

M.D. License
Renewal
Fee: \$400.

Maine Board of Licensure in Medicine

137 State House Station
Augusta, ME 04333-0137
(207)287-3601
Fax: (207)287-6950

Fee: 400
Exempt:
Late:
RECEIVED
CR# 628
JUN 7 2006

Application for Maine Medical License Renewal

Fee: Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". A renewal fee is not required if you are age 70 or older, or if you are withdrawing from license registration.

Note: Any missing entry will render this application incomplete and may subject you to a late application charge. Failure to enclose the appropriate renewal application fee, or report CME qualification if applying for ACTIVE status, will render your application incomplete.

Please correct any of the following information that may be missing or incorrect.

Name: Shannon L Carr
Address: Women's Center
24 Miles Way
Damariscotta ME 04543
United States
Daytime Phone No: (207) 871-2137 563-4700

Date of Birth: [Redacted] License No: 016521
Social Security No: [Redacted]

Email address: shannon@24mileshealthcare.org

Type of Licensure Status for Which Applying:

- 1. I am applying for renewal of my license in ACTIVE status, based on evidence of CME qualification filed with this application.
 2. I am applying for renewal of my license in INACTIVE status. I have therefore not submitted evidence of CME qualification.
 3. I am applying for reinstatement of my Maine license.
 4. I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years.

Personal Data Update:

- A. If the spelling of your name, social security number, or date of birth preprinted above is not correct, please circle the error and legib correct information.
B. The Board requires BOTH your HOME mailing address and phone #, and the address and phone # of your PRINCIPAL PLACE OF PRACTICE.

5. I Prefer Board contact me at Home, or at Business (H/B) B

My Home mailing address and phone are:

[Redacted home address]

If your home address is incorrect, please correct it. [Redacted]

My Business mailing address and phone are:

Women's Center
24 Miles Way
Damariscotta ME 04543
United States
(207)871-2137

If your business address is incorrect, please correct it.
Women's Center
24 Miles Center Way
Damariscotta, ME 04543
Telephone: 207 563-4700

PRACTICE DATA: If your practice data is incorrect, please correct in the space provided.

7. At present I practice medicine (check all that apply):

- Full Time, Hospital-based Practice, In Partnership or Group, Solo, Retired, Do not see patients (i.e. Administrative, Research, Teaching, etc.)

Check box if ABMS certified in each specialty.

- 8. Primary Specialty: Obstetrics and Gynecology
9. Sub-Specialty 1:
10. Sub-Specialty 2:
11. I am ABMS Specialty Board certified (Y/N) N by: (Board name)

LIABILITY INSURANCE DATA:

Carr, Shannon, L
License Number: 016521
Issue Date: June 07, 2006
1800 / 3202-1586
B/21

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to 24-A MRSA, Ch. 75, § 6304, (3).

12. Please indicate the method you employ to secure professional medical malpractice liability insurance.

If you have no coverage answer "Y" to 'Self Insured':

- Are you Self Insured (Y/N) Y
- Is your insurance Employer Paid (Y/N) Y
- Is your insurance Physician Paid (Y/N) Y

Insurance Company (Name/Address):

Medical Mutual of Maine
 PO Box 15275
 Portland ME 041125275
 Policy #:

If your Insurance information is incorrect, please correct here:

Name of person or entity who or which pays your insurance premium:

Miles Medical Group

BACKGROUND DATA:

(All Applicants must complete. Use additional sheet if necessary)

13. Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow):

	State	Certificate #	Expiration Date	Present Status
1				
2				
3				
4				
5				

(Please make corrections to information below)

	State	Certificate #	Expiration Date	Present Status
1				
2				
3				
4				
5				

I have never held a permanent medical practice license except in Maine.

14. Circle each appropriate response. Every "YES" response must be fully explained by written statement on a separate 8 1/2" x 11" sheet of white paper. Each explanation must be referenced by question number, signed, dated, and enclosed with your application.

