



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, AR 72201 (501) 296-1802

www.armedicalboard.org

To Whom It May Concern:

The following is a list of requirements to submit an application for a Medical Corporation/Medical Limited Liability Company/Foreign Medical Corporation/Foreign Medical Limited Liability Company to the Arkansas State Medical Board:

- 1. A completed and notarized “Application for Registration”.**
- 2. A certified copy of the “Articles of Incorporation”, an “Application for Certificate of Authority”, or “Articles of Organization”.**
- 3. A registration fee of \$25.00.**

NOTE: All Officers, Directors and Shareholders of an Arkansas Medical Corporation must hold and maintain a permanent Arkansas Medical License.

If you are applying for a Foreign Medical Corporation, all Officers, Directors and Shareholders must hold and maintain a permanent medical license in the state in which the corporation was incorporated. Physicians who are affiliated with a foreign medical corporation must obtain an Arkansas medical license before practicing medicine in Arkansas.

A license verification will be required and Board staff will obtain those for you online. However, in the event a state does not offer the license verification online, if there is a fee, or the website has not been updated, the applicant will be responsible for requesting and paying any fees.

Beginning in 2019, all annual Medical Corporation renewals will have a renewal deadline of May 1. For any Medical Corporation submitting an application from November 1, 2017 until December 31, 2018, the first renewal deadline will be May 1, 2019. The 2019 renewal notice will be sent on March 1, 2019.

If you have any questions regarding this application or renewal process, please contact this office at the number listed above.

Sincerely,

Karen D. Whatley

**Karen D. Whatley
Executive Director**



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, AR 72201 (501) 296-1802 FAX: (501) 296-1972

www.armedicalboard.org

APPLICATION FOR REGISTRATION OF MEDICAL CORPORATION

The undersigned, pursuant to the provisions of Act 179 of 1961 as amended, Acts of Arkansas, propose to form a medical corporation, and hereby make application for a certificate of registration from the Arkansas State Medical Board, and submit the following information in support thereof (LEGIBLY PRINT IN INK OR TYPE – DO NOT USE SIGNATURE STAMPS). ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED.

1. Proposed name of corporation:

2. Name(s), address(s), and Arkansas state medical license(s) numbers of incorporators, officers, directors, and shareholders.

(a) Incorporators:

Name

Address

License No.

(b) Officers:

Name

Address

License No.

(c) Directors:

Name

Address

License No.

(d) Shareholders:

Name

Address

License No.

3. Address of proposed medical corporation:

Street _____ City _____ State _____ Zip _____

4. Attach a certified copy of the Articles of Incorporation and a check for \$25.00.

5. The said medical corporation, as a condition of registration, states that it will, at any time it holds a certificate of registration of this Board, furnish to the Board any and all information requested, including but not limited to, by-laws, copies of any and all minutes of directors and shareholders, stock book, and any and every other information which may be called for by the Board.

The undersigned, as one of the incorporators of the above identified medical corporation, state on oath that the information herein contained is true, correct and complete; that there is no disciplinary action now pending before said Board against any individual above named; and state that said medical corporation, if registered, will abide by and be conducted in compliance with law and the regulations of the Board.

SIGNED at _____, _____, this _____ day of _____, 20____.

(SIGNATURE)

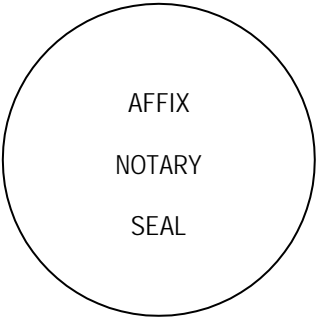
STATE OF _____

NOTARY COMMISSION EXPIRES:

COUNTY OF _____
Notary Seal is Registered

}

Month/Day/Year Notary Commission Expires



Subscribed and sworn to before me on _____, 20____.

Signature of Notary Public



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, AR 72201 (501) 296-1802 FAX: (501) 296-1972

www.amedicalboard.org

APPLICATION FOR REGISTRATION OF MEDICAL LIMITED LIABILITY COMPANY

The undersigned, pursuant to the provisions of Arkansas Code Annotated §4-32-101 et seq., proposes to form a medical limited liability company, and hereby make application for a certificate of registration from the Arkansas State Medical Board, and submits the following information in support thereof (LEGIBLY PRINT IN INK OR TYPE – DO NOT USE SIGNATURE STAMPS). ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED.

1. Proposed name of limited liability company:

2. Name(s), address(s), and Arkansas state medical license(s) numbers of organizer(s), manager(s) and member(s) ÷.

(a) Organizer(s):

NAME

ADDRESS

LICENSE NUMBER

(b) Manager(s):

NAME

ADDRESS

LICENSE NUMBER

(c) Member(s):

NAME

ADDRESS

LICENSE NUMBER

3. Address of proposed registered limited liability company:

Street

City

State

Zip

4. Attach a certified copy of the Articles of Organization and a check for \$25.00.

5. The said limited liability company, as a condition of registration, states that it will, at any time it holds a certificate of registration of this Board, furnish to the Board any and all information requested, including but not limited to, operating agreements, copies of any and all minutes of managers and members, membership records, and any and every other information which may be called for by the Board.

The undersigned, as one of the organizers of the above identified medical limited liability company, state on oath that the information herein contained is true, correct and complete; that there is no disciplinary action now pending before said Board against any individual above named; and state that said limited liability company, if registered, will abide by and be conducted in compliance with law and the regulations of the Board.

SIGNED at _____, _____, this _____ day of _____, 20____.

