



# Application for a Physician's and Surgeon's License Information & Checklist

## LICENSE INFORMATION

You must obtain a Physician's and Surgeon's (P&S) License from the Medical Board of California (Board) prior to practicing medicine in California. A licensed physician may diagnose, prescribe, and administer treatment to individuals suffering from injury or disease. Physicians are authorized to administer and prescribe medication, use devices to sever or penetrate tissues, and to use all methods in the treatment of diseases, injuries, deformities, and other physical and mental conditions.

You must submit the Application for a Physician's and Surgeon's (P&S) License online using the [BreEZe Online Services](#). The online application requires you to provide detailed information. Each page of the online application will time out after approximately 15 minutes. To help with the completion of the application, review the "Application Preparation" section to complete each page within the 15-minute time limit.

To allow sufficient time for processing and remediating deficiencies, the Board strongly encourages you to submit your P&S application online six months in advance.

You may attach completed documents to the attachment screen of your application prior to submission. After submitting your online application in BreEZe, you must use the online **Initial License Application-Additional Documentation** application to submit additional documents.

## MINIMUM REQUIREMENTS

### ► Education

- You must have received all your medical school education from and graduated from a:
  - 1) U.S. or Canadian medical school accredited by the Liaison Committee for Medical Education (LCME), the Committee on Accreditation of Canadian Medical Schools, or the Commission on Osteopathic College Accreditation. <http://lcme.org/directory/accredited-u-s-programs/> or
  - 2) International medical school which has been evaluated by the Educational Commission for Foreign Medical Graduates (ECFMG) or one of the ECFMG authorized foreign medical school accreditation agencies and deemed to meet the minimum requirements substantially equivalent to the requirements of medical schools accredited by the Liaison Committee on Medical Education, the Committee on Accreditation of Canadian Medical Schools, or the Commission on Osteopathic College Accreditation.  
  
The international medical school is listed on the World Federation for Medical Education and the Foundation for Advancement of International Medical Education and Research World Directory of Medical Schools joint directory, or the World Directory of Medical Schools.  
<https://search.wdoms.org/> or
  - 3) International medical school that has been approved by the Board.  
[http://www.mbc.ca.gov/Applicants/Medical\\_Schools/Schools\\_Recognized.aspx](http://www.mbc.ca.gov/Applicants/Medical_Schools/Schools_Recognized.aspx)

### ► Social Security Number/Individual Taxpayer Identification Number

- Disclosure of a United States Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) is mandatory prior to the issuance of a license. [Section 30](#) of the Business and Professions Code (BPC) authorizes collection of an SSN or ITIN. [Section 31\(e\)](#) of the BPC allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Board.

### ► Examinations

- Must have taken and passed either:
  - 1) All steps of the United States Medical Licensing Examination (USMLE): or
  - 2) Part 1 of the Licentiate of the Medical Council of Canada (LMCC) examination per [Title 16 of the California Code of Regulations \(CCR\) section 1328](#).

---

## MINIMUM REQUIREMENTS *(Continued)*

### ➤ **International Medical School Graduates**

- Certification by the Educational Commission for Foreign Medical Graduates (ECFMG) is required. To obtain further information regarding ECFMG Certification, refer to the ECFMG website at <http://www.ecfm.org/>.

### ➤ **Board-approved Postgraduate Training**

- United States and Canada medical school graduates: Received 12 months credit of postgraduate training.
- Graduates of International medical schools approved under [BPC section 2084](#): Received 24 months credit of postgraduate training.
- Postgraduate training must be accredited by either of the following:
  - 1) Accreditation Council for Graduate Medical Education (ACGME) and completed in the United States and its territories; **or**
  - 2) Royal College of Physicians and Surgeons of Canada (RCPSC) and/or The College of Family Physicians of Canada (CFPC) and completed in Canada.

---

## INITIAL P&S LICENSE RENEWAL REQUIREMENT

- The requirements to renew your license for the first time can be found on the [Initial Renewal Requirements](#) webpage.

**Your license will be automatically placed in delinquent status if the Board does not receive and accept the required documents by your license expiration date.**

---

## GENERAL INFORMATION

As an applicant, **you are personally responsible for all information disclosed on the application**, including any responses that may have been completed on your behalf or information provided to you by others. The Board may deny your application based upon omission, falsification or misrepresentation of any item or response on the application or any attachment. The Board considers violations of an ethical nature to be a serious breach of professional conduct.

