

INDIVIDUAL RENEWAL



LOGIN: Enter License Number and Date of Birth or last 4 digits of your Social Security Number. Please check that your contact information is correct. If changes are made, make sure to click "Save Changes" before clicking on the "Next" button.

QUESTIONS: Answers will be saved and can be printed at the end of the process.

PAYMENT: If **Credit Card** is selected, complete **all** fields and click the respective "Process Payment" button. If the system does not progress forward, check for fields with ********* next to them. If **Check/Money Order** is selected a receipt that you can print for your records **or** to give to the individual paying for the renewal by check/money order will be made available. A statement will **NOT** be mailed. If you are on a *group voucher*, you only need to click the "Process Payment" button.

Renewal applications that are paid by Voucher are not complete until a check or money order is received.

Please include license number or voucher number on check/money order. Payment is to be mailed to:
Idaho Board of Medicine
PO Box 83720
Boise ID 83720-0058

Once renewal application is complete, information will be updated on the [License Search/Verification](#) link within 1-2 business days.

If you have any problems with the online renewal process, please email your profession's licensing manager.
Physician Licensure (MD/DO): [Lisa Osterman](#) or [Jennifer Woodland](#)
Allied Health Licensure (AT, LD, RT, PA, & PSG): [Jodi Adcock](#)

The screenshot shows the login page for the Idaho Board of Medicine's online renewal system. The header includes the Idaho Board of Medicine logo and the text 'ONLINE Renewals (Login)'. A red banner states: 'You must enter your License/Registration Number and either the last four digits of your SSN/EIN or your Date of Birth'. Below this, instructions read: 'In order to process your renewal you must provide us with your License/Registration number and either the last four digits of your SSN/EIN or your Date of Birth. Please be sure to enter your license/registration number as it appears on your renewal notice.' The form has three input fields: 'License/Registration Number (Letters-Numbers) AT - 392', 'Last Four(4) Digits of Your SSN/EIN *****', and 'Date of Birth (mm/dd/yyyy)'. A red arrow points to the 'AT' in the first field. A 'Next' button is at the bottom.

Inactive licensees must enter the inactive letter indicated on their renewal notice (ie, ATI, DI, MI, OI, or PAI).

IDAHO State of Idaho
Board Of Medicine
ONLINE Renewals (Login)

You must enter your License/Registration Number and either the last four digits of your SSN/EIN or your Date of Birth

In order to process your renewal you must provide us with your License/Registration number and either the last four digits of your SSN/EIN or your Date of Birth. Please be sure to enter your license/registration number as it appears on your renewal notice.

License/Registration Number (Letters-Numbers) - ?

Last Four(4) Digits of Your SSN/EIN ?
 or
 Date of Birth (mm/dd/yyyy)

Next

In order to process your renewal you must provide us with your License/Registration number and either the last four digits of your SSN/EIN or your Date of Birth. Please be sure to enter your license/registration number as it appears on your renewal notice.

License/Registration Number (Letters-Numbers) **AT** - 392 ?

Last Four(4) Digits of Your SSN/EIN ?
 or
 Date of Birth (mm/dd/yyyy)

Next

Inactive licensees must enter the inactive letter indicated on their renewal notice (ie, ATI, DI, MI, OI, or PAI).

Please check the address information below. If one or both of the addresses have changed, you may enter the correct information. When done with changes, click the **Save Changes** button to submit ALL changes. When ready to proceed with the renewal process, click the **Next** button

Name: LANDAU-LEVINE MARY ELIZABETH
 Type: PHYSICIAN AND SURGEON
 Expires: 6/30/2011
 Issue Date: 6/20/2008

Number: **N 10336**

National Provider ID:

License Current:

* (This is your CONFIDENTIAL address and is not a public record.)
 Confidential Address:
 Zip:
 City/State:
 Country: USA

* (This is your public record address.)
 Address of Record: 4207 E. Cotton Center Blvd
 Phoenix, AZ
 Zip: 85040
 City/State: PHOENIX AZ
 Country: USA

Address to use for mailing: Confidential Address of Record

Business Phone: 602 648 8939
 Ext:
 Fax:
 Cell: -

eMail:
 WebSite:
 Toll Free: -

ReStart **Save Changes** **Close** **Next**

Save Changes must be clicked before **Next** or changes will not be saved. Only Physician and Physician Assistants will have an NPI.

This screen will show up **FOR PHYSICIANS ONLY:**

Selection of Specialties/Sub-Specialties is mandatory. Selecting Unspecified is acceptable.
Please select one or more Sub-Specialties from the List and click the **Add Specialty** button to proceed.

