



# MEDICAL BOARD OF CALIFORNIA

**Overview of Physician and Surgeon  
International Medical School Graduates  
and International Medical Schools**

# International Medical School Graduate (IMG)

- ▣ An individual who attended and graduated from a medical school not accredited by:
  1. Liaison Committee On Medical Education (LCME)
  2. Committee on Accreditation of Canadian Medical Schools (CACMS): Formally Known As Council on Medical Education of the Canadian Medical Association (CMECMA)

# IMG Minimum Requirements To Be Eligible To Apply For A Postgraduate Training Authorization Letter (PTAL)

- ▣ All medical school education must be from a medical school that is recognized by the Medical Board of California
- ▣ Primary source verification from all medical schools that the applicant attended and/or graduated (Forms L2, L5 and L6, official certified copy of diploma, official transcripts, and official English translations when in a language other than English)
- ▣ Pass the background check (CA-DOJ and FBI)

- ▣ A valid U.S. social security number that allows the applicant to work in the U.S.
- ▣ Evidence of passing the USMLE Step 1, Step 2 (CK), and Step 2 (CS)
- ▣ Verification that all medical school student clinical rotations meet the requirements of B&P Sections 2089 and 2089.5
- ▣ Not having done anything that would be cause for denial

# IMG Minimum Requirements To Be Eligible To Apply For Licensure In California

- ▣ All medical school education must be from a medical school that is recognized by the Medical Board of California
- ▣ Primary source verification from all medical schools that the applicant attended and/or graduated (Forms L2, L5 and L6, official certified copy of diploma, official transcripts, and official English translations when in a language other than English)

- ▣ Pass the background check (CA-DOJ and FBI)
- ▣ A valid U.S. social security number that allows the applicant to work in the U.S.
- ▣ Evidence of passing the USMLE Step 1, Step 2 (CK), Step 2 (CS) and Step 3 (within 4 attempts)

- ▣ Educational Commission for Foreign Medical Graduates Certification (ECFMG) Status Report
- ▣ Satisfactory completion of a minimum of two years of postgraduate training accredited by the Accreditation Council on Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC).

[ RCPSC postgraduate training must be physically completed in a Canadian hospital ]

- ▣ License verification if licensed in another state
- ▣ Verification all medical school student clinical rotations meet the requirements of B&P Sections 2089 and 2089.5
- ▣ Not having done anything that would be cause for denial





## MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM

2005 Evergreen Street, Suite 1200

Sacramento, CA 95815

(800) 633-2322 (916) 263-2382 FAX (916) 263-2487

[www.mbc.ca.gov](http://www.mbc.ca.gov)



### CERTIFICATE OF MEDICAL EDUCATION

**MEDICAL SCHOOL: PLEASE COMPLETE THIS FORM IN THE ENGLISH LANGUAGE**

This certifies that \_\_\_\_\_ ; \_\_\_\_\_ ;  
 Full Name of Applicant U.S. Social Security Number  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ; enrolled in \_\_\_\_\_  
 Date of Birth Name of Medical School  
 located in \_\_\_\_\_ ON \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 State/Province Country Enrollment Date

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) and that the applicant

Anatomy	Embryology	Physical Medicine
Otolaryngology	Histology	Therapeutic
Obstetrics and Gynecology	Human Sexuality	Neuroanatomy
Radiology, including Radiation Safety	Medicine	Child Abuse Detection and Treatment
Tropical Medicine	Surgery, including Orthopedic Surgery	Geriatric Medicine
Physiology	Urology	Pediatrics
Biochemistry	Psychiatry	Pharmacology
Pathology, Bacteriology, and Immunology	Neurology	Anesthesia
Ophthalmology	Alcoholism and Chemical Dependency	Spousal Partner Abuse Detection & Treatment*
Dermatology	Preventative Medicine, including Nutrition	Family Medicine**
		Pain Management and End-of-Life-Care***

\* ONLY applicable to medical students who enrolled in medical school on or after September 1, 1994.

\*\* ONLY applicable to medical students who graduate from medical school on or after May 1, 1988.

\*\*\* ONLY applicable to medical students who enrolled in medical school on or after June 1, 2000.