- **Fingerprints:** Applicants who reside in California must complete the electronic Live Scan fingerprint process. The [Request for Live Scan Service](#) form may be obtained from the [Board's website](#). Please refer to the following website for Live Scan facilities in California: <https://oag.ca.gov/fingerprints/locations>.

Applicants residing outside California must submit two completed fingerprint cards or if visiting California, may have their fingerprints completed electronically at a California Live Scan facility.

*The Board must receive Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation prior to the issuance of a P&S License.*

- **Information Privacy Act:** The Licensing Program of the Board requests this information to determine your eligibility for a P&S License. The Board may reject your application as incomplete if you fail to provide the requested information. The Board will use the information you provide to verify your identity and determine your qualifications for licensure per sections [2064.5](#) and [2080](#) of the BPC, which authorizes the collection of this information.

The Board may transfer the provided information on your application to other medical licensing authorities, the Federation of State Medical Boards, or other governmental law enforcement agencies.

- **Custodian Of Records:** The Licensing Program Chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act, Civil Code section 1798.17, by [contacting the Board](#).

- **Grounds for Denial:** The Board reviews each applicant's credentials for licensure in California on an individual basis. The Board has the authority to deny licensure based upon an applicant's act of dishonesty, unprofessional conduct, conviction of a crime, discipline by a licensing board in or outside of California, or inability to practice medicine safely. See BPC sections [480](#), [2221](#), and [2234](#) for further information.

## GENERAL INFORMATION *(Continued)*

- **Priority Review and Expedited Licensure:** The Board is required to expedite the licensure process for applicants applying for medical licensure in California who meet certain requirements. See the [Priority Review and Expedited Licensure](#) webpage for requirements. The Board will NOT expedite review of your application or the licensure process if any of the required documents are missing or do not meet the requirements.
- **Temporary License:** The Board may issue a temporary Postgraduate Training License if you are married to, in a domestic partnership or in other legal union with, an active-duty member of the United States Armed Forces who is assigned to a duty station in California under official active-duty military orders ([BPC section 115.6](#)). For minimum requirements, information, instructions, and forms, please visit the [Physician and Surgeon Temporary License](#) page on the Board's website.
- **Third Party Services:** You may use electronic services to assist in completing your license application. The Board does not mandate any of the commercial electronic services and is providing this information as a convenience to its applicants. For additional information, visit the [Board's website](#).
- **Third Party Authorization:** You can authorize an individual to receive information about the status of your license application from the Board and/or to authorize an individual to submit documentation on your behalf to the Board as part of the license application by providing the individual's name and email address when completing the online licensing application. If you wish to add an authorized individual after submitting your license application, you can email the name and email address of the individual(s) to the Board via the [contact form](#). If you wish to later rescind your authorization of authorized individual(s), you must contact the Board in writing.
- **Authorized Representative:** You have the option of adding an Authorized Representative to your account after you register with BreZE. An authorized representative can perform the following functions for the physician: make payments, apply for renewals, and maintain license information. You can reference the [Adding an Authorized Representative user guide](#) for a step-by-step tutorial.
- **Application Preparation:** The online application requires you to provide detailed information. Each page of the online application will time out after approximately 15 minutes. Gather the following information before starting your online application to avoid your application timing out.
  - ✓ Your full **legal** name and either your Social Security Number or ITIN.
  - ✓ Address of Record, which will become public information once licensed.
  - ✓ Valid email address, which the Board will use to contact you. Your email address is confidential and is not public information. The Board recommends providing a personal email address rather than a residency or employer email address. This will ensure the Board maintains a current email address when you change employers.
  - ✓ All examinations for licensure you have taken, and date passed (USMLE, LMCC, FLEX, NBME, or state medical board).
  - ✓ Medical school(s) name, mailing address, attendance start and end dates, title of degree awarded, and date degree was awarded.
  - ✓ California ACGME-accredited postgraduate facility name, actual or anticipated attendance dates, and specialty.
  - ✓ Previously attended ACGME, RCPSC, or CFPC-accredited postgraduate training facility name, dates of attendance, and specialty.
  - ✓ Medical license(s) ever held, issuing U.S. State, Territory, or Canadian Province, including, but not limited to, temporary, provisional, or training license(s) regardless of license status.
  - ✓ If applying for priority review and expedited licensure, all documents required to verify you meet the requirements, as indicated on the "[Priority Review and Expedited Licensure](#)" website.

