



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340 • Little Rock, AR 72201 • (501) 296-1802
www.armedicalboard.org

The completed form and application fee must be mailed to the address listed above.

Application for COVID-19 Border State Emergency Temporary License

In response to the current health crisis and Governor Asa Hutchinson's Executive Order 20-16, the Arkansas State Medical Board voted to grant a Border State Emergency Temporary License to physicians that are currently practicing in any of the six bordering states and also holds an active and unrestricted medical license in that state with the understanding that this is for telemedicine only for already established Arkansas patients. Verification of standard qualifications and identification will be gathered by the Board staff from the American Medical Association or American Osteopathic Association, the Federation of State Medical Boards and the National Practitioner Data Bank for the temporary license.

It is the intent of the Arkansas State Medical Board that the approval of the Border State Emergency Temporary License will allow these eligible physicians the ability to offer continuation of care by telemedicine means to their established Arkansas patients.

The \$100 non-refundable application fee (check or money order only made payable to Arkansas State Medical Board) must accompany the fully completed application with a legible copy of the applicant's driver's license. **Payment by credit card is not available.**

PART I - PERSONAL IDENTIFICATION INFORMATION

1. Full Legal Name (Last, First, Middle, Suffix, Degree)		2. Other Names Used (including Maiden Name)	
3. Social Security Number	4. Driver's License State & Number	5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of Birth (mm/dd/yyyy) / /
7. Public Address (Street, City, State, Zip Code)			
8. Private Address (Street or PO Box, City, State, Zip Code)			
9. Private Phone #	10. Work Phone #	11. Fax #	12. Mobile Phone #
13. Personal E-mail Address		14. NPI Number	
15. Current Home State Practice Location: Name and Address of Hospital, Clinic or Group			
16. Border State Medical License State, Number, Issue and Expiration Date:			

PART II - EDUCATION

MEDICAL SCHOOL EDUCATION

17. Institution Name		18. Country of Medical School
19. Mailing Address (Street Address, City, State/Country, Zip Code)		
20. Start Date / /	21. End Date / /	22. Degree Awarded <input type="checkbox"/> M.D. (or foreign equivalent) <input type="checkbox"/> D.O

POSTGRADUATE TRAINING – Most Recent

23. Institution Name		
24. Mailing Address (Street Address, City, State/Country, Zip Code)		
25. Start Date / /	26. Completion Date / /	27. Specialty

I affirm that I will only be providing telemedicine healthcare services to established Arkansas patients due to the public health emergency as declared by Arkansas Governor Asa Hutchinson and that my border home state license is active, unlimited and in good standing. I understand that this license is non-renewable and will be inactivated without notice when the public health emergency declaration has been withdrawn or ended. I further authorize ASMB to request the necessary reports to verify the standard qualifications for the COVID-19 Border State Emergency Temporary License.

Applicant Signature and Date

FOR ASMB USE ONLY

Name: _____	Application Received: _____
License Number: _____	PHID No.: _____
License Issued: _____	Basis for License: _____



COVID-19 Border State Emergency Temporary License

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It is the intent of the Arkansas State Medical Board that the approval of the Border State Emergency Temporary License will allow these eligible physicians the ability to offer continuation of care by telemedicine means to their established Arkansas patients.

This one-time, non-renewable emergency license will be valid for 60 days from the date of issue, or until the public health emergency declaration has been lifted, whichever is first. The \$100 non-refundable application fee (check or money order only made payable to Arkansas State Medical Board) must accompany the fully completed application with a legible copy of the applicant's driver's license. Payment by credit card is not available.

It is understood that these applicants would have already been vetted by their home state medical board and this will be confirmed by the Arkansas State Medical Board by the following means:

- AMA/AOA Profile to verify medical education and postgraduate training
- FSMB Practitioner Profile to verify all other state medical licenses and confirm that they are in good standing, and that the home state license in the bordering state is active and unrestricted
- NPDB Report

Completed applications will be presented to a member of the Executive Committee of the Arkansas State Medical Board for approval. It is imperative that an accurate email address is provided to ensure correct notification.

Questions regarding this temporary license should be directed to COVIDTempLicense@armedicalboard.org. Due to staffing shortages, please do not call the office.