

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in
the Nation

TO: Osteopathic Physician

FROM: The Florida Board of Osteopathic Medicine

RE: Application for Reactivation of an Osteopathic Physician License

Please read and follow the instructions very carefully. Failure to do so may result in a delay in the processing of your request.

FEE SCHEDULE

Your reactivation fee will be based on the **CURRENT** status of your license. If you are uncertain as to the current status of your license, please call the Board office at (850) 488-0595. The fees are listed below:

\$500 (if license is currently “clear/inactive”)
\$1,130.00 (if license is currently “delinquent/inactive”)

APPEARANCES

For those licensees who have been on a paid inactive status for less than four years, no appearance before the Board should be required unless particular circumstances or situations (i.e. pending malpractice, Board action taken against another state license, etc.) reported in the application necessitate further scrutiny by the Board. Chapter 64B15-12.007(2), F.A.C. does require licensees who have been on the paid inactive status for more than four years with out practicing to appear before the Board prior to being reactivated so that the Board can impose any necessary conditions to ensure that practitioner can resume safe practice in Florida.

REACTIVATION PROCESSING TIME

The amount of time needed to reactivate a license depends upon the status of the license and whether the Board office has received all required documentation. For example, a physician whose license has been on paid inactive status for less than four years will be handled administratively and should take **approximately 2 weeks** from the date the application and fee are received by Board staff, provided there is no adverse or disciplinary information. If this is the case, the licensee applying for reactivation could be required to appear before the Board at their next scheduled meeting before the license would be reactivated. Likewise, if the license has been on the inactive status for more than four years, the licensee will also be required to appear before the Board at their next scheduled meeting before the license would be reactivated. **PLEASE BE ADVISED THAT YOU WILL BE NOTIFIED IN WRITING AS TO THE STATUS OF YOUR APPLICATION AS WELL AS IF AN APPEARANCE WILL BE NECESSARY.**

For those licensees pursuing reactivation who are required to appear before the Board, reactivation time will depend upon the schedule of the Board, as well as the date the reactivation application and fees are received by Board staff. Please be advised that the Florida Board of Osteopathic Medicine generally meets on a quarterly basis, usually on a weekend in the months of February, May, August and November. Please plan accordingly.

REQUIRED CME

64B15-13.002 Continuing Education Requirements for Reactivation.

(1) Every license holder pursuant to Chapter 459, F.S., whose license has been inactive for more than one (1) year shall be required to complete continuing education requirements as a condition for reactivating his license.

(2) The continuing education requirements shall be twenty (20) attendance hours for each year the license was inactive; of these 20 hours, at least 10 must be AOA Category 1A hours. At least five (5) of the continuing medical education hours required for renewal shall be as found in paragraph 64B15-13.001(1)(a), F.A.C.

(3) The courses listed in Rule 64B15-13.001, F.A.C., shall constitute the list of approved courses under this rule.

64B15-12.007 Inactive Status License.

(1) Any licensee may elect to place the license into inactive status by submitting a request in writing to the Board, or to the Department at the time of renewal, and, depending upon when the licensee elects to place the license into inactive status, paying the appropriate fee set forth in Rule Chapter 64B15-10, F.A.C.

(2) An inactive status licensee may change to active status at any time provided the licensee meets the continuing education requirements of Rule 64B15-13.001, F.A.C. Inactive status licensees choosing active status at the time of renewal must pay the active status renewal fee and the reactivation fee. Inactive status licensees choosing active status at any other time than at the time of license renewal shall pay the difference between the inactive status renewal fee and the active status renewal fee, the reactivation fee and the fee to change licensure status. However, a licensee whose license has been in inactive status for more than two consecutive biennial licensure cycles and who has not been practicing medicine on a full-time basis in another jurisdiction during such period of time, shall be required to appear before the Board before the license can be placed into active status. The Board at the time of the appearance shall impose upon the licensee reasonable conditions necessary to insure that the licensee can practice with the care and skill sufficient to protect the health, safety and welfare to the public. For purposes of this rule, "full-time basis" shall be defined as working as a physician for over 20 hours per week.

