

**BOARD OF MEDICINE  
PHYSICIAN (MD/DO)  
DMV RECIPROCITY 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
<p>■ <b>Authorization to Release Information Form (if applicable)</b></p> <p>If you want DC Health to discuss the status of your application with anyone other than yourself, you must complete the form and include your point of contact. The Board cannot discuss the status or details of your application with a third party, without a signed release from you authorizing the Board and its staff to communicate said matters.</p> <p><a href="#">Authorization to Release Information Form</a></p>	<b>ONLINE</b>	<input type="checkbox"/>
<p>■ <b>All Tabs of Application</b></p> <p>All tabs of the <a href="#">online application</a> must be completed and submitted.</p>	<b>ONLINE</b>	<input type="checkbox"/>
<p>■ <b>Demographic Information</b></p> <p>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.</p>	<b>ONLINE</b>	<input type="checkbox"/>
<p>■ <b>Social Security Number</b></p> <p>Applicants without a social security number must submit the SSN affidavit. <a href="#">SSN Affidavit</a> .</p>	<b>ONLINE</b>	<input type="checkbox"/>
<p>■ <b>One (1) Recent Passport Type Photo (2x2 size) of the Applicant’s Face</b></p> <p>The photo must be original and cannot be a computer-generated copy, or paper copy.</p>	<b>ONLINE</b>	<input type="checkbox"/>
<p>■ <b>One (1) photocopy of a current government issued photo ID</b></p> <p>This can be a driver’s license or passport.</p>	<b>ONLINE</b>	<input type="checkbox"/>
<p>■ <b>Name Change Documents (if applicable)</b></p> <p>Applicant must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are <a href="#">Marriage Certificate</a>, <a href="#">Divorce Decree</a> or <a href="#">Court Order</a>.</p>	<b>ONLINE</b>	<input type="checkbox"/>

<b>■ Federation Credentials Verification Service (FCVS) Profile</b>			
FCVS should be provided directly from FSMB. <a href="https://www.fsmb.org/fcvs/">https://www.fsmb.org/fcvs/</a>		<b>E-MAIL or MAIL</b>	<input type="checkbox"/>
<b>■ Criminal Background Check (CBC)</b>			
To access the CBC instructions, please visit: <a href="https://dchealth.dc.gov/service/criminal-background-check">https://dchealth.dc.gov/service/criminal-background-check</a> . Note: <b>\$50</b> payment must be paid online with the application fee. A link will be provided to you via email after you have submitted your online application.		<b>ONLINE</b>	<input type="checkbox"/>
<b>■ Screening Question Responses</b>			
Applicants must provide a detailed explanation for any Screening Questions and/or any Clean Hands question to which “ <b>YES</b> ” was the answer provided. The explanation must sufficiently describe the facts that led to the reason for the “ <b>YES</b> ” answer. Applicants must also submit all relevant documents related to the reason for the “ <b>YES</b> ” answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.).		<b>ONLINE</b>	<input type="checkbox"/>
<b>■ Payment</b>			
<b>\$ 805.00 (USD)</b>		<b>ONLINE</b>	<input type="checkbox"/>