# REIMBURSEMENT FORM (2015–2016)

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<tr>
<th>Full Name</th>
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<th>Mailing Address</th>
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### Initial California Medical License

- $491 for Stanford interns who apply no later than March 2\textsuperscript{nd}.
- $416.50 for PGY II residents that have already received reimbursement of $491 & license is issued no later than September 1\textsuperscript{st}.
- $907.50 for new PGY II residents if license is issued no later than September 1\textsuperscript{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:

TOTAL: __________

Fax to: (650) 723-3045
ATTN: Tina Lari
OR:
E-Mail completed Reimbursement form with applicable attachments to:
Tina Lari: tlari@stanfordhealthcare.org

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