64B15-13.001 Continuing Education for Biennial Renewal.

(1)(a) Every person licensed pursuant to Chapter 459, F.S., except those licensed as physician assistants pursuant to Section 459.022, F.S., shall be required to complete forty (40) hours of continuing medical education courses approved by the Board in the twenty-four (24) months preceding each biennial renewal period as established by the Department. Five of the continuing medical education hours for renewal shall include a one hour Risk Management Course, one hour Florida Laws and Rules, one hour on the laws regarding the use and abuses of controlled substances, and two hours Prevention of Medical Errors Course. Beginning in the 2010-2012 licensure biennium, five of the continuing medical hours for renewal shall include one hour of professional and medical ethics education, one hour Florida Laws and Rules, one hour on the federal and state laws related to the prescribing of controlled substances, and a two hour Prevention of Medical Errors Course.

(b) A licensee shall not be required to complete continuing medical education if the initial license is issued subsequent to July 1 of the second year of the biennium, except as found in paragraph 64B15-13.001(1)(a), F.A.C.

(c) A licensee shall complete a two (2) hour Domestic Violence Course as part of every third biennial renewal of licensure.

(d) A licensee shall complete a one (1) hour HIV/AIDS course no later than upon first biennial renewal of

licensure.

(2) At least twenty (20) of the forty (40) hours of the continuing medical education required under this rule shall be American Osteopathic Association approved Category I-A continuing education related to the practice of osteopathic medicine or under osteopathic auspices.

(3)(a) For purposes of this rule, risk management means the identification, investigation, analysis, and evaluation of risks and the selection of the most advantageous method of correcting, reducing, or eliminating identifiable risks as defined in Section 741.30, F.S.

(b) The continuing medical education found in paragraph 64B15-13.001(1)(a), F.A.C., with regard to Risk Management, Florida Laws and Rules, controlled substances, professional and medical ethics, and the prevention of medical errors shall be obtained by the completion of live, participatory attendance courses. However, the continuing medical education found in paragraphs 64B15-13.001(1)(c) and (d), F.A.C., with regard to HIV/AIDS and domestic violence, may be obtained by the completion of non-live/participatory attendance.

(c) For purposes of this rule, Florida laws and rules means Chapters 456 and 459, F.S., and Rule Chapter 64B15, F.A.C.

(d) The One hour of Risk Management or professional and medical ethics education may be fulfilled by attending at least three (3) hours of disciplinary matters at a regular meeting of the Board of Osteopathic Medicine in compliance with the following:

1. The licensee must sign in with the Executive Director of the Board, or designee, before the meeting day begins.

2. The licensee must remain in continuous attendance.

3. The licensee must sign out with the Executive Director of the Board, or designee, at the end of the meeting day or at such other earlier time as affirmatively authorized by the Board. The licensee may receive CME credit in risk management or professional and medical ethics education for attending the disciplinary portion of a Board meeting only if the licensee is attending on that day solely for that purpose; the licensee may not receive such credit if appearing at the Board meeting for another purpose. Members of the Board of Osteopathic Medicine may receive risk management or professional and medical ethics credit for such attendance at one full day of disciplinary hearings at a regular meeting of the Board.

4. A licensee may use no more than five (5) hours of continuing education in the area of risk management for the purpose of completing the continuing education requirements for each biennial renewal.

(e) For purposes of this rule, a one (1) hour course on the federal and state laws related to the prescribing of controlled substances shall include: a review of the applicable federal and state laws and rules; review of the current Florida statistics regarding morbidity and mortality of controlled substance related deaths; pharmacology of opiate drugs; proper prescribing of opiate drugs; and a review of physician liability for overprescribing controlled substances.

