DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

MEDICAL TRAINING LICENSE (MTL)
NEW LICENSE APPLICATION CHECKLIST

To ensure prompt processing of your application, please carefully review and follow the instructions before submission. It is crucial to provide all the required supporting items listed below. Each item specifies whether it can be submitted **ONLINE** via the application portal or **EMAILED** directly to DC Health. Electronic transmission of documents is preferred to expedite processing. Please retain a copy of all submitted documents for your records, as they will not be returned.

☐ **Authorization to Release Information Form (ONLINE)**
The Board cannot discuss the status or details of your application with a third party without a signed release from you authorizing the Board and its staff to communicate such matters.

☐ **Upload a High-Resolution Digital Color Image of the Applicant's Face (ONLINE)**
- *The photo must be a **front-facing headshot** with your face and shoulders clearly visible.*
- *The background should be **plain white** with no patterns or shadows.*
- *The image should be **well-lit** and in **focus**, without any filters or alterations.*
- *Photos should be submitted in **JPEG or PNG** format with a file size between **50KB and 1MB***

☐ **A Copy of a Current Unexpired Government Issued Photo ID (ONLINE)**

☐ **Criminal Background Check (CBC) (ONLINE)**
To access the CBC form and instructions, go to https://dchealth.dc.gov/node/120532 or contact the CBC unit at (877) 783-4187.

☐ **Screening Question Responses (ONLINE)**
Applicants must provide a detailed explanation for any Screening Questions and/or any Clean Hands question to which "YES" was the answer provided. The explanation must sufficiently describe the facts that led to the reason for the "YES" answer. Applicants must submit all relevant documents related to the reason to the "YES" answer. (e.g. Court Records, Monitoring Agreements, Licensure Orders, etc.)

☐ **Medical School Transcript (EMAIL/MAIL)**
An official electronic transcript is acceptable from the issuing institution/agency if directly sent from the school to the Board of Medicine via their secure electronic network (dcbomed@dc.gov) or mail it to DC Board of Medicine, 2201 Shannon Pl SE, Washington, D.C. 20020.

☐ **ECFMG Certificate (For foreign-trained applicants only) (EMAIL)**
The ECFMG Certificate must be provided by ECFMG. Applicants can request a duplicate certificate through ECFMG's verification service at http://www.ecfmg.org/cvs/index.html.

☐ **Examination Scores (USMLE/COMLEX) (EMAIL)**
Examination scores must be received from the examining body. Scores can be requested from FSMB at: https://www.fsmb.org/transcripts/
NOTE: For MTL I applicants, SUBMIT USMLE / COMLEX-USA scores (Level 1 & 2)
For MTL II applicants, SUBMIT USMLE / COMLEX-USA scores (Level 1, 2 & 3)

☐ **Name Change Documents (if applicable) (ONLINE)**
Applicants must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are Marriage Certificate, Divorce Decree or Court Order.

☐ **National Practitioner Databank (NPDB) Self Query Report (ONLINE)**
*The Self-Query Report must be requested from the NBPD **(https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp)** or FCVS no more than thirty (30) days prior to submission of the application.*

☐ **GME Attestation (EMAIL)**
An attestation form must be submitted from the GME office of which the individual is rotating in the District. Must be submitted directly from the GME office.