DC HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

BOARD OF MEDICINE
MEDICAL TRAINING REGISTRANT (MTR)
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 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**	☐
2. All Tabs of Application		
All tabs of the online application must be completed and submitted.	**ONLINE**	☐
3. Demographic Information		
Provide the demographic information (i.e., name, date of birth, address, etc.). Information provided by the applicant must be true and correct and match what is contained in the electronic licensing system.	**ONLINE**	☐
4. Social Security Number		
Applicants without a social security number must submit the SSN affidavit. SSN Affidavit .	**ONLINE**	☐
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**	☐
6. One (1) photocopy of a current government issued photo ID.		
This can be a driver's license or passport.	**ONLINE**	☐
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**	☐
8. 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. A link will be provided to you via email after you have submitted your online application.	**ONLINE**	☐

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9. 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**	☐
10. National Practitioner Databank (NPDB) Self Query Report		
The Self-Query Report must be requested from the NBPD no more than **thirty (30) days** prior to submission of the application. https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp	**ONLINE**	☐
11. GME Attestation		
An attestation form must be submitted from the GME program to which the individual is rotating in the District.	**E-MAIL (Sent directly from the GME Office)**	☐