As indicated below, you may attach some required documents to the Attachments screen of your online application.

---

## GENERAL INFORMATION *(Continued)*

- **Previously Licensed in California:** In accordance with [BPC section 2428](#), a physician whose California P&S License expired five or more years ago must reapply for licensure. If you voluntarily canceled your license, you must reapply regardless of the period.

Although section 2428 allows you to undertake a re-application process that is significantly streamlined, you must meet all the requirements as if you were applying for licensure for the first time. For information on what is required to requalify for licensure and how to apply, see the [Board's Previously Licensed webpage](#).

After you submit your online application in BreEZe, you must use the online **Initial License Application - Additional Documentation** application to submit additional documents.

- **Limited Practice License:** In addition to the application, supporting documents, and fees to obtain a P&S License, you must submit the Limited Practice License Form ([Form LPL](#)) to apply for the limited practice license. This form advises the Board that you wish to apply for the limited practice license and consent to sign an agreement to abide by the practice limitations indicated in the independent clinical evaluation and any further conditions or terms set forth by the Board. The form is located on the [Board's website](#) and should be submitted with the online application.

Please refer to the Board's [Limited Practice License webpage](#) for eligibility information and clinical evaluation requirements.

---

## APPLICATION CHECKLIST

Listed below are the minimum application materials and supporting documentation required for a medical school graduate to obtain a P&S License. This list is not all-inclusive as additional items may be necessary based on responses provided on the application or information obtained from other entities.

**You are required to submit the following items:**

---

### ➤ Application, Fees, Fingerprints, Explanations and Timeline of Activities

#### ☐ Application For Physician's and Surgeon's License

**All items in this application are mandatory.** If you are unable to submit an online application, please contact the Board via the [contact form](#) with the reasons you are unable to apply online and the Board will determine the next steps. To help with the completion of the application, review the "Application Preparation" section of this document.

Your P&S License will be issued using your full legal name including middle name and/or suffix. Once your license is issued, you may apply for a Fictitious Name Permit if you choose to practice medicine in California using another name. If you have used multiple variations of your name in the past, attach a copy of a current government issued photographic identification (driver's license, immigration registration card, passport, etc.) with your application to avoid delays.

If you have changed your name legally in the past, attach a copy of legal documents as proof of name change (Certified Court Order, Marriage Certificate, Dissolution of Marriage (Divorce), etc.).

---

#### ☐ Application Fee - \$674.00

You must pay the required application fee for the Board to review your application. The Board will determine the application received date based on the receipt of both the application and the application fee.

The application fee includes the required \$49.00 fingerprint-processing fee. The fees are non-refundable.

The application fee of \$625 may be waived if you are applying as a spouse of, or in a domestic partnership or other legal union with, an active-duty member of the United States military. However, you will still be required to pay the \$49 fingerprint-processing fee. To qualify for the fee waiver, you must submit the required supporting documents listed on the [Priority Review and Expedited Licensure webpage](#).

---

---

## APPLICATION CHECKLIST *(Continued)*

---

### ► Application, Fees, Fingerprints, Explanations and Timeline of Activities *(Continued)*

---

☐ **Initial License Fee or Reduced Initial License Fee**

The initial license fee is \$1,176.00, which includes the \$25 Steven M. Thompson fee. You may be eligible for the reduced license fee of \$600.50, which includes the \$25 Steven M. Thompson fee, if enrolled in a Board-approved postgraduate training program and upon completion of the Current Postgraduate Training Verification, [Form CTV](#).

The initial license fee of \$1,151 or the reduced initial license fee of \$575.50 may be waived if you are applying as a spouse of, or in a domestic partnership or other legal union with, an active-duty member of the United States military. You will be required to pay the \$25 fee for the Steven M. Thompson Physician Corps Loan Repayment Program. To qualify for the fee waiver, you must submit the required supporting documents listed on the [Priority Review and Expedited Licensure](#) webpage.

When applying online through BreEZe, you will be required to pay all required fees, including the initial license fee.

