# REIMBURSEMENT FORM (2015–2016)

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<th>Full Name</th>
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**Initial California Medical License**

- $491 for Stanford interns who apply **no later than March 2\(^{\text{nd}}\)**.
- $416.50 for PGY II residents that have **already received** reimbursement of $491 & license is issued **no later than September 1\(^{\text{st}}\)**.
- $907.50 for **new** PGY II residents **if license is issued no later than September 1\(^{\text{st}}\)**.
- $907.50 for **new** residents/fellows that are PGY III or higher.

*Attach copy of payment and/or medical license to this form.*

**USMLE Part III**

- $815 for Stanford Interns only. Increased rate effective 8/4/2014.

*Attach copy of payment to this form.*

**California Medical License Renewal**

- $820 if license expires while under contract with Stanford Hospital & Clinics.

*Attach copy of payment and/or renewed license to this form.*

**DEA Certificate: Initial DEA or Renewal**

- $731 if Certificate is issued on/or after September 1, 2012 while under contract with Stanford Hospital & Clinics.

***Attach a copy of DEA CERTIFICATE to this form. Proof of Payment will not be accepted for reimbursement***

**TOTAL:** ______________

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Fax to: (650) 723-3045  
**ATTN:** Debbie Valdez Barragan  
**OR:**  
E-Mail completed Reimbursement form with applicable attachments to:  
Debbie Valdez Barragan: dvaldez@stanfordhealthcare.org

Department of Graduate Medical Education · Stanford University Medical Center  
300 Pasteur Drive, Room HC435, Stanford, CA 94305-5207  
Phone: (650) 723-5948 Fax: (650) 723-3045 Web: http://gme.stanford.edu