

# APPLICATION FOR INITIAL CERTIFICATION OF MEDICAL DIRECTORS

## General Instructions

1. Please print or type all answers. If additional space is needed to answer a question, attach a separate, supplemental sheet containing applicant's full name and the question being answered. Keep these additional pages in sequence with corresponding application pages.
2. All information on the application is of a continuing nature. **Unless otherwise instructed, ANY CHANGES IN THE INFORMATION ON THE APPLICATION MUST BE MADE IN WRITING AND EMAILED TO THE MARYLAND INSURANCE ADMINISTRATION at [medicaldirectorsubmissions.mia@maryland.gov](mailto:medicaldirectorsubmissions.mia@maryland.gov).**
3. If you officially changed your name, for any reason, you must send this office a photocopy of the legal document supporting the change. Example—If you change your name by marriage, supply a copy of your marriage certificate; if you have divorced and have your maiden name restored by the Court, supply a photocopy of the divorce papers restoring your maiden name. ***Note that you only need to provide documentation once. You do not need to provide it for recertification, unless your name changes again.***
4. Fill out the application and the reference letters. An application is not considered complete until the Administration receives each of the required certificates, documents and reference letters described in the application form. In other words, your responsibility may not end after the forms are filed. It may be necessary for you to personally prompt respondents who fail to reply to the Administration's letters of inquiry.
5. Each section must be complete and legible or your application will be deemed incomplete and returned to you or your designee. This pertains to any attachment you include with the application: eg copies of licenses, certifications, etc.
6. Note that you must complete only the top portions of the reference letters. Return all forms with the application to the Administration. The Administration will email these forms to your references for completion.
7. Do not refer to or submit a curriculum vitae in lieu of completing a section.
8. Answer every question; indicate "N/A" or "not applicable" where appropriate.
9. The \$100.00 application fee must be paid by check or money order made payable to the *Maryland Insurance Administration*. Payment must be made in the exact amount and must accompany the application form. Send payment to:  
  

Medical Director/Private Review Agent Oversight Unit  
Maryland Insurance Administration  
200 St. Paul Place, Suite 2700  
Baltimore MD 21202
10. For questions 11, 12, and 13, all chronology must be listed. Gaps of one month or more may cause the certification process to be delayed until an explanation is provided. Delays can also be caused by incomplete names and addresses. Please provide complete information in all sections.

11. Save a copy of your application for your records to safeguard against loss, and to use as a reference in the event questions arise during the certification process.
12. Provide the correct street name, number and zip code for all addresses.
13. Sign each form requiring a signature.
14. Email the completed application, reference letters and any documentation to [medicaldirectorsubmissions.mia@maryland.gov](mailto:medicaldirectorsubmissions.mia@maryland.gov). The Administration will accept paper applications but will not accept telefax applications.
15. If after submitting the application a change is needed, email the change to [medicaldirectorsubmissions.mia@maryland.gov](mailto:medicaldirectorsubmissions.mia@maryland.gov).