☐ **SONG-BROWN FAMILY PHYSICIAN TRAINING ACT (Voluntary Fee)**

You may voluntarily contribute to the Song-Brown Health Care Workforce Training Act (Song-Brown Program). The Board transfers all funds collected monthly to the Department of Health Care Access and Information (HCAI). The Song-Brown Program was established to increase the number of family physicians to provide needed medical services to the people of California. For further information regarding the program, please visit the HCAI website at:

<https://hcai.ca.gov/loans-scholarships-grants/grants/song-brown/>.

---

☐ **Fingerprints: Live Scan Form (CA Only) - OR - Two (2) Fingerprint Cards**

If you reside in California, you must complete the electronic Live Scan fingerprint process. You need to download the [Request for Live Scan Service](#) from the Board's website. You may upload a copy of the completed form to your application.

If you reside outside of California, you must submit two completed fingerprint cards or have your electronic fingerprints completed at a California Live Scan facility. The Board will mail you fingerprint cards upon receipt of your application and required fees. You must complete all personal data on the fingerprint cards, or the Board will return the cards to you for completion.

The Board must receive the Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation prior to the issuance of a P&S License.

---

☐ **Explanation For Application Question, [Form EXP](#) (If applicable)**

You may use this form to provide a detailed written explanation for a "Yes" response to a question on the Board's application. A separate Form EXP is required for each question.

Attach the written explanation in BreEZe when submitting your application.

---

☐ **Timeline of Activities, [Form TOA](#)**

Provide the Board with a written chronological description of all professional and non-professional activities, from the date of graduation, with no gap greater than three months.

If you have completed any externships, observerships, or volunteer activities in California, please include a detailed description of the duties and responsibilities along with the location and name of the supervising physician.

Attach the signed and dated Timeline of Activities form to the Attachments screen of your online application.

## PRIMARY SOURCE DOCUMENTS

You must contact the appropriate entity to request they submit the documents below directly to the Board. **The Board will NOT accept the following documents if they are submitted by the applicant.**

### ► Examination Documentation

☐ **ECFMG Certification Status Report:** *(International Medical School Graduates Only)*

A Certification Status Report from the ECFMG is required to verify the certification is valid. For further information, visit the ECFMG website at <https://www.ecfmq.org/>. **The Board will only accept an electronic submission of the Certification Status Report directly from ECFMG or if primary source verified in the Federation Credentials Verification Service (FCVS) profile.**

☐ **Official Examination Scores from the appropriate examination entity:**

USMLE, Federation of Licensing Examiners (FLEX), National Board of Medical Examiners (NBME), Licentiate of the Medical Council of Canada (LMCC) and State Board Exams

***Each examination agency must submit an official examination history report directly to the Board to be acceptable or if primary source verified in the FCVS profile.*** You must request the examination history from the appropriate examination agency's website listed below:

**USMLE/FLEX/SPEX** – [www.fsmb.org/transcripts](http://www.fsmb.org/transcripts) (Electronic submission of the Transcript of Scores only)

**NBME** - [www.nbme.org](http://www.nbme.org)

**LMCC** - [www.mcc.ca](http://www.mcc.ca) (Electronic submission of the Statement of Registration only)

***Note: If you obtain a passing score on all parts of Step 3 of the USMLE in more than four attempts, you must meet the requirements of BPC section 2135 or 2135.5 to be considered eligible for issuance of a P&S License pursuant to [BPC section 2177\(c\)\(2\)](#).***

### ► Medical Education Documentation

☐ **Certificate of Medical Education, [Form MED](#)**

A Certificate of Medical Education (Form MED) is required from each medical school attended. Complete the applicant information at the top of the form and send it to the medical school. A medical school official must complete, sign and date Form MED. Missing information will require completion of a new form.

*A "Yes" response to any of the Unusual Circumstance questions on Form MED requires a signed and dated letter of explanation, on medical school letterhead, from the current medical school official.*

***The medical school must submit the completed form and letter of explanation directly to the Board through the [Board's Direct Online Certification Submission \(DOCS\) portal](#).***

☐ **Official Medical School Transcript**

An official medical school transcript and translation (if not in English) is required from each medical school attended. The Transcript must be prepared on the university letterhead affixed with the signature of the dean or registrar and the medical school seal, documenting all the basic science and clinical courses completed during the medical curriculum.

