



Application for a Postgraduate Training License Information & Checklist

POSTGRADUATE TRAINING LICENSE INFORMATION

A Postgraduate Training License (PTL) must be obtained from the Medical Board of California (Board) within 180 days after beginning an Accreditation Committee for Graduate Medical Education (ACGME)-accredited postgraduate training program in California. If a PTL is not issued within 180 days of beginning Board-approved postgraduate training in California, all clinical activities must cease until the license is issued. Training without a PTL beyond the 180 days is considered unlicensed practice of medicine, and you can be subject to disciplinary action. The PTL will be issued for 36 months, after which a full and unrestricted Physician's and Surgeon's License must be obtained to continue practicing medicine in California.

If you have received 12 (U.S. or Canadian medical school graduates) or 24 (international medical school graduates) months credit of Board-approved postgraduate training outside of California or in Canada, you may be eligible for a Physician's and Surgeon's License. If you wish to apply for a Physician's and Surgeon's License, see the [Physician's and Surgeon's License webpage](#) for minimum requirements, information, instructions, and forms.

You must submit the Application for a Postgraduate Training License (PTL) 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 PTL Application once you receive final confirmation of enrollment in a California Board-approved postgraduate training program.

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 be enrolled in an ACGME-accredited postgraduate training program in California.
- 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), or the Committee on Accreditation of Canadian Medical Schools, as applicable.

<https://lcme.org/directory/accredited-u-s-programs/> or

- 2) An international medical school, which has been evaluated by the Educational Commission for Foreign Medical Graduates (ECFMG) or one of the ECFMG authorized international 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) An international medical school that has been approved by the Board.
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 PTL. [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.

MINIMUM REQUIREMENTS *(Continued)*

► **Examinations**

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

► **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.

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 of 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 PTL.

- **Information Privacy Act:** The Licensing Program of the Board requests this information to determine your eligibility for a PTL. 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.

- **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 qualifications. 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, or in a domestic partnership or 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.

GENERAL INFORMATION *(Continued)*

- **Third Party Services:** You may use electronic services to assist in completing your license application. The Board does not mandate any of the electronic commercial services and is providing this information as a convenience to 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 submit 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 BreEZe. 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 from 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 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 or LMCC).
 - ✓ 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.

APPLICATION CHECKLIST

Listed below are the minimum application materials and supporting documentation required for a medical school graduate to obtain a PTL. 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

☐ Postgraduate Training License Application

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.

☐ Application Fee4 - \$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 fees.

The application fee includes the required \$49 fingerprint-processing fee. These fees are non-refundable.

The application fee of \$625 may be waived if you are applying as a spouse of, or in a domestic relationship 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.”](#)

☐ 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](#) form from the Board’s website. You may upload a copy of the completed form to your online 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 the 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 PTL.

☐ 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 www.ecfm.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 or LMCC**

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 report from the appropriate examination agency's website listed below:

USMLE Step 1 and Step 2CK - www.fsmb.org/transcripts

LMCC Part I - www.mcc.ca (Electronic submission of the Statement of Registration only)

► 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/or the letter of explanation directly to the Board through the [Board's Direct Online Certification Submission DOCS portal](#) if the applicant has an open application with the Board.

☐ **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](#) if the applicant has an open application with the Board or a Board accepted [Third-Party Service](#).

☐ **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](#) if the applicant has an open application with the Board, or a Board accepted [Third-Party Service](#) to be acceptable.

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 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](#) (If applicable)

A Certificate of Completion of ACGME/RCPSC/CFPC Postgraduate Training, Form PTA-PTB, is required to verify the number of months of credit received for Board-approved postgraduate training. You must submit a form to each postgraduate training program attended. Each program you attended must submit a PTA-PTB form to verify training.

The current program director or the designated institutional official (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 PTA-PTB and/or letter directly to the Board through the [Board's DOCS portal](#) if the resident has an open application with the Board to be acceptable.

☐ Postgraduate Training License Enrollment Form, [Form EF](#)

Proof of enrollment in a California ACGME-accredited postgraduate training program is required. Complete the applicant information and submit the form to the current training program for completion.

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

The program must submit the completed Form EF through the [Board's DOCS portal](#) if the resident has an open application with the Board.

NOTE

- If you move, transfer to another program, are terminated, resign, or take a leave of absence resulting in a change to your anticipated program completion date, the program director or the DIO must submit a [Program Status Update/Change Form](#) within 30 days of the change of status directly to the Board by mail to be acceptable.