

Instructions:

1. Complete this form in its entirety.
2. Attach appropriate backup/s listed below in red.
3. Send completed form & backup/s to Mitra Haddad via email mhaddad@stanfordhealthcare.org, or in person at Stanford GME office SHC, Room HC435.

Note:

- Copies of CMLicense and DEA Certificate must show issuance & expiration dates and address on record. Address on record must be complete Stanford program address & not residence's home or GME address.
- Email requests will NOT receive a confirmation unless there is a problem with the request.
- Pls. do not duplicate requests.
- Reimbursement will be added to House Staff's paycheck within 2-3 pay cycles providing completed form & correct backup/s have been provided. To confirm receipt of payment, check your paystub by visiting <https://econnect.stanfordmed.org>.

Expenses must incur during the academic year individual is appointed by GME, for usage while at Stanford

Full Name	Date
Mailing Address	5-digit SHC Employee # (found in MedHub)
Initial California Medical License	
Check appropriate box/s:	
<input type="checkbox"/> \$491-Stanford interns who apply for their MD license <u>no later than March 1st</u> Submit: Copy of the check made to Medical Board of CA	
<input type="checkbox"/> \$416.50-PGY II residents that have already received initial reimbursement of \$491 and <u>license is issued no later than September 1st</u> Submit: Copy of CML card or copy of electronic medical license verification from http://www.mbc.ca.gov/Breeze/License_Verification.aspx	
<input type="checkbox"/> \$907.50- <u>new</u> PGY II residents <u>if license is issued no later than September 1st</u> Submit: Copy of CML card or copy of electronic medical license verification from http://www.mbc.ca.gov/Breeze/License_Verification.aspx	
<input type="checkbox"/> \$907.50- <u>new</u> residents/fellows that are PGY III or higher Submit: Copy of CML card or copy of electronic medical license verification from http://www.mbc.ca.gov/Breeze/License_Verification.aspx	
California Medical License Renewal	
<input type="checkbox"/> \$820- <u>if license expires while under contract</u> with Stanford Health Care Submit: Copy of renewed CML card or copy of renewed electronic medical license verification from http://www.mbc.ca.gov/Breeze/License_Verification.aspx	
DEA Certificate: Initial DEA or Renewal	
<input type="checkbox"/> \$731-while under contract with Stanford Health Care Submit: Copy of DEA certificate. For questions contact DEA Registration Support at https://www.deadiversion.usdoj.gov/ and/or https://apps.deadiversion.usdoj.gov/webforms/dupeCertLogin.jsp	
USMLE Part III	
<input type="checkbox"/> \$875-Stanford Interns only Submit: copy of payment during Intern year	

TOTAL: \$ _____