- was granted the degree of Bachelor/Doctor of Medicine on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
- withdrew from medical school on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

#### Unusual Circumstances

#### Responses

- Did this individual ever take a leave of absence from their medical education? Yes  No
- Was this individual ever placed on probation? Yes  No
- Was this individual ever disciplined or under investigation? Yes  No
- Were any incident reports regarding this individual ever filed by instructors? Yes  No
- Were any limitations or special requirements imposed on this individual because of questions of academic or disciplinary problems, or for any other reason? Yes  No

A "Yes" response to ANY of the above questions requires the medical school to provide a written explanation on a separate attachment.

<p>Medical School Seal Must Be Imprinted Below</p>	<p>Attention Medical School: 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> <p>Signed and the school seal affixed this _____ day of _____, _____.</p> <p>By: _____            Printed Name and Title of School Official</p> <p>Signature: _____</p>
--	--

**L2**



## MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815  
(800) 633-2322 (916) 263-2382 FAX (916) 263-2487  
[www.mbc.ca.gov](http://www.mbc.ca.gov)



## CERTIFICATE OF CLINICAL CLERKSHIPS

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

## MEDICAL SCHOOL: PLEASE COMPLETE THIS FORM IN THE ENGLISH LANGUAGE

Applicant's Name: Last First Middle U.S. Social Security Number:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Medical School: Date of Birth – MM/DD/YYYY:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please report undergraduate clinical clerkships in which the applicant participated in DIRECT, HANDS-ON DIAGNOSIS OR TREATMENT OF PATIENTS IN A CLINICAL SETTING.

## MEDICAL SCHOOL CLINICAL CLERKSHIPS

Clinical Subject	Facility Name/Address	Dates of Attendance From – To (Month/Day/Year)	Weeks of Weekly Clinical Hours
		From ____/____/_____ To ____/____/_____	
		From ____/____/_____ To ____/____/_____	
		From ____/____/_____ To ____/____/_____	
		From ____/____/_____ To ____/____/_____	
		From ____/____/_____ To ____/____/_____	
		From ____/____/_____ To ____/____/_____	

Medical School Seal  
Must Be Imprinted  
Below

Attention Medical School: 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.

Signed and the school seal affixed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

By: \_\_\_\_\_  
Printed Name and Title of School Official

Signature: \_\_\_\_\_

L5



## MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815  
(800) 633-2322 (916) 263-2382 FAX (916) 263-2487  
[www.mbc.ca.gov](http://www.mbc.ca.gov)



## CERTIFICATE OF CLINICAL TRAINING

THIS FORM IS REQUIRED FOR INTERNATIONAL MEDICAL SCHOOL GRADUATES WHO COMPLETED ANY CLINICAL TRAINING OUTSIDE OF THE PRIMARY TEACHING HOSPITAL OF THEIR MEDICAL SCHOOL.

## PART 1: TO BE COMPLETED BY THE APPLICANT

NAME: Last First Middle

U.S. Social Security Number Date of Birth Telephone Number  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Home ( ) Work ( )

Public Mailing Address

City State/Province Zip/Postal Code

Medical School of Graduation:

## PART 2: TO BE COMPLETED BY THE PROGRAM DIRECTOR OR CLINICAL INSTRUCTOR

\_\_\_\_\_, a student of \_\_\_\_\_ Medical School  
completed a clerkship in \_\_\_\_\_ Clinical Specialty from \_\_\_\_\_ MMEDYY through \_\_\_\_\_ MMEDYY  
offered by \_\_\_\_\_ Facility Name and Mailing Address

- This facility  is affiliated with a U.S., Canadian, or International medical school  
Name of U.S., Canadian, or International medical school, if affiliated: \_\_\_\_\_
- This facility  is not affiliated with a U.S., Canadian, or International medical school
- This facility  does have an ACGME-accredited residency training program in the above clinical specialty of \_\_\_\_\_  
ACGME 10 digit program number \_\_\_\_\_ (refer to <http://www.acgme.org>)
- does not have an ACGME-accredited residency training program in the above clinical specialty

I certify that I am the program director or clinical instructor and that the student named above satisfactorily completed the above named clinical clerkship and I hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.

PRINT NAME OF PROGRAM DIRECTOR OR CLINICAL INSTRUCTOR: \_\_\_\_\_

SIGNATURE OF PROGRAM DIRECTOR OR CLINICAL INSTRUCTOR – Signature Stamp is Not Acceptable

DATE TELEPHONE NUMBER

ATTENTION PROGRAM DIRECTOR: THE PERSON WHO SIGNS THIS FORM MAY NOT BE RELATED TO THE APPLICANT BY BLOOD, MARRIAGE, OR ADOPTION.

