

Supplemental Instructions for Temporary License Application 2016-2017

KEEP A COMPLETE COPY OF YOUR LICENSE APPLICATION FOR YOUR RECORDS!!!

Do NOT contact the licensing board for any reason

Use BLACK INK ONLY – otherwise the Board will return your application

Send License Application, Fee & **ALL supporting documents to my attention at the following address:**

Sherry Bushmoyer, Residency Program Coordinator

Center for Behavioral Medicine

1000 E. 24th Street

Kansas City, MO 64108

(Please NOTE: The fee for a temporary license is \$30. Please make checks payable to the Missouri Board of Healing Arts)

Item (B) IDENTIFYING INFORMATION

Please use your current address.

Item (C) TRAINING PROGRAM (some of this section has been pre-populated for you)

Please complete as follows:

- Name of Hospital: Center for Behavioral Medicine, Kansas City, MO 64108
- Date Training Will Begin: 7/1/16
- Please mark (X): Resident (do NOT mark Intern)
- Please mark (X): Usually (1) or appropriate Postgraduate Year

Please NOTE: The Board cannot release information about your application (including status) or discuss your application without your permission.

Please list the following contact information:

- Hospital Contact: Sherry Bushmoyer
- Email: sherry.bushmoyer@dmh.mo.gov
- Department: Psychiatry
- Telephone: 816-512-7439

Item (D) MEDICAL EDUCATION - Please list all schools prior to Medical School (include community college, dental school, etc) where you earned a degree or diploma.

Please have all official FINAL transcripts from each institution listed sent directly to Sherry Bushmoyer AS SOON AS THEY ARE AVAILABLE.

Item (E) MEDICAL/DOCTORATE EDUCATION – List Medical School

Please have the official FINAL transcripts sent directly to Sherry Bushmoyer AS SOON AS THEY ARE AVAILABLE.

Item (F) POST GRADUATE EXPERIENCE

List **ONLY** if you have had previous postgraduate (Residency/Fellowship) Training. Otherwise, please note “N/A” if not applicable.

See POSTGRADUATE REFERENCE LETTER form if applicable

NOTE: this letter **MUST** be sent by your program directly to the MO Licensing Board

Item (G) MEDICAL LICENSURE HISTORY

Please list all states or territories in which you currently hold or have ever held a license to practice medicine. This includes training licenses and previous Missouri licenses

See VERIFICATION OF LICENSE form if applicable

NOTE: use this form **ONLY** if you have held a professional license of any kind.

Item (H) OTHER PROFESSIONAL LICENSES HISTORY

Please list all “OTHER” professional licenses, registration or certifications you now hold or have ever held (e.g. Physician Assistant, Registered Nurse, etc.).

See VERIFICATION OF LICENSE form if applicable

NOTE: use this form **ONLY** if you have held a professional license of any kind.

Item (I) ACTIVITIES STATEMENT – Please see application for specific instructions

Please provide all medical and nonmedical activities since graduation from your medical/doctorate program to the present date in CHRONOLOGICAL ORDER.

Item (J) HOSPITAL AFFILIATION

Please list all hospital affiliations in which you had individual admitting privileges (do not include training programs). **Please note:** “N/A” if not applicable.

See TEMPORARY HOSPITAL AFFILIATION form if applicable

NOTE: complete this form **ONLY** if you have had individual admitting privileges. This does **NOT** apply to training hospitals or rotation locations.

Item (O) RECOMMENDATION OF MORAL, ETHICAL AND PROFESSIONAL CONDUCT - Leave blank This section will be completed by training office

National Practitioner’s Data Bank Self-Query – ***This does not apply to May 2016 graduates**

Please contact the National Practitioner’s Data Bank (NPDB) 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 Sherry.bushmoyer@dmh.mo.gov. Sherry will forward to the licensing board. If the report is delivered to you via USPS, please mail (unopened) envelope directly to Sherry Bushmoyer at address listed above**

Additional Information for International Graduates

- If you are sending original documents and need them to be returned, please fill out the “**Original Documents Form**”.
- Submit originals and notarized copies of the OFFICIAL TRANSLATIONS per application instructions.
- Submit originals and notarized copies of the MEDICAL & PRE-MEDICAL TRANSCRIPTS per application instructions.
- Provide proof of licensure in the country you graduated from unless you were in a Fifth Pathway program.
- Complete a “Request for Status Report of ECFMG Certification” on the ECFMG website at www.ecfm.org. The ECFMG must send this document directly to the MO Licensing Board.