



## APPLICATION FOR REGISTRY OF MEDICAL LICENSE

### I. IDENTIFICATION DATA

1. Social Security Number: <input type="text"/>		2. Medical license <input type="text"/>		3. Date of birth <input type="text"/> <input type="text"/> <input type="text"/> AAAA MM DD			4. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				
5. Marital Status <input type="text"/>											
6. Birth Name											
Paternal Surname <input type="text"/>		Maternal Surname <input type="text"/>		Name <input type="text"/>		Initial <input type="text"/>					
7. Have you ever changed your name because of marriage or legal case?								<input type="checkbox"/> Yes <input type="checkbox"/> No			
8. If the previous answer was yes, please enter your current name.											
Paternal Surname <input type="text"/>		Maternal Surname <input type="text"/>		Name <input type="text"/>		Initial <input type="text"/>					
9. Place of Birth				10. You Are a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No							
City or Town <input type="text"/>		State or Country <input type="text"/>									
11. Visa Number or Certification of Naturalization:				<input type="text"/>							
12. Physical Address					13. Postal Address						
<input type="text"/>					<input type="text"/>						
Neighborhood or Urbanization <input type="text"/>					Neighborhood or Urbanization <input type="text"/>						
Street and Number or PO Box <input type="text"/>					Street and Number or PO Box <input type="text"/>						
City or Town <input type="text"/>		State or Country <input type="text"/>		Zip Code <input type="text"/>		City or Town <input type="text"/>		State or Country <input type="text"/>		Zip Code <input type="text"/>	
14. Email <input type="text"/>											
15. Cell Phone <input type="text"/>					16. Home Phone <input type="text"/>						
17. License Type <input type="text"/>					18. Date of issue of your license <input type="text"/>						



## II. ACADEMIC PREPARATION

19. Year of Graduation:  20. Highest grade you possess:

21. Institution where you graduated from your profession

City or State Institution

22. Indicate the specialty and institution from which you graduated.

A. Specialty:   
 Institution where he finished specialty:

Year that was certified by the JLDM

City or Town State or Country Dedicated practice hours

23. Indicate the sub-specialty and institution from which you graduated.

A. Sub-specialty:   
 Institution where he finished sub-specialty:

Year that was certified by the JLDM

City or Town State or Country Dedicated practice hours

B. Sub-specialty:   
 Institution where he finished sub-specialty:

Year that was certified by the JLDM

City or Town State or Country Dedicated practice hours

## III. EMPLOYMENT STATUS IN THE PROFESSION

24. You are currently working (Active) in your profession or performing for one or more hours a week in related activities (teaching, research administration, etc.?) (Mark with an X)

01. Yes, active in the profession in Puerto Rico.
02. Yes, active in the profession outside of Puerto Rico.
03. No, inactive at present.

25. If you are not currently working in the profession, select the alternative that best describes your employment status.

- |   |   |
|---|---|
| <input type="checkbox"/> 01. Working in another field but looking for work in my profession.      | <input type="checkbox"/> 08. Studying or training in the same profession full-time.<br>Indicates: <input type="text"/>            |
| <input type="checkbox"/> 02. Working in another field, but not looking for work in my profession. | <input type="checkbox"/> 09. Studying or training in the same profession on a part-time basis.<br>Indicates: <input type="text"/> |
| <input type="checkbox"/> 03. Unemployed, but looking for work in my profession.                   | <input type="checkbox"/> 10. Studying or training for another profession full-time.<br>Indicates: <input type="text"/>            |
| <input type="checkbox"/> 04. Unemployed, but looking for work in another field.                   | <input type="checkbox"/> 11. Studying or training for another profession part-time.<br>Indicates: <input type="text"/>            |
| <input type="checkbox"/> 05. Unemployed, but not looking for work.                                | <input type="checkbox"/> 12. Research.  |
| <input type="checkbox"/> 06. Retired or incapacitated   | <input type="checkbox"/> 13. Other <input type="text"/>   |
| <input type="checkbox"/> 07. Housewife.   | If I answer alternatives 8,9,10 or 11, please indicate the year you expect to finish. <input type="text"/>                        |



#### IV. OVERVIEW

26. Have you practiced your profession illegally in Puerto Rico or in some other state or country?  Yes  No

Country

City

27. Have you been charged with a crime or convicted of some crime in Puerto Rico or in any state or in any other country?  Yes  No

Country

City

28. Have you been under medical treatment for having depended on or used drugs or alcohol in Puerto Rico or any other state or country?  Yes  No

Country

City

29. Have you been charged, convicted, or convicted (plea of guilty) for illegally practicing your profession or any specialty or profession not certified by the Boards, in Puerto Rico or any other state or country?

Yes  No

Country

City

30. Have you been arrested, charged, imprisoned or placed on probation for any case filed against you for any violation of law, regulation or ordinance in Puerto Rico or in any state or in any other country?

Yes  No

Country

City

31. Do you have another license in another state or country?  Yes  No

Country

City

32. Has your license been restricted, limited, conditioned, sanctioned, suspended, canceled or revoked in Puerto Rico or any other state or country?  Yes  No

Country

City

33. Do you use controlled substances regularly, alcohol, or have a mental illness?  Yes  No

34. Have you advertised yourself or practiced as a specialist or sub-specialist without being properly certified by Puerto Rico Medical Discipline and Licensure Board to do so?  Yes  No



35. Has your narcotics license been denied, suspended, cancelled, revoked, surrendered or placed on probation in Puerto Rico or any other state or country?  Yes  No

Country

City

36. Are you willing and interested in offering community services related to your profession?

Yes  No

37. In case of an emergency, do you like to volunteer to provide public health services?  Yes  No

#### V. Continuing Medical Education

**The law establishes that the Physician-Surgeon will be re-certified every three years, always upon expiration of his current recertification, and based on continuing medical education. Sixty (60) hours of education are required for recertification over a periodo of three (3) years.**

#### VI. Certification and Medical Oath

I certify and swear that the information above in this registration application is complete, true, and correct. In turn I authorize the JLDM to require me to submit to any mental, physical or chemical dependence examination and to relieve me of any objection to the admissibility of the result in any hearing before the JLDM.

Year

MM

DD



Signature

