



MEDICAL BOARD OF CALIFORNIA

Licensing Program

CERTIFICATE OF MEDICAL EDUCATION

Check one: **U.S. or Canadian Medical School Graduate** **International Medical School Graduate**

Type or Print Legibly APPLICANT INFORMATION				MBC Use Only
LEGAL NAME: Last		First	Middle	
Date of Birth (mm/dd/yyyy)		Last 4 Digits of U.S. SSN or ITIN		Medical School of Graduation
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 be mailed directly to the Board from the medical school.				
1. Name of Medical School				
2. State/Province/Country				
3. The undersigned further certifies that the records of this institution show that the applicant attended in this institution _____ years of resident instruction, completing at least 4,000 hours, of which at least 80 percent actual attendance is required in the subjects set forth hereunder (Business and Professions Code Sections 2089, 2089.5, 2089.7, 2090, 2091.1, 2091.2).				
Alcoholism and Chemical Dependency	Geriatric Medicine	Otolaryngology	Psychiatry	
Anatomy	Histology	Pain Management and End-of-Life-Care**	Radiology, including Radiation Safety	
Anesthesia	Human Sexuality	Pathology, Bacteriology, and Immunology	Spousal Partner Abuse Detection & Treatment***	
Biochemistry	Medicine	Pediatrics	Surgery, including Orthopedic Surgery	
Child Abuse Detection and Treatment	Neuroanatomy	Pharmacology	Therapeutics	
Dermatology	Neurology	Physical Medicine	Tropical Medicine	
Embryology	Obstetrics and Gynecology	Physiology	Urology	
Family Medicine*	Ophthalmology	Preventative Medicine, including Nutrition		
*ONLY applicable to medical students who enrolled in medical school on or after May 1, 1998				
**ONLY applicable to medical students who enrolled in medical school on or after June 1, 2000				
***ONLY applicable to medical students who enrolled in medical school on or after September 1, 1994				
4. Did the applicant withdraw or transfer from this medical school?		Yes No		
5. What is the standard duration of the curriculum at this institution?		_____ years		
6. Date the applicant was enrolled in medical school?		(mm/dd/yyyy)		
7. Date the applicant was issued the diploma of Bachelor/Doctor of Medicine		(mm/dd/yyyy)		
UNUSUAL CIRCUMSTANCES DURING MEDICAL SCHOOL				
Any "Yes" response below requires a signed and dated letter of explanation by school official.				
8. Did this applicant ever take a leave of absence from his/her medical education?		Yes No		
9. Was this applicant ever placed on probation?		Yes No		
10. Was this applicant ever disciplined or placed under investigation?		Yes No		
11. Were any limitations or special requirements imposed on this applicant because of questions of academic or disciplinary problems, or for any other reason?		Yes No		
MEDICAL SCHOOL OFFICIAL CERTIFICATION				
AFFIX MEDICAL SCHOOL SEAL	<i>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.</i>			
	_____ PRINTED NAME OF SCHOOL OFFICIAL		_____ TITLE OF SCHOOL OFFICIAL	
	_____ SIGNATURE OF SCHOOL OFFICIAL		_____ DATE	
	Attention Medical School: THE PERSON WHO SIGNS THIS FORM <u>MAY NOT</u> BE RELATED TO THE APPLICANT BY BLOOD, MARRIAGE OR ADOPTION. Only the President, Dean, or Registrar may sign this form. If the signature is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.			

Applicant Information

Medical School Information

School Code

Rev. L2 Staff Initials & Date

Unusual Circumstances

School Seal

Signature and Date

L2

NOTE: The completed form must be mailed directly from the medical school to the Board to be acceptable.