

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