



MEDICAL BOARD OF CALIFORNIA Licensing Program



LICENSE INFORMATION FOR INTERNATIONAL MEDICAL SCHOOL GRADUATES

MINIMUM REQUIREMENTS TO APPLY FOR A LICENSE

- To be eligible for a Physician's and Surgeon's license, applicants must have received all of their medical school education from and graduated from a medical school recognized or approved by the Medical Board of California (Board). The medical school's name must exactly match the name on the Board's list of recognized medical schools. If you did not attend or graduate from a recognized or approved medical school, you may be eligible for licensure pursuant to Section 2135.7 of the Business and Professions Code. Prior to submitting an application, please refer to the Board's website to verify your medical school is recognized:

http://www.mbc.ca.gov/Applicants/Medical_Schools/Schools_Recognized.aspx

- Disclosure of your United States Social Security Number (SSN) or your Individual Taxpayer Identification Number (ITIN) is mandatory prior to the issuance of a license. Section 30 of the Business and Professions Code authorizes collection of your SSN or ITIN. Section 31(e) of the Business and Professions Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Board. A license issued by the Board may be suspended if a state tax obligation is not paid. *Reporting a number on your Application that is not your SSN or ITIN may be grounds for denial of licensure.*
- To meet the examination requirement, you must have taken and passed all steps of the USMLE or other acceptable examinations per Section 1328 of Title 16 California Code of Regulations. Please refer to our website to obtain a copy of Section 1328 for a listing of all acceptable examinations.
- To meet the postgraduate training requirement, you must have satisfactorily completed a minimum of two (2) years of ACGME and/or RCPSC accredited postgraduate training (RCPSC training must be completed in Canada) that includes at least four months of postgraduate training in general medicine. The second year of postgraduate training must consist of 12-continuous months of training within the same program.

GENERAL INFORMATION

- As an applicant, you personally are responsible for all information disclosed on your Application, Forms L1A-L1F, including any responses that may have been completed on your behalf by others. An application may be denied based upon omission, falsification or misrepresentation of any item or response on the application or any attachment. The Medical Board of California considers violations of an ethical nature to be a serious breach of professional conduct.

GENERAL INFORMATION (Continued)

- **Processing Times:** Application materials are processed in the date order in which the application is received. All application forms and supporting materials are stamped with the date and time received in the office. Generally, you should anticipate receiving written correspondence confirming the status of the application for licensure within 60 days of submission of the application.
- **FCVS:** The Federation Credentials Verification Service (FCVS) is operated by the Federation of State Medical Boards of the United States, Inc. The Medical Board of California (Board) offers this link to FCVS as a convenience to our applicants. You may learn more about FCVS at: <http://www.fsmb.org/licensure/fcvs/>.

The Board does not mandate that you use the FCVS. FCVS is NOT a requirement for filing a Physician's and Surgeon's Application. You will be required to complete the Board's application and provide all necessary supporting documentation. As part of your application, you may request FCVS to submit directly to the Board your *Medical Professional Information Profile*. We will review the information provided along with our application and determine on an individual basis the items that we will accept from FCVS.

- **NotaryCam:** NotaryCam is a company that provides an online notary service that is valid in California and may be used on our Application forms. *The Board does not mandate that you use this online service.* The Board is providing this information as a convenience to our applicants. You may obtain further information regarding this online notary service at: <https://www.notarycam.com/>.
- **Fingerprints:** Applicants who reside in California must complete the electronic *Live Scan* fingerprint process. You will need to use the *Request for Live Scan Service* form that may be obtained from the Board's website. Please refer to the following website for Live Scan facilities in California: <http://ag.ca.gov/fingerprints/publications/contact.php>.

Applicants residing outside California must submit two completed fingerprint cards or have your fingerprints completed at a California Live Scan facility.

Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a Physician's and Surgeon's license.

- **Convictions:** Note that convictions adjudicated in juvenile courts or convictions two years or older under Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) need not be reported. Convictions expunged or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law **MUST** be disclosed. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction (see the Criminal Record History section on the Application).
- **Grounds for Denial:** Each applicant's credentials for licensure in California are reviewed on an individual basis. The Board has the authority to deny licensure based upon an applicant's act of dishonesty, unprofessional conduct, conviction of a crime, discipline of another state license, or inability to practice medicine safely.
- **Due Diligence:** Pursuant to Section 1306 of Title 16 California Code of Regulations, an application shall be deemed abandoned if an applicant fails to complete the application process within 365 days from the date of written notification from the Board of the documents needed to complete the application.

LICENSE APPLICATION CHECKLIST

Listed below are the minimum application and supporting materials required for an international medical school graduate to obtain a Physician's and Surgeon's license. This list is not all-inclusive as additional items may be necessary based on responses provided on your *Application* or information obtained from other entities.

