

Revenue 0252070000

Converting an Interstate Medical Licensure Compact License to a Traditional License Request Form

Print or Type Full Name

IMLC License Number

Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of the State of Washington that the following statements are true and correct:

- I am applying for a traditional unrestricted Osteopathic Physician and Surgeon license in the State of Washington and concurrently to end my Interstate Medical Licensure Compact (IMLC) license in the State of Washington;
- I am the person described and identified in this application;
- I have answered all questions truthfully and completely in this application;
- The documentation provided in support of my application is accurate to the best of my knowledge;
- I have read, and agree to abide by, all laws and rules related to my profession including, but not limited to, [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act;
- I understand the Washington State Department of Health (DOH) may require more information before deciding on my application, and that DOH may independently check conviction records with state, federal, or international databases;
- I understand that I must inform DOH of any past, current, or future criminal charges or convictions (which in Washington State includes driving under the influence (DUI));
- I will inform DOH of any physical, mental, or substance abuse conditions that jeopardize my ability to provide quality healthcare; and
- If requested, I will authorize my healthcare providers to release to DOH information regarding my health including, but not limited to, the diagnosis and treatment of cognitive issues, mental health, and substance abuse.

Applicant's Initials	Date

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Please Note:

The Board does not inquire about personal medical conditions unless notified that they represent a limitation or impairment to safe medical practice.

“Medical Condition” includes social, behavioral, physical, physiological, and psychological conditions or disorders. The Board of Osteopathic Medicine and Surgery (BOMS) does inquire about substance use of applicants. If you have a medical condition or substance use disorder that may limit or impair your ability to practice medicine safely, it is your responsibility to contact the Washington Physician Health Program (WPHP) for an assessment: 800-552-7236. If the behavior or condition is “Known to WPHP”, that means you have informed WPHP of your medical condition(s) and you are complying with all WPHP requirements for evaluation, treatment, and/or monitoring - if any. The BOMS considers this a safe haven in the application process.

Acknowledgement and Agreement

By submitting this application, you acknowledge and agree to the following:

If the Board has information that you may be suffering from a condition for which you are not being appropriately treated that impairs your judgement or would adversely affect your ability to practice medicine in a competent, ethical, and professional manner, the Board may request that you undergo an evaluation with the WPHP or obtain other health examinations at your expense. By submitting this application, you consent to such examination(s). You also agree the full and complete examination report(s) may be provided to the Board, which is the regulatory authority of the license. You waive all claims based on confidentiality or privileged communication. You understand that failure to submit to a required examination(s) or provide the requested report(s) to the Board may be grounds for denying your application.

- 1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

“**Medical Condition**” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

- 2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.

“**Currently**” means within the past six months.

“**Chemical substances**” include alcohol, drugs, or medications, whether taken legally or illegally.

2. Personal Data Questions (Cont.)

Yes No

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?
4. Are you currently engaged in the illegal use of controlled substances?

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?
 - b. Diverted controlled substances or legend drugs?
 - c. Violated any drug law?
 - d. Prescribed controlled substances for yourself?
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements?
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?
11. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?
12. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?
13. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?
14. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?
15. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?