

**BOARD OF MEDICINE
MEDICAL TRAINING LICENSE (MTL)
NEW LICENSE APPLICATION
CHECKLIST**

APPLICANT CHECKLIST

IMPORTANT:

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before submitting your **ONLINE** application through the portal. It is important to submit in all the required supporting documents listed below based on the method by which you are applying; via email: dcbomed@dc.gov or via standard mail: 899 North Capitol Street, NE, Board of Medicine, 2nd Fl., Washington, DC 20002

CHECKLIST ITEMS	SUBMISSION METHODS	CHECK MARK
1. Authorization to Release Information Form		
Complete the form and include your point of contact at the program you will be attending. Authorization to Release Information Form	ONLINE	<input type="checkbox"/>
2. All Tabs of Application		
All tabs of the online application must be completed and submitted.	ONLINE	<input type="checkbox"/>
3. Demographic Information		
Provide the demographic information (i.e., name, date of birth, address, etc.). Information provided by the applicant is true and correct and matches what is contained in the electronic licensing system.	ONLINE	<input type="checkbox"/>
4. Social Security Number		
Applicants without a social security number must submit the SSN affidavit. SSN Affidavit .	ONLINE	<input type="checkbox"/>
5. One (1) Recent Passport Type Photo (2x2 size) of the Applicant's Face		
The photo must be original and cannot be a computer-generated copy, or paper copy.	ONLINE	<input type="checkbox"/>
6. One (1) photocopy of a current government issued photo ID.		
This can be a driver's license or passport.	ONLINE	<input type="checkbox"/>
7. Name Change Documents (if applicable)		
Applicant 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 .	ONLINE	<input type="checkbox"/>
8. Official Medical School Transcript		

<p>Transcript showing proof that the applicant has successfully completed educational requirements and must be sent via email from the issuing institution/issuing body OR provided in a sealed envelope from the issuing institution the applicant attended:</p> <ul style="list-style-type: none"> Send Via Official Email or 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, 899 North Capitol Street, NE, 1st Floor, Washington DC 20002. 	<p>E-MAIL or MAIL</p>	<input type="checkbox"/>
9. ECFMG Certificate (For foreign-trained applicants only)		
<p>The ECFMG Certificate must be provided by ECFMG. Applicants can request a duplicate certificate through ECFMG’s verification service at http://www.ecfm.org/cvs/index.html.</p>	<p>E-MAIL or MAIL</p>	<input type="checkbox"/>
10. Examination Score (Transfer of USMLE / COMPLEX Score)		
<p>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 / COMPLEX-USA scores (Level 1 & 2) For MTL II applicants, SUBMIT USMLE / COMPLEX-USA scores (Level 1, 2 & 3)</p>	<p>E-MAIL (Directly from USMLE - COMPLEX- USA)</p>	<input type="checkbox"/>
11. Criminal Background Check (CBC)		
<p>FieldPrint performs the criminal background check. For additional information regarding the CBC, please visit: https://dchealth.dc.gov/service/criminal-background-check . Note: \$50 payment must be paid online with the application. A link will be provided to you via email after you have submitted your online application.</p>	<p>ONLINE</p>	<input type="checkbox"/>
12. Screening Question Responses		
<p>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 also submit all relevant documents related to the reason for the “YES” answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.).</p>	<p>ONLINE</p>	<input type="checkbox"/>
13. National Practitioner Databank (NPDB) Self Query Report		
<p>The Self-Query Report must be requested from the NPBD no more than thirty (30) days prior to submission of the application. https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp</p>	<p>ONLINE</p>	<input type="checkbox"/>
14. Payment (Fee)		
<p>\$ 100.00 (USD)</p>	<p>ONLINE</p>	<input type="checkbox"/>
15. GME Attestation		

The attestation must come directly from the program to complete the application.	E-MAIL (Sent directly from the GME Office)	<input type="checkbox"/>
--	---	--------------------------