*A transcript uploaded to the [DOCS portal](#) does not require a medical school seal.*

***The medical school must submit the transcript directly to the Board through the [Board's DOCS portal](#), or a Board accepted Third Party Service.***

## PRIMARY SOURCE DOCUMENTS (Continued)

You must contact the appropriate entity to request they submit the documents below directly to the Board.

The Board will **NOT** accept the following documents if they are submitted by the applicant.

### ► Medical Education Documentation (Continued)

#### ☐ Certified Copy of Medical School Diploma

For international medical school graduates only, a certified copy of the medical school diploma and translation (if not in English) are required. The certified copy must have the original signature of the dean or registrar of the medical school affixed with the official medical school seal and include a statement attesting that the copy is a true and correct copy of the original.

*A diploma uploaded to the [DOCS portal](#) does not require a medical school seal.*

***The medical school must submit the certified copy of the diploma directly to the Board through the [Board's DOCS portal](#) or a Board-accepted Third-Party Service to be acceptable.***

#### ☐ Certified English Translations (if applicable)

Certified English translations are required for all academic documents that are not prepared in the English language. Refer to the [Translation of International Academic Credentials](#) information sheet on the Board's website for details regarding acceptable English translations.

***The translator/agency must mail the official certified translation with a copy of the original language document directly to the Board or the medical school must submit the certified translation through the [Board's DOCS portal](#) to be acceptable.***

### ► Postgraduate Training Documentation

#### ☐ Certificate of Completion of ACGME/RCPSC/CFPC Postgraduate Training, [Form PTA-PTB](#)

A Certificate of Completion of ACGME/RCPSC/CFPC Postgraduate Training (Form PTA-PTB) is required to verify participation in all ACGME, RCPSC, or CFPC-accredited postgraduate training programs attended, regardless of whether you completed the program or received partial credit or no credit.

To meet the minimum requirements, the program director or the designated institutional official (DIO) must submit Form PTA-PTB to verify the receipt of 12 months credit of Board-approved postgraduate training for graduates of medical schools in the United States and Canada or 24 months credit of Board-approved postgraduate training for graduates of international medical schools. You must submit a form to each postgraduate training program attended for completion. Each program must submit a PTA-PTB form to verify months/years of training if you completed training in more than one program.

The current program director or the DIO must provide all required information and responses on the form and sign and date the form.

A "Yes" response to any of the Unusual Circumstances question(s) on Form PTA requires a signed and dated letter of explanation, on facility letterhead, from the current program director or the DIO.

***The program must submit the completed form and/or letter of explanation directly to the Board through the [Board's DOCS portal](#) if the applicant has an open application with the Board.***

## PRIMARY SOURCE DOCUMENTS *(Continued)*

You must contact the appropriate entity to request they submit the documents below directly to the Board. The Board will **NOT** accept the following documents if they are submitted by the applicant.

### ➤ Postgraduate Training Documentation *(Continued)*

☐ **Certificate of Completion of CODA Postgraduate Training, [Form CODA1-CODA2](#) *(if applicable)***

A Certificate of Completion of CODA Postgraduate Training, Form CODA1-CODA2 is required to verify completion of 24 months of postgraduate training accredited by the Commission on Dental Accreditation (CODA)

If 24 months of CODA-accredited training is not completed prior to issuance of your P&S License, then it must be completed as part of the initial license renewal process.

The current program director or DIO must provide all required information and responses on the form and sign and date the form.

A "Yes" response to any of the Unusual Circumstances question(s) on Form CODA1 requires a signed and dated letter of explanation, on facility letterhead, from the current program director or the DIO.

***The program must submit the completed form and/or letter of explanation directly to the Board through the [Board's DOCS portal](#) if the applicant has an open application with the Board.***

---

☐ **Current Postgraduate Training Verification, [Form CTV](#) *(if applicable)***

If you are currently enrolled in an ACGME, RCPSC, CFPC, or CODA-accredited postgraduate training program when paying the initial licensing fee, your program must submit the Current Postgraduate Training Verification (Form CTV) to be eligible for the reduced initial license fee.

The current program director or the DIO must provide all required information and responses on the form and sign and date the form.

***The program must submit the completed form directly to the Board through the [Board's DOCS portal](#) if the applicant has an open application with the Board.***