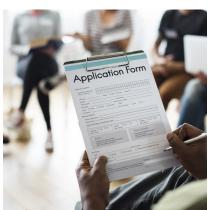


The Medical Board of California's (Board) Direct Online Certification Submission (DOCS) portal allows medical schools and postgraduate training programs to electronically submit primary source verification documents securely and efficiently to the Board for a physician's and surgeon's or postgraduate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



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:	Postgraduate Training Program
Medical School Name / Postgraduate Training Facility N	lame
AUTHORIZED USER INFORMATION	
Name	Title
Email Address	Phone Number
AUTHORIZED PROGRAM INFORMATION (Postgradua	te Training Programs Only)
Program Name	10-digit ACGME Number
1.	
Program Name	10-digit ACGME Number
2.	40 days ACOME Number
Program Name 3.	10-digit ACGME Number
If you have more than three programs, please attach ac	Iditional information on a separate sheet
THIS SECTION MUST BE COMPLETED BY:	
Dean of Medical School, Medical School Registro Official (DIO) or GME Director	ir, Program Director, Designated Institutional
Name	Title
Email Address	Phone Number
	s if the designated staff noted above separates from the
medical school/postgraduate training program.	
Signature of Medical School Dean or Registrar / Progra	ım Director / GME Director
(Original signature required)	Date:
(Original Signature required)	

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.