Pre-application Determination of Eligibility for APCA Certification: Criminal Matters

The Alliance for Physician Certification & Advancement conducts a “pre-application review” for individuals who wish to determine the impact of a previous criminal matter on their eligibility to apply for APCA certification. The pre-application review process is recommended for individuals who have not yet applied for examination and are contemplating whether to pursue APCA certification. Individuals who are ready to apply to the APCA for examination should simply respond to the questions on the APCA examination application relating to criminal matters and provide the requested documentation regarding such matter(s).

The pre-application review procedure assists an individual in assessing the potential impact of criminal matters on his/her eligibility for APCA certification prior to submitting an APCA examination application. Under the pre-application review procedure, the APCA will review only actual (not hypothetical) cases in which a conviction, plea of guilty or plea of nolo contendere has already occurred with respect to a crime (felony and/or misdemeanor), other than a speeding or parking violation. The APCA will also consider matters involving deferred or withheld adjudication, suspended or withheld sentences and military court marshals. The procedure is not available, for example, for matter involving arrest only, or during a period when a criminal trial or plea bargain is pending.

For purposes of the APCA application process “crimes” may include, but are not limited to, rape, sexual abuse; violence or threat of violence; driving while intoxicated (e.g. alcohol and drug related driving offenses); the unlawful sale, use or distribution of controlled substances; and use or distribution of fraudulent medical records, prescription blanks or health insurance claims.

Please note that the pre-application review procedure is available only for criminal matters, not other issues of eligibility.

If you believe that you qualify for the pre-application review procedure and wish to request a determination by the APCA of your eligibility for APCA certification before you submit an application, follow the instructions listed in the subsequent pages. Please note that you will still need to submit a completed examination application once you have fully complied with the educational and clinical requirements of one of the prerequisites.

If you wish to request a pre-application determination on a criminal matter, please provide the information identified on this form along with the pre-application agreement and form (pages 5 and 6) and a non-refundable pre-application fee of $125 USD. The pre-application review procedure is available only for crimes specified on the pre-application form, and does not apply to any crimes occurring after submission of, or otherwise not reported on, the pre-application form.
Pre-Application Form Submission

The form, required documentation and payment should be mailed to:

Manager, Compliance
PERSONAL AND CONFIDENTIAL
Alliance for Physician Certification & Advancement
1401 Rockville Pike, Suite 600
Rockville, MD 20852

You may also send the form, required documentation and credit card payment by:

- Fax: 301-560-6679, Attention: Manager of Compliance;
- or E-mail: Compliance@inteleos.org.

Pre-Application Policies and Procedures

1. Pre-application determination involving a criminal matter is only available to first-time Applicants (not facilities, relatives or Certificants contemplating re-application).

2. Under the procedure, a prospective Applicant must make, and continue to make and keep current, a truthful, full and complete disclosure of all facts and circumstances relevant to criminal matters subject to the APCA rules. The APCA will rely on all representations as truthful, full and complete. The pre-eligibility determination of the APCA is advisory only and applies only to the individual requesting the determination under the particular facts and circumstances presented to the APCA at the time of the request. If a Candidate provides the APCA information which the APCA, in its sole discretion, determines is inaccurate or incomplete, or it becomes inaccurate or incomplete over time, the pre-eligibility determination is void and is of no effect, and the APCA may consider such criminal matters in any assessment of eligibility.

3. When seeking a pre-application determination, or updating the APCA regarding facts and circumstances relevant to a pending request for a determination, the individual must enclose all court documents relevant to the matter, including, but not limited to, any statement of charges, plea, transcript of remarks at sentencing, sentence, judgment and commitment sheet, and the status of any fines, sentences and probation. Please note that the case must be closed and ALL obligations to the presiding court system must be completed in their entirety before APCA is able to render a determination.
The initial application must include the following related documents to be considered:

- Provide a detailed explanation of the matter and the underlying events leading to the investigation, charge and/or conviction.
- Provide any other information you wish to be considered in the investigation.
- All court documents relevant to matter.
- Provide documentation of completion of any court ordered remedial programs and community service (if applicable).
- Provide documentation of completion of any rehabilitation, counseling or other treatment requirement (if applicable).
- If you provide documentation that does not match the name indicated on the pre-application form, please submit evidence of the name change (e.g. copy of marriage certificate, divorce decree or official court document showing name change).
- Any letters of recommendation you may wish provide from employers, instructors or court officials.

4. The Applicant must also submit a personal explanation in the form of a written statement which provides a detailed description of the matter(s). The statement should include:

- Whether the crime involved any other individual(s).
- What setting the crime occurred in (e.g. work, school, sporting event, etc.).
- Whether any personal injury to anyone occurred, and if so, the details and outcome.
- Whether any property damage occurred, and if so, the details and outcome.
- The age of the individual when the crime was committed.
- The date of the crime.
- The date of the conviction or plea.
- Any other criminal matters, whether pending or resolved, since the proceeding at issue.
- Whether any other criminal proceedings or civil litigation was instituted by or against anyone relating to the conduct, and the details.
- Any mitigating circumstances (such as, favorable conduct or work history with references) that the Candidate believes are relevant.

