Attached are the materials you will need to make application for licensure to practice the healing arts in the State of Missouri. It is suggested that you read this instructions sheet before beginning the process.

Your application packet consists of:
- These instructions;
- Application;
- Jurisprudence Exam;

Prior to completing the application, you should read the statutes and rules governing Physicians in the State of Missouri. These are located on our website at https://pr.mo.gov/healingarts-rules-statutes.asp.

NOTICE
All persons receiving a license from, or renewing a license with the Division of Professional Registration, are required to have paid all Missouri state income taxes, and also are required to have filed all necessary Missouri state income tax returns for the preceding three years. If you have failed to pay your Missouri taxes or have failed to file your Missouri tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file.

GENERAL INFORMATION
In addition to the materials you are required to submit, the Board makes independent inquiries into your background. You should allow a minimum of 30 days for the processing of your application once the Board has received all documents. When your application is received and processed, you will be notified via email. Additionally, the Board can request that you appear before them before your license is issued.

A license to practice as a physician and surgeon expires January 31. Please remember this date so you can allow time for your renewal to be processed. Information on renewing your license will be mailed to you on or before December 1 of each year to the last known address on file. Failure to receive the renewal application does not relieve any person of the duty to register and pay the fee required for renewal nor exempt from the penalties for failure to renew. Therefore it is imperative that you notify the Board of any address change as soon as it occurs. If your license expires, you cannot practice in Missouri until your renewal is granted.

FEE
The fee for a physician Inactive Reinstatement license is $75. Please make checks payable to the Missouri Board of Healing Arts. All checks must be drawn on a United States bank because our bank doesn’t accept checks from International banks. No application will be processed until the fee is received. The Board cannot accept credit or debit cards for payment. ALL FEES ARE NON-REFUNDABLE.

CONFIDENTIALITY
The Board cannot release information about your application (including status) or discuss your application without your permission. If you wish us to discuss your application with anyone, please list that person in Item D on the application (Names of individuals with whom the Board is authorized to discuss your file).

JURISPRUDENCE EXAM
All applicants are required to take and pass the Jurisprudence Exam with 75% or greater. All answers can be found in our Rules and Statutes listed on our website at http://pr.mo.gov/healingarts.asp

ACTIVITIES STATEMENT
- Please provide all medical and nonmedical activities since the expiration of your Missouri license.
- All dates must be accounted for in the MM/YYYY format.
- Please include complete names and address for each activity listed.
- If unemployed or on vacation for more than one month, list your exact activities.

NOTE: if there are dates not accounted for, you will be contacted by the Board to account for those dates.
INFORMATION TO SUBMIT IF ANY OF THE PERSONAL HISTORY QUESTIONS ARE ANSWERED YES

Questions 1-9 - Include a separate statement/letter explaining the circumstances behind your “yes” answer. Documentation supporting your statement, if applicable (i.e. a settlement agreement from another state disciplining your license, documents showing probation in your postgraduate program, etc.) needs to be submitted directly from the state board, hospital, etc.

Question 10 - Include a separate statement/letter explaining the circumstances behind your “yes” answer and also submit a certified copy of the court records or have your attorney send the documents to the Board. The Board needs to receive a copy of the complaint/petition and judgment, settlement, or disposition.

Question 11 - Include a separate statement/letter explaining the circumstances behind your “yes” answer along with a copy of the charge (it may be called a petition, indictment, information, or complaint), and the judgment, sentence, or dismissal order, certified by the court or from your attorney.

Question 12 - Include a separate statement/letter explaining the circumstances behind your “yes” answer and documentation supporting that statement.

Question 13 – Please provide details and dates, including the names and addresses of the individuals and facilities which have treated you. Also please submit a letter from your current physician or treatment professional indicating your diagnosis, prognosis, and if your illness or condition affects your ability to practice.

Question 14 - Please complete the Malpractice Claim Information form in its entirety. Additional documentation may be required after review of the information provided. Please also list the number of claims in which you have been named in the space provided.

