

Converting an IMLC License to a Traditional License Request Form

Print or Type Full Name

IMLC License Number

Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of the State of Washington that the following statements are true and correct:

- I am applying for a traditional unrestricted Physician and Surgeon license in the State of Washington and concurrently to end my Interstate Medical Licensure Compact (IMLC) license in the State of Washington;
- I am the person described and identified in this application;
- I have answered all questions truthfully and completely in this application;
- The documentation provided in support of my application is accurate to the best of my knowledge;
- I have read, and agree to abide by, all laws and rules related to my profession including, but not limited to, RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act;
- I understand the Washington State Department of Health (DOH) may require more information before deciding on my application, and that DOH may independently check conviction records with state, federal, or international databases;
- I understand that I must inform DOH of any past, current, or future criminal charges or convictions (which in Washington State includes driving under the influence (DUI));
- I will inform DOH of any physical, mental, or substance abuse conditions that jeopardize my ability to provide quality healthcare; and
- If requested, I will authorize my healthcare providers to release to DOH information regarding my health including, but not limited to, the diagnosis and treatment of cognitive issues, mental health, and substance abuse.

Applicant's Initials

Date

Personal Data Questions

Please Note:

The commission does not inquire about personal medical conditions unless notified that they represent a limitation or impairment to safe medical practice.

"Medical Condition" includes social, behavioral, physical, physiological, and psychological conditions or disorders. The Medical Commission does inquire about substance use of applicants. If you have a medical condition or substance use disorder that may limit or impair your ability to practice medicine safely, it is your responsibility to contact the Washington Physician Health Program (WPHP) for an assessment: 800-552-7236. If the behavior or condition is "Known to WPHP", that means you have informed WPHP of your medical condition(s) and you are complying with all WPHP requirements for evaluation, treatment, and/or monitoring - if any. The WMC considers this a safe haven in the application process.

Acknowledgment and Agreement

By submitting this application, you acknowledge and agree to the following:

If the Commission has information that you may be suffering from a condition for which you are not being appropriately treated that impairs your judgment or would adversely affect your ability to practice medicine in a competent, ethical, and professional manner, the Commission may request that you undergo an evaluation with the WPHP or obtain other health examinations at your expense. By submitting this application, you consent to such examination(s). You also agree the full and complete examination report(s) may be provided to the Commission, which is the regulatory authority of the license. You waive all claims based on confidentiality or privileged communication. You understand that failure to submit to a required examination(s) or provide the requested report(s) to the Commission may be grounds for denying your application.

1. Do you currently use any substance that impairs in any way your ability to practice with reasonable skill and safety that is not known to a physician’s health program? If yes, please explain.....
“Currently” means within the past six months.

“Substances” include alcohol, drugs, or medications, whether taken legally or illegally.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders at the time of application submission. The department does criminal background checks on all applicants.

2. Have you ever as an adult (**Adult is defined as age 18 or older**)
a. Been arrested on suspicion of impairment:
b. Been prosecuted for or convicted of a crime:
c. Entered a plea of guilty or no contest:
d. Had a sentence deferred or suspended:

Note: A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied. If you answered “yes” to question 2, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents at the time of application submission, your application is incomplete and will not be considered.

3. Have you ever been found in any civil, administrative, or criminal proceeding to have violated any laws relating to drugs or the practice of health care?

4. Have you ever been the subject of any public or private action, disciplinary or not, related to the practice of medicine by a licensing board or other health care entity (hospital, professional society or similar)?

5. Have you ever had any license, certificate, registration, or other privilege to practice a health practice of medicine by a licensing board or other health care entity (hospital, professional society or similar)?

6. Do you have any history of malpractice litigation or medical liability lawsuits? If yes, please use the appropriate forms to provide details.?

7. Have you ever had hospital privileges revoked, suspended, restricted or denied for any amount of time?

8. Have you ever been disqualified from working with vulnerable persons by the Washington Department of Social and Health Services (DSHS) or similar out of state agency?

9. To the best of your knowledge as of the date you are submitting this application, are you the subject of any investigation by a health profession licensing board or any other state, federal, or international entity (regulatory, law enforcement or similar)?.....