

### DOCUMENT CHECKLIST – PHYSICIANS (INITIAL)

Each item indicates whether it can be submitted **ONLINE** via the application portal, or by **MAIL** directly to DC Health.

Also, please keep a photocopy of any submitted documents for your records, as they will not be returned.

- Authorization to Release Information Form (ONLINE)**  
*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.*
- Two (2) recent and identical passport type photos of the applicant's face (approx. 2" x 2") with the applicant's name printed on the back (ONLINE)**  
*The photo must be original photos and cannot be computer-generated copies, or paper copies.*
- One (1) photocopy of a current government issued photo ID (ONLINE)**
- Criminal Background Check (CBC) (ONLINE)**  
*To access the CBC form and instructions, go to <https://dchealth.dc.gov/node/120532> or contact the CBC unit at (877) 783-4187.*
- Three (3) Character Reference Forms (MAIL)**  
*Must be completed by an MD or DO in good standing in a jurisdiction of the United States who has knowledge of the applicants abilities and qualifications to practice medicine. If you have completed your postgraduate training within three years of the date of this application, at least one (1) reference letter needs to come from the director of your post-graduate clinical training program and one(1) from a supervising physician of your post-graduate clinical training program.*
- AMA/AOA Profile (MAIL)**  
*The profile should be submitted from the issuing institution.*
- Verification(s) of Licensure (MAIL)**  
*Verifications should be provided from the issuing jurisdiction(s) for each license identified in Section 10 of the application.*
- Medical School Transcripts (Submit MAIL)**  
*Transcripts should be provided in a sealed envelope from the issuing institution for each school listed in Section 7.*
- Verification of Post-Graduate Training (MAIL)**  
*Verifications should be provided in a sealed envelope from the post-graduate institution for each program identified in Section 8 of the application. Each verification should be signed by the training program director or someone with authority to verify the applicant's participation in the identified post-graduate training program.*
- Examination Scores (MAIL)**  
*Examination scores must be received from the examining body.*
- ECFMG Certificate (for foreign-trained applicants only) (MAIL)**
- Malpractice Claims Form (if responded "Yes" to screening question) (ONLINE)**  
*Must submit all relevant court documentation (e.g., Complaint, Answer, and Final Order/Decision).*
- National Practitioner Databank (NPDB) Self Query Report (ONLINE)**  
*The Self-Query Report must be requested from the NBPD (<https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>) no more than thirty (30) days prior to submission of the application.*