Application, Fees, and Fingerprints

<input type="checkbox"/> Application Fee \$491	The Application fee is non-refundable. Refer to the <i>Fee Schedule</i> for further details.
<input type="checkbox"/> Initial License Fee \$808.00 or Reduced Initial License Fee \$416.50	Refer to the <i>Fee Schedule</i> for further details.
<input type="checkbox"/> Application For Physician's and Surgeon's License, Forms L1A-L1F	Complete all fields, answer all questions and have the application notarized. All six pages must be submitted together.
<input type="checkbox"/> Fingerprints: Live Scan Form (CA Only) or Two (2) Fingerprint Cards	<p>Applicants who reside in California must complete the electronic <i>Live Scan</i> fingerprint process. You will need to use the <i>Request for Live Scan Service</i> form that may be obtained from the Board's website. Mail a copy of the completed form with your Application.</p> <p>Applicants residing outside California must submit two completed fingerprint cards <u>or</u> have your fingerprints completed at a California Live Scan facility. Fingerprint cards will be mailed to you once the Board receives your application and appropriate processing fees. <u>All personal data must be completed on the fingerprint cards or the cards will be returned for completion.</u></p> <p><i>Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a Physician's and Surgeon's license.</i></p>

Examination Documentation

<input type="checkbox"/> ECFMG Certification Status Report	A Certification Status Report from the Educational Council for Foreign Medical Graduates (ECFMG) is required to verify your certification is valid. The ECFMG Certification Status Report may not be required if you have held a full and unrestricted license for four or more years in the U.S. or Canada since completion of postgraduate training. You may obtain further information from their website at www.ecfmq.org . The ECFMG must mail the Certification Status Report directly to the Board to be acceptable.
<input type="checkbox"/> Official Examination Scores from the appropriate examination entity: USMLE, FLEX, NBME, LMCC and State Boards	<p>Official examination history reports must be requested from the appropriate examination agency. Each examination agency must submit an original, official examination history report directly to the Board to be acceptable. Official examination history reports may be requested from the following websites:</p> <p style="text-align: center;">USMLE, FLEX - www.fsmb.org NBME - www.nbme.org LMCC (Canada) - www.mcc.ca</p> <p><i>Refer to California Code of Regulations, Section 1328, for a list of acceptable examinations.</i></p>

Medical Education Documentation

<input type="checkbox"/> Certificate of Medical Education, Form L2	<p>A Certificate of Medical Education, Form L2, is required from each medical school attended. Complete the applicant information at the top of the form and mail it to your medical school. The form will need to be completed, signed and dated by the school official and affixed with the official medical school seal. Any fields or questions left unanswered will require completion of a new form. <i>The Form L2 must be mailed directly from the medical school to the Board to be acceptable.</i></p>
<input type="checkbox"/> Official Medical School Transcript	<p>An original official medical school transcript and translation (if not in English), prepared on university letterhead affixed with the signature of the dean or registrar and the medical school seal, documenting all of the basic science and clinical courses completed during the medical curriculum is required. A transcript is required from each medical school attended. <i>The transcript must be mailed directly from the medical school to the Board to be acceptable.</i></p>
<input type="checkbox"/> Certified Copy of Medical School Diploma	<p>A certified copy of your medical school diploma is required. The certified copy must have the original signature of the dean or registrar of the medical school, be affixed with the official medical school seal, and include a statement attesting that the copy is a true and correct copy of the original. <i>The certified copy of your diploma must be mailed directly from the medical school to the Board to be acceptable.</i></p>
<input type="checkbox"/> Certificate of Clinical Training, Form L5	<p>A Certificate of Clinical Training, Form L5, is required to report <u>all</u> undergraduate clinical clerkships. Complete the applicant information at the top of the form and mail it to your medical school. The form will need to be completed, signed and dated by the school official and affixed with the official medical school seal. You may print or copy as many forms as necessary to provide a complete breakdown of your undergraduate clinical training. <i>The Form(s) L5 must be mailed directly from the medical school to the Board to be acceptable.</i></p> <p>For your information, the pertinent portions of Section 2089.5 of the Business and Professions Code require:</p> <p style="padding-left: 40px;">(b) Instruction in the clinical courses shall total a minimum of 72 weeks in length.</p> <p style="padding-left: 40px;">(c) Instruction in the core clinical courses of surgery, medicine, family medicine, pediatrics, obstetrics and gynecology, and psychiatry shall total a minimum of 40 weeks in length with a minimum of eight weeks instruction in surgery, eight weeks in medicine, six weeks in pediatrics, six weeks in obstetrics and gynecology, a minimum of four weeks in family medicine, and four weeks in psychiatry.”</p> <p>Please refer to our website at www.mbc.ca.gov to obtain a complete copy of Section 2089.5 of the Business and Professions Code.</p>

Medical School Documentation (continued)

