

# APPLICATION FOR *INITIAL* CERTIFICATION OF MEDICAL DIRECTORS

## General Instructions

1. Please print or type all answers. Each section must be complete and legible or your application will be deemed incomplete and returned to you or your designee. If additional space is needed to answer a question, attach a separate, supplemental sheet containing the applicant's full name and the question being answered. Keep these additional pages in sequence with corresponding application pages.
2. Fill out the application, the Criteria Certification, the Authorization and the top portion of the reference letters. Also provide copies of any required licenses, certifications, etc. An application is not considered complete until the Administration receives all of these documents.
3. Submit a \$100.00 application fee by check or money order only, 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

4. Answer every question; indicate "N/A" or "not applicable" where appropriate.
5. If you officially changed your name, for any reason, you must send us a copy of the legal document supporting the change (i.e. copy of your marriage certificate; copy of the divorce papers restoring your maiden name, etc.). ***Note that you only need to provide documentation of your name change once. You do not need to provide it for recertification, unless your name changes again.***
6. Complete only the top portions of the reference letter forms. Return these letter forms to the Administration with your application. The Administration will email these forms to your references for completion. Even if you provide us with a completed reference letter, we will still email the reference letter form to your reference for completion.
7. Do not refer to or submit a curriculum vitae in lieu of completing questions 11, 12 and 13.
8. Also for questions 11, 12, and 13, list all chronology and provide complete names and addresses. **Gaps of one month or more** or incomplete names and addresses will result in inquiries from us, delaying the certification process.
9. Sign the Criteria Certification and the Authorization and submit each signed document with your application.
10. Save a copy of your completed application for your records to safeguard against loss, and to use as a reference in the event questions arise during the certification process.
11. Email the completed application, signed Criteria Certification and Authorization documents, reference letter forms and any documentation to [medicaldirectorsubmissions.mia@maryland.gov](mailto:medicaldirectorsubmissions.mia@maryland.gov) (the Administration will accept paper applications but will not accept faxed applications).
12. If after submitting the application a change is needed, email the change to [medicaldirectorsubmissions.mia@maryland.gov](mailto:medicaldirectorsubmissions.mia@maryland.gov).