**Commonwealth of Massachusetts Board of Registration in Medicine**

**178 Albion Street, Suite 330 – Wakefield, MA 01880**

**Telephone: (781) 876-8210 Fax: (781) 876-8383**

[**www.mass.gov/massmedboard**](http://www.mass.gov/massmedboard)

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| **FULL LICENSE APPLICATION INSTRUCTIONS** |

**General Information Regarding the Full License Application**

**Previous Full License in Massachusetts:** If you ever held a full license in Massachusetts, do not use this application form. You must complete a lapsed license application to revive your license. The lapsed license application is available online at the Board’s website at [www.mass.gov/massmedboard](http://www.mass.gov/massmedboard).

**Previous Limited License in Massachusetts:** If you ever held a limited license in Massachusetts and are now seeking a full license, you must complete all parts of the full license application.

**Type of License:** This application is for U.S. and international medical school graduates applying for a full, administrative or volunteer license in Massachusetts for the first time.

* Full License – a full license allows a physician to practice medicine independently in Massachusetts.
* Full Administrative License – a full administrative license is a type of full license that is designed for a physician whose primary responsibilities are administrative or academic in nature and does not include authority to diagnose or treat patients, write prescriptions for controlled substances, delegate medical acts or prescriptive authority, or issue opinions regarding medical necessity.
* Full Volunteer License – a full volunteer license is a type of full license for physicians who practice medicine at work sites pre-approved by the Board, subject to the same conditions and responsibilities as a full licensee. A volunteer licensee may not accept compensation for his or her practice of medicine.

**FCVS:** In addition to completion of the Board’s Full License Application, the Board requires ALL Full License applicants to utilize the FCVS (Federation Credentials Verification Services) for verification of core credentials which includes medical school, postgraduate training, examination scores, National Practitioner Data Bank and ECFMG certification.

If you have not previously used FCVS, you will need to create an initial FCVS application. Physicians who have an existing FCVS profile should check to determine if their profile needs to be updated. You must request that your FCVS profile be sent to the Massachusetts Board of Registration in Medicine.

To complete an initial FCVS application or update an existing profile, please contact FCVS at: <https://www.fsmb.org/fcvs/>

Since the credential verification process can take a significant amount of time, it is important to complete your FCVS profile for credentials verification before working on the rest of your application.

**U.S./Canadian Graduate:** Graduates of medical schools in the United States, Canada or Puerto Rico, should follow the instructions for U.S. graduates.

**International Graduate:** Graduates of all medical schools **not** located in the United States, Canada, or Puerto Rico, should follow the instructions for international medical graduates.

**Address Change:** The Board’s regulations require you to notify the Board in writing within thirty (30) days when you change your address. Your wallet card will be sent to the mailing address that you provide on your license application.

**Practice of Medicine:** Please be advised that pursuant to Massachusetts laws and regulations, you may not practice medicine in a training program or in an independent practice until you have received a license. Physicians are responsible for determining that the Board has issued a license prior to practicing medicine.

**DEA and Controlled Substance Registration:** If you wish to prescribe or dispense drugs, you must apply for a Massachusetts Controlled Substance Registration. Go the Department of Public Health website at [www.mass.gov/dph/dcp](http://www.mass.gov/dph/dcp) for an application for Massachusetts Controlled Substance Registration and follow the instructions or call (617) 973-0949. For DEA registration go to the DEA website at <https://www.deadiversion.usdoj.gov/drugreg/> and follow the instructions.

**Registration of Medical License:** Please note that, pursuant to M.G.L. c. 112, §8, you are required to register your medical license with the clerk of the city or town where you practice. Failure to do so could result in a fine of up to $100.00.

**Application Processing Time/Review:** The application review process is defined by the Board of Registration in Medicine’s statutes, regulations and policies. The Board and its staff must comply with those requirements in processing applications. Applications are processed in the order in which they are received at the Board. After receipt of your full license application and FCVS Physician Profile, the Board will notify you about any additional documentation needed – this may take up to eight weeks. An application will not be deemed complete until all required application documents and verifications are received and reviewed by the Board and its staff.  **If any information or documents are missing or incomplete, including your FCVS Physician Profile, your full license may be significantly delayed.**

**Licensing Services/Communication with Third Parties:** If you employ a licensing service to assist you with the licensing process, you must provide a letter confirming this representation and directing Board staff to communicate with the licensing service on your behalf.