HAVE YOU EVER:

- YES NO 14.1 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, probation with or without monitoring?
- YES NO 14.2 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?
- YES NO 14.3 Left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- YES NO 14.4 Been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by
 - a) U. S. Drug Enforcement Administration (DEA)?
 - b) Any state/territory of U. S. INCLUDING MAINE?

SINCE YOUR LAST APPLICATION:

- YES NO 14.5 Have you received a sanction from Medicare or from any state Medicaid program?
- YES NO 14.6 Have you suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or that resulted in the inability to practice medicine for more than 30 days?
- YES NO 14.7 Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- YES NO 14.8 Have you applied for hospital, HMO or other health care entity privileges which were denied?
- YES NO 14.9 Have you had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- YES NO 14.10 Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- YES NO 14.11 Have you been deselected from a managed care organization physician panel?
- YES NO 14.12 Have you been disciplined by a professional society or resigned while accusation was pending?
- YES NO 14.13 Have you had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including "nuisance" suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?
- YES NO 14.14 Do you have any open malpractice claims?
- YES NO 14.15 Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

AFFIDAVIT OF APPLICANT:

(All applicants must personally sign and date whether applying for "active" or "inactive" renewal of license or requesting withdrawal of licensure status.)
I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine. I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of my subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my residence.

Date: May 2, 2006 Signature: _____, MD

Typed or Printed Name: SHANNON L. CARR, MD

For Office Use Only:

Staff Rev Date: 6/2/06 Recommendation: [Signature]

CONTINUING MEDICAL EDUCATION REPORT

For reporting CME credits earned during the previous 24 months.

The Board will routinely and regularly audit CME credits claimed. Failure to provide proof of CME credits claimed upon request by the Board may be grounds for discipline.

Therefore, it is vitally important that you retain documentation of all CME claimed.

Category I

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. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.maine.gov/sos/cec/rules/02/373/373c001.doc>] Forty (40) CME credits must be in Category I. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Total Category I Credits Earned 61

CATEGORY II

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. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.maine.gov/sos/cec/rules/02/373/373c001.doc>] Sixty (60) CME credits are required.

NOTE: Category I may be substituted for Category II.

Total Category II Credits Earned 39

AFFIDAVIT: I CERTIFY THAT THIS IS A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

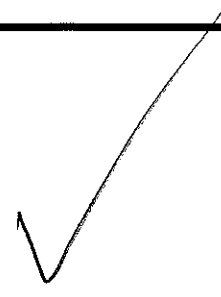
Date: May 2, 2006

Physician Signature: 

Typed or Printed Name: SHANNON L. CARL, MD

Veinott, Tammy L

From: mike@informe.org
Sent: Wednesday, May 07, 2008 12:15 PM
To: mike@informe.org; lesley@informe.org; Fike, Mike J; BOM-Renewal
Subject: MBLM - New Registrant - Carr-016521



User: Shannon Carr
License#: 016521
Renewal Status: Active
Renewal Confirmation: 3298779
Renewal Approved: Y
Approved Reason: Applicant did not enter pending status

Reported CME credits:
Cat1: 56.50 credits
Cat2: 75 credits

Reported Insurance Information:
Method: employer
Employer:
Company Name: Medical Mutual of Maine
Ins#:

Carr, Shannon
License # 016521
Issue Date: 05/07/2008

1220/3307-0611/B-34

Veinott, Tammy L

From: mike@informe.org
Sent: Tuesday, May 11, 2010 7:06 AM
To: mike@informe.org; jgrace@informe.org; kim@informe.org; Fike, Mike J; BOM-Renewal; Veinott, Tammy L
Subject: MBLM - New Registrant - Carr-016521

User: Shannon Carr
License#: 016521
Renewal Status: Active
Renewal Confirmation: 15102779
Renewal Approved: Y
Approved Reason: Applicant did not enter pending status

Reported CME credits:
Cat1: 58.5 credits
Cat2: 80 credits

Reported Insurance Information:
Method: employer
Employer:
Company Name: Medical Mutual of Maine
Ins#:



Carr, Shannon
License # 016521