DOCUMENTS THAT NEED TO BE SUBMITTED

National Practitioner Data Bank Self-Query- Contact the National Practitioner Data bank at 1-800-767-6732 or http://www.npdb.hrsa.gov/index.jsp and perform a self-query. When you receive your self-query, please forward the original information to the Board by email (licensure@pr.mo.gov), fax (573-751-3166) or mail.

Verification of Licensure- You must submit verification of licensure from each state you have had a medical (according to the current application, they only need medical licenses verified) license in. The verification must be submitted directly from the licensing agency to our office. Some licensing agencies use a secure online verification portal however it is your responsibility to contact the licensing agency and advise them you are applying for a Missouri license. The Board accepts verifications from VeriDoc.

Photograph- A recent photograph no larger than 3 ½” x 5” must be attached to the application in the space provided. PLEASE DO NOT STAPLE.

Name Change – If you have had a name change for any reason since the expiration of your Missouri license, submit copies of the document evidencing the name change (Marriage Certificate, Divorce Decree, Court Order, or Naturalization Certificate).

If you have questions after reading these instructions, you may call the Board office at 573-751-0098 or toll free at 866-289-5753 or email licensure@pr.mo.gov
Complete each section by providing complete details in black ink or by typed responses. Failure to answer all questions could result in delayed processing of your application. If additional responses are necessary, submit in a separate statement.

**A. MISSOURI TAX COMPLIANCE**

- Check this box if in all of the last three years:
  - You were not a Missouri resident;
  - You did not have any Missouri income; and
  - You are not subject to any type of Missouri income tax.

Pursuant to Section 324.010 RSMo, all persons applying for and renewing a license with the Division of Professional Registration are required to have paid all Missouri state taxes and are also required to have filed Missouri state income tax returns for the last three years. If such licensee is delinquent on any Missouri state taxes or has failed to file Missouri state income tax returns in the last three years, your license will be subject to suspension within 90 days after being notified by the Missouri Department of Revenue of such delinquency or failure to file.

False statements are subject to criminal penalties and/or license discipline. For tax questions, please contact the Department of Revenue at (573) 751-7200 or email at income@dor.mo.gov.

**B. IDENTIFYING INFORMATION**

Print your full name, mailing address, and personal information.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>MAIDEN NAME</th>
<th>SUFFIX</th>
<th>MD</th>
<th>DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER NAMES USED</td>
<td>CONTACT TELEPHONE NUMBER</td>
<td>BUSINESS PHONE NUMBER</td>
<td>EMAIL ADDRESS</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>STREET ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>SSN</td>
<td>MEDICAL SCHOOL</td>
<td>DATE OF GRADUATION</td>
<td></td>
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</tr>
</tbody>
</table>

**C. PRACTICE INFORMATION**

**TYPE OF PRACTICE YOU ARE CURRENTLY INVOLVED IN (CHECK ONE)**

- INTERN
- RESIDENT
- PRIVATE
- FACULTY
- OTHER

**ANTICIPATED MISSOURI PRACTICE ADDRESS**

<table>
<thead>
<tr>
<th>NAME OF BUSINESS</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**TYPE OF PRACTICE THAT YOU WILL BE INVOLVED IN IF MISSOURI LICENSE REINSTATED**

- INTERN
- RESIDENT
- PRIVATE
- FACULTY
- OTHER

**ARE YOU A DIPLOMATE OF ANY AMERICAN SPECIALTY BOARD?**

- YES
- NO

**IF NO, ARE YOU ELIGIBLE?**

- YES
- NO

**D. NAMES OF INDIVIDUALS WITH WHOM THE BOARD IS AUTHORIZED TO DISCUSS YOUR FILE**

<table>
<thead>
<tr>
<th>CONTACT #1 NAME</th>
<th>CONTACT #1 EMAIL</th>
<th>CONTACT #1 TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT #2 NAME</td>
<td>CONTACT #2 EMAIL</td>
<td>CONTACT #2 TELEPHONE NUMBER</td>
</tr>
</tbody>
</table>