**Grounds for Denial:** Each applicant’s qualifications for licensure in Massachusetts are reviewed on an individual basis. The Board has the authority to deny licensure based upon an applicant’s failure to meet the Board’s requirements for licensure; failure to provide satisfactory proof of good moral character; or because of acts which, were they engaged in by a licensee, would violate M.G.L. c. 112, Section 5 or 243 CMR 1.03(5).

**Interview:** During the licensing process, you may be invited for a personal interview with the Board, and/or the Licensing Committee regarding your license application. Unless otherwise indicated, all meetings of the Board or any of its Committees are held at the Board office at 178 Albion Street, Suite 330, Wakefield, Massachusetts.

**Withdrawal of Application:** An applicant may withdraw his/her application prior to review by the Licensing Committee or the Board. When a license application is placed on the agenda of a scheduled meeting of the Licensing Committee or the Board, an applicant may not withdraw the application except in extraordinary circumstances and with the unanimous vote of the full Board.

**Important Notes:**

* **As a first step, create or update your FCVS Physician Profile. Verification of core credentials through FCVS can take a significant amount of time.**
* Provide a complete and accurate response for every question on the Board’s application and application forms.
* All documents should be submitted as one-sided.
* Copy your Full Application. You will be required to provide a copy to every health care facility for credentialing and for enrollment in health plans.
* The Board requires that many documents be current within 6 months of the date of license approval; therefore, please ensure that the information you provide is current and all documents are signed and dated just prior to submission.

**The Following Information Must be Submitted to Complete your Application:**

* Checklist
* Application Fee (check or U.S. money order)
* Full License Application (must be notarized)
* Supporting Documentation for any “Yes” answers to Application Questions, if applicable.
* CORI Acknowledgement Form (must be notarized)
* Liability Carrier Request Form (\*Only required if you have held a full license in the U.S. or Canada.)
* Supervisory Evaluation Form(s) (Evaluation(s) must cover at least one year of current clinical activities.)
* Certificate of Moral and Professional Character
* AMA or AOA Physician Profile
* Liability Carrier Claims History Reports from your liability carriers covering the past 10 years
* License Verifications (Every active or inactive full license in the U.S., Puerto Rico or Canada)
* Current Curriculum Vitae
* FCVS Physician Profile, which will include:
	+ Official examination scores (USMLE, FLEX, COMLEX, LMCC, etc.);
	+ Verification of all medical education;
	+ Verification of all U.S. and Canadian postgraduate training, including any non-accredited postgraduate training;
	+ National Practitioner Data Bank Report; and
	+ ECFMG Certificate, if an international medical graduate.

**The Board may, at any time, request additional documentation to determine the applicant’s compliance with the Board’s statutes and regulations. Applicants who are not in compliance with the Board of Registration in Medicine’s statutes and regulations may not be eligible for licensure.**

**Many documents in a licensing application must be updated after six months. To avoid unnecessary updates/expiration of documents, please ensure that documents are signed and dated just prior to submission to the Board.**

**Documents in a license application that must be updated after 6 months:**

* Full License Application
* Liability Carrier Request Form
* Claims History Reports from all liability carriers
* License Verifications
* NPDB Profile; and
* Supervisory Evaluation Form(s).

**Full License Application Instructions**

**Legal Name:** Print your legal name. Do not use nicknames or initials, unless they are part of your legal name.

**Other Name(s):** Print other names that appear on your application documents, such as your medical education documents, postgraduate training verification and/or examination scores.

If you have had a name change, please complete the Name Change Form and submit the required documents.

**Social Security Number:** Each applicant is required to provide the Board with a United States Social Security Number pursuant to M.G.L. c. 30A, §13A.

**Email and Mailing Address:** The Board will use your email and mailing address for all correspondence with you.

**U.S. or Canadian Medical Licensure:** List the state/province abbreviation for every active or inactive full medical license issued to you in the U.S., Puerto Rico or Canada. You do not need to include training or temporary licenses.

