submit a letter regarding the current status of the case if the case is still pending. If your insurance company paid a claim without a formal case being filed, then include the dates, names of the patient(s) involved, insurance claim number, insurance carrier, and the facts and circumstances surrounding the claim. Furnish a separate letter addressed to the insurance carrier handling the claim authorizing them to release to the Board whatever information it may require.

**Question #38**—If your answer is “yes”, give full details, dates, names and addresses of Medicaid or Medicare Programs on a separate notarized statement. FURNISH A SEPARATE LETTER ADDRESSED TO EACH AUTHORIZING THEM TO RELEASE WHATEVER INFORMATION THE BOARD MAY REQUIRE FROM THEM.

**Question #39**—If your answer is “yes”, give full details, dates, names and addresses of Medicaid or Medicare Programs on a separate notarized statement. FURNISH A SEPARATE LETTER ADDRESSED TO EACH AUTHORIZING THEM TO RELEASE WHATEVER INFORMATION THE BOARD MAY REQUIRE FROM THEM.

**Question #40**—If answer is “yes” give full details and dates on a separate notarized statement.

**Question #41**—List name of school, city and state, month and year of enrollment and graduation.

**Question #42**—List name of school, city and state, month and year of beginning and ending time year by year. List degrees and dates received from all colleges attended.

**Question #43**—List name of school, city and state, beginning date and completion date. If you attended more than one medical school, list each. (If it took you longer than the usual four year period to complete medical school, give full details on a separate notarized statement.)

**Question #44**—List the name of your medical school of graduation as it appears on your medical diploma. Indicate month, day and year that you graduated from medical/osteopathic school.

**Question #45**—(Fifth Pathway Candidates Only) List name of hospital, city, state, dates attended and the name of the Program Director.

**Question #46**—(Training received in the United States and Canada only.) Indicate the type of training, intern, resident, fellow or other, name of hospital, address, and the department/specialty. Give the beginning and ending dates. Also indicate the name of the Program Director.

**Question #47**—List all hospital affiliations other than training programs. Give the name of the hospital, address and dates of privileges. Attach separate listing if more space is needed.

**Question #48**—Applicant’s Oath, you must sign this oath before a Notary Public. The Notary Public must complete his/her portion and sign, date and seal your signature and photograph.

PLEASE BE ADVISED THAT ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED.



**4 CSR 150-2.050 Annual Registration Penalty**

*PURPOSE: This rule provides information to physicians and surgeons permanently licensed in Missouri regarding penalty of not registering annually.*

(1) Whenever a licensed practitioner fails to renew his/her registration for any period in excess of six (6) months after the expiration of his/her last prior registration, his/her application for renewal of registration shall be denied unless it is accompanied by all fees required by statute and this rule, together with a statement of all addresses where s/he has practiced and resided since the expiration of his/her last period of registration, the nature of his/her practice since the expiration and whether, since the expiration, any license or right of his/her to practice in any other state or country has been suspended or revoked; whether s/he has been the subject of any disciplinary action by any licensing agency of any state or country or by any professional organization or society; whether s/he has been charged or convicted of any crime in any court of any state or country; whether s/he has been addicted to a drug habit or has been guilty of any unprofessional or dishonorable conduct as defined by section 334.100, RSMo, and all details pertaining to all such occurrences. This statement shall be completed upon forms provided by the executive secretary and shall be made by the applicant under oath.

*AUTHORITY: section 334.125, RSMo 1986.\* Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 3, 1989, effective Dec. 1, 1989.*

*\*Original authority: 334.125, RSMo 1959.*

*State Board of Registration for the Healing Arts of Missouri v. Masters, 512 SW2d 150 (Mo. App. 1974). Board's refusal to issue osteopath an annual certificate of registration held not tantamount to refusal to renew license as would give Administrative Hearing Commission jurisdiction and authority.*

**4 CSR 150-2.060 Temporary Licenses**

*PURPOSE: This rule provides information to applicant and American Medical Association/American Osteopathic Association-approved hospitals of the requirements for temporary licenses.*

(1) The applicant is required to make application upon a form prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) An applicant shall present properly attached to the application blank with the application one (1) photograph not larger than three and one-half inches by five inches (3 1/2" × 5").

