

Online Licensing Request

Date: 09/18/2013
Regulator: BOARD OF LICENSURE IN MEDICINE
TXN Title: Renew as an Active Medical Doctor
License: MD
Prefix:
License: A
Status:
License: REGAN N. THEILER, MD (MD18899)

Application Information:

Foreign Lic:

- Add** Type: MD
 Number: M6911
 Jurisdiction: TX
 Issue Date: 06/28/2007
 Expiration Date: 02/28/2015
- Add** Type: MD
 Number: 042-0012264
 Jurisdiction: VT
- Add** Type: MD
 Number: 15364
 Jurisdiction: NH
 Issue Date: 08/03/2011
 Expiration Date: 06/30/2015

Questions:

- Have you taken the Maine State Board of Medicine Written Exam within the four years previous to your current license expiration date and passed it? Yes
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1. Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, or probation with or without monitoring? No
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2. Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application? No
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1. Have you left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending? No
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2. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by the U.S. Drug Enforcement Administration

(DEA)?	No
3. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by any state/territory of U.S. INCLUDING MAINE?	No
4. Have you received a sanction from Medicare or from any state Medicaid program?	No
5. Have you been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice medicine or to function as a health care provider?	No
6. Have you been diagnosed with or treated for any medical, mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?	No
7. Are you now, or have you been dependent upon alcohol or habituating drugs or undergone treatment for such?	No
8. If any of your answers to questions 5-7 is <i>Yes</i> , are the limitations or impairments caused by your medical, mental health, or addictive condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program?	No
9. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?	No
10. Are you currently engaged in the illegal use of drugs or misuse of any drugs?	No
11. Have you been diagnosed with or treated for any type of sexual behavior disorder?	No
12. Have you been charged, summoned, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses but not minor traffic or parking violations.	No
13. Have you applied for hospital, HMO or other health care entity privileges which were denied?	No
14. Have you had your staff privileges or employment at any hospital, nursing home, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily?	No

15. Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation? No

16. Have you been deselected from a managed care organization health care provider panel? No

17. Have you been disciplined by a professional society or resigned while an accusation was pending? No

18. Have you been named as a party or a defendant, or as an employee of a party or a defendant, in a medical malpractice liability claim or lawsuit, including a nuisance suit, which has been settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent? No

19. Do you have any open malpractice claims? No

20. Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital? No

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Have you earned the 46 CME Category I credits required? Yes

Category II includes programs with non-accredited sponsorship, i.e. Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other meritorious learning experiences. Note: Category I credits may be substituted in Category II.

Have you earned the total of 115 CME Category I and Category II credits required? Yes

Payments:

Amount: \$500.00
 Method: VISA - **** * 4779
 Expiration: 06/2014