**Practice Specialty:** Provide a listing of the medical specialt(ies) that you practice. The medical specialties listed will be included on your Physician Profile on the Board’s website to help consumers locate physicians in specific specialties. If you are currently completing a postgraduate training program list the program specialty in this section.

**Board Certification:** Please indicate if you are certified by the American Board of Medical Specialties (ABMS) or the American Board of Osteopathic Medicine (AOA) and provide a listing of all ABMS and AOA certifications.

**Examination Requirements:** Please list all the licensing examinations you have completed. Official examination transcripts will be provided to the Board through your FCVS Physician Profile.

* **USMLE/COMLEX Seven (7)Year Time Limit:** The Board requires that **all** Steps of the USMLE and **all** Levels of the COMLEX be completed within **7 years**, beginning with the date that applicant passed his/her first Step/Level. The Board may, in certain circumstances, grant a waiver of the 7 year time limit. Please see the box below for additional information regarding eligibility for a waiver.
* **Step/Level Attempt Limit:** The Board requires that **each** Step of the USMLE (Step 1, Step 2 Clinical Skills, Step 2 Clinical Knowledge and Step 3) or each Level of the COMLEX (Level 1, Level 2 Cognitive Evaluation, Level 2 Performance Evaluation and Level 3) be completed within **4 attempts**. **No** waiver is available for an applicant who did not pass a Step/Level by the 4th attempt. An applicant who did not pass a Step/Level within 4th attempts is **not eligible** for a full license in Massachusetts.
* **USMLE Step 3/COMLEX Level 3 Attempt Limit/Training Requirement:** The Board also requires that an applicant who failed to pass Step 3/Level 3 within 3 attempts, take an additional year of ACGME or AOA accredited postgraduate training between their 3rd and 4th attempt at the exam. The Board may, in certain circumstances, grant a waiver of the requirement to complete an additional year of accredited postgraduate training between the 3rd and 4th attempt at Step 3/Level 3. Please see the box below for information regarding eligibility for a waiver.
* **FLEX:** Massachusetts requires a FLEX passing score of 75 in each component. For examinations prior to June 1985, a FLEX weighted average score of 75 is required in one sitting.
* **State Board Examination:** A State Board examination taken after June 19, 1970 will not be accepted for licensure.

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| **Examination Requirement Waiver Provisions** |
| **Requirement to Complete All Steps of the USMLE or all Levels of the COMLEX Within Seven Years**The Board **may** grant a waiver of the seven-year exam completion requirement in two types of cases: 1. A waiver may be granted to an applicant who is actively pursuing another advanced doctoral study (i.e.: M.D./Ph.D. joint degree program) and completed all three steps/levels within 10 years; **OR**
2. For all other individuals, in very limited and extraordinary circumstances, the Board may grant a case-by-case exception to the seven-year period upon petition by the applicant and demonstration by the applicant of:
	1. a verifiable and rational explanation for the failure to satisfy the regulation;
	2. strong academic and post-graduate record; and
	3. a compelling totality of circumstances.

If requesting a waiver of the Board’s seven-year exam rule on the basis of your participation in a joint-degree program (see #1 above) you must submit a written request for a waiver, which confirms your participation in a joint-degree program. If requesting a non-joint degree waiver of the Board’s seven-year exam rule (see #2 above) you must submit a written request for a waiver, which addresses the three factors (a. – c.) noted above. Additionally, you must arrange for submission of your postgraduate training evaluative files.  |
| **Requirement to Complete One Year of Postgraduate Training Between 3rd and 4th Attempt at USMLE Step 3 or COMLEX Level 3**An applicant who fails to pass Step 3 of the USMLE or level 3 of the COMLEX by his/her 3rd attempt is required to take an additional year of ACGME or AOA approved postgraduate training prior to attempting the Step/Level a 4th time. An applicant who fails USMLE Step 3 or COMLEX Level 3 on his/her fourth attempt is not eligible for licensure. In very limited and extraordinary circumstances, the Board may grant a case-by-case exception to the Step 3/Level 3 training requirement upon petition by the applicant and demonstration by the applicant of: 1. a verifiable and rational explanation for the failure to satisfy the regulation;
2. strong academic and post-graduate record; and
3. a compelling totality of circumstances.

