

# **Louisiana State Board of Medical Examiners**

Physical Address: 630 Camp Street, New Orleans, LA 70130  
Mailing Address: P.O. Box 30250, New Orleans, LA 70190-0250  
Phone: (504) 568-6820, Fax: (504) 568-0503

## ***VISITING PHYSICIAN EVALUATION TEMPORARY PERMIT QUALIFICATIONS/INSTRUCTIONS***

The board may issue a visiting physician evaluation temporary permit to an applicant physician to conduct a non-invasive evaluation of an individual located in Louisiana, who has given consent, provided that while acting under the authority of such permit in Louisiana such physician shall not utilize the results of his evaluation to treat any medical condition which he may determine such individual to suffer, or engage in any activity beyond the scope of authority specifically conferred by such permit.

### **Qualifications for Permit**

1. Be a citizen of the United States or possess valid and current legal authority to reside and work in the United States duly issued by the commissioner of the Immigration and Naturalization Service.
2. Possess a doctor of medical or doctor of osteopathic degree duly issued by a medical or osteopathic school approved by the Board.
3. Hold an unrestricted license to practice medicine issued by another state or country if not licensed and domiciled in the United States

### **Application – submitted as a single set of documents as follows**

1. Confirmation that the evaluation sought to be performed is being undertaken with the consent of the individual to be evaluated
2. Confirmation of the location and date where such evaluation is to be conducted.
3. A copy of the applicant's medical license issued by another state or country
4. Oath or Affirmation relating to professional background
5. Third party authorization for release of information

### **Please note**

1. No fee is required.
2. LSBME will obtain verifications of licensure and training and conduct required background checks
3. A copy of the temporary permit when approved will be faxed to the applicant with an original mailed by regular mail service unless requested otherwise
4. Work may not begin until the permit has been approved

Name (Printed or typed):

SS#:

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OATH OR AFFIRMATION relating to Professional Activities

Answer the following questions (Yes answers must be explained in sworn affidavit - AFFIDAVIT MUST BE TYPED!)

Table with 3 columns: Question number, Question text, Yes, No. Contains 15 numbered questions regarding professional conduct and licensure.

OATH OR AFFIRMATION OF APPLICANT

I HEREBY swear or affirm that all statements made and information provided in or with this application are true, correct and complete; that I am the person named in the credentials herewith presented and that I am the original and lawful possessor of such documents; that the photograph submitted to LSBME is a true likeness of me and that it was taken within the last 60 days; that in consideration of the issuance to me of a license/certificate to practice in Louisiana, I swear that I shall observe, abide by and uphold the laws of the State of Louisiana governing my practice and that I shall abstain from unethical, deceptive and fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and that I shall not associate professionally with nor become a partner or employee of any person who resorts to such practices. I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said license/certificate and surrender of the rights and privileges accorded me there under.

Signed \_\_\_\_\_
(Full name)

Notarization is required for all categories of licensure except visiting professor and visiting physician short term permits

Name (Printed or typed):

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**Third Party Authorization**

I understand and acknowledge that the submission of an application to, as well as the acceptance or maintenance of, any license, permit, certificate and/or registration (hereinafter referred to as a "license") issued by the Louisiana State Board of Medical Examiners (the "Board") shall constitute and operate as a perpetual authorization by me to each educational institution at which I have matriculated, each state or federal agency to which I have applied for any license, permit, certificate and/or registration, each person, firm, corporation, clinic, office or institution by whom or with whom I have been employed in the practice of medicine or as an allied health professional, each physician or other health care practitioner whom I have consulted or seen for diagnosis or treatment and each professional organization or specialty board to which I have applied for membership, to disclose and release to the Board any and all information and documentation concerning me which the Board may deem material to the consideration of my initial application and during such period as I may hold or maintain a license. With respect to any such information or documentation, the submission of an application to or the acceptance or maintenance of a license from the Board shall equally constitute and operate as a consent by me to the disclosure and release of such information and documentation and as a waiver by me of any privilege or right of confidentiality which I would otherwise possess with respect thereto.

By submitting an application or accepting or maintaining a license issued by the Board, I shall be deemed to have given my consent to submit to physical or mental examinations if, when and in the manner so directed by the Board and to have waived all objections as to the admissibility or disclosure of findings, reports or recommendations pertaining thereto on the grounds of privileges provided by law. I acknowledge that the expense of any such examination shall be borne by me.

The submission of an application or the acceptance or maintenance of a license from the Board shall also constitute and operate as perpetual a authorization and consent by me to the Board to disclose and release any information or documentation set forth in or submitted with my application, or which then or at any time thereafter may be obtained by the Board from other persons, firms, corporations, associations or governmental entities, to any person, firm, corporation, association or governmental entity having a lawful, legitimate and reasonable need therefore, including, without limitation, the medical and/or allied health professional licensing, permitting, certifying and/or registering authority of any state; the Federation of State Medical Boards of the United States; professional organizations, associations and societies; the American Medical Association and any component state, county or parish medical society, including but not limited to the Louisiana State Medical Society and component parish societies thereof; the American Osteopathic Association; the Louisiana Osteopathic Medical Association; the Federal Drug Enforcement Agency; the Louisiana Office of Narcotics and Dangerous Drugs, Office of Licensing and Registration, Department of Health and Hospitals; federal, state, county or parish and municipal health and law enforcement agencies and the Armed Services.

I understand that this authorization and consent is valid commencing on the date herein below subscribed and that such will remain in force and effect until and unless I withdraw my application for, or no longer possess or maintain, a license issued by the Board. I also acknowledge that a duplicate of this document may serve as an original.

Signature: \_\_\_\_\_

(Full name)