California Medical License (CML): Initial, Transitions & Renewals

- Encompasses Doctor of Medicine (MD) and Doctor of Osteopathic Medicine (DO) Licenses.
- House Staff can submit their reimbursement request upon their Stanford appointment start date.
- Documentation of costs incurred following union ratification for new or renewed License or Step III exam must be submitted within thirty (30) calendar days of the incurred expense.
- New/Incoming House Staff of 2024-2025 academic year are eligible to submit their GME reimbursements within thirty (30) days from their SHC contract start date. Thereafter all GME reimbursements must be submitted within thirty (30) days of the incurred charges.

Example:
DEA charge is incurred on 7-1-2024, Concur reimbursement must be submitted no later than 7-30-2024.

<table>
<thead>
<tr>
<th>Doctor of Medicine (MD)</th>
<th>Doctor of Osteopathic Medicine (DO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Postgraduate Training License (PTL)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Transition from PTL to Physicians &amp; Surgeons (P&amp;S) license</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Physicians &amp; Surgeons (P&amp;S) license for new Stanford House Staff that are PGY 4 or higher</strong></td>
</tr>
<tr>
<td></td>
<td><strong>P&amp;S renewals</strong></td>
</tr>
<tr>
<td></td>
<td><strong>DO</strong></td>
</tr>
<tr>
<td></td>
<td><strong>DO renewals</strong></td>
</tr>
</tbody>
</table>

To qualify for P&S or DO renewal reimbursements, the license must expire during the academic appointment year.

Step 3 Charges

- Encompasses United States Medical Licensing Examination (USMLE) Part/Step 3 and National Board of Osteopathic Medical Examiners (NBOME) Complex/Level III.
- Step 3 exam is paid for and taken during House Staff’s active Stanford appointment.
- Reimbursement is made for one (1) sitting.

<table>
<thead>
<tr>
<th>United States Medical Licensing Examination (USMLE) Part 3</th>
<th>National Board of Osteopathic Medical Examiners (NBOME) Complex/Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>USMLE Part III/Step 3 exam</strong></td>
<td><strong>NBOME Complex/Level 3 exam</strong></td>
</tr>
</tbody>
</table>

Drug Enforcement Administration (DEA) Certificates-Initial & Renewals

<table>
<thead>
<tr>
<th>DEA Initial &amp; Renewals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEA certificates</strong></td>
</tr>
</tbody>
</table>

- The certificate should only be obtained if the Stanford program requires it for the purpose of e-prescribing and it must be obtained while appointed as a GME House Staff.
All expenditures require a valid Stanford business purpose that provides justification for the expense & sufficiently addresses all elements of **WHO, WHAT, WHEN, WHERE & WHY**. The business purpose should contain sufficient information about the activity & why it was a permissible request so that someone outside the department reading it at some future time would understand and not question it. Examples are:

<table>
<thead>
<tr>
<th>Who</th>
<th>What</th>
<th>Where</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendors name</td>
<td>GME California Medical License initial &amp; renewals (PTL, Transition to P&amp;S &amp; PS)</td>
<td>Required to practice medicine/see patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GME DEA initial &amp; renewals if required by Stanford Program</td>
<td>Required to write prescriptions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Step 3 Exam</td>
<td>Exam required to obtain CA Medical License</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(NBOME-DO &amp; USMLE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Itemized Receipt for Step 3 Charges

From: noreply@fsmb.org
Sent: Date Time
To: Trainee’s email address
Subject: Step 3 Application Receipt and Summary USMLE ID: 12345678

Dear Dr. Trainee:

Thank you for using the Federation of State Medical Boards (FSMB) online Step 3 application. For your convenience, a summary of your payment and application information are included below.

Processing of your application will begin within 3 business days. We will notify you of any missing or incomplete information.

We appreciate this opportunity to serve you.

Sincerely,
Assessment Services
Federation of State Medical Boards
817-868-4041
usmle@fsmb.org

USMLE: 12345678
FID: xxxxxxxx

Payment Summary

- Customer: Full name
- Payment Date: Date time
- Invoice #: xxxxxxxxx
- Credit Card Ending With: xxxx
- Total Paid: $925.00

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Unit Price</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>STEP 3 EXAM FEE</td>
<td>$925.00</td>
<td>$925.00</td>
</tr>
</tbody>
</table>

Application Summary

- Eligibility Period: January 2024 to March 2024
- Legal Name: Full name
- Gender: Male Female
- Born: day/month/year birth city, state
Itemized Receipt for DEA Charges

Completed Internet Form - NOT FOR SUBMISSION
DEA/Control Number: XXXXXXXX
Submission Date: Date/Time

APPLICATION FOR REGISTRATION UNDER
CONTROLLED SUBSTANCES ACT OF 1970

Form DEA 224A
Completed Internet Receipt.
NOT FOR SUBMISSION

APPLICATION COMPLETE.
Tracking Number:
Fee Paid: 888

NAME: Applicant or Business (LAST)
Last Name

[First, Ml]
1st Name

TAX IDENTIFYING NUMBER and/or
SOCIAL SECURITY NUMBER

XXX-XX-XXXX

PROPOSED BUSINESS ADDRESS. (When entering a P.O. box, you are required to enter a street address)

Stanford Program Address

Stanford training program Address

OR

DEA REGISTRATION

NUMBER

AB1234567

THIS REGISTRATION EXPIRES

07-31-2025

FEE PAID

$888

SCHEDULES BUSINESS ACTIVITY ISSUE DATE

2, 2N, 3, PRACTITIONER 04-07-2022

CONTROLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF
OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY,
AND IT IS NOT VALID AFTER THE EXPIRATION DATE.
Itemized Receipt for CA Medical License (PTL, PTL Transition, P&S or P&S Renewal)

Charges

Department of Consumer Affairs

RECEIPT

xxx

Thank you for using the BreEZe System to submit your application.

Name: Trainees full name
Transaction Date: Date time
Application Number: xxxxxxx
Complaint Number:
License Type: xxx
License Number: xxxxxx
Payment Description: Physician's & Surgeon's Renewal

Fee Paid: (US $) Remaining Balance: (US $) 1194

Please print and save this receipt for your records.

This receipt is provided as a record for the above named

Illegal use or alteration of this receipt may result in criminal prosecution.