

STATE BOARD OF MEDICINE

REACTIVATION or STATUS CHANGE APPLICATION
BEHAVIOR SPECIALIST

Send to: STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 www.dos.pa.gov/med or STATE BOARD OF MEDICINE 2601 North Third Street Harrisburg, PA 17110	Full Name	Last	First	Middle
	Address			
	Address			
	Address	City	State	ZIP
	Email:			
	License No.		Telephone No.	

Name Change

For a name change, indicate new name below and attach an 8 ½ x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating retaking of a maiden name, etc.).

New Name (Please Print): _____

**LICENSES EXPIRE EVERY EVEN NUMBERED YEAR
REGARDLESS OF REINSTATEMENT DATE**

REQUESTING INACTIVE STATUS:

CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS.

I **do not** wish to practice my profession and wish to place my license/certification on an inactive status. I understand that to reactivate my license/certification I will need to meet the continuing education requirement mandated by my profession's law and/or regulations as well as any other re-entry training/testing or skills assessment require by the Board.

YOU MUST RETURN YOUR WALL AND WALLET CARD LICENSES. NO FEE IS REQUIRED

APPLICANTS MUST COMPLETE THE FOLLOWING:

- | | |
|----|---|
| 1. | Enclose a check or money order, in the amount of \$150.00 (Fee includes \$75 renewal fee + \$75 reactivation fee), made payable to the "Commonwealth of Pennsylvania."

FEES ARE NOT REFUNDABLE. Check or money order must be in "US funds." Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment. |
| 2. | Complete the legal questionnaire. |
| 3. | If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.). |
| 4. | AS APPLICABLE: Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. <u>The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.</u> |

YOU MUST COMPLETE AND RETURN THIS PAGE OF THE APPLICATION

5. **ALL HEALTH-RELATED LICENSEES :** Act 31 of 2014 requires that licensees complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements. Details can be found at www.dos.pa.gov For a list of Board-approved providers, choose the "Act 31 Mandated Child Abuse Reporter Training" link. Verification of completion must be sent electronically directly from the course provider. Please note that it may take 7-10 days for the provider to submit the records to the Board office.

6. Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. **When you receive the "Response to your Self Query," forward the entire report directly to the Board Office.** You should make a copy for your records.

IMPORTANT INFORMATION REGARDING BACKGROUND CHECKS –To expedite the application process, all three clearance/criminal background checks should be submitted with the application for reactivation. If any of the background checks become more than 90 days old from the date the document was issued and all of the other supporting documentation for your application has not been received, you will be required to obtain current/new clearance/criminal background documentation before your license can be reinstated.

7. Contact the state police in which you currently reside or work and have resided or worked during the previous 10 years and request a Criminal History Record Information Report (CHRI) be completed. The report(s) should be submitted with the reactivation application and are valid for no more than 90 days from the date the document was issued.

- The CHRI must contain the applicant's **date of birth and/or social security number.**
- The CHRI must either state "No Record" or "Record Exists." Background checks that reflect "Pending", "Under Review", or "Under Request" cannot be submitted.
- Questions regarding the status of a CHRI must be directed to the State Police.
- If "Records Exist", submit **originals** of the following for **EACH** conviction:
 - a) The conviction summary information provided by the State Police;
 - b) Certified copies of court documents;
 - c) Letter from Probation Officer, dated within 90 days, indicating current probationary status/completion date;
 - d) Police reports;
 - e) Detailed description (in applicant's words) of the circumstances surrounding the conviction, the basis for the conviction and the disposition of the conviction.
- Pennsylvania background checks may be obtained from the Pennsylvania State Police Central Repository, 1800 Elmerton Avenue, Harrisburg, PA 17110-9785.

8. Contact the Department of Public Welfare or equivalent agency for each state in which you currently reside or work and have resided or worked during the previous 10 years and request a Child Abuse History Clearance be completed. The report(s) should be submitted with the reactivation application and are valid for no more than 90 days from the date the document was issued.

PLEASE NOTE: VOID/UNACCEPTABLE IF COPIED---Originals will NOT be returned.

The Pennsylvania Child Abuse History Clearance Form (CY 113) is available on the Department of Human Services website. Questions regarding the status of a request for Child Abuse Clearance must be directed to the Department of Human Services.

9. Contact the Federal Bureau of Investigation (FBI) through their website at <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> to obtain an FBI Criminal Background Check. You should follow the steps outlined on this website to obtain the report(s). The report(s) should be submitted with the reactivation application and are valid for no more than 90 days from the date the document was issued.

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The processing time for obtaining a request from the FBI could be as long as 8 weeks. Questions regarding the FBI Criminal Background Check process must be directed to the FBI. If COGENT is used to obtain a set of your fingerprints, visit <http://www.pa.cogentid.com/index.htm> and register through the **Department of Human Services only.**

PLEASE NOTE: If this application is not completed **within six months**, updates of certain sections and/or supporting documents will be required.

PLEASE NOTE

A reactivation/status change application for a Pennsylvania license/certification which has been inactive/expired for four years or more will require a review by the full Board. Please note that the Board has the authority to place conditions on your return to practice in order to protect the health, safety and welfare of the public.

The Board may require applicants who have not actively practiced for four or more years and are requesting reactivation of an expired/inactive license/certification to successfully complete a clinical skills evaluation and/or retraining program. This may delay the reactivation of your license until an approved skills evaluation and/or retraining program has been successfully completed.

SECTION A - LEGAL QUESTIONS

THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as certified copies of relevant documents. **Sign and date below.**

		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: _____		
2.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12.	Have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint(s) to the Board provide the docket number(s) _____		

SECTION B - VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		
Signature (Mandatory)			Date

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