(4) Applicants applying for licensure who have graduated from schools outside the United States or Canada must have and show proof of a permanent Educational Commission for Foreign Medical Graduates (ECFMG) certificate or show evidence to the board that applicant has passed the equivalent licensing board examination in another state.

(5) Completed applications shall be sent by the superintendent of the hospital where the applicant is to be in an approved training program to the executive director of the State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102. This requirement does not relieve the applicant of the responsibility for the filing of the application and no applicant shall begin practicing until the temporary license has been issued.

(6) The board shall charge each person applying to it for certificate of temporary licensure to practice as a physician and surgeon in Missouri an appropriate fee to be established by the board. An appropriate fee shall be charged annually in the event the temporary license is renewed. The fee shall be sent in the form of a bank draft or post office money order or express money order. Personal checks will not be accepted.

(7) The applicant shall secure a recommendation of his/her moral, ethical and professional conduct from the superintendent, chief of staff, or both, in the hospital in which s/he desires to work.

(A) Applicants shall notify the board when they leave the hospital where they are employed or where they are engaged in a training program. The applicant's temporary license shall expire immediately on the applicant's leaving the training program.

(B) The superintendent or director of the hospital shall notify the executive director when a temporary licensee ceases his/her employment or training at the hospital.

(C) An applicant or a temporary licensee will be required to appear before the board whenever directed by the board.

(8) The executive director will sign the temporary license.

(9) A letter shall be sent to the chief executive officer and the director of the training program to inform them of the board's decision to approve or deny issuance of the temporary license to the applicant.

(10) The board may terminate a temporary license at its own discretion.

(11) The superintendent or other officials of hospitals approved by the board for temporary licensure are to furnish the executive director a list of personnel employed in the hospitals as of January 15 and July 15 of each year. Failure of the superintendent or other responsible official to furnish the executive director this list, at the discretion of the board, may result in the withdrawal of approval of the hospital.

(12) The applicant must file photostatic copies and official translations of his/her medical credentials with the applications.

(13) Applicants who are graduates of approved schools in the United States and are serving as interns, residents or fellows in hospitals approved by the board for temporary licensure in Missouri, must furnish satisfactory evidence of having attended an approved school and receiving their degrees by filing a photostatic copy of the professional diploma with the application.

(14) A temporary license may be issued to a physician hired by a state-maintained hospital until s/he can take the next examination offered by the board for permanent licensure, provided that the physician has one (1) year of approved training in the United States.

(15) A temporary licensee holding the position of a staff physician in a state-maintained hospital who fails the examination for permanent licensure may not continue in the status of a staff physician but may enter an American Medical Association/American Osteopathic Association (AMA/AOA)-approved training program. A temporary licensee who is in an AMA/AOA-approved training program and fails the examination for permanent licensure may continue in the training program until the next regular examination.

(16) A temporary license may be issued to physicians who are otherwise qualified by reason of their employment in state-maintained hospitals or enrollment in an approved training program for sabbatical service in Missouri, but this license may not be renewed.

(17) A temporary license must be renewed annually. The initial temporary license shall expire on the first day of January or the first day of July following initial issuance whichever date is closer to the date of initial issuance and shall be renewed on or before the first anniversary of its expiration. Any renewal request not received within fifteen (15) days of the expiration date must be accompanied by a statement in writing from the applicant's training program explaining to the satisfaction of the board the delay in requesting renewal and a statement explaining what the applicant has been doing during the period of lapse. No temporary licensee shall continue to practice beyond the expiration date of the initial license or any renewal unless his/her license has been properly renewed.

(18) After January 1, 1978, no temporary license will be renewed unless the applicant or licensee provides the board with satisfactory evidence of having obtained one (1) year of training in an AMA/AOA-approved training program in the United States.

(19) The holder of a temporary license issued by the State Board of Registration for the Healing Arts may be authorized to prescribe legend drugs, including controlled substances for those patients cared for within the framework of the AMA/AOA-approved training program in which s/he is enrolled. The institution's Drug Enforcement Administration number, with a distinguishing suffix approved by the Bureau of Narcotics and Dangerous Drugs of Missouri, shall be used by the temporary licensee to demonstrate this authority.

*AUTHORITY: section 334.125, RSMo Supp. 1995.\* Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 14, 1976, effective Nov. 11, 1976. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed Sept. 5, 1990, effective Feb. 14, 1991. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed Aug. 15, 1994, effective Feb. 26, 1995. Amended: Filed April 15, 1996, effective Nov. 30, 1996.*

*\*Original authority: 334.125, RSMo 1959, amended 1993, 1995.*

*State Board of Registration for the Healing Arts of Missouri v. De Vore, 517 SW2d 480 (Mo. App. 1975). Administrative Hearing Commission Act section 161.252, RSMo (1969) repealed the former authority of the board to conduct evidentiary hearings on the qualifications of applicants for licensure.*

*State Board of Registration for the Healing Arts of Missouri v. Masters, 512 SW2d 150 (Mo. App. 1974). Board may not issue annual certificate of registration to person who is not licensed to practice medicine in this state.*

*Op. Atty. Gen. No. 257, Goode (6-1-70). Pathology is a branch of the practice of medicine within the provisions of Chapter 334, RSMo (1969) and a profession under the jurisdiction of the State Board of Registration for the Healing Arts, and that an individual must be licensed by the board before s/he can lawfully practice pathology. The prosecuting and circuit attorneys have the responsibility for criminal prosecutions arising out of violations of Chapter 334.*

*Op. Atty. Gen. No. 82, Hardwicke (3-1-65). Physicians who accept professional staff appointments in Missouri hospitals and regularly practice medicine and surgery in those hospitals are maintaining an "appointed place to meet patients or receive calls within the limits of this state." These physicians are required to have a Missouri license.*

*Op. Atty. Gen. No. 36, Hailey (3-29-55). A physician who is not licensed in the state of Missouri may not engage in activities constituting the practice of medicine within the state, regardless of who his/her employer may be or under whose supervision s/he may do so.*



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**APPLICATION FOR TEMPORARY LICENSE**

DATE OF APPLICATION

I hereby apply for a temporary license to participate in an AMA/AOA approved training program as a physician and surgeon in a Hospital approved by the Missouri State Board of Registration for the Healing Arts. I submit for consideration the following proof, as required by the Missouri laws, regarding the practice as a temporary licensee, and by the rules of the State Board of Registration for the Healing Arts of Missouri.

TEMPORARY LICENSES ARE ISSUED ONLY TO PHYSICIANS WHO ARE IN AMA/AOA APPROVED TRAINING PROGRAMS.

(Each question on the application must be fully answered and completed. If a particular question does not apply to you, write "N/A" (not applicable). DO NOT LEAVE ANY ITEMS BLANK, as this may delay processing.)

Please type or print form in **BLACK** ink.

1. NAME (IF YOU HAVE HAD A NAME CHANGE, SEE INSTRUCTIONS) LAST (SURNAME), FIRST, MIDDLE, SUFFIX		PLEASE CHECK <input type="checkbox"/> M.D. <input type="checkbox"/> D.O.
2. SOCIAL SECURITY NUMBER (USED FOR IDENTIFICATION PURPOSES ONLY)	TELEPHONE NUMBER HOME _____ BUSINESS _____	
3. MAILING ADDRESS (STREET, CITY, COUNTY, STATE & ZIP CODE)		
4. DATE OF BIRTH	5. PLACE OF BIRTH	6. AGE
7. HOSPITAL WHERE YOU WILL BE TRAINING	8. DATE YOU WILL BEGIN TRAINING	9. IF YOU ARE ALREADY AT THIS INSTITUTION, DATE TRAINING BEGAN
10. AMA/AOA APPROVED POSITION YOU WILL HOLD (CHECK ONE): <input type="checkbox"/> INTERN <input type="checkbox"/> RESIDENT <input type="checkbox"/> FELLOW <input type="checkbox"/> OTHER (PLEASE EXPLAIN) POSTGRADUATE YEAR: _____ DEPARTMENT _____		
11. IF IN A ROTATING TRAINING PROGRAM PLEASE LIST THE PARTICIPATING HOSPITALS BELOW:		
A. HOSPITAL NAME		
B. HOSPITAL NAME		
C. HOSPITAL NAME		
D. HOSPITAL NAME		
E. HOSPITAL NAME		
12. ECFMG CERTIFICATE NUMBER	DATE ISSUED	

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13. LIST ANNUAL HOSPITAL SALARIES (INCLUDING ROTATING HOSPITALS)

\$

14. ARE YOU A DIPLOMATE OF THE NATIONAL BOARD OF MEDICAL/OSTEOPATHIC EXAMINERS?  YES  NO

15. HAVE YOU PREVIOUSLY TAKEN THE FLEX EXAMINATION OR ANY OTHER STATE BOARD EXAMINATION?  YES  NO

NUMBER OF EXAMINATIONS TAKEN

DATE	STATE	SCORE	DATE	STATE	SCORE
1.			2.		
3.			4.		

