

# APPLICATION FOR RE-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 re-certification application pages.
2. All information on the re-certification application is of a continuing nature. **Unless otherwise instructed**, ANY CHANGES IN THE INFORMATION ON THE RE-CERTIFICATION 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 we only need a copy of the document once. You do not need to send a copy of the document with every re-certification.**
4. Each section must be complete and legible or your re-certification application will be deemed incomplete and returned to you or your designee. This pertains to any attachment you include with the re-certification application: eg copies of licenses, certifications, etc.
5. Do not refer to or submit a curriculum vitae in lieu of completing a section.
6. Answer every question; indicate "N/A" or "not applicable" where appropriate.
7. The \$100.00 re-certification 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 re-certification application form. Send payment to  
  
Medical Director/Private Review Agent Oversight Unit  
Maryland Insurance Administration  
200 St. Paul Place, Suite 2700  
Baltimore MD 21202
8. Save a copy of your re-certification application for your records to safe guard against loss, and to use as a reference in the event questions arise during the re-certification process.
9. Provide the correct street name, number and zip code for all addresses.
10. Sign each form requiring a signature.
11. Email the completed re-certification application and any documents to [medicaldirectorsubmissions.mia@maryland.gov](mailto:medicaldirectorsubmissions.mia@maryland.gov). The Administration will accept paper re-certification applications but will not accept telefax re-certification applications.
12. If after submitting the re-certification application a change is needed, email the change to [medicaldirectorsubmission.mia@maryland.gov](mailto:medicaldirectorsubmission.mia@maryland.gov).