



## MEDICAL BOARD OF CALIFORNIA Licensing Program



### APPLICATION INFORMATION FOR A PREVIOUSLY LICENSED CALIFORNIA PHYSICIAN

#### MINIMUM REQUIREMENTS TO REAPPLY FOR LICENSURE

- In accordance with Section 2428 of the California Business and Professions Code, a physician whose California Physician's and Surgeon's license expired five or more years ago must reapply for licensure. If you voluntarily canceled your license, you must reapply regardless of the time period.
- Although Section 2428 allows you to undertake a re-application process that is significantly streamlined, you must meet all of the requirements as if you were applying for licensure for the first time.
- You must have completed at least two years of ACGME/RCPSC accredited postgraduate training or have completed one year of approved training and be certified by a specialty board approved by the American Board of Medical Specialties (ABMS).

#### GENERAL INFORMATION

- As an applicant, you personally are responsible for all information disclosed on your Application, Forms L1A-L1F, including any responses that may have been completed on your behalf by others. An application may be denied based upon omission, falsification or misrepresentation of any item or response on the application or any attachment. The Medical Board of California considers violations of an ethical nature to be a serious breach of professional conduct.
- **Processing Times:** Application materials are processed in the date order in which the application is received in this office. All application forms and supporting materials are stamped with the date and time received in the office. Generally, you should anticipate receiving written correspondence confirming the status of the application for a medical license within 60 days of submission of the application.
- **Grounds for Denial:** Each applicant's credentials for licensure in California are reviewed 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 of another state license or inability to practice medicine safely.
- **Convictions:** Note that convictions adjudicated in juvenile courts or convictions two years or older under Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) need not be reported. Convictions expunged or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law **MUST** be disclosed. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction (see the Criminal Record History section on the Application).

## GENERAL INFORMATION

- **NotaryCam:** NotaryCam is a company that provides an online notary service that is valid in California and may be used on our Application forms. *The Board does not mandate that you use this online service.* The Board is providing this information as a convenience to our applicants. You may obtain further information regarding this online notary service at: <https://www.notarycam.com/>.
- **Fingerprints:** Applicants who reside in California must complete the electronic *Live Scan* fingerprint process. You will need to use the *Request for Live Scan Service* form that may be obtained from the Board's website. Please refer to the following website for Live Scan facilities in California: <http://ag.ca.gov/fingerprints/publications/contact.php>.

Applicants residing outside California must submit two completed fingerprint cards or have your fingerprints completed at a California Live Scan facility.

*Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a Physician's and Surgeon's license.*

- **Due Diligence:** Pursuant to Section 1306 of Title 16 California Code of Regulations, an application shall be deemed abandoned if an applicant fails to complete the application process within 365 days from the date of written notification from the Board of the documents needed to complete the application.

## APPLICATION INFORMATION

Listed below are the minimum application and supporting materials required to reapply for your license. This list is not all-inclusive as additional items may be necessary based on responses provided on your *Application* or information obtained from other entities.

Upon receipt of your application and fees, we will retrieve your previously imaged licensing record and determine what documents may be used to meet the current requirements. In the event our imaged records do not contain all of the documents that are currently required, you may be requested to submit additional documents.

### Application, Fees, and Original Wall Certificate

<b>Application Fee of \$491.00</b>	The Application fee is non-refundable. Refer to the <i>Fee Schedule</i> for further details.
<b>Initial License Fee of \$808.00</b>	Refer to the <i>Fee Schedule</i> for further details.
<b>Application For Physician's and Surgeon's License, Forms L1A-L1F</b>	Complete all fields, answer all questions and have the application notarized. All six pages must be submitted together.
<b>Original California Wall Certificate or Notarized Statement</b>	Return your original California wall certificate. If it has been lost or destroyed, you must submit a notarized statement indicating the reason you are unable to return the original.

<b>Fingerprints</b>		
	<p><b>Fingerprints:</b></p> <p><b>Live Scan Form (CA Only)</b> <i>or</i> <b>Two (2) Fingerprint Cards</b></p>	<p>Applicants who reside in California must complete the electronic <i>Live Scan</i> fingerprint process. You will need to use the <i>Request for Live Scan Service</i> form that may be obtained from the Board's website. Mail a copy of the completed form with your Application.</p> <p>Applicants residing outside California must submit two completed fingerprint cards <u>or</u> have your fingerprints completed at a California Live Scan facility. Fingerprint cards will be mailed to you once the Board receives your application and appropriate processing fees. <u>All personal data must be completed on the fingerprint cards or the cards will be returned for completion.</u></p> <p><i>Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a Physician's and Surgeon's license.</i></p>
<b>Postgraduate Training Documentation</b>		
	<p><b>Certificate of Completion of ACGME/RCPSC Postgraduate Training, Forms L3A-L3B</b></p>	<p>A Certificate of Completion of ACGME/RCPSC Postgraduate Training, Form L3A-L3B, is required to verify the completion of <u>each</u> year of accredited training. The Board may have verification of your accredited postgraduate training in your previously imaged licensing record, however, we may only have partial years of training, which would require completion of new forms.</p> <p>A Form L3A-L3B must be submitted to each postgraduate training program for completion. The current program director must provide all of the required information and responses on the form, sign and date the form, and affix the hospital seal. If a hospital seal is not available, the program director must sign in the presence of a notary and the notary seal must be affixed. A "yes" response to any of the Unusual Circumstances questions on Form L3A requires a signed and dated letter of explanation from the current program director. <b><i>The completed Form L3A-L3B must be mailed directly from the program to the Board to be acceptable. Any letters of explanation must be provided on program letterhead, signed by the program director and mailed directly to the Board.</i></b></p>
<b>Verification of Medical License(s)</b>		
	<p><b>License Verification</b> <i>(if applicable)</i></p>	<p>License verification is required from <u>each</u> state or Canadian province in which you hold or have held a medical license. Verification of temporary, training, or provisional license(s) are <u>not</u> required. <b><i>The official license verification must be sent directly from the licensing authority to the Board.</i></b></p>
<b>Other Items</b>		
	<p><b>Curriculum Vitae (CV)</b></p>	<p>Please submit a signed and dated current CV with your Application.</p>
	<p><b>Explanation to Application Question</b> <i>(if applicable)</i></p>	<p>This form may be used to provide a detailed written explanation for a "yes" response to a question on the Application. Please use a separate form for each positive response. The form can be obtained from the Board's website.</p>

**Other Items (continued)**

**Birth Month Licensure Request**

California licensing regulations specify that a license expires at 12 midnight on the last day of the birth month of the licensee during the second year of a two year term. If you are licensed in your birth month, your initial license will be valid for a full 24-month term. If you are licensed in a month other than your birth month, the term of your *initial license* will be less than 24-months.

Complete the Birth Month Licensure Request form indicating your preference and submit the form directly to the Board.