Only the Program Director or Clinical Instructor may sign this form. If that signature authority 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.

If a hospital seal is not available, the program director shall sign this form in the presence of a notary public.

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Hospital or Notary Seal SIGNATURE OF NOTARY PUBLIC

OFFICIAL HOSPITAL SEAL OR NOTARY  
SEAL (WITH JURAT COMPLETED ABOVE)  
MUST BE AFFIXED IN THE BOX AT THE LEFT

L6

# IMG Medical School Student Clinical Rotations Common Challenges

- ▣ Core Medical Student Clinical Rotations
  - Medicine 8 weeks
  - Ob/Gyn 6 weeks
  - Pediatrics 6 weeks
  - Psychiatry 4 weeks
  - Surgery 8 weeks
  - Surgical sub-specialty 4 weeks
  - Family medicine 4 weeks (5/1/1998 or later)
  
- ▣ Elective Medical Student Clinical Rotations
  - 36 weeks prior to 5/1/1998
  - 32 weeks after 5/1/1998

- ▣ Medical student clinical rotations not completed in hospitals formally affiliated to the student's medical school
- ▣ Medical student clinical rotations not completed in ACGME hospitals

- ❑ Medical student clinical subject rotation does not meet the required number of weeks
- ❑ Medical student did not participate in required subject rotation
- ❑ Medical student completed clinical rotations without approval of medical school

# IMG Medical School Student Clinical Rotations Common Remedies

- ▣ Request a breakdown of clinical rotations completed within an approved postgraduate training program to determine whether those rotations may remedy the deficiency pursuant to B&P 2067 (beyond the minimum required for licensure)
- ▣ Allow the applicant to complete a deficient rotation within a current approved postgraduate training program (beyond the minimum required for licensure)

- ▣ Allow the applicant to complete the rotation in an ACGME hospital
- ▣ Allow the applicant to return to the medical school of graduation to complete the rotation
- ▣ Allow the applicant to complete the rotation at a California hospital approved pursuant to CCR Section 1327

# International Medical School Graduate Applicant Processing Challenges

- ▣ Time delays in obtaining primary source documentation from international medical schools
- ▣ Receipt of primary source documentation not completed or completed inaccurately
- ▣ Complexity of the review of the required primary source documentation



- ▣ Medical student clinical rotations completed outside of the authority/jurisdiction of the medical school
- ▣ Verification that each international medical school of attendance is recognized by MBC
- ▣ Verification that each international medical school is recognized at the time of student's attendance



# International Medical School Recognition

## World Health Organization (WHO)

“My medical school is on the WHO list of medical schools accredited by WHO . Therefore, the Medical Board of California should recognize my medical school. Doesn't WHO accredit medical schools?”

- ▣ Prior to 2008, WHO created and maintained a list of international medical schools reported by the medical schools, students, governments, and others.
- ▣ WHO did not accredit or approve these medical schools

- ▣ Beginning in 2008, WHO transferred this responsibility to the University of Copenhagen to maintain and edit the list of international medical schools. This is not an accreditation or approval process.

“The Avicenna Secretariat has no authority to grant any form of recognition or accreditation to educational institutions or their programmes.”

[ University of Copenhagen Avicenna data base website  
<http://avicenna.ku.dk/database/> ]

# Educational Commission For Foreign Medical Graduates (ECFMG)

“My medical school is on the ECFMG list of medical schools accredited by ECFMG . Therefore, the Medical Board of California should recognize my medical school. Doesn't ECFMG accredit medical schools?”

- ▣ ECFMG does not accredit or approve these medical schools

# ECFMG FUNCTIONS

- ▣ Create and maintain a list of international medical schools verified by the appropriate country oversight agency
- ▣ Sponsor international J-1 visa physicians
- ▣ Administer English language assessments to international medical school students

- ▣ Administer USMLE Steps 1, Step 2 CK and Step 2 CS
  
- ▣ Issue a Certification Status Report/Certificate:
  - Pass English language assessment
  - Pass USMLE Steps 1, Step 2 CK and Step 2 CS
  - Graduated from a medical school on the ECFMG list