

This form is required for ALL applicants.

Board of Medicine Florida Birth-Related Neurological Injury Compensation Association (NICA) Form



All applicants must choose one of the three options described below. Check **only one**.

Visit <https://www.nica.com/obgyns/index.html> for information on NICA participating, non-participating, and exempt.

Exempt- \$0.00	Non-participating- \$250.00	Participating- \$5,000.00	Amount Enclosed: \$ _____
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For applicants who choose “**Participating**”, NICA provides eligible children with lifetime benefits for catastrophic claims resulting from certain birth-related neurological injuries. In order to participate, a physician must:

1. Be licensed to practice medicine in Florida
2. Practice obstetrics or perform obstetrical services on a full or part-time basis; and
3. Have paid, or been exempted from paying, the required assessment when the incident occurred.

For applicants who choose “**Non-participating**,” a mandatory annual fee of \$250.00 is paid by every physician in Florida who is not Participating or Exempt.

Participating and Non-participating applicants must complete and attach this form and appropriate fees to the application or submit to the Board of Medicine at:

Board of Medicine
P.O. Box 6330
Tallahassee, FL 32314-6330

Applicants claiming exemption must complete this form, and return it with proof of qualification for the exemption to:

Board of Medicine	AND	NICA
4052 Bald Cypress Way Bin C-03		2360 Christopher Place
Tallahassee, FL 32399-3253		Tallahassee, FL 32308

Exemptions Include:

1. Resident physicians, assistant resident physicians and interns in postgraduate training programs approved by the Board of Medicine (documentation of the dates of your program signed by the chair of your department must be provided to NICA).
2. Retired physicians who maintain an active license, but who have withdrawn from employment in any medically related field, as evidenced by an affidavit filed with NICA (a copy of this affidavit must be provided to the Department of Health).
3. Physicians who hold a limited license, as defined by ch. 458, F.S., who do not receive any compensation for medical services (an affidavit must be provided to NICA stating that no compensation is received for medical services).
4. Physicians employed full-time by the Veterans Administration whose practices are confined to Veterans Administration hospitals (a letter from your employer stating you are a full-time employee as well as an affidavit from you stating you are not engaged in the private practice of medicine must be provided to NICA).
5. Any licensed physician on active duty with the Armed Forces of the United States; (a letter from your commanding officer stating that you are on active duty in the Armed Forces as well as an affidavit from you stating you are not engaged in the private practice of medicine must be provided to NICA).
6. Physicians who are full-time state of Florida employees whose practice is confined to state owned correctional facilities, mental health or developmental services facilities, or the Department of Health or County Health Department (a letter from state government documenting your employment status as well as an affidavit from you stating you are not engaged in outside employment must be provided to NICA).

It is each physician's obligation to notify NICA of a subsequent change in status with regard to a claimed exemption. For questions about NICA or this form, contact NICA at www.nica.com or (850) 488-8191.

Applicant Name: _____

Address: _____
Street and Number City State ZIP

I have read the information provided by NICA at www.nica.com and I have selected the option above.

Applicant Signature _____ Date _____
MM/DD/YYYY