



## MINIMUM REQUIREMENTS

- Applicants must have received all of their medical school education from and graduated from a:
- 1) U.S. or Canadian medical school accredited by the Liaison Committee for Medical Education (LCME), the Committee on Accreditation of Canadian Medical Schools, or the Commission on Osteopathic College Accreditation. <http://lcme.org/directory/accredited-u-s-programs/>  
- OR -
  - 2) A foreign medical school which has been evaluated by the Educational Commission for Foreign Medical Graduates (ECFMG) or one of the ECFMG authorized foreign medical school accreditation agencies and deemed to meet the minimum requirements substantially equivalent to the requirements of medical schools accredited by the Liaison Committee on Medical Education, the Committee on Accreditation of Canadian Medical Schools, or the Commission on Osteopathic College Accreditation.  
  
The foreign medical school is listed on the World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER) World Directory of Medical Schools joint directory, or the World Directory of Medical Schools.  
<https://search.wdoms.org/>  
- OR -
  - 3) A foreign medical school that has been approved by the Medical Board of California (Board).  
[http://www.mbc.ca.gov/Applicants/Medical\\_Schools/Schools\\_Recognized.aspx](http://www.mbc.ca.gov/Applicants/Medical_Schools/Schools_Recognized.aspx)
- Disclosure of a United States Social Security Number (SSN) or an 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 an 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.
- To meet the examination requirement, the applicant must have taken and passed all steps of the United States Medical Licensing Examination (USMLE) or other acceptable examinations per Title 16 of the California Code of Regulations (CCR) section 1328. Please refer to our website to obtain a copy of section 1328 for a listing of all acceptable examinations.
- Certification by the Educational Council for Foreign Medical Graduates (ECFMG) is required if the applicant graduated from an international medical school. To obtain further information regarding ECFMG Certification, please refer to their website at <http://www.ecfm.org/>.
- To meet the postgraduate training requirement, an applicant must have successfully completed a minimum of 36 months of Accreditation Council for Graduate Medical Education (ACGME), Royal College of Physicians and Surgeons of Canada (RCPSC) and/or The College of Family Physicians of Canada (CFPC) accredited postgraduate training (ACGME approved training must be completed in the United States or its territories, and RCPSC approved training must be completed in Canada) that includes at least four months of postgraduate training in general medicine. The three years of postgraduate training must consist of at least 24-continuous months of training within the same program.

An applicant who has completed at least 36 months of board-approved postgraduate training, not less than 24 months of which was completed as a resident after receiving a medical degree from a combined dental and medical degree program accredited by the Commission on Dental Accreditation (CODA) or approved by the board, shall be eligible for licensure.

## GENERAL INFORMATION

- **Fingerprints:** Applicants who reside in California must complete the electronic Live Scan fingerprint process. The Request for Live Scan Service form may be obtained from the Board's website. Please refer to the following website for Live Scan facilities in California: <https://oag.ca.gov/fingerprints/locations>.

Applicants residing outside California must submit two completed fingerprint cards or if visiting California, you may have your fingerprints completed electronically 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 and Surgeon's License.*

- **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 by a Licensing Board in or outside of California, or inability to practice medicine safely.
- **The Federation Credentials Verification Service (FCVS):** The FCVS is operated by the Federation of State Medical Boards. The Board offers this link to FCVS as a convenience to applicants. Individuals may learn more about FCVS at <http://www.fsmb.org/licensure/fcvs/>.

*The Board does not mandate the use the FCVS.* FCVS is NOT a requirement for filing a physician's and surgeon's application. Applicants will be required to complete the Board's application and provide all necessary supporting documentation. As part of the application, applicants may request FCVS to submit their Medical Professional Information Profile directly to the Board. The Board will review the information provided along with the application and determine on an individual basis the items that will be accepted from FCVS.

- **NotaryCam:** NotaryCam is a company that provides an online notary service that is valid in California and may be used on the Board's application forms. *The Board does not mandate the use of this online service.* The Board is providing this information as a convenience to applicants. Applicants may obtain further information regarding this online notary service at <https://www.notarycam.com/>.
- **Certified Electronic Diploma (CeDiploma®):** CeCredential Trust® is a company that provides an alternative to a paper diploma and is accepted by the Board. *The Board does not mandate that applicants use this online service.* If a CeDiploma® was not issued by the medical school, please contact the school directly. The Board is providing this information as a convenience to applicants. Applicants may obtain further information regarding this electronic diploma service at <https://www.credentialtrust.com/>.
- **Previously Licensed in California:** In accordance with California Business and Professions Code section 2428, a physician whose California physician's and surgeon's license expired five or more years ago must reapply for licensure. If you voluntarily canceled your license, you must reapply regardless of the time period.