(f) For purposes of this rule, a two hour Prevention of Medical Errors course shall include a study of root cause analysis, error reduction and prevention, and patient safety. The course shall address medication errors, surgical errors, diagnostic inaccuracies, and system failures, and shall provide recommendations for creating safety systems in health care organizations. The course must include information relating to the five most mis-diagnosed conditions during the previous biennium, as determined by the Board. The following areas have been determined as the five most mis-diagnosed conditions:

1. Inappropriate prescribing of opioids in patients in whom there have been misdiagnosis or failure to diagnose addiction, psychiatric conditions and diversion;

2. Failure or delay in diagnosing cancer;

3. Retained foreign objects in surgery and wrong site/patient surgery;

4. Surgical complications/errors and pre-operative evaluations; and

5. Prescribing, dispensing, administering, or using non-FDA approved medications and devices.

(4) The following courses are approved by the Board:

(a) Organized courses of post graduate study offered by or approved by the American Osteopathic Association or the American Medical Association or any of their divisional societies;

(b) Organized courses of post graduate study sponsored by a medical school recognized and approved by the American Osteopathic Association or the American Medical Association;

(c) Organized courses of post graduate study sponsored by a specialty college of the American Osteopathic Association or the American Medical Association;

(d) Organized courses of post graduate study sponsored by the Public Health Service, state or territorial

health services, or a branch of the United States Armed Services;

(e) Fellowships approved by the American Osteopathic Association or the American Medical Association; Internship or residency approved by the American Osteopathic Association or the Accreditation Council for Graduate Medical Education; each fellow, intern and/or resident shall be responsible for obtaining the continuing medical education required under this rule. For fellows, interns, and/or residents in approved AOA, AMA or ACGME educational training programs, ten (10) continuing medical education credit hours shall be awarded for successful completion of each 6 month training program period;

(f) Teacher hours, lecture hours or scientific papers read and published which are approved for credit by the American Osteopathic Association;

(g) Annual convention and mid-year seminars sponsored by the Florida Osteopathic Medical Association;

(h) Internship or residency approved by the American Osteopathic Association or the Accreditation Council for Graduate Medical Education;

(i) Routine hospital programs, including clinical and pathological conferences, mortality review, medical audit committees, tumor board, peer review or utilization review; that are approved by the American Osteopathic Association, (AOA), the American Medical Association, (AMA), or by the Board.

(5) Home study hours up to a maximum of eight (8) hours per biennium may be utilized toward continuing education requirements for renewal. In order to be acceptable, said home study hours must be approved by the AOA, the AMA, the Board, or approved for credit as a college or university extension course with approved grading and evaluation standards. Any licensee who is a member of the Armed Forces of the United States on active duty and for a period of six (6) months after discharge from active duty may obtain all forty (40) hours of continuing education through home study.

(6) In addition to the continuing medical education credits authorized above, a volunteer expert witness who is providing expert witness opinions for cases being reviewed pursuant to Chapter 459, F.S., shall receive five (5) hours of credit in the area of risk management for each case reviewed. A volunteer expert may not accrue in excess of 15 hours of credit per biennium pursuant to this paragraph. Former Board members serving on the Probable Cause Panel shall be allowed a maximum of 15 hours of credit per biennium pursuant to Section 456.013, F.S.

64B15-13.005 Performance of Pro Bono Medical Services.

(1) Up to 10 hours, per biennium, of continuing education credit may be fulfilled by the performance of pro bono medical services to the indigent or to underserved populations or in areas of critical need within the state where the licensee practices. The standard for determining indigency shall be low-income (no greater than 150% of the federal poverty level) or uninsured persons. Credit shall be given on an hour per hour basis.

(2) The Board approves for credit under this rule, the following entities:

(a) The Department of Health;

(b) Community and Migrant Health Centers funded under section 330 of the United States Public Health Service Act; and

(c) Volunteer Health Care provider programs contracted to provide uncompensated care under the provisions of Section 766.1115, F.S., with the Department of Health.

(3) For services provided to an entity not specified under this rule a licensee must apply for prior approval in order to receive credit. In the application for approval, licensees shall disclose the type, nature and extent of services to be rendered, the facility where the services will be rendered, the number of patients expected to be served, and a statement indicating that the patients to be served are indigent. If the licensee intends to provide services in underserved or critical need areas, the application shall provide a brief explanation as to those facts.

(4) Unless otherwise provided through Board order, no licensee who is subject to a disciplinary action that requires additional continuing education as a penalty, shall be permitted to use pro bono medical services as a method of meeting the additional continuing education requirements.

