

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

APPLICANT CHECKLIST

IMPORTANT:

To expedite the processing of your RENEWAL APPLICATION be sure to follow the instructions carefully before submitting your ONLINE application through the portal.

CHECKLIST ITEMS	SUBMISSION METHODS	CHECK MARK
1. Authorization to Release Information Form		
If not previously submitted, please complete the form and include your point of contact at the program you will be attending. Visit https://dchealth.dc.gov/node/290442 for copies of the 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. Social Security Number (if applicable)		
Applicants without a social security number on file must submit it.	ONLINE	<input type="checkbox"/>
4. 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 <u>Marriage Certificate</u> , <u>Divorce Decree</u> or <u>Court Order</u> .	ONLINE	<input type="checkbox"/>
5. Criminal Background Check (CBC)		
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.	ONLINE	<input type="checkbox"/>
6. Screening Question Responses		
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.).	ONLINE	<input type="checkbox"/>
7. Payment (Fee)		
\$ 100.00 (USD)	ONLINE	<input type="checkbox"/>