**** Action Satisfactorily Accomplished ****

Category: Unspecified | Sub-Specialty: Unspecified | Certified?: | Year:

Add Specialty

If specialties already reported, please modify them accordingly.
Then click the **Submit Changes** button to proceed.

| Code | Certified? | Year | Category | Specialty | DEL? |
|------|------------|------|----------|-----------|------|
| | | | | | |

Applicant cannot proceed if a **Sub-Specialty** is not chosen. Category and Sub-Specialty can be the same.

This screen will show up **FOR AT & PA ONLY:**

This information represents the current supervisors attached to your license.
A check mark in the Active column means the supervisor IS Active, not checked means the supervisor IS NOT Active.
Please Note: If no primary supervisor is listed, practice in Idaho is NOT permitted.
To mark a supervisor as Incorrect, please check the box next to the appropriate License Number
and press the Submit Changes when you are done with your list.
To request changes to your record please contact the Board offices.

**** Action Satisfactorily Accomplished ****

| Incorrect? | License No | Supervisor Name | Active? | Start Date | End Date | Type | Practice Location |
|--------------------------|------------|-----------------|-------------------------------------|------------|------------|-----------|--------------------|
| <input type="checkbox"/> | DPHY-7295 | SCOT SCHEFFEL | <input checked="" type="checkbox"/> | 3/1/2011 | 12/31/2012 | Primary | BOISE HAWKS - MEMO |
| <input type="checkbox"/> | M-9155 | JENNIFER MILLER | <input checked="" type="checkbox"/> | 3/1/2011 | 6/30/2012 | Alternate | BOISE HAWKS - MEMO |

Page 1 of 1
Search produced 2 results. ALL results are shown.

Re-Start **Submit Changes** **Next**

Questions:

H.

Been arrested, charged with or convicted of a felony or misdemeanor other than minor traffic violations, regardless of the outcome?

Yes No

Re-Start **Previous** **Next** **Continue To Next Step**

If applicant clicks **Next** before answering question:

IDAHO State of Idaho Board Of Medicine Online Renewals (Verify)

Question Not Answered - Correct and Re-Submit

H. Since your last renewal, have you...
Been arrested, charged with or convicted of a felony or misdemeanor other than minor traffic violations, regardless of the outcome?

Yes No

Re-Start Previous Next

If they answer NO to a question that requires a YES to renew:

Please Press NEXT To CheckOut And Payment

Windows Internet Explorer

Question Not Answered Correctly - Your Renewal will be placed in Pending Status

OK

Re-Start Next

After clicking **OK**, it will move on to the next screen.

IDAHO State of Idaho Board Of Medicine Online Renewals (Verify)

Please Press NEXT To CheckOut And Payment

FEES

Fees for renewing this license/registration for one(1) year (M-10336) are as follows:

- Renewal Fee: \$250.00
- Total Due(Fees): \$250.00
- Reinstatement Fee: \$0.00
- Total Charges: \$250.00

The option for multiple year renewals will be provided on the Next step

Re-Start Next

Payment screen:

Please provide Credit Card Information for Renewal of License/Registration(AT-141):

Payment Type: **Credit Card** ▼
Credit Card Type: **Credit Card** ▼
Credit Card Type: **Check/Money Or** ▼

Credit Card Number:

Expiration Date (mm/yyyy): **07** ▼ / **2010** ▼

Credit Card Security Code:

Years To Renew: **1 Year** ▼

Total Due(Renewal Fees): \$90.00
Reinstatement Fee: \$0.00
Processing Charges: \$0.00
Total Charges: \$90.00

Payer Name (Individual Paying for Renewal):
Organization:
Address 1:
Address 2:
Postal Code:
City/State: ▼ **ID** ▼
Country: **USA** ▼

When selecting Credit Card as type of payment, Press the Process Credit Card Button ONCE ONLY, otherwise your credit card may be charged more than once.

When selecting Credit Card as type of payment, your credit card statement will show that a payment was made to The Idaho Board Of Medicine.

After providing all required information please click the PROCESS button to continue.

Re-Start **Process Credit Card**

If the option of Check/Money Order is selected, a voucher number is assigned to the licensee. Renewal will not be complete until payment is received.

FOR DUAL LRT/PSG OR LRT/PGT & MV (\$0.00 PAYMENT):

Zero Balance - Please Press the Process Zero (No Money) Button to Renew License

Please provide Credit Card Information for Renewal of License/Registration(PSG-059):

Payment Type: **Credit Card** ▼
Credit Card Type: **Diners** ▼
Credit Card Type: **Related** ▼

Credit Card Number:

Expiration Date (mm/yyyy): **07** ▼ / **2010** ▼

Credit Card Security Code: **N/A**

Years To Renew: **1 Year** ▼

Total Due(Renewal Fees): \$0.00
Reinstatement Fee: \$0.00
Processing Charges: \$0.00

Payer Name (Individual Paying for Renewal):
Organization:
Address 1:
Address 2:
Postal Code:
City/State: ▼ **ID** ▼
Country: **USA** ▼

When selecting Credit Card as type of payment, Press the Process Credit Card Button ONCE ONLY, otherwise your credit card may be charged more than once.

