POSTGRADUATE TRAINING LICENSE INFORMATION

A postgraduate training license (PTL) must be obtained within 180 days after enrollment in an Accreditation Committee for Graduate Medical Education (ACGME) accredited postgraduate training program in California. The PTL will be valid until 90 days after a resident has successfully completed 36 months of postgraduate training at which point a full and unrestricted physician's and surgeon's certificate must be obtained in order to continue clinical services in California.

The PTL will be valid until 90 days after a resident has successfully completed 36 months of accredited training if the resident is currently enrolled in an ACGME-accredited training program in California. If a resident has successfully completed a three year residency and is not currently enrolled in an ACGME accredited program, the resident would need to cease all clinical services in California until a physician's and surgeon's license is issued.

MINIMUM REQUIREMENTS

➢ To be eligible for a PTL, the applicant must be enrolled in an approved ACGME accredited postgraduate training program in California.

➢ Applicants must have received all of their medical school education from and graduated from a:

   1) U.S. or Canadian medical school accredited by the Liaison Committee for Medical Education (LCME), the Committee on Accreditation of Canadian Medical Schools. http://lcme.org/directory/accredited-u-s-programs/

   - OR -

   2) A foreign medical school which has been evaluated by the Educational Commission for Foreign Medical Graduates (ECFMG) or one of the ECFMG authorized foreign medical school accreditation agencies and deemed to meet the minimum requirements substantially equivalent to the requirements of medical schools accredited by the Liaison Committee on Medical Education, the Committee on Accreditation of Canadian Medical Schools, or the Commission on Osteopathic College Accreditation.

   The foreign medical school is listed on the World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER) World Directory of Medical Schools joint directory, or the World Directory of Medical Schools. https://search.wdoms.org/

   - OR -

   3) A foreign medical school that has been approved by the Medical Board of California (Board). http://www.mbc.ca.gov/Applicants/Medical_Schools/Schools_Recognized.aspx

➢ Disclosure of a United States Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) is mandatory prior to the issuance of a PTL. Section 30 of the Business and Professions Code authorizes collection of an SSN or ITIN. Section 31(e) of the Business and Professions Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Board.

➢ To meet the minimum examination requirement for a PTL, you must have taken and passed all components of the United States Medical Licensing Examination (USMLE) Steps 1 and 2 or all parts of the Licentiate of the Medical Council of Canada (LMCC) examination per Section 1328 Title 16 of the California Code of Regulations.

➢ Certification by the Educational Commission for Foreign Medical Graduates (ECFMG) is required if the applicant graduated from a foreign medical school. To obtain further information regarding ECFMG Certification, please refer to their website at http://www.ecfmg.org/.
GENERAL INFORMATION

➢ **Fingerprints:** Applicants who reside in California must complete the electronic Live Scan fingerprint process. The Request for Live Scan Service form 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 of California must submit two completed fingerprint cards or if visiting California, you may have your fingerprints completed electronically 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 PTL.*

➢ **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 by a licensing board in or outside of California, or inability to practice medicine safely.

➢ **The Federation Credentials Verification Service (FCVS):** The FCVS is operated by the Federation of State Medical Boards. The Board offers this link to FCVS as a convenience to applicants. Individuals may learn more about FCVS at: [http://www.fsmb.org/licensure/fcvs/](http://www.fsmb.org/licensure/fcvs/).

*The Board does not mandate the use the FCVS.* FCVS is NOT a requirement for completing a PTL application. Applicants will be required to complete the Board’s application and provide all necessary supporting documentation. As part of the application, applicants may request FCVS to submit their *Medical Professional Information Profile* directly to the Board. The Board will review the information provided along with the application and determine on an individual basis the items that will be accepted from FCVS.

➢ **NotaryCam:** NotaryCam is a company that provides an online notary service that is valid in California and may be used on the Board’s application forms. *The Board does not mandate the use of this online service.* The Board is providing this information as a convenience to applicants. Applicants may obtain further information regarding this online notary service at: [https://www.notarycam.com