Approximate date that a Missouri license is needed: _____________

The Board will process your application as quickly as possible but be advised that your application, fee and supporting documentation needs to be received and approved prior to issuing a Missouri license. Sometimes applications require additional review by Board members and this can delay the decision on whether or not a Missouri license is issued.
E. MEDICAL LICENSURE HISTORY

List all of the states, territories and countries in which you currently hold or have ever held a license, permit or certificate to practice medicine. This includes training licenses and previous Missouri licenses. **If you have held an International medical license, please list it here.**

<table>
<thead>
<tr>
<th>STATE</th>
<th>STATE</th>
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F. PERSONAL HISTORY

Answer the following questions with the appropriate checkmark. **If any are answered yes, see the Instruction Sheet for specific information and documentation needed for review.**

1. Have you been denied a license, registration or certificate to practice as a physician or any other profession or been denied the privilege of taking an examination administered by a U.S. state, Canadian provincial or international licensing agency?
   - Yes ☐ No ☐

2. Have you made application for licensure, registration or certification in another state, province or country and subsequently withdrawn said application?
   - Yes ☐ No ☐

3. Has any license or right to practice held by you been disciplined, including but not limited to restriction, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any U.S. state, territory, federal agency, Canadian province or foreign country?
   - Yes ☐ No ☐

4. Have you had any disciplinary or corrective action taken against you, or had your right to practice restricted, by any professional medical or osteopathic association or society, or by any licensed hospital or medical staff of a hospital including being placed on probation while in a postgraduate training program?
   - Yes ☐ No ☐

5. Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or a postgraduate training program?
   - Yes ☐ No ☐

6. Have you surrendered a license issued to you by any U.S. state or any Canadian provincial licensing agency for any reason, other than failure to renew, retirement or relocating to another state?
   - Yes ☐ No ☐

7. Have any charges or complaints been filed against you with the federal government, any federal agency or any U.S. state or Canadian provincial licensing or disciplinary agency?
   - Yes ☐ No ☐

8. Have you been denied or surrendered a controlled substance license, registration, certificate or authority issued by the Drug Enforcement Administration (DEA) or any state bureau of narcotics or other agency concerned with controlled substances, or had such license, registration, certificate or authority restricted or disciplined, including, but not limited to, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not?
   - Yes ☐ No ☐

9. Has any disciplinary action been taken against you, or has your authority to practice been restricted, by any federal or state agency including, but not limited to, Medicare or Medicaid?
   - Yes ☐ No ☐

10. Have you forfeited collateral for breach or violation of any law, police regulation or ordinance whatsoever, been summoned into court as a defendant, or has any lawsuit (other than malpractice) been filed against you?
    - Yes ☐ No ☐

11. Have you been required by federal law or the law of any state to register as a sex offender?
    - Yes ☐ No ☐

12. Do you currently have any condition or impairment which in any way affects your ability to practice in a professional, competent and safe manner, including but not limited to: (1) a mental, emotional, nervous or sexual disorder, (2) an alcohol or substance abuse disorder or (3) a physical disease or condition?
    - Yes ☐ No ☐

13. Have you 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 ☐ No ☐

14. If your answer is yes, please indicate how many claims in which you have been named. ______
G. ACTIVITIES

Chronologically list all medical and nonmedical activities since the expiration of your Missouri license to the present date. Please account for all months.

<table>
<thead>
<tr>
<th>DATES</th>
<th>ACTIVITY</th>
<th>ENTITY NAME &amp; ADDRESS</th>
<th>CITY &amp; STATE</th>
<th>COUNTRY</th>
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<tr>
<td>BEGINNING</td>
<td>ENDING</td>
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<tr>
<td>MONTH/YEAR</td>
<td>MONTH/YEAR</td>
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<tr>
<td>7/2011</td>
<td>present</td>
<td>Private Practice</td>
<td>Name of Practice, Address</td>
<td>City, State</td>
</tr>
</tbody>
</table>

H. SINCE YOUR LICENSE WAS PLACED IN AN INACTIVE STATUS, WHAT HAVE YOU DONE TO KEEP CURRENT WITH THE PRACTICE OF MEDICINE?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
I. APPLICANT’S OATH

During the period of time in which the Board is processing my application and determining whether to issue me a license, I will inform the Board of any change in information included in my application for licensure, including but not limited to address updates, malpractice suits, discipline imposed by another state, administrative agency, hospital or other entity, arrests, and criminal convictions. I understand that failure to disclose this information could result in discipline pursuant to section 334.100.