5. By applying for a pre-application determination, the individual consents that the APCA may request and obtain further information concerning the application including, but not limited to, a criminal background check and may require the Applicant to submit information in affidavit form.

6. In reviewing the application, the APCA may, in its sole discretion, grant or deny the application, in whole or in part and with or without conditions, or decline to issue a pre-application determination entirely.

Please note that information submitted through this process may be used to initiate disciplinary action under the APCA rules, which may be revised from time to time. Such action may result in the imposition of sanctions.
7. Each application shall be accompanied by a check or credit card payment for $125 USD, which is non-refundable and is not applied to any other APCA application, examination or other fee. **It is entirely the responsibility of the Applicant to provide the required documentation for all criminal matters with his or her pre-application submission.** If an Applicant fails to submit all of the required documentation, the APCA will not review the pre-application request. Please note that the $125 USD fee is non-refundable and the pre-application materials submitted will not be returned.

8. The Applicant shall be notified in writing when APCA has completed its assessment.

*Please see the next page for the Pre-application Request form.*
Pre-application Request for Interpretation of the APCA Rules Involving Criminal Matters Form

NAME: ____________________________________________________________
               First             Middle             Last

Other names you may also be known as: ___________________________________________

Male □       Female □        Prefer not to designate □

ADDRESS: ____________________________________________________________
               Street

City: __________________________ State: __________________ ZIP/Postal Code: ____________

Home Phone Number: __________________________

Cell Phone Number: __________________________

Business Name and Phone Number: __________________________

E-mail Address: __________________________

Birthdate: Month __________ Day ______ Year __________

Social Security (or Canadian Insurance) Number: __________________________

Birthdate and social security number must be provided for purposes of identification.

Licensing Information

Do you currently hold a medical license?   Yes □   No □

If yes, please provide the following information:

☐ Type of license(s) held, issuing body/state, issue date, date of expiration and license status (active, restricted, etc):

________________________________________________________________________

________________________________________________________________________

If no, have you ever previously held a medical license?   Yes □   No □

If yes, please provide the following information:

☐ Type of license(s) held, issuing body/state, issue date, date license was last active and reason license is no longer active:

________________________________________________________________________

________________________________________________________________________
Current Education Program Status
(if program is already completed, answer No to question below and skip to page 7)

Are you currently enrolled in a medical degree program?  Yes □  No □

If yes, what is the projected date for completion of your educational program?
Month ___________ Day _______ Year ___________

Name, Address and Phone Number of Educational Program:
________________________________________________________________________
________________________________________________________________________

If yes, are you contemplating enrollment in a medical degree program?  Yes □  No □

Name of Educational Program(s) under consideration (if applicable):
________________________________________________________________________
________________________________________________________________________

When do you believe you will be eligible to apply to the APCA for examinations?
Month ___________ Day _______ Year ___________
Payment Information

Payment Amount: $125 USD.

Check □  Money Order □  CREDIT CARD: MasterCard □  VISA □

Credit Card Number: ____________________________________________

Cardholder Name: ____________________________________________  Exp. Date: __________

Cardholder Signature: ____________________________________________

PRE-APPLICATION AGREEMENT CONCERNING REQUEST FOR
INTERPRETATION OF APCA RULES CONCERNING CRIMINAL MATTERS

I am submitting this pre-application request for determination of my eligibility for the APCA certification. The APCA will rely on specific facts I submit requesting APCA interpretation of rules as they relate to criminal matters. A copy of such rules can also be accessed on APCA.org.

I agree to be bound by and to abide by all the terms and conditions of this pre-application agreement and to all the APCA rules as they are now or may be amended in the future. I confirm that the information provided in this pre-application form is true, correct and complete. I understand and agree that any false, misleading or incomplete representation or omission in this pre-application form or in any other document or other information I submit to the APCA, or any violation of the APCA rules, are grounds for the APCA to sanction me, including but not limited to permanent revocation of eligibility to take the APCA examinations, and that any decision by the APCA on any such matter is final.

I waive and release, and shall indemnify and hold harmless, the APCA and persons in their capacities as the APCA trustees, members, officers, committee members, employees, and agents from, against, and with respect to any and all claims, losses, costs, expenses, damages, and judgments (including attorney’s fees) that arise out of or are related to any action which any of them, take or fail to take in connection with or relating to this request for pre-application review, or APCA’s publication of actions taken by the APCA based on information obtained through the pre-application review process. I understand and agree that each element of this agreement is of the essence and if I breach any term of this pre-application agreement in any way, the APCA shall have the full and unrestricted right, in its absolute discretion, to deny my eligibility to apply for, obtain or retain the APCA certification, and to obtain other relief.

__________________________  ____________________________
(Signature of Pre-Applicant)  (Date)
Before mailing, please confirm that you have enclosed the following by initializing next to each:

_______ Completed and signed pre-application form in its entirety; and

_______ Enclosed all relevant court documentation, including documentation clearly reflecting that the case is closed and all conditions of sentencing have been completed; and

_______ Enclosed a personal explanation/written statement; and

_______ Enclosed the correct pre-application fee; and

_______ Included my social security number in space indicated.