

**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 all the required supporting documents listed below:

CHECKLIST ITEMS	SUBMISSION METHODS	CHECK MARK
<b>1. Authorization to Release Information Form</b>		
Complete the form and include your point of contact at the program you will be attending. Visit <a href="https://dchealth.dc.gov/node/290442">https://dchealth.dc.gov/node/290442</a> for copies of the form.	<b>ONLINE</b>	<input type="checkbox"/>
<b>2. All Tabs of Application</b>		
All tabs of the <a href="#">online application</a> must be completed and submitted.	<b>ONLINE</b>	<input type="checkbox"/>
<b>3. Demographic Information</b>		
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 in the electronic licensing system.	<b>ONLINE</b>	<input type="checkbox"/>
<b>4. Social Security Number</b>		
Applicants without a social security number must submit the SSN affidavit. <a href="#">Social Security Number Affidavit Form</a> .	<b>ONLINE</b>	<input type="checkbox"/>
<b>5. One (1) Recent Passport Type Photo (2x2 size) of the Applicant's Face</b>		
The photo must be original and cannot be a computer-generated or a paper copy.	<b>ONLINE</b>	<input type="checkbox"/>
<b>6. One (1) photocopy of a current government-issued photo</b>		
This can be a driver's license or passport.	<b>ONLINE</b>	<input type="checkbox"/>
<b>7. Name Change Documents (if applicable)</b>		
Applicant must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are <u>Marriage Certificate</u> , <u>Divorce Decree</u> or <u>Court Order</u> .	<b>ONLINE</b>	<input type="checkbox"/>
<b>8. Official Medical School Transcript</b>		
Transcript showing proof that the applicant has successfully completed educational requirements and must be <b>sent via email from the issuing institution/issuing body OR provided in a sealed envelope from the issuing institution the applicant attended:</b> <ul style="list-style-type: none"> <li>▪ <b>Send Via Official Email or Mail:</b> An official electronic transcript is acceptable from the issuing institution/agency if <b>directly sent from the school</b> to the Board of Medicine via their secure electronic network (<a href="mailto:dcbomed@dc.gov">dcbomed@dc.gov</a>) or mail it to DC Board of Medicine, 2201 Shannon PI SE, Washington, DC 20020.</li> </ul>	<b>E-MAIL or MAIL</b>	<input type="checkbox"/>

<p><b>9. ECFMG Certificate (For foreign-trained applicants only)</b></p> <p>The ECFMG Certificate must be provided either by ECFMG. Applicants can request a duplicate certificate through ECFMG’s verification service at <a href="http://www.ecfm.org/cvs/index.html">http://www.ecfm.org/cvs/index.html</a>.</p>	<p><b>E-MAIL or MAIL</b></p>	<p><input type="checkbox"/></p>
<p><b>10. Examination Score (Transfer of USMLE / COMPLEX Score)</b></p> <p>Examination scores must be received from the examining body. Scores can be requested from FSMB at: <a href="https://www.fsmb.org/transcripts/">https://www.fsmb.org/transcripts/</a>  <b>NOTE:</b> For <b>MTL I</b> applicants, SUBMIT USMLE / COMPLEX-USA scores (Level 1 &amp; 2)  For <b>MTL II</b> applicants, SUBMIT USMLE / COMPLEX-USA scores (Level 1, 2 &amp; 3)</p>	<p><b>E-MAIL (Directly from USMLE - COMPLEX- USA)</b></p>	<p><input type="checkbox"/></p>
<p><b>11. Criminal Background Check (CBC)</b></p> <p>FieldPrint performs the criminal background check. For additional information regarding the CBC, please visit: <a href="https://dchealth.dc.gov/service/criminal-background-check">https://dchealth.dc.gov/service/criminal-background-check</a> .  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><b>ONLINE</b></p>	<p><input type="checkbox"/></p>
<p><b>12. Screening Question Responses</b></p> <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><b>ONLINE</b></p>	<p><input type="checkbox"/></p>
<p><b>13. National Practitioner Databank (NPDB) Self Query Report</b></p> <p>The Self-Query Report must be requested from the <a href="http://www.npdb.hrsa.gov">NPDB</a> no more than <b>thirty (30) days</b> prior to submission of the application. <a href="https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp">https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp</a></p>	<p><b>ONLINE</b></p>	<p><input type="checkbox"/></p>
<p><b>14. Payment (Fee)</b></p> <p><b>\$ 100.00 (USD)</b></p>	<p><b>ONLINE</b></p>	<p><input type="checkbox"/></p>
<p><b>15. GME Attestation</b></p> <p>The attestation must come directly from the GME office to complete the application.</p>	<p><b>E-MAIL (Sent directly from the GME Office)</b></p>	<p><input type="checkbox"/></p>