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 and that I have personally read, reviewed and answered each of these questions; that all documents submitted with this application or as part of the application process that are original, or duplicated copies of the originals, have not been altered in any fashion whatsoever; 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 Chapter 334 (statutes and rules), RSMo, which contains the Statutes, Rules and Regulations governing the practice of medicine, that can be located on the Board’s website; I have answered all questions truthfully and in compliance with the instructions provided; and I understand that the application fee submitted with this application is non-refundable and cannot be transferred to another application.

I hereby authorize the Missouri State Board of Healing Arts, its Director or designee, to release and/or discuss information contained in my application for licensure in the State of Missouri to the individuals indicated on the application.

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 authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or international), 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.

I further certify that I understand that I cannot practice my profession in the state of Missouri unless and until a license has been granted by the Missouri Board of Healing Arts.

MUST BE SIGNED IN PRESENCE OF NOTARY

J. NOTARIZATION

STATE

COUNTY

The applicant identified him/herself with a government issued photographic identification and bearing true likeness to the attached photograph subscribed and swore to the truthfulness of this application before me, this _____________ day of ____________________________ , _______________ .

PLEASE GLUE OR TAPE YOUR PHOTO TO THE APPLICATION.

DO NOT STAPLE OR PAPER CLIP PHOTO.

PHOTO
**JURISPRUDENCE EXAMINATION**

**INSTRUCTIONS**

Completion of the jurisprudence examination and achieving a score of 75% or higher is a requirement for licensure by the Missouri State Board of Registration for the Healing Arts (Board). Each of the twenty “True (T) or False (F)” questions is given a weight of five percentage points. All the answers are readily available to you in the statutes and rules that are located on the Board’s website at [http://pr.mo.gov/healingarts-rules-statutes.asp](http://pr.mo.gov/healingarts-rules-statutes.asp).

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<td>19.</td>
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<td>20.</td>
<td>T</td>
<td>F</td>
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</tbody>
</table>

**SCORE**

**A physician located outside of the state of Missouri is not required to hold a license in this state if a collaborating Missouri licensed physician retains ultimate authority and responsibility for the diagnosis and treatment of the care of the patient located in Missouri. (Section 334.010.3, RSMo)**

**Patient records remaining under the care, custody and control of a licensee need not to be maintained by the licensee or the licensee’s designee for a minimum of seven (7) years from the date of when the last professional service was provided. (Section 334.097, RSMo)**

**Except as provided in Section 334.044 and 334.150, RSMo, practicing medicine in the state of Missouri without current registration is authorized as long as the physician holds an unencumbered license in another state. (Section 334.010, RSMo)**

**Conviction of a felony offense that is reasonably related to the qualifications, functions or duties of a physician and surgeon’s profession in the state of Missouri or any other state does not constitute ground(s) for discipline. (Section 334.103.1, RSMo)**

**Prescribing, administering or dispensing controlled substances for a non-therapeutic purpose, or in a non-therapeutic manner, and failure to document such in the physician's medical records constitute violation(s) of Intractable Pain Treatment Act. (Sections 334.106 and 334.107, RSMo)**

**If a physician does not renew his/her Missouri license for two consecutive renewal periods, such license shall be deemed void. (Section 334.080, RSMo)**

**If a physician’s license, permit or certificate is denied in another state, his/her Missouri license will not automatically be denied in the state of Missouri. (Section 334.103, RSMo)**

**A physician license may be disciplined for delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience or licensure to perform such responsibilities. (Section 334.100.2(4)(d), RSMo)**

