



APPLICANT INFORMATION

MBC USE ONLY

Medical School Graduate: (Check One) U.S. or Canadian International

Applicant Information
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Full Legal Name

Full Last Name	First Name	Middle Name	Suffix
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Applicant Information
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Date of Birth **U.S. SSN or ITIN** **Medical School of Graduation**

(mm/dd/yyyy)	(Last 4 digits)	
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MEDICAL SCHOOL: PLEASE COMPLETE THIS FORM IN THE ENGLISH LANGUAGE

Note: If the applicant had an accelerated or extended curriculum, withdrew from this institution, or was accepted with advanced standing, a letter of explanation from a school official is required. The letter must be on medical school letterhead, signed by a school official, and submitted directly to the Board through the Board's Direct Online Certification Submission (DOCS) portal to be acceptable.

Medical School Information

Name of Medical School:

School Code:

State/Province/Country:

Rev. MED Staff Initials & Date:

Did the applicant withdraw or transfer from this medical school? Yes No

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What is the standard duration of the curriculum at this institution? years

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Date the applicant was enrolled in medical school:

 (mm/dd/yyyy)

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Date the applicant was issued the diploma of Bachelor/Doctor of Medicine:

 (mm/dd/yyyy)

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UNUSUAL CIRCUMSTANCES DURING MEDICAL SCHOOL

Medical School Official: Provide a signed and dated letter of explanation, including dates, for any "Yes" response to questions # 1-4. The explanation must be provided on medical school letterhead and submitted directly to the Board with this form.

- Did this applicant ever take a leave of absence from their medical education? Yes No
- Was this applicant ever placed on probation? Yes No
- Was this applicant ever disciplined or placed under investigation? Yes No
- Were any limitations or special requirements imposed on this applicant because of academic or disciplinary problems, or for any other reasons? Yes No

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MEDICAL SCHOOL OFFICIAL CERTIFICATION

Attention Medical School: The president, dean, or registrar may sign this form. If the president, dean, or registrar is delegating signature authority to another person, attach evidence of that delegation to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.

AFFIX MEDICAL SCHOOL SEAL

I certify that I am the president, dean, or registrar and hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.

School Seal
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PRINTED NAME OF SCHOOL OFFICIAL

TITLE OF SCHOOL OFFICIAL

Signature & Date
○

SIGNATURE OF SCHOOL OFFICIAL

DATE

Note: The medical school must submit the completed form directly to the Board's Direct Online Certification Submission (DOCS) portal if the applicant has an open application with the Board to be acceptable.

