

APPLICATION FOR A MEDICAL REVIEW OFFICER LICENSE

REQUIREMENTS:

- 1. Photograph**
- 2. Complete Application**
- 3. Photocopy of MD/DO Diploma**
- 4. Verification of medical license**
- 5. Description and verification of training/experience in substance abuse disorders and toxicology**

APPLICATION AND PHOTOGRAPH

Legibly type or print the attached application form. Staple a recent photograph (Size 2" X 2" of head and shoulders only) in the space provided.

Send page four (4) of the application to the state licensing agency that issues the applicant's medical license for verification.

All applicants are required to provide evidence that their license(s) are in good standing. A Hawaii Medical Review Officer license will be issued only after all requirements have been received and met.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Revised Statutes. Your request for a hearing should be directed to the agency that issues your license and should be made promptly after your application for license is denied.

Return all forms and requested information to:

**State of Hawaii, Department of Health
State Laboratories Division
Attn: SLD-MRO Licensing
2725 Waimano Home Road
Pearl City, HI 96782**

MAHALO!

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Name (LAST)	(First-Middle)
Mailing Address (include Apt. No. and Zip Code)	
Medical License No.	
Phone No. (days)	
Birthplace (city/state/country)	
Birth Date	
Date of Application	
Email Address	

Mark or Underline answers and explain if needed:

1. Has any medical license to practice in any state or country ever been revoked, suspended or otherwise subject to disciplinary actions?..... Yes No
If response is "yes," specify state where action took place, penalty imposed and reasons for such action on separate sheet.
2. Are you presently being investigated or is any disciplinary action presently pending against you?..... Yes No
If response is "yes," specify state where action is pending and reasons on a separate sheet.
3. In the past twenty years, have you been convicted of a crime in which the conviction has not been annulled or expunged?..... Yes No
If response is "yes," provide information on the date, place and type of conviction on a separate sheet.

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EDUCATION AND TRAINING

Name of College, Medical School, Institution	Location (City, State, Country)	Date: From	Date: To	Precise Degree or Certificate Earned

TRAINING AND EXPERIENCE IN SUBSTANCE ABUSE DISORDERS AND TOXICOLOGY

On a separate sheet, describe in detail applicant's pertinent training and experience in substance abuse disorders and toxicology. Include names and addresses of pertinent institutions, organizations, programs, and/or employers as references, and dates. Provide to the State of Hawaii Department of Health letters or documents for verification of stated training and experience.

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AFFIDAVIT OF APPLICANT

I, _____, being first duly sworn, on oath depose and say:

1. That I am the person named in this application for a Hawaii Medical Review Officer License;
2. That I have read and understand the full content of this application;
3. That I certify that all of the information contained in this application and in any additional documents submitted herewith are true and correct and that there are no material omissions;
4. That I am the lawful holder of the degree of Doctor of Medicine.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) all government agencies (local, state, federal or foreign) to release to the State of Hawaii Department of Health any information, files or records requested in connection with this application.

I hereby authorize the State of Hawaii Department of Health to release to the organizations, individuals or groups listed above any information pertaining to the subsequent MRO license.

I further acknowledge that falsification of any item or response on this application or attachment may result in denial or revocation of this application.

I understand that misrepresentation or breach of this certificate are grounds for refusal or subsequent revocation (Section 710-1017, Hawaii Revised Statutes).

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____

Notary Public, State of _____

My commission expires: _____

<p>Staple a recent photograph of applicant here</p> <p>(2"X2", head & shoulders, front view)</p>
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