16. LIST ALL OF THE STATES, TERRITORIES OR FOREIGN COUNTRIES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE TO PRACTICE MEDICINE, IN ORDER OF ATTAINMENT

A.	B.
C.	D.

17. LIST ALL OF YOUR HOSPITAL AFFILIATIONS (OTHER THAN TRAINING HOSPITALS) FOR THE LAST FIVE YEARS

HOSPITAL	ADDRESS	DATE OF PRIVILEGES

18. HAVE YOU EVER BEEN REJECTED FOR MEMBERSHIP OR NOTIFIED BY OR REQUESTED TO APPEAR BEFORE ANY MEDICAL OR OSTEOPATHIC SOCIETY?  YES (If "yes" see separate instructions)  NO

19. HAVE YOU EVER BEEN DENIED THE PRIVILEGE OF TAKING AN EXAMINATION ADMINISTERED BY A U.S. STATE AND/OR CANADIAN PROVINCIAL LICENSING AGENCY?  YES (If "yes" see separate instructions)  NO

20. HAVE YOU EVER BEEN DENIED A LICENSE TO PRACTICE MEDICINE?  YES (If "yes" see separate instructions)  NO

21. HAVE YOU EVER BEEN DENIED STAFF MEMBERSHIP WITH ANY LICENSED HOSPITAL, NURSING HOME, CLINIC OR OTHER HOSPITAL CARE FACILITY WITH AN ORGANIZED MEDICAL STAFF?  YES (If "yes" see separate instructions)  NO

22. HAVE YOU EVER BEEN WARNED, CENSURED, DISCIPLINED, HAD ADMISSIONS MONITORED, HAD PRIVILEGES LIMITED, HAD PRIVILEGES SUSPENDED, BEEN PUT ON PROBATION, OR EVER BEEN REQUESTED TO WITHDRAW FROM ANY LICENSED HOSPITAL, NURSING HOME, CLINIC, OR OTHER HOSPITAL CARE FACILITY WITH AN ORGANIZED MEDICAL STAFF, IN WHICH YOU HAVE TRAINED, BEEN A STAFF MEMBER, BEEN A PARTNER, OR HELD HOSPITAL PRIVILEGES?  YES (If "yes" see separate instructions)  NO

