



DOCS Portal

The Medical Board of California's (Board) Direct Online Certification Submission (DOCS) portal allows medical schools and postgraduate training programs to electronically submit primary source verification documents securely and efficiently to the Board for a physician's and surgeon's or postgraduate training license application.

DOCS Fast Facts

- Medical schools and postgraduate training programs submit electronic documents effortlessly
- Immediate receipt of documents
- It's quick and easy to register
- No medical school or postgraduate training seals required

Register for the DOCS Portal



STEP 1

Submit DOCS Portal Registration Form to the Board



STEP 2

The Board creates an account for authorized users



STEP 3

Upload documents electronically through DOCS Portal

The DOCS Portal Registration Form is required for all medical schools and postgraduate training programs that wish to submit primary source verification documents electronically to the Board. DOCS Portal registration forms are located on the Board's website or by emailing DOCS@mbc.ca.gov.



Medical Board of California
Direct Online Certification Submission (DOCS)
Portal Registration Form

Licensing Program
 2005 Evergreen Street, Suite 1200
 Sacramento, CA 95815-5401
 Phone: (916) 263-2382
www.mbc.ca.gov

This form is intended for use by medical schools and residency programs to register authorized users to submit documents to the Medical Board of California (Board) electronically through the DOCS Portal.

Check One: Medical School Postgraduate Training Program

Medical School Name / Postgraduate Training Facility Name

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AUTHORIZED USER INFORMATION

Name	Title

Email Address	Phone Number

AUTHORIZED PROGRAM INFORMATION (Postgraduate Training Programs Only)

1.	Program Name	10-digit ACGME Number
2.	Program Name	10-digit ACGME Number
3.	Program Name	10-digit ACGME Number

If you have more than three programs, please attach additional information on a separate sheet

THIS SECTION MUST BE COMPLETED BY:	
Dean of Medical School, Medical School Registrar, Program Director, Designated Institutional Official (DIO) or GME Director	
Name	Title
Email Address	Phone Number
I am responsible for notifying the Board within 30 days if the designated staff noted above separates from the medical school/postgraduate training program.	
Signature of Medical School Dean or Registrar / Program Director / GME Director	
_____ (Original signature required)	Date: _____

Attention Postgraduate Training Programs: Only the GME Director, DIO or Program Director may sign this form or submit documents to the Board. If signature authority is being delegated to another person who is added above, evidence of that delegation must be attached to this form (photocopy is acceptable). Such delegation must be on official letterhead and dated within 12 months.