If requesting a waiver of the Board’s Step 3/Level 3 training requirement you must submit a written request for a waiver, which addresses the three factors (a. – c.) noted above. Additionally, you must arrange for submission of your postgraduate training evaluative files.  |

**Pre-medical School:** A minimum of two (2) or more academic years at a legally-chartered college or university is required. For international medical graduates, this education may be incorporated into your medical school training. If not, please indicate the school(s) where you completed this requirement.

**Medical School:** Four (4) academic years of instruction of not less than thirty-two (32) weeks in each academic year or courses which in the opinion of the Board of Registration in Medicine are equivalent, in a legally chartered medical school that grants the degree of doctor of medicine or its equivalent. List all medical schools attended, regardless of whether a degree was issued.

The Board requires applicants to utilize FCVS in order to provide primary source verification of ALL medical school attendance and graduation. Verification of medical education through FCVS is required even if you currently hold or previously held a Limited or Temporary License in Massachusetts.

**Education Commission for Foreign Medical Graduates (ECFMG) Certification:** All international medical school graduates are required to hold a valid ECFMG certificate. ECFMG verification will be provided to the Board in your FCVS Physician Profile, if applicable.

**Postgraduate Training:** To be eligible for a full license, the Board requires satisfactory completion of the following postgraduate training:

* U.S. graduates: Two (2) years of postgraduate training in an ACGME, AOA or Canadian accredited training program.
* International medical graduates: Three (3) years of ACGME, AOA or Canadian accredited postgraduate training program.
* Pursuant to Board Policy 19-01, international medical graduates may petition the Board to obtain a full license after successful completion of 32 months of ACGME, AOA or Canadian accredited postgraduate training. Please see Board Policy 19-01 posted on the Board’s website [www.mass.gov/massmedboard](http://www.mass.gov/massmedboard) to determine what information is required in order to have your application considered under the provisions of this Policy.

If have not completed the required training indicated above, you may contact the Board to determine if you are eligible for licensure.

The Board requires applicants utilize FCVS in order to provide primary source verification of ALL postgraduate training done at facilities located in the U.S., Puerto Rico or Canada, regardless of whether the program was completed or not. Verification of postgraduate training through FCVS is required even if you are currently completing or previously completed training in Massachusetts under a Limited License.

Verification of research fellowships should also be received through FCVS. In the event that FCVS is unable to verify a purely research fellowship, the Board will accept a letter of good standing from your Research Fellowship Director or Research Supervisor, which should be on the facility letterhead and confirms your participation in the research fellowship, including the dates of your participation. The letter should be sent to the Board in a sealed envelope.

**Timeline of Activities since Graduation from Medical School:** In the first line indicate the month/year of your graduation from medical school. Thereafter, please provide a chronological listing by month and year of ALL activities since graduation from medical school. You must include postgraduate training, research activities, hospital affiliations, medical staff appointments, faculty appointments, private practices, locum tenens and telemedicine assignments and any other employment or volunteer activities. Also include periods of unemployment or any activities outside of the practice of medicine. Do not write, “See CV” or “See attached”; you must complete this section AND attach your curriculum vitae. If you need additional rows, please print additional copies of the timeline. **You MUST account for any time gaps of one month (30 days) or more since your graduation from medical school.** **(*For example, if you graduated from residency in June 2015 and started employment in August 2015, you must account for this gap.*)**

**Application Questions # 21 – 47:**  All Questions #21 – 47 must be answered “yes” or “no”. It is your responsibility to report to the Board immediately if your responses change while your application is pending. If you have any concerns on how to answer any of the questions in this section, please confirm with the primary source (ie: medical school, training programs, state medical board) on how to appropriately answer the question. The Board will confirm all answers with the primary source. **For every “yes” answer you must:**

1. provide an explanation on the *Explanation for Application Questions* page; AND
2. arrange for the appropriate agency or institution to submit copies of all official documentation related to the underlying occurrence or action. Documents should be sent either directly to the Board from the appropriate agency/institution or to you in a sealed envelope. If the documents are sent to you, the sealed envelopes must be included with your full license application or sent directly to the Board unopened.

