

**NOTICE TO PHYSICIANS WHOSE LAST NAMES  
BEGIN WITH LETTERS M THROUGH Z**

The Maryland Board of Physicians (the “Board”) issues medical licenses to eligible applicants year round. If deemed eligible for reinstatement of medical licensure, when would you like to be licensed? Please read the next page carefully, make your choice, complete the form, and mail it back to the Board with your completed application.

Thank you for your cooperation.

IF APPLICABLE, PLEASE COMPLETE THE NEXT PAGE OF THIS FORM.

IF YOUR LAST NAME DOES NOT BEGIN WITH LETTERS M THROUGH Z, PLEASE DISREGARD.

**MARYLAND BOARD OF PHYSICIANS**

P.O. Box 37217  
Baltimore, MD 21297

**APPLICANT'S PREFERRED DATE OF REINSTATEMENT OF LICENSURE**

**ATTENTION:** PLEASE CONSULT PAGE 2 OF THE "INSTRUCTIONS AND IMPORTANT INFORMATION" LETTER IN THIS PACKET FOR REINSTATEMENT APPLICATION FEES.

**Instructions:** Please carefully read **Part A**. Then **complete Part B** and send this form to the Maryland Board of Physicians (the "Board") with your completed reinstatement application at the above address.

**Part A:** In Maryland, medical licenses are issued to eligible applicants year round. Licenses are issued with an expiration date that is determined by the last name of the applicant. The licenses of physicians whose last names begin with letters A to L expire on September 30 of even numbered years (examples: 2008, 2010, etc.). The licenses of physicians whose last names begin with letters M to Z expire on September 30 of odd numbered years (examples: 2007, 2009, etc.).

A medical license must be renewed by its expiration date. The renewal of a medical license includes payment of the renewal fee. The renewal deadline is September 30 of the applicable year. A renewal application that is received legibly postmarked from October 1 to November 30 of the applicable year will be charged a late fee.

If determined eligible for reinstatement of medical licensure, you may choose to be licensed either **BEFORE** September 30 or **AFTER** September 30 of this year. The examples below show how the issue date of a license affects the date that the license must be renewed.

Example 1 Dr. Y completed the form below indicating that if determined eligible for reinstatement of licensure, he would like to be licensed BEFORE September 30, 2007. Dr. Y is licensed in July 2007. The expiration date of the license is September 30, 2007. Dr. Y will be required to renew his license and pay the renewal application fee by September 30, 2007.

Example 2 Dr. X completed the form below indicating that if determined eligible for reinstatement of licensure, she would like to be licensed AFTER September 30, 2007. If Dr. X would be licensed in October 2007, the first time she will be required to renew her license and pay the renewal application fee is by September 30, 2009.

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**Part B:** Please make your choice below, print your name, sign and date the form, and submit it to the Board.

\_\_\_\_ 1. If determined eligible for reinstatement of licensure, I wish to be licensed **BEFORE** September 30, 2007. If licensed, I understand that I will be required to renew the license and pay a renewal application fee by the license's expiration date (September 30, 2007). Further, I understand that a license will be issued to an eligible applicant only upon receipt by the Board of this signed form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name in Print: \_\_\_\_\_

\_\_\_\_ 2. If determined eligible for reinstatement of licensure, I wish to be licensed **AFTER** September 30, 2007. If licensed, I understand that I will be required to renew the license and pay the renewal application fee by the license's expiration date, September 30, 2009. Further, I understand that a license will be issued to an eligible applicant only upon receipt by the Board of this signed form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name in Print: \_\_\_\_\_