Although section 2428 allows you to undertake a re-application process that is significantly streamlined, you must meet all of the requirements as if you were applying for licensure for the first time. Upon receipt of your application and fees, the Board will retrieve your previously imaged licensing record and determine what documents may be used to meet the current requirements. In the event our imaged records do not contain all of the documents that are currently required, you may be requested to submit additional documents.

To meet the current licensing requirements, you must have completed at least three years of ACGME, RCPSC, or CFPC accredited postgraduate training or meet all of the requirements under Business and Professions Code section 2135.

You may not apply online if you have been previously licensed, you must submit a paper application with the required fees. In addition, you must return your original California wall certificate. If it has been lost or destroyed, you must submit a notarized statement indicating the reason you are unable to return the original.

## GENERAL INFORMATION *(Continued)*

- **Limited Practice License:** In addition to the application, supporting documents, and fees to obtain a physician's and surgeon's license, it will be necessary to submit the Limited Practice License (LPL) form, to elect to apply for the limited practice license. This form is to advise the Board that you wish to apply for the limited practice license and consent to sign an agreement to abide by the practice limitations indicated in the independent clinical evaluation and any further conditions or terms set forth by the Board. The form is located on the Board's website and should be submitted with the application.
  - A clinical evaluation must be performed by a physician who specializes in the diagnosis and/or treatment of disabilities of the same nature as your disability and is familiar with your area of medical practice. The reviewing physician must have a current valid California license with no history of discipline. The reviewing physician must not have any personal, professional, business, or social relationship with you.

Per Title 16 of the CCR section 1315.55, the reviewing physician must include the following contents in the clinical evaluation:

- (1) Be on the reviewing physician's letterhead, dated, and signed under penalty of perjury, and shall contain the original signature of the reviewing physician.
- (2) Describe how the reviewer meets the criteria set forth in section 1315.53.
- (3) Include the applicant's name and the diagnosis or description of the applicant's disability.
- (4) Describe all recommended practice limitations and how those limitations permit the applicant to practice medicine safely.
- (5) Provide suggested intervals between evaluations, if the disability is caused by a disease that will progress or fluctuate in severity.
- (6) Indicate whether the evaluation included a review of the applicant's medical records related to the disability.
- (7) Describe the current treatment protocol and the applicant's compliance with that treatment protocol, if appropriate for the type of disability.
  - The evaluation shall have occurred not more than sixty (60) days from the date on which the application was filed with the board.

## APPLICATION CHECKLIST

Listed below are the minimum application and supporting materials required for a U.S. or Canadian 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 the Application or information obtained from other entities.

Application, Fees, and Fingerprints	
<input type="checkbox"/> <b>Application For Physician's and Surgeon's License, <a href="#">Forms L1A-L1F</a></b>	Complete all fields, answer all questions and have the application notarized. All six pages must be submitted together.
<input type="checkbox"/> <b>Application Fee - \$491.00</b>	The application fee includes the required fingerprint processing fee. The fees are non-refundable.
<input type="checkbox"/> <b>Initial License Fee or Reduced Initial License Fee</b>	<p>The initial license fee is \$808.00. Applicants may be eligible for the reduced license fee of \$416.50 if enrolled in an approved postgraduate training program. Completion of the Current Postgraduate Training Verification (CTV) form is required.</p> <p>The license fee includes a mandatory \$25 fee for the <a href="#">Steven M. Thompson Physician Corps Loan Repayment Program</a>. This program encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan for repayment of their educational loans, up to \$105,000, in exchange for their service in a designated underserved area for a minimum of three years.</p>

## APPLICATION CHECKLIST (Continued)

### Application, Fees, and Fingerprints (Continued)

- SONG-BROWN FAMILY PHYSICIAN TRAINING ACT**  
**Voluntary Fee - \$25.00 Minimum**
- You may voluntarily contribute any amount (minimum \$25.00) to the Song-Brown Health Care Workforce Training Act (Song-Brown Program). The Board transfers all funds collected on a monthly basis to the Office of Statewide Health Planning and Development (OSHPD). The Song-Brown Program was established to increase the number of family physicians to provide needed medical services to the people of California. The program encourages universities and primary care health professionals to provide health care in medically underserved areas, and provides financial support to family medicine, internal medicine, OB/GYN, and pediatric residency programs; and family nurse practitioner, physician assistant, and registered nurse education programs throughout California. For further information regarding the program, please visit the OSHPD website at:  
<https://oshpd.ca.gov/loans-scholarships-grants/grants/song-brown/>.
- Fingerprints:**  
**Live Scan Form (CA Only)**  
**- OR -**  
**Two (2) Fingerprint Cards**
- Applicants who reside in California must complete the electronic Live Scan fingerprint process. They will need to use the [Request for Live Scan Service](#) form that may be obtained from the Board's website. Mail a copy of the completed form with the Application.
- Applicants residing outside of California must submit two completed fingerprint cards or have fingerprints completed at a California Live Scan facility. Fingerprint cards will be mailed once the Board receives an application and appropriate processing fees. All personal data must be completed on the fingerprint cards or the cards will be returned for completion.
- 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.*