**Section 334.100, RSMo provides the grounds for denial, suspension or revocation of a physician’s license. (Section 334.100 RSMo)**

**As a condition of discipline, the Board may not require a physician to submit to care, counseling or treatment at the expense of the individual to be examined, or require the person to attend relevant continuing educational courses and pass an examination as the Board may direct. (Section 334.100.4, RSMo)**

**Disciplinary action may be taken against a physician’s license for willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests or medical or surgical services. (Section 334.100.2(4)(c), RSMo)**

**Each physician renewing his/her license is required to complete and report twenty five (25) hours of continuing medical education every three (3) years. (Rule 20 CSR 2150-2.125)**

**A physician cannot require, as condition of the physician-patient relationship, the patient only receive prescribed drugs, devices or other professional services directly from the physician’s office or other entities under the physician’s ownership or control. (Section 334.100.2(22), RSMo)**

**While a pharmacist can administer vaccines pursuant to a written protocol authorized by a Missouri licensed physician who is actively engaged in the practice of medicine, the authorizing physician is responsible for the oversight of, and accepts responsibility, for the vaccines administered by the pharmacist. (Rule 20 CSR 2150-5.025)**

**Physicians are not allowed to enter medication therapy written protocols with Missouri licensed pharmacists. (Rule 20 CSR 2150-5.028)**

**Prior to prescribing any drug, controlled substance, or other treatment through telemedicine, as defined in section 191.1145, RSMo, or the internet, a physician shall establish a valid physician-patient relationship as described in section 191.1146. (Section 334.108, RSMo)**

**With written collaborative practice agreements in place, a Missouri-licensed physician may serve as a supervising physician for assistant physicians, advanced practice registered nurses, and/or physician assistants. (Sections 334.037, 334.104, and 334.735, RSMo)**

**Failure to receive a renewal application form does not relieve any licensee of the duty to renew or register and pay the required fee, nor does such failure exempt the licensee from the penalties provided by Chapter 334 for failure to register. (Section 334.080, RSMo)**

**Physicians are required to notify the Board within fifteen (15) days of the occurrence of a name or address change. (Section 334.070 and Rule 20 CSR 2150-2.045)**

**Application fees are refundable by the Board upon a written request of the applicant or licensee. (Rule 20 CSR 2150-2.080(2))**
<table>
<thead>
<tr>
<th>APPLICANT LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>SUFFIX</th>
<th>DATE</th>
</tr>
</thead>
</table>

If you answered yes to question 14 on the application in Section N, please answer the following questions for each claim. Copy this page as necessary.

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>PLAINTIFF NAME (IF OTHER THAN PATIENT)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PATIENT’S DATE OF BIRTH</th>
<th>LAST 4 OF PATIENT’S SSN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>YOUR INVOLVEMENT IN THE CASE (ATTENDING, CONSULTING, ETC.)</th>
<th>DATE OF OCCURRENCE (MONTH/DAY/YEAR)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STATUS OF THE ACTION (PENDING, DISMISSED, SETTLED, JUDGMENT, DROPPED)</th>
<th>MONEY PAID</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DID THE PATIENT DIE?</th>
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</tr>
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<tbody>
<tr>
<td>□ YES □ NO</td>
<td></td>
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</tbody>
</table>

IF THE CASE IS CLOSED, PLEASE INDICATE THE METHOD OF RESOLUTION.

<table>
<thead>
<tr>
<th>Dismissed with Payment - Date:</th>
<th>Dismissed without Payment - Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Settled, Payment Made - Date:</td>
<td>□ Settled, No Payment Made - Date:</td>
</tr>
<tr>
<td>□ Judgment in your Favor - Date:</td>
<td>□ Judgment against you - Date:</td>
</tr>
<tr>
<td>□ Other ______________________</td>
<td>Date: _____________</td>
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EXPLAIN THE ALLEGATION AND PROVIDE A NARRATIVE SUMMARY REGARDING YOUR ROLE IN THE CARE PROVIDED.

________________________________________________________________________

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