

# Medical License Renewal Application

This **filled professional license renewal form sample** for doctors provides a clear example to streamline your application process. It includes all necessary sections properly completed to ensure accuracy and compliance. Utilize this template to confidently renew your medical license without errors.

## 1. Personal Information

**Full Name:** Dr. Anna Maria Cortez  
**Date of Birth:** 1981-04-15  
**License Number:** MD-192847  
**Email Address:** amcortez@email.com  
**Phone Number:** (555) 342-1221  
**Permanent Address:** 123 Oak St, Springfield, IL 62701

## 2. License Information

**License Expiry Date:** 2024-07-10  
**License Type:** Physician (MD)  
**Specialty:** Internal Medicine

## 3. Continuing Medical Education (CME)

**CME Credits Earned:** 42  
**CME Certificates Attached:** Yes

## 4. Practice Information

**Primary Hospital/Clinic:** Springfield Medical Center  
**Practice Address:** 456 Elm St, Springfield, IL 62701  
**Practice Phone:** (555) 678-9902

## 5. Professional Standing

**Disciplinary Actions Since Last Renewal:** No

**Criminal Convictions Since Last Renewal:** No

**Malpractice Claims Since Last Renewal:** No

## 6. Declarations

I, Dr. Anna Maria Cortez, hereby declare that the information provided above is true, correct, and complete to the best of my knowledge. I understand that providing false information may result in disciplinary action and/or denial of my license renewal.

**Signature:** Anna M. Cortez  
**Date:** 2024-06-03