<p><input type="checkbox"/> Certificate of Individual Clinical Clerkship Training, Form L6 <i>(if applicable)</i></p>	<p>Certificate of Individual Clinical Clerkship Training, Form L6, is required for <u>each</u> undergraduate clinical clerkship completed <i>outside</i> of the primary teaching hospital of the medical school of attendance. The form must be submitted to the hospital where the clerkship was completed and the current program director or clinical instructor must verify completion of the clerkship. The form may not be signed and dated prior to the end date of the clerkship. <i>The completed Form(s) L6 must be submitted directly from the facility to the Board to be acceptable.</i></p> <p>If the hospital where an undergraduate clinical rotation was completed is now closed, the medical school may provide a certified copy of the student evaluation form that was initially completed by the sponsoring hospital. The copy must be affixed with the medical school seal and signature of the dean certifying it is a true copy of the original document and mailed directly to the Board.</p> <p>For your information, only undergraduate clinical clerkships meeting the criteria specified in Section 2089.5 of the Business and Professions Code will be used to satisfy the required 72 weeks of clinical clerkships.</p>
<p><input type="checkbox"/> Certified English Translations <i>(if applicable)</i></p>	<p>Certified English translations are required for all academic documents that are not prepared in the English language. Refer to the <i>Translation of International Academic Credentials</i> for details regarding acceptable translations. <i>The certified translation must be mailed directly to the Board to be acceptable.</i></p>

Postgraduate Training Documentation

<p><input type="checkbox"/> Certificate of Completion of ACGME/RCPSC Postgraduate Training, Forms L3A-L3B</p>	<p>A Certificate of Completion of ACGME/RCPSC Postgraduate Training, Form L3A-L3B, is required to verify the completion of each year of accredited training. The form may not be signed and dated prior to the last day of the training year that will be used to meet the two years of ACGME or RCPSC accredited postgraduate training required for licensure.</p> <p>A Form L3A-L3B must be submitted to each postgraduate training program for completion. The current program director must provide all of the required information and responses on the form, sign and date the form, and affix the hospital seal. If a hospital seal is not available, the program director must sign in the presence of a notary and the notary seal must be affixed. A “yes” response to any of the Unusual Circumstances questions on Form L3A requires a signed and dated letter of explanation from the current program director. <i>The completed Form L3A-L3B must be mailed directly from the program to the Board to be acceptable. Any letters of explanation must be provided on program letterhead, signed by the program director and mailed directly to the Board.</i></p> <p>Please be advised, Section 2066 of the Business and Professions Code allows graduates of international medical schools to engage in three years of ACGME accredited postgraduate training without a license. In calculating the maximum three years of training, the Board includes all approved training completed in the U.S. and Canada whether or not any credit was granted. At the end of the three-year period, you must be licensed or all clinical activities in California facilities must cease.</p>
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Postgraduate Training Documentation (continued)

<input type="checkbox"/> Current Postgraduate Training Enrollment, Form L4 <i>(if applicable)</i>	<p>If you are enrolled in an accredited training program at the time of application, this form is necessary to be eligible for the reduced initial licensing fee. Complete the top section and submit the form to your current training program for completion. The current program director must provide all of the required information and responses on the form, sign and date the form, and affix with the hospital seal. If a hospital seal is not available, the program director must sign in the presence of a notary and the notary seal must be affixed. <i>The completed Form L4 must be mailed directly from the program to the Board to be acceptable.</i></p>
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Verification of Medical License(s)

<input type="checkbox"/> License Verification <i>(if applicable)</i>	<p>License verification is required from <u>each</u> state or Canadian province in which you hold or have held a medical license. Verification of temporary, training, or provisional license(s) are <u>not</u> required. <i>The official license verification must be sent directly from the licensing authority to the Board.</i></p>
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Other Items

<input type="checkbox"/> Curriculum Vitae (CV)	<p>Please submit a signed and dated current CV with your Application.</p>
<input type="checkbox"/> Timeline of Activities	<p>A complete timeline from the graduation of medical school to present is required. Provide the Board with a written chronological description of all your professional and non-professional activities with no gaps.</p> <p>If you have completed any externships, observerships, or volunteer activities in California, please include a detailed description of your duties and responsibilities along with the location and name of the supervising physician.</p> <p>Mail your signed and dated <i>Timeline of Activities</i> form directly to the Board.</p>
<input type="checkbox"/> Birth Month Licensure Request	<p>California licensing regulations specify that a license expires at 12 midnight on the last day of the birth month of the licensee during the second year of a two year term. If you are licensed in your birth month, your initial license will be valid for a full 24-month term. If you are licensed in a month other than your birth month, the term of your <i>initial license</i> will be less than 24-months.</p> <p>Complete the Birth Month Licensure Request form indicating your preference and submit the form directly to the Board.</p>
<input type="checkbox"/> Explanation to Application Question <i>(if applicable)</i>	<p>This form may be used to provide a detailed written explanation for a “yes” response to a question on the Application. Please use a separate form for each positive response. The form can be obtained from the Board’s website.</p>