

**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.

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. 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. 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. Social Security Number Affidavit Form .	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		
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 <u>Marriage Certificate</u> , <u>Divorce Decree</u> or <u>Court Order</u> .	ONLINE	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
11. GME Attestation		
An attestation form must be submitted from the GME office to which the individual is rotating in the District.	E-MAIL (Sent directly from the GME Office)	<input type="checkbox"/>