**Medical Malpractice History Question #48:**  You must answer “yes” or “no” to question #48. **A “yes” response requires:**

1. You must provide a detailed explanation of each malpractice claim. Please use the *Explanation for Malpractice History Question*; AND
2. You must arrange for your lawyer or liability carrier to provide the following documents directly to the Board or to you in a sealed envelope:

**Pending Claim**: 1) malpractice history report from your liability carrier or letter from your attorney that includes the claimant’s name/initials and confirmation that the claim is open/pending; and 2) a copy of the Complaint, Notice of Intent to File a Claim or other claim letter.

**Closed Claim**: 1) malpractice history report from your liability carrier or letter from your attorney that includes the claimant’s name/initials and confirmation that the claim is closed; 2) a copy of the Complaint, Notice of Intent to File a Claim or other claim letter; and 3) a copy of the final judgment, settlement and release or other final disposition of the claim, even if you were dismissed from the case by the court.

**Criminal History Question #49:**  You must answer “yes” or “no” to question #49. You must report being arrested, arraigned, indicted or convicted, even if the charges against you were dropped, filed, dismissed or otherwise discharged. Minor traffic or parking violations need not be reported. You must report serious traffic offenses such as reckless driving, hit and run, driving with a suspended license, or operating under the influence or its equivalent. This list is not all-inclusive. If in doubt as to whether an arrest or criminal offense must be disclosed, it is best to disclose the action on your application. A medical malpractice claim is a civil, not a criminal matter and should not be reported on this question.

**A “yes” response requires:**

1. You must provide a detailed explanation of each incident. Please use the *Explanation for Criminal History Question*; AND
2. **Court Records:** The appropriate court or your lawyer must send certified copies of all court records related to the offense; AND
3. **Police Records:** The appropriate arresting/ticketing agency or your lawyer must send certified copies of the arrest/offense/incident report or citation/ticket.

\*If a court, an arresting/ticketing agency or your lawyer is unable to provide copies of the applicable records, request that they furnish a written statement to that effect.

**Confidential Information Questions #50 – 52:**  You must answer “yes” or “no” to questions #50 - 52. For purposes of questions #50-52, “currently” does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one’s functioning as a licensee, or within the past two years. **A “yes” response requires** a detailed explanation**.** Please use the *Explanation for Confidential Information Questions*.

Question #50 Safe Haven Non-Reporting: The Massachusetts Board of Registration in Medicine has included “Safe Haven” language, which will encourage physicians to seek help, thereby promoting both physician well-being and patient safety. Applicants are able to answer “no” to the Board’s application question regarding medical conditions impacting their practice of medicine as long as the applicant’s condition is known to the Massachusetts Medical Society’s Physician Health Services program, and the applicant is compliant with all of the recommendations and requirements made by Physician Health Services. Medical condition includes mental health conditions, behavioral health conditions, and substance use disorders.

**Opioid and Pain Management Training:** Physicians who prescribe controlled substances (Schedules II - VI), must have completed at least three (3) credits of Board-approved continuing professional development in effective pain management. Physicians are responsible for determining whether the pain management continuing professional development requirement applies to them, based upon the nature of their practice. A free online resource to obtain the necessary credits is available at [www.opioidprescribing.com.](http://www.opioidprescribing.com/)

**Requirement to Complete Training to Recognize and Report Suspected Child Abuse or Neglect:** M.G.L. c. 119, §51A(k) requires all mandated reporters, professionally licensed by the Commonwealth, to complete training to recognize and report suspected child abuse or neglect. Physicians are one category of mandated reporters. Full license applicants must complete the requirement for training prior to submission of an application to the Board. This is a one-time requirement. Physicians may comply with the training requirement through:

* Receiving training in child abuse or neglect assessment in medical school or postgraduate training;
* Completion of a hospital sponsored training program in recognizing the signs of child abuse and neglect;
* Completion of continuing professional development (formerly known as continuing medical education credits) in identifying and reporting child abuse and neglect;
* Completion of an online training program (i.e., The Middlesex Children’s Advocacy Center’s program “51A Online Mandated Reporter Training: Recognizing and Reporting Child Abuse, Neglect, and Exploitation”[**www.middlesexcac.org/51A-reporter-training**](http://www.middlesexcac.org/51A-reporter-training)**)**; or
* Completion of a specialized certification (i.e., Child Abuse Pediatrics).

