



# MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

**Licensing Program**  
 2005 Evergreen Street, Suite 1200  
 Sacramento, CA 95815-5401  
 Phone: (916) 263-2382  
 Fax: (916) 263-2487  
 www.mbc.ca.gov

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

## 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																																		
<b>LEGAL NAME:</b>		Last	First	Middle	Suffix	Applicant Information <input type="checkbox"/>																																
<b>Date of Birth (mm/dd/yyyy)</b>		<b>Last 4 Digits of U.S. SSN or ITIN</b>		<b>Medical School of Graduation</b>			Medical School Information <input type="checkbox"/>																															
MEDICAL SCHOOL: PLEASE COMPLETE THIS FORM IN THE ENGLISH LANGUAGE						School Code <input type="text"/>																																
<p><b>NOTE:</b> 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.</p>						Rev. L2 Staff Initials & Date <input type="checkbox"/>																																
1. Name of Medical School						<input type="checkbox"/>																																
2. State/Province/Country						<input type="checkbox"/>																																
<p>3. The undersigned further certifies that the records of this institution show that the applicant attended in this institution _____ <b>years</b> 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).</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%; border: none;">Alcoholism and Chemical Dependency</td> <td style="width: 25%; border: none;">Geriatric Medicine</td> <td style="width: 25%; border: none;">Otolaryngology</td> <td style="width: 25%; border: none;">Psychiatry</td> </tr> <tr> <td style="border: none;">Anatomy</td> <td style="border: none;">Histology</td> <td style="border: none;">Pain Management and End-of-Life-Care**</td> <td style="border: none;">Radiology, including Radiation Safety</td> </tr> <tr> <td style="border: none;">Anesthesia</td> <td style="border: none;">Human Sexuality</td> <td style="border: none;">Pathology, Bacteriology, and Immunology</td> <td style="border: none;">Spousal Partner Abuse Detection &amp; Treatment***</td> </tr> <tr> <td style="border: none;">Biochemistry</td> <td style="border: none;">Medicine</td> <td style="border: none;">Pediatrics</td> <td style="border: none;">Surgery, including Orthopedic Surgery</td> </tr> <tr> <td style="border: none;">Child Abuse Detection and Treatment</td> <td style="border: none;">Neuroanatomy</td> <td style="border: none;">Pharmacology</td> <td style="border: none;">Therapeutics</td> </tr> <tr> <td style="border: none;">Dermatology</td> <td style="border: none;">Neurology</td> <td style="border: none;">Physical Medicine</td> <td style="border: none;">Tropical Medicine</td> </tr> <tr> <td style="border: none;">Embryology</td> <td style="border: none;">Obstetrics and Gynecology</td> <td style="border: none;">Physiology</td> <td style="border: none;">Urology</td> </tr> <tr> <td style="border: none;">Family Medicine*</td> <td style="border: none;">Ophthalmology</td> <td style="border: none;">Preventative Medicine, including Nutrition</td> <td></td> </tr> </table> <p>*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</p>						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		<input type="checkbox"/>
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																																				
4. Did the applicant withdraw or transfer from this medical school?				Yes	No	<input type="checkbox"/>																																
5. What is the standard duration of the curriculum at this institution?				years		<input type="checkbox"/>																																
6. Date the applicant was enrolled in medical school?				(mm/dd/yyyy)		<input type="checkbox"/>																																
7. Date the applicant was issued the diploma of Bachelor/Doctor of Medicine				(mm/dd/yyyy)		<input type="checkbox"/>																																
UNUSUAL CIRCUMSTANCES DURING MEDICAL SCHOOL						Unusual Circumstances <input type="checkbox"/>																																
Any "Yes" response below requires a signed and dated letter of explanation by school official.						<input type="checkbox"/>																																
8. Did this applicant ever take a leave of absence from his/her medical education?				Yes	No	<input type="checkbox"/>																																
9. Was this applicant ever placed on probation?				Yes	No	<input type="checkbox"/>																																
10. Was this applicant ever disciplined or placed under investigation?				Yes	No	<input type="checkbox"/>																																
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	<input type="checkbox"/>																																
MEDICAL SCHOOL OFFICIAL CERTIFICATION						School Seal <input type="checkbox"/>																																
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>					Signature and Date <input type="checkbox"/>																																
	PRINTED NAME OF SCHOOL OFFICIAL			TITLE OF SCHOOL OFFICIAL		<input type="checkbox"/>																																
	SIGNATURE OF SCHOOL OFFICIAL			DATE		<input type="checkbox"/>																																
	<p><b>Attention Medical School:</b> 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.</p>																																					

L2

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