### Examination Documentation

- ECFMG Certification Status Report:**  
*(International Medical School Graduates Only)*
- A Certification Status Report from the ECFMG is required to verify the certification is valid. Applicants may obtain further information from its website at <http://www.ecfm.org/>. **The ECFMG must mail the Certification Status Report directly to the Board to be acceptable.**
- Official Examination Scores from the appropriate examination entity:**  
USMLE, Federation of Licensing Examiners (FLEX), National Board of Medical Examiners (NBME), Licentiate of the Medical Council of Canada (LMCC) and State Board Exams
- Official examination history reports must be requested from the appropriate examination agency. Official examination history reports may be requested from the following websites:
- USMLE** - <http://www.fsmb.org/licensure/fcvs/> (Only an electronic submission will be accepted by the Board.)  
**NBME** - <https://www.nbme.org/>  
**LMCC** - <http://www.mcc.ca/>
- Each examination agency must submit an original, official examination history report directly to the Board to be acceptable.**

## APPLICATION CHECKLIST (Continued)

### Medical Education Documentation

- Certificate of Medical Education, [Form MED](#)**

A Certificate of Medical Education (Form MED), is required from each medical school attended. Complete the applicant information at the top of the form and mail it to the 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. **The form must be submitted directly from the medical school to the Board to be acceptable.**
- Official Medical School Transcript**

An original official medical school transcript, 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. **The transcript must be submitted directly from the medical school to the Board to be acceptable.**
- Certified Copy of Medical School Diploma**

A certified copy of the 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. If applicable, a **CeDiploma®** will be accepted by the Board. **The certified copy of the diploma must be submitted directly from the medical school to the Board to be acceptable.**
- Certified English Translations (if applicable)**

Certified English translations are required for all academic documents that are not prepared in the English language. Refer to the Translation of International Academic Credentials information sheet on the Board's website for details regarding acceptable English translations. **The certified translation must be submitted directly to the Board to be acceptable.**

### Postgraduate Training Documentation

- Certificate of Completion of ACGME/RCPSC/CFPC Postgraduate Training, [Form PTA-PTB](#)**

A Certificate of Completion of ACGME/RCPSC/CFPC Postgraduate Training (Form PTA-PTB) 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 three years of ACGME, RCPSC, or CFPC accredited postgraduate training required for licensure. If training was completed in more than one program, each program must submit a PTA-PTB form to verify years of training.

A form 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 program seal. If a program 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 questions on Form PTA requires a signed and dated letter of explanation from the current program director. **The completed form must be submitted 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 submitted directly to the Board.**

---

## APPLICATION CHECKLIST *(Continued)*

---

### Postgraduate Training Documentation *(Continued)*

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Current Postgraduate Training Verification, <a href="#">Form CTV</a></b> | If an applicant is currently enrolled in an accredited training program when paying the initial licensing fee, this form is necessary to be eligible for the reduced initial licensing fee. Complete the top section and submit the form to the 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 program seal. If a program seal is not available, the program director must sign in the presence of a notary and the notary seal must be affixed. <b><i>The completed form must be submitted directly from the program to the Board to be acceptable.</i></b> |
|--|--|

---

### Verification of Medical License(s)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>License Verification</b><br><i>(if applicable)</i> | License verification is required from each U.S. state, U.S. territory, or Canadian province in which a license to practice medicine has been issued. Verification of temporary, training, or provisional license(s) are not required. <b><i>The official license verification must be submitted directly from the licensing authority to the Board.</i></b> |
|--|---|

---

### Other Items

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Explanation For Application Question: <a href="#">Form EXP</a></b><br><i>(If applicable)</i> | This form may be used to provide a detailed written explanation for a “yes” response to a question on the Board’s application. A separate form is required for each question.  |
| <input type="checkbox"/> <b>Timeline of Activities, <a href="#">Form TOA</a></b>   | <p>A complete timeline from the graduation of medical school to the beginning of postgraduate training is required. Provide the Board with a written chronological description of all professional and non-professional activities with no gaps.</p> <p>If an applicant has completed any externships, observerships, or volunteer activities in California, please include a detailed description of the duties and responsibilities along with the location and name of the supervising physician.</p> <p>Submit the signed and dated Timeline of Activities form directly to the Board.</p> |
-