**Requirement to Complete Training and Education on the Issue of Domestic and Sexual Violence:** M.G.L. c. 112, §264 requires a physician to complete training and education on the issue of domestic violence and sexual violence. Full license applicants must complete the requirement for training prior to submission of an application to the Board. This is a one-time requirement. Physicians may comply with the training and education requirement through the completion of the following on-line training program:

<https://www.mass.gov/service-details/domestic-and-sexual-violence-integration-initiatives>

**MassHealth Enrollment**: Physicians (residents) are eligible to order, refer or prescribe services for MassHealth members and, under state law, must apply to enroll with MassHealth at least as ordering and referring (nonbilling) providers in order to obtain and maintain state licensure. Providers who are already enrolled with MassHealth have already met the requirement and do not need to take further action.

MassHealth has created a Nonbilling Provider Application for providers in provider types that are not eligible to enroll as fully participating providers. This application can also be used by providers who are eligible to enroll in MassHealth as fully participating providers but who choose not to at this time. **Physicians must apply to enroll with MassHealth at least as Ordering and Referring (nonbilling) Providers (ORP) in order to obtain and maintain state licensure.** Providers who are already enrolled with MassHealth have already met the requirement and do not need to take further action.

Providers who wish to apply to enroll as nonbilling ORP providers must download the materials from the MassHealth website at <https://www.mass.gov/how-to/how-to-enroll-to-be-a-masshealth-orp-provider> and send their completed and signed Nonbilling ORP Provider Application and Contract by mail to MassHealth Customer Service at:

MassHealth Customer Service

Attn: Provider Enrollment and Credentialing

P.O. Box 278

Quincy, MA 02171-0005

Providers who have questions, or if eligible, would like to request a fully participating provider application should contact MassHealth Customer Service at 1-800-841-2900 with any questions or, if eligible, to request a fully participating provider application.

**Electronic Health Records (EHR) Proficiency Requirement:** Pursuant to M.G.L. c. 112, § 2, an applicant for licensure must demonstrate proficiency in the use of EHR. This is a one-time requirement. You must check one box indicating that you have either demonstrated proficiency in EHR or that you are claiming an exemption. Exemptions must be claimed each licensing cycle, if applicable.

**90-Day Renewal Information:** Renewal of your medical license will occur on your first birthday after the license issuance date, unless your birthday falls within ninety (90) days of obtaining initial licensure. If your first birthday after the issuance date falls within this time frame, you will not be required to renew your license until the following birthday. Renewals thereafter will be on a two-year birthday cycle. **Please indicate on the 90-Day Renewal Section if you do not want your application to be presented to the Board until ninety (90) days before your birthdate**.

**Certifications:** Check off the box at the bottom indicating that you have read and agree to comply with these statutory and regulatory requirements.

**Declaration:** Print your legal name and sign and date the declaration section.

**Photograph/Notary:** Attach a recent 2-inch by 2-inch color photograph. Black and white photographs will not be accepted. Your signature must be notarized by a U.S. Notary. You must sign the page in the presence of a notary. The Notary should complete the bottom section of this page.

**Criminal Offender Record Information (CORI) Acknowledgement Form Instructions**

Criminal Offender Record Information (“CORI”) is part of a general background check for licensing purposes. In order to complete this background check, applicants must submit a notarized CORI Acknowledgment Form. You must sign your name in the presence of a U.S. Notary Public. It is preferred that, for purposes of identification, applicants submit identification issued by the U.S. government (i.e., driver’s license, identification card, etc.). If you do not have any identification issued by the U.S. government, an international passport may be used to verify the information on the CORI Acknowledgment Form.

In completing the CORI Acknowledgment Form, you will need to provide the following required information: Last Name; First Name; Date of Birth; Last 6 digits of your Social Security Number (“SSN”). If you do not have an SSN, then you must enter 6 zeros – zeros may only be used for CORI if you do not have a valid SSN. An applicant who has a valid SSN and submits a CORI with zeros for a SSN can be subject to civil and criminal penalties.

