



# Application to Transition from a Postgraduate Training License to a Physician's and Surgeon's License Information & Checklist

## LICENSE INFORMATION

This application is only for residents who hold or have held a Postgraduate Training License (PTL) and are ready to obtain their Physician's and Surgeon's (P&S) License. You may continue clinical training in California under a valid PTL while your transition application is pending. Once your PTL expires, you must cease all clinical training until your P&S License is issued.

You must submit the Application to Transition from a Postgraduate Training License to a Physician's and Surgeon's License (Transition) 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 Medical Board of California (Board) strongly encourages you to submit your Transition application online 180 days prior to obtaining 12/24 months of credit from a 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

### ➤ Examinations

- Must have taken and passed either:
  - 1) All steps 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.
- Canadian medical school attendees who graduate on or after July 1, 2025, are required to have ECFMG Certification.

### ➤ 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.

## P&S INITIAL LICENSE RENEWAL REQUIREMENT

- For the initial license renewal (for licenses issued on or after January 1, 2022), the Board must receive verification of one of the following:
  - 1) You have completed 36 months of Board-approved postgraduate training by your license expiration date; **or**
  - 2) You are enrolled in a California Board-approved postgraduate training program when your license expires.

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## P&S INITIAL LICENSE RENEWAL REQUIREMENT *(Continued)*

Your program director or designated institutional official (DIO) must send a signed and dated [Initial License Renewal Verification of ACGME/RCPSC/CFPC Postgraduate Training \(Form ILR\)](#) directly to the Board through the Board's Direct Online Certification Submission ([DOCS](#)) portal.

If you renew based on enrollment, you must stay enrolled until you complete 36 months of training. If you move, transfer, take a leave, resign, or are terminated—causing a change in your expected completion date—the program director or DIO must submit a [Program Status Update/Change Form \(Form PSU\)](#) within 30 days of the change directly to the Board through [DOCS](#).

You must verify 36 months of training by your second renewal. Failure to do so will result in your license being placed in delinquent status.

More details are available on the [Board's Initial License Renewal page](#)

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## 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.

➤ **Information Privacy Act:** The Board's Licensing Program requests this information to determine your eligibility for a P&S License. The Board may reject your application as incomplete if you do not 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 Chief of Licensing 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 the 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 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 electronic commercial services and is providing this information as a convenience to its applicants. For additional information, visit the [Board's website](#).

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## GENERAL INFORMATION *(Continued)*

- **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 via the [contact form](#).
- **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 or LMCC).
  - ✓ 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 attachment screen of your online application.

- **Limited Practice License:** In addition to the application, supporting documents, and fees to obtain a P&S License, it will be necessary to 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 resident 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, Explanations and Timeline of Activities

- Application to Transition from a Postgraduate Training License to a 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 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.).

- 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, in a domestic relationship or in 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/>.

- 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.

### ➤ Application, Fees, Explanations and Timeline of Activities (continued)

- Timeline of Activities, [Form TOA](#) (If applicable)**

Provide the Board with a written chronological description of all professional and non-professional activities, from the date you were issued a PTL to the present, 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 attachment screen of your online application.

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## 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

**Official Examination Scores from FSMB: USMLE Step 3**

Official examination history reports must be requested from the Federation of State Medical Boards (FSMB) from the following website: [www.fsmb.org/transcripts](http://www.fsmb.org/transcripts).

**Note:** If you obtained a passing score on 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\(c\)\(2\)](#).

***The FSMB must submit the official examination history report verifying passage of Step 3, directly to the Board electronically, 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 program(s) attended regardless of whether you completed the program or received partial credit or no credit.

To meet the minimum requirements, the program director or 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 the 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 directly to the Board through the [Board's DOCS portal](#) if the applicant has an open application with the Board to be acceptable.***

### ► 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 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 to be acceptable.***

**Current Postgraduate Training Verification: [Form CTV](#)**

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 the 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 to be acceptable.***