



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Licensing Program
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Governor Edmund G. Brown Jr., State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

CERTIFICATE OF CLINICAL TRAINING

(This form is only required of international medical school graduates)

Type or Print Legibly				APPLICANT INFORMATION				MBC Use Only
LEGAL NAME: Last		First		Middle		Suffix		Applicant Information <input type="checkbox"/>
Date of Birth (m/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								Rev. L5 Staff Initials & Date
<p>Report undergraduate clinical clerkships in which the applicant participated in DIRECT, HANDS-ON DIAGNOSIS OR TREATMENT OF PATIENTS IN A CLINICAL SETTING. Please use as many forms as necessary to document ALL undergraduate clinical clerkships completed during enrollment in medical school.</p> <p>Note: Section 2089.5(c) of the Business and Professions Code requires that instruction in the clinical courses shall total a minimum of 72 weeks. Instruction in the core clinical courses shall total a minimum of 40 weeks in length with a minimum of (8) weeks of medicine, (8) weeks of surgery, (6) weeks of pediatrics, (6) weeks of ob/gyn, (4) weeks of psychiatry, and (4) weeks of family medicine. (Family Medicine is required for applicants who graduated after May 1, 1998)</p>								
Clinical Subject (List one subject per line)	Facility Name City/State/Province/Country			Dates of Attendance in Chronological Order (mm/dd/yyyy)		Weeks or Weekly Clinical Hours		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				Start: End:				
				Start: End:				
				Start: End:				
				Start: End:				
				Start: End:				
MEDICAL SCHOOL OFFICIAL CERTIFICATION								School Seal <input type="checkbox"/> Signature and Date <input type="checkbox"/>
AFFIX MEDICAL SCHOOL SEAL	<p><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></p>							
	_____ PRINTED NAME OF SCHOOL OFFICIAL			_____ TITLE OF SCHOOL OFFICIAL				
	_____ SIGNATURE OF SCHOOL OFFICIAL			_____ DATE				
<p>Attention Medical School: THE PERSON WHO SIGNS THIS FORM MAY <u>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.</p>								L5

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