23. HAVE YOU EVER BEEN REQUESTED TO RESIGN, WITHDRAW OR OTHERWISE TERMINATE YOUR POSITION WITH A MEDICAL PARTNERSHIP, PROFESSIONAL ASSOCIATION, CORPORATION, OR OTHER MEDICAL PRACTICE ORGANIZATION, EITHER PUBLIC OR PRIVATE?
- YES (If "yes" see separate instructions)  NO
24. HAVE YOU EVER, FOR ANY REASON, LOST AMERICAN BOARD CERTIFICATION?
- YES (If "yes" see separate instructions)  NO
25. HAS ANY U.S. STATE AND/OR CANADIAN PROVINCIAL LICENSING OR DISCIPLINARY AGENCY LIMITED, RESTRICTED, SUSPENDED, OR REVOKED A LICENSE YOU HAVE HELD?
- YES (If "yes" see separate instructions)  NO
26. HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE ISSUED TO YOU BY A U.S. STATE AND/OR CANADIAN PROVINCIAL LICENSING AGENCY?
- YES (If "yes" see separate instructions)  NO
27. HAVE YOU EVER BEEN NOTIFIED OR REQUESTED TO APPEAR BEFORE ANY U.S. STATE AND/OR CANADIAN PROVINCIAL LICENSING OR DISCIPLINARY AGENCY?
- YES (If "yes" see separate instructions)  NO
28. HAVE YOU EVER BEEN NOTIFIED OF ANY CHARGES OR COMPLAINTS FILED AGAINST YOU WITH ANY U.S. STATE AND/OR CANADIAN PROVINCIAL LICENSING OR DISCIPLINARY AGENCY?
- YES (If "yes" see separate instructions)  NO
29. HAVE YOU EVER BEEN DIAGNOSED OR TREATED FOR ANY MENTAL OR PHYSICAL ILLNESS THAT WOULD SERVE TO HINDER YOUR ABILITY TO PRACTICE MEDICINE?
- YES (If "yes" see separate instructions)  NO
30. HAVE YOU EVER BEEN CHEMICALLY DEPENDENT?
- YES (If "yes" see separate instructions)  NO
31. HAVE YOU EVER INTERRUPTED YOUR TRAINING BECAUSE OF ILLNESS OR IMPAIRMENT?
- YES (If "yes" see separate instructions)  NO
32. HAVE YOU EVER BEEN UNABLE TO PRACTICE MEDICINE BECAUSE OF ILLNESS OR IMPAIRMENT?
- YES (If "yes" see separate instructions)  NO
33. HAVE YOU EVER BEEN DENIED A DRUG ENFORCEMENT ADMINISTRATION (DEA) OR STATE BUREAU OF NARCOTICS CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE OR BEEN CALLED BEFORE OR WARNED BY ANY SUCH AGENCY OR OTHER LAWFUL AUTHORITY CONCERNED WITH CONTROLLED SUBSTANCES?
- YES (If "yes" see separate instructions)  NO
34. HAVE YOU EVER SURRENDERED YOUR STATE OR FEDERAL CONTROLLED SUBSTANCES REGISTRATION OR HAD IT RESTRICTED IN ANY WAY?
- YES (If "yes" see separate instructions)  NO
35. HAVE YOU EVER BEEN ARRESTED, FINED, CHARGED WITH OR CONVICTED OF A CRIME, INDICTED, IMPRISONED OR PLACED ON PROBATION?
- YES (If "yes" see separate instructions)  NO
36. HAVE YOU EVER FORFEITED COLLATERAL FOR BREACH OR VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE WHATSOEVER, BEEN SUMMONED INTO COURT AS A DEFENDANT, OR HAS ANY LAW SUIT (OTHER THAN MALPRACTICE) BEEN FILED AGAINST YOU?
- YES (If "yes" see separate instructions)  NO
37. HAVE YOU EVER BEEN A DEFENDANT IN A LEGAL ACTION INVOLVING PROFESSIONAL LIABILITY (MALPRACTICE) OR HAD A PROFESSIONAL LIABILITY CLAIM PAID IN YOUR BEHALF OR PAID SUCH A CLAIM YOURSELF?
- YES (If "yes" see separate instructions)  NO
38. HAVE YOU EVER BEEN DENIED PROVIDER PARTICIPATION IN ANY STATE MEDICAID OR FEDERAL MEDICARE PROGRAMS?
- YES (If "yes" see separate instructions)  NO
39. HAVE YOU EVER BEEN TERMINATED, SANCTIONED, PENALIZED, OR HAD TO REPAY MONIES TO ANY STATE MEDICAID OR FEDERAL MEDICARE PROGRAMS?
- YES (If "yes" see separate instructions)  NO
40. HAVE YOU EVER MADE APPLICATION FOR LICENSURE IN ANOTHER STATE AND SUBSEQUENTLY WITHDRAWN SAID APPLICATION?
- YES (If "yes" see separate instructions)  NO



41. HIGH SCHOOL NAME	
LOCATION	DATES ATTENDED

42. PREPROFESSIONAL EDUCATION					
FROM		TO		NAME AND LOCATION OF SCHOOL	DEGREE
MONTH	YEAR	MONTH	YEAR		

43. PROFESSIONAL EDUCATION					
FROM		TO		NAME AND LOCATION OF SCHOOL	
MONTH	YEAR	MONTH	YEAR		

44. MY M.D./D.O. DEGREE WAS CONFERRED UPON ME BY THE	DATE RECEIVED
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45. FIFTH PATHWAY PROGRAM HOSPITAL			
ADDRESS			
PROGRAM DIRECTOR	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">TERM STARTED</td> <td style="width:30%;">COMPLETED</td> </tr> </table>	TERM STARTED	COMPLETED
TERM STARTED	COMPLETED		

