MARYLAND BOARD OF PHYSICIANS

REPORT OF DISCIPLINARY ACTION

Maryland Code Ann., Health Occupations Article §§14-413 and 14-414 requires hospitals, health maintenance organizations, and other related facilities to report action taken against a physician or postgraduate medical trainee which restricts, limits, changes, denies, removes, terminates, suspends, or conditions medical staff membership and/or clinical privileges and/or salaried or contractual employment for any reason that might be grounds for disciplinary action under provisions of Health Occupations §14-404. In addition, a voluntary resignation that occurs during an investigation for reasons that might be disciplinary action must be reported.

Maryland law includes similar language requiring reporting of actions taken by facilities and employers against allied health practitioners licensed by the Board: physician assistants (Health Occupations §14-5A-18), radiographers, radiation therapists, nuclear medicine technologists, radiology assistants (all 4 groups are covered by Health Occupations §14-5B-15), polysomnographic technologists (Health Occupations §14-5C-18), athletic trainers (Health Occupations §14-5D-11.1), and perfusionists (Health Occupations §14-5E-18).

A "REPORT OF DISCIPLINARY ACTION" must be filed within (10) days of any action taken which alters the privileges of a physician, allied health, or postgraduate medical trainee with the named facility, health maintenance organization, or employer. An action is reportable when the change takes place with the individual's privileges, NOT after the appeal process.

Instructions: *If you have any questions, please call the Maryland Board of Physicians at 410-764-2480 or 1-800-492-6836, extension 2480 to speak with Intake staff.*

1. *Complete ALL items on this form.*
2. *Retain a copy for your records.*
3. *Submit completed forms to:*

Intake Coordinator
Maryland Board of Physicians
4201 Patterson Ave
Baltimore, MD 21215-0095
Fax: 410-358-1298 or 410-358-2252

1. NAME OF FACILITY/ HMO/EMPLOYER: _____

2. CONTACT DESIGNEE OF RECORD: _____
(NAME) (TELEPHONE #)

3. DATE OF ACTION: ____/____/_____

4. NAME OF LICENSEE OR POSTGRADUATE MEDICAL TRAINEE: _____
(LAST) (FIRST) (MIDDLE)

5. PRACTITIONER NUMBER: _____ 6. LICENSE TYPE(S): _____
(LICENSE OR PG MEDICAL TRAINEE REGISTRATION NUMBER)

7. ACTIONS TAKEN:
(PLEASE CHECK APPROPRIATE BOX(ES))

- ☐ EMERGENCY SUSPENSION
- ☐ RESTRICTION, LIMITATION, CHANGE, ETC
- ☐ TERMINATION
- ☐ DENIED INITIAL OR REAPPLICATION
- ☐ REVOCATION
- ☐ RESIGNATION
- ☐ LEAVE OF ABSENCE IN LIEU OF DISCIPLINE
- ☐ OTHER (PLEASE EXPLAIN) _____

_____

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ADDITIONAL INFORMATION

PLEASE DESCRIBE IN DETAIL THE EVENTS WHICH LED TO THE REPORTED ACTION: