

APPLICATION FOR OR RENEWAL OF LIMITED AND TEMPORARY LICENSE RESIDENCY/SPECIALTY TRAINING

Access this form via website at: cca.hawaii.gov/pvl

Hawaii Medical Board
 DCCA, PVL Licensing Branch
 P.O. Box 3469
 Honolulu, HI 96801
 Phone: (808) 586-3000

Name (First, Middle)	(Last)	FOR OFFICE USE ONLY		Lic. No.:	Eff. Date:
Mailing Address (include apt. no., city, state and zip code)				Residency Code:	Exp. Date:
				<input type="checkbox"/> Appl (0813R) <input type="checkbox"/> Fee \$45/\$57 <input type="checkbox"/> Attestation Form	
Social Security No.	Date of Birth			Phone No. (days)	

• Failure to provide all the requested information will delay the processing of your application.

Check one: Initial application: _____ MDR or _____ DOSR
 Renewal: MDR - _____ or DOSR - _____

- ATTACH:**
- (1) Program Director/Hospital Representative Attestation Form. This request relates to a background investigation that must be completed prior to my being considered for a Hawaii License. The Attestation Form must be completed with the initial application and with each renewal thereafter.
- AND**
- (2) Fee (\$57-initial application **or** \$45-renewal) made payable to: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. (check must be made in U.S. dollars and be from a U.S. financial institution.)

I understand that the limited and temporary license limits me in the practice of medicine and surgery to the extent required by the duties of my position or by the program of training while at the hospital.

I further understand the limited and temporary license is valid for no more than one year after date of issue and is subject to renewal at least one month before the end of the valid period.

I accept the responsibility of renewing the limited and temporary license with no further notification from the Hawaii Medical Board.

CERTIFICATION OF APPLICANT:

I certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that this certification and any misrepresentation are grounds for denial, refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 453-8, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Chapter 453 and Chapter 85.

 Signature of Applicant

 Date

(CONTINUED ON PAGE 2)

Osteo Resident:
 Appl 464 \$25
 Lic 466 \$32
 Ren 460 \$45

Med Resident:
 Appl 323 \$25
 Lic 312 \$32
 Ren 300 \$45
 Service Fee BCF \$25

Print Name of Applicant: _____

Date: _____

Release of Information to Third Party:

To assist me in the licensing process, I authorize the HMB and staff to release any and all information regarding my application to the following third party:

Name of Individual who is assisting you: _____

Name of Organization: _____

Address of Organization: _____

Signature of Applicant

Date