46. POST DEGREE EXPERIENCE (U.S. & CANADIAN ONLY)

A.  INTERN       RESIDENT       FELLOW       OTHER (PLEASE EXPLAIN) ▶

NAME OF TRAINING HOSPITAL	DEPARTMENT/SPECIALTY		
ADDRESS (STREET, CITY, STATE, ZIP)			
PROGRAM DIRECTOR	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">TERM STARTED</td> <td style="width:30%;">COMPLETED</td> </tr> </table>	TERM STARTED	COMPLETED
TERM STARTED	COMPLETED		

B.  INTERN       RESIDENT       FELLOW       OTHER (PLEASE EXPLAIN) ▶

NAME OF TRAINING HOSPITAL	DEPARTMENT/SPECIALTY		
ADDRESS (STREET, CITY, STATE, ZIP)			
PROGRAM DIRECTOR	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">TERM STARTED</td> <td style="width:30%;">COMPLETED</td> </tr> </table>	TERM STARTED	COMPLETED
TERM STARTED	COMPLETED		

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C.  INTERN  RESIDENT  FELLOW  OTHER (PLEASE EXPLAIN) ▶

NAME OF TRAINING HOSPITAL	DEPARTMENT/SPECIALTY
ADDRESS (STREET, CITY, STATE, ZIP)	
PROGRAM DIRECTOR	TERM STARTED
	COMPLETED

D.  INTERN  RESIDENT  FELLOW  OTHER (PLEASE EXPLAIN) ▶

NAME OF TRAINING HOSPITAL	DEPARTMENT/SPECIALTY
ADDRESS (STREET, CITY, STATE, ZIP)	
PROGRAM DIRECTOR	TERM STARTED
	COMPLETED

**47. APPLICANT'S OATH**

State/Province of \_\_\_\_\_ County/Parish of \_\_\_\_\_

I, \_\_\_\_\_, hereby certify under oath that I am the person named in this application for a temporary license to participate in an AMA/AOA approved training program as a physician and surgeon in a Hospital approved by the Missouri State Board of Registration for the Healing Arts; that all statements I have made herein are true; that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this application.

I acknowledge and state that I have read the Medical Practice Act, General Information For All Applicants and Instructions that accompanied this application and I have answered all questions in compliance with these instructions and understand that the fee I submitted is not refundable.

I further state that by filing this application for a temporary license in the state of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of medicine, when in the opinion of the Missouri Board such an investigation is deemed necessary. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its content and I further understand that the contents of the investigative report will be privileged unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution or other organization having control of any documents, records and other information pertaining to me to furnish to the Missouri State Board of Healing Arts any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Missouri State Board of Healing Arts or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application, subsequent licensure or practice thereunder.

**SIGNATURE** ▶

**NOTARIZATION**

NOTARY PUBLIC EMBOSSER SEAL	STATE OF _____	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ 19____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES _____
	NOTARY PUBLIC NAME (TYPED OR PRINTED): _____	
		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>

**RECOMMENDATION OF MORAL, ETHICAL AND PROFESSIONAL CONDUCT**

*(To be filled out by Chief Executive Officer or Superintendent and Chief of Staff or Director of Medical Education in Hospital where applicant desires employment.)*

The undersigned, certifies that he/she has made investigation of the applicant and found that his/her moral, ethical and professional conduct is acceptable. The undersigned also certifies that there will be no charges for services rendered by the temporary licensee nor by the hospital for services performed by such temporary licensee. The undersigned also accepts the responsibility for notifying the Board of any misconduct in any way of the applicant and advising the Board of his/her dismissal or of the applicant leaving the hospital for any reason. The undersigned also accepts the responsibility of seeing that the application for renewal is submitted at the proper time. The undersigned also accepts the responsibility of supervising the applicant sufficiently to see that he/she does not give medical services to anyone, or in any place that is not directly involved with his/her approved training. I further certify that this is an AMA/AOA approved training program, unless otherwise stated in question number 10.

SUPERINTENDENT/CHIEF EXECUTIVE OFFICER	CHIEF OF STAFF/DIRECTOR OF MEDICAL EDUCATION
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*A recent unmounted photograph of applicant  
must be pasted in this space and must not  
be larger than space provided.*  
**(No staples please.)**

**CONTINUATION OF ANSWERS IF NEEDED**

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