When selecting Credit Card as type of payment, your credit card statement will show that a payment was made to The Idaho Board Of Medicine.

After providing all required information please click the PROCESS button to continue.

Re-Start **Process Zero**

Payer Name and address information **must** be filled out.

If licensee is on a voucher, they will get a screen similar to the following:

Voucher/Check/Money Order Payment Selected - Please Press the Process Payment Button to Renew License

Please provide Credit Card Information for Renewal of License/Registration (AT-006):

Payment Type:

1 Year Vouchers Available:

Credit Card Type:

Credit Card Number:

Expiration Date (mm/yyyy): /

Credit Card Security Code:

Years To Renew:

Total Due(Renewal Fees): \$90.00
Reinstatement Fee: \$0.00
Processing Charges: \$0.00
Total Charges: \$90.00

Payer Name (Individual Paying for Renewal):

Organization:

Address 1:

Address 2:

Postal Code:

City/State:

Country:

When selecting Credit Card as type of payment, Press the Process Credit Card Button ONCE ONLY, otherwise your credit card may be charged more than once.

When selecting Credit Card as type of payment, your credit card statement will show that a payment was made to The Idaho Board Of Medicine.

After providing all required information please click the PROCESS button to continue.

All applicant needs to do on this screen is click **Process Payment**.

Voucher Receipt:

Receipt

The following is an itemized receipt for the fees paid Online for your POLYSOMNOGRAPHIC TECHNICIAN License/Registration renewal.
PLEASE SAVE OR PRINT THIS PAGE FOR FUTURE REFERENCE - It is your receipt for this License/Registration renewal. License/Registration renewal request received Friday, April 20, 2012 15:57.
If You are paying by Check or Money Order PLEASE PRINT THIS PAGE and send it along with your Check or Money Order to: Idaho Board of Medicine, PO Box 83720 Boise, Idaho 83720-0058

Fees
Online Transaction No. (VR-8001260):
One (1) Year Renewal Fee: \$65.00
Total Due (Renewal Fees): \$65.00
Total Charges: \$65.00

When To Expect Your New License/Registration

Your license/registration should be issued and mailed to you once the board has verified your renewal requirements. You may be required to submit additional information by mail before the renewal of your license/registration can be completed. If you are paying by Check, your renewal will not be complete until payment is received.

Contact the Idaho Board Of Medicine if you have any problems regarding this license/registration renewal. Please refer to your license/registration number [REDACTED] and transaction number VR-8001260, when you call the board.

You are finished with your portion of the online license/registration renewal process.

Payer is to print this page and mail it in with their check or money order.



| QUESTIONS | RESPONSE |
|--|----------|
| A. - Been refused a professional license/registration/permit? | No |
| B. - Been arrested, charged with or convicted of a felony or misdemeanor other than minor traffic violations, regardless of the outcome? | No |
| C. - Been investigated by any licensing board, agency or professional association in connection with incompetency, practice act violations, unprofessional conduct or unethical conduct? | No |
| D. - Been subject to informal or formal proceedings by the federal government, any branch of the military, any licensing board, agency or professional association to revoke, suspend, restrict or limit a professional license/registration/permit? | No |
| E. - Had any serious physical or mental condition which in any way impairs or limits your ability to practice your medical profession with reasonable skill and safety? | No |
| F. - Had employment terminated, restricted, limitations imposed or resigned from employment to avoid formal action. | No |
| G. - Had problems with the use of alcohol, stimulants, habit forming and / or illegal drugs which in any way impairs or limits your ability to practice your medical profession with reasonable skill and safety? (Voluntary Professional Recovery Network participants may answer NO) | No |
| H. - ATTESTATION: I attest that I have completed 12 clock hours of continuing education per year germane to the practice of polysomnography related respiratory care and will provide documentation upon request of the Board. | No |
| I. - ATTESTATION: I attest that I have maintained my Registration with the BRPT and will provide proof upon request of the Board. | Yes |

FEES

Fees for renewing this license/registration [REDACTED] are as follows:
One (1) Year Renewal Fee: \$0.00
Total Due (Renewal Fees): \$0.00
Reinstatement Fee: \$0.00
Total Charges: \$0.00

Please save or print this page for future reference -- It contains ALL your responses for this Renewal Process.

- » The date you completed this renewal on-line (Wednesday, April 20, 2011 08:52)
- » The license/registration number of the license/registration being renewed [REDACTED]
- » The Online transaction number (Related)