NICA PAYMENTS

Additionally, all pending payments to the Florida Birth Related Neurological Injury Compensation Association (NICA) must be paid before any Florida license can be reactivated. Please contact the NICA office at (850) 488-8191 to determine your status. If your payments have been received as necessary, please have NICA contact our office to verify that your payments are up to date.

NOTE - Overall, the reactivation process is designed simply to ensure that the licensee is able to resume safe practice in Florida. Board staff is more than happy to assist licensees in this process, and we encourage any interested parties to call the Board office at (850) 488-0595 to inquire further about reactivation if necessary. Although appearances before the Board or participatory type CME hours for each inactive year may seem extreme, these are the measures which the Board has determined necessary to ensure safe and competent Osteopathic practice for the public in the state of Florida.

APPLICATION FOR REACTIVATION OF OSTEOPATHIC PHYSICIAN LICENSE

Please type or print in blue or black ink.

Last Name:		First Name:		Middle Initial:			
Social Security Number:		Date of Birth:		Florida License Number: OS			
Mailing Address:				Home Phone Number: ()			
Email Address:							
Practice Location Address:				Work Phone Number: ()			
Have you legally changed your name since your license expired? ___ Yes ___ No If "yes", list below and provide a copy of the name change document.							
STATE LICENSURE							
List ALL States Where you Currently hold OR Have Ever Held Licensure							
State	Date	Current Status	License Number	State	Date	Current Status	License Number
ACCOUNTING FOR TIME							
Please list chronologically your activities, both professional and personal, since your last active license was held in Florida.							

I, _____, depose and say that I am the person referred to in the foregoing application and supporting documents, and that the attached photograph is a true likeness of myself. I hereby authorize all hospital(s), institution(s) or organization(s), my references, personal physicians, employers, (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida Board of Osteopathic Medicine any information which is material to my application for reactivation. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice Osteopathic Medicine in the State of Florida. I also affirm that I will comply with all requirements for licensure renewal including continuing education credits.

(Signature of Applicant)

(Date)

FINANCIAL RESPONSIBILITY

NAME: _____ LICENSE NUMBER: DO _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Note: Mailing Addresses are not published on the internet

The Financial Responsibility options are divided into two categories: coverage and exemptions. **Choose only one option of the ten provided pursuant to s.459.0085, Florida Statutes.**

CATEGORY I: Financial Responsibility Coverage for Florida Practice Only

1. [] I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000, from an authorized insurer as defined under s. 624.09 FS, from a surplus lines insurer as defined under s. 626.914(2) FS, from a risk retention group as defined under s. 627.942 FS, from the Joint Underwriting Association established under s. 627.351(4) FS, or through a plan of self-insurance as provided in s. 627.357 FS.
2. [] I have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000, from an authorized insurer as defined under s. 624.09 FS, from a surplus lines insurer as defined under s. 626.914(2) FS, from a risk retention group as defined under s. 627.942 FS, from the Joint Underwriting Association established under s. 627.351(4) FS, or through a plan of self-insurance as provided in s. 627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s. 766.110 FS.
3. [] I do not have hospital staff privileges and I have obtained and maintain an unexpired, irrevocable letter of credit, established pursuant to chapter 675 FS, in an amount of not less than \$100,000 per claim with a minimum aggregate availability of credit of not less than \$300,000. The letter of credit shall be payable to the osteopathic physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the osteopathic physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, medical care and services. Such letter of credit shall be nonassignable and nontransferable. Such letter of credit shall be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States that has its principal place of business in this state or has a branch office which is authorized under the laws of this state or of the United States to receive deposits in this state. **OR** I do not have hospital staff privileges and I have established and maintain an escrow account consisting of cash or assets eligible for deposit in accordance with s. 625.52 FS in the per-claim amounts specified above.
4. [] I have hospital staff privileges and I have obtained and maintain an unexpired, irrevocable letter of credit, established pursuant to chapter 675 FS, in an amount not less than \$250,000 per claim, with a minimum aggregate availability of credit of not less than \$750,000. The letter of credit shall be payable to the osteopathic physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the osteopathic physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, medical care and services. Such letter of credit shall be nonassignable and nontransferable. Such letter of credit shall be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States that has its principal place of business in this state or has a branch office which is authorized under the laws of this state or of the United States to receive deposits in this state **OR** I have hospital staff privileges and I have established and maintain an escrow account consisting of cash or assets eligible for deposit in accordance with s. 625.52 FS in the per-claim amounts specified above.
5. [] I have decided not to carry malpractice insurance or otherwise demonstrate financial responsibility; however, I agree to satisfy any adverse judgments pursuant to the terms and conditions contained in s. 459.0085(5)(g), FS. I understand that I shall be required to either post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or provide a written statement to any person to whom medical services are being provided. Such sign and statement shall state that: Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. **YOUR OSTEOPATHIC PHYSICIAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE.** This is permitted under Florida law subject to certain conditions. Florida law imposes strict penalties against noninsured osteopathic physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