**Supervisory Evaluation Form Instructions**

The Supervisory Evaluation Form must cover at least one year of current clinical activities. If you have been practicing at a facility for less than one year, you must request an additional form from a previous supervisor to cover a full year. The form must be completed by a supervising physician, such as a training program director, chief medical officer, department chairperson, chief of service, medical director or other supervising physician who can evaluate your clinical performance. If your most recent clinical practice was while you were enrolled in a training program, the evaluation must be completed by the training program director. The evaluator must have no financial interest in your licensure in the State of Massachusetts. This form may be completed by the same physician who completes the Certificate of Moral and Professional Character. The Supervisory Evaluation Form must be received by the Board in a sealed envelope with the evaluator’s signature across the seal.

Locum tenens physicians must have Supervisory Evaluation Forms completed for the most recent two (2) years by health care facilities where you have had locum tenens assignments.

Physicians in private practice who have not had any affiliations with a healthcare facility within the past four (4) years must obtain Supervisory Evaluation Forms from three physicians who refer patients to them for clinical care.

**Note:** Evaluation forms must be current within 120 days prior to Board review. The Board reserves the right to require additional Supervisory Evaluation Forms be submitted in connection with your application for licensure.

**Certificate of Moral and Professional Character Instructions**

The Certificate of Moral and Professional Character must be completed and signed by a physician who has a current medical license in the United States. The designated physician must not be the applicant’s relative but should have known the applicant for at least one (1) year. This form may be completed by the same physician who completes the Supervisory Evaluation Form. This form must be sent to the Board in a sealed envelope with the certifying physician’s signature across the seal.

**Liability Carrier Request Form Instructions**

This is only required if you have held a full license to practice medicine in the U.S. or Canada.

Complete the Liability Carrier Request Form listing your liability carriers for the past 10 years that you held a full license in the U.S. or Canada. Include the liability carrier for the time period when you were in a postgraduate training program only if it was within the last 10 years and you had a full license during that time. The training facility’s Risk Management Department may assist in providing a claims history report.

* Send a copy of the form to all liability carriers listed on the form in order to request that they submit a Claims History Report/Loss Run Report directly to the Board.
* Send the original form back to the Board along with your full license application.

**Note:** If a Claims History Report is unavailable from the liability carrier due to merger or if the carrier is no longer in business, you must obtain a letter confirming the merger or closure from the liability carrier that took over in the merger or the Division of Insurance in the state where the liability carrier was registered.

**AMA or AOA Physician Profile Instructions**

The AMA Physician Profile may be requested online at <https://commerce.ama-assn.org/amaprofiles/>, or you may contact the AMA Unified Service Center for ordering assistance at (800) 665-2882. The AMA Physician Profile will be sent electronically directly to the Board.

The Official Osteopathic Physician Report may be requested at [www.osteopathic.org](http://www.osteopathic.org) or at the American Osteopathic Information Association Credentials Services, 142 E. Ontario St., Chicago, IL 60611.

**License Verifications**

License Verifications are required for every active or inactive full medical license issued to you in the U.S., Puerto Rico or Canada. Do not submit verification of training or temporary licenses. License verifications should be received by the Board in a sealed envelope or should be sent directly to the Board from the licensing authority or VeriDoc.

**Additional Instructions for**

**\*\* International Medical Graduates Only \*\***

**Substantial Equivalency of Medical School Education/Off-Site Clinical Rotations:** This applies ONLY to applicants who completed more than three (3) months of any clinical clerkship rotations off-site of the primary teaching hospital of their medical school of attendance.

**Please note**: The Board has determined that the medical education at the following medical schools is substantially equivalent to U.S. medical school training. Graduates of the following medical schools do **NOT** have to request a waiver of substantial equivalency:

* St. George’s University School of Medicine;
* SABA University;
* Ross University School of Medicine;
* The American University of the Caribbean; and
* American University of Antigua College of Medicine.

To support your request for a waiver of substantial equivalency of medical education, you must submit the following documents:

* **Substantial Equivalency Waiver Request** (completed by applicant); and
* **Clinical Clerkship Verification Form** (send to medical school for completion).