

Revised 08/08

Re

STATE BOARD OF MEDICINE
P.O. BOX 2649

Ca

STATE BOARD OF MEDICINE
2601 NORTNICINE

gM

VERIFICATION

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth’s licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee’s social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18Pa.C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license.

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I CERTIFY THAT MY VOLUNTEER PRACTICE IS :

1. WITHOUT PERSONAL REMUNERATION FOR PROFESSIONAL SERVICES; AND
2. IS IN AN APPROVED CLINIC.
3. I CURRENTLY HOLD AN UNRESTRICTED LICENSE TO PRACTICE OR RETIRED FROM THE PRACTICE HOLDING AN UNRESTRICTED LICENSE TO PRACTICE IN GOOD STANDING.

APPLICANT'S SIGNATURE

DATE