CATEGORY II: Financial Responsibility Exemptions

6. [] I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or its subdivisions.
7. [] I hold a limited license issued pursuant to s. 459.0075, F.S., and practice only under the scope of such limited license.
8. [] I practice only in conjunction with my teaching duties at an college of osteopathic medicine. (Residents do not qualify for this exemption.)
9. [] I do not practice osteopathic medicine in the State of Florida. I will notify the department immediately before commencing practice in the state.
10. [] I am exempt from demonstrating financial responsibility due to meeting all of the following criteria** **See note below:**
- (a) I have held an active license to practice in this state or another state or some combination thereof for more than 15 years.
 - (b) I am retired or maintain part-time practice of no more than 1,000 patient contact hours per year.
 - (c) I have had no more than 2 claims resulting in an indemnity exceeding \$25,000 within the previous 5 year period.
 - (d) I have not been convicted of, or pled nolo contendere to any criminal violation specified in s. 459, F.S., or the practice act of any other state.
 - (e) I have not been subject, within the last 10 years of practice, to license revocation or suspension for any period of time, probation for a period of 3 years or longer, or a fine of \$500 or more for a violation of s. 459, F.S., or the medical practice act of another jurisdiction. The regulatory agency's acceptance of an osteopathic physician's relinquishment of a license, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of administrative charges against the osteopathic physician's license, shall be construed as action against the physician's license for the purposes of this section. I understand that I shall be required either to post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or to provide a written statement to any person to whom medical services are being provided. Such sign or statement shall state that: Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. However, certain part-time osteopathic physicians who meet state requirements are exempt from the financial responsibility law. YOUR OSTEOPATHIC PHYSICIAN MEETS THESE REQUIREMENTS AND HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This notice is provided pursuant to Florida law.

**** If you select an exemption based on based on #10, you must also complete the affidavit on the following page.**

Physician Signature

Date

**DEPARTMENT OF HEALTH
BOARD OF OSTEOPATHIC MEDICINE
Financial Responsibility Affidavit of Exemption**

This affidavit is only required if you are claiming an exemption based on #10 on the preceding page.

I, _____, do hereby certify and attest that I meet all of the following criteria:

- (a) I have held an active license to practice in this state or another state or some combination thereof for more than 15 years;
- (b) I am retired or maintain part time practice of no more than 1000 patient contact hours per year;
- (c) I have had no more than two claims resulting in an indemnity exceeding \$25,000 within the previous five-year period;
- (d) I have not been convicted of or pled guilty or nolo contendere to any criminal violation specified in Chapter 459, F. S. or the medical practice act in any other state; and
- (e) I have not been subject, within the past ten years of practice, to license revocation, suspension, or probation for a period of three years or longer, or a fine of \$500 or more for a violation of Chapter 459, F. S., or the medical practice act of another jurisdiction. A regulatory agency's acceptance of a relinquishment of license, stipulation, consent order, or other settlement offered in response to or in anticipation of filing of administrative charges against a license is construed as action against a license. I understand if I am claiming an exception under this section that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. See Section 459.0085(5) (f), F.S., for specific notice requirements.

Dated: _____

Signature: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, by

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____