City State Day Month Year

(SIGNATURE)

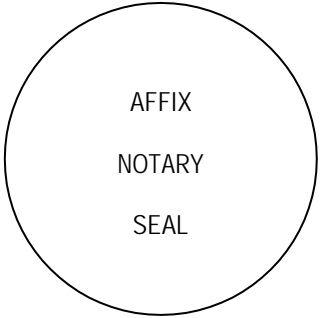
STATE OF _____

COUNTY OF _____
Notary Seal is Registered

}

NOTARY COMMISSION EXPIRES:

Month/Day/Year Notary Commission Expires



Subscribed and sworn to before me on _____, 20____.

Month/Day Year

Signature of Notary Public



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, AR 72201 (501) 296-1802 FAX: (501) 296-1972

www.armedicalboard.org

APPLICATION FOR REGISTRATION OF FOREIGN MEDICAL CORPORATION

The undersigned, pursuant to the provisions of Act 135 OF 2013 as amended, Acts of Arkansas, propose to form a foreign medical corporation, and hereby make application for a certificate of registration from the Arkansas State Medical Board, and submit the following information in support thereof (LEGIBLY PRINT IN INK OR TYPE – DO NOT USE SIGNATURE STAMPS). ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED.

1. Proposed name of corporation and original state of incorporation:

2. Name(s), address(s), and Arkansas state medical license number(s) of incorporators, officers, directors, and shareholders where it was incorporated.

(a) Incorporators:

Name

Address

License No.

(b) Officers:

Name

Address

License No.

(c) Directors:

Name

Address

License No.

(d) Shareholders:

Name

Address

License No.

3. Address of proposed foreign medical corporation:

Street City State Zip

4. Attach certified copies of Arkansas Application for Certificate of Authority and Articles of Incorporation from the home state and a check for \$25.00.

5. The said foreign medical corporation, as a condition of registration, states that it will, at any time it holds a certificate of registration of this Board, furnish to the Board any and all information requested, including but not limited to, by-laws, copies of any and all minutes of directors and shareholders, stock book, and any and every other information which may be called for by the Board.

The undersigned, as one of the incorporators of the above identified foreign medical corporation, state on oath that the information herein contained is true, correct and complete; that there is no disciplinary action now pending before said Board(s) against any individual above named; and state that said foreign medical corporation, if registered, will abide by and be conducted in compliance with law and the regulations of the Board.

SIGNED at _____, this _____ day of _____,
City State Day Month
20_____.
Year

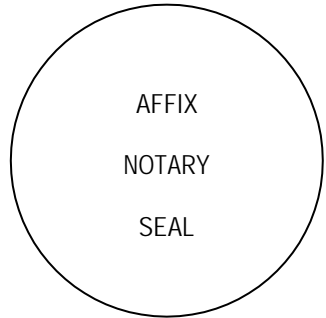
(SIGNATURE)

STATE OF _____
COUNTY OF _____
Notary Seal is Registered

}

NOTARY COMMISSION EXPIRES:

Month/Day/Year Notary Commission Expires



Subscribed and sworn to before me on _____, 20_____.
Month/Day Year

Signature of Notary Public



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, AR 72201 (501) 296-1802 FAX: (501) 296-1972

www.amedicalboard.org

APPLICATION FOR REGISTRATION OF FOREIGN MEDICAL LIMITED LIABILITY COMPANY

The undersigned, pursuant to the provisions of Act 135 of 2013, Acts of Arkansas, propose to form a foreign medical limited liability company, and hereby make application for a certificate of registration from the Arkansas State Medical Board, and submits the following information in support thereof (LEGIBLY PRINT IN INK OR TYPE – DO NOT USE SIGNATURE STAMPS). ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED.

1. Proposed name of limited liability company and original state of organization:

2. Name(s), address(s), and Arkansas state medical license number(s) of organizer(s), manager(s) and member(s) where it was organized .

(a) Organizer(s):

NAME

ADDRESS

LICENSE NUMBER

(b) Manager(s):

NAME

ADDRESS

LICENSE NUMBER

(c) Member(s):

NAME

ADDRESS

LICENSE NUMBER

3. Address of proposed registered limited liability company:

Street

City

State

Zip

4. Attach certified copies of Arkansas Application for Certificate of Authority and Articles of Organization from the home state and a check for \$25.00.
5. The said foreign limited liability company, as a condition of registration, states that it will, at any time it holds a certificate of registration of this Board, furnish to the Board any and all information requested, including but not limited to, operating agreements, copies of any and all minutes of managers and members, membership records, and any and every other information which may be called for by the Board.

The undersigned, as one of the organizers of the above identified foreign medical limited liability company, state on oath that the information herein contained is true, correct and complete; that there is no disciplinary action now pending before said Board(s) against any individual above named; and state that said foreign limited liability company, if registered, will abide by and be conducted in compliance with law and the regulations of the Board.

SIGNED at _____, _____, this _____ day of _____, 20____.

City State Day Month Year

(SIGNATURE)

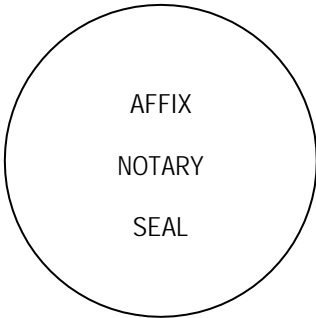
STATE OF _____

NOTARY COMMISSION EXPIRES:

COUNTY OF _____

Notary Seal is Registered

Month/Day/Year Notary Commission Expires



Subscribed and sworn to before me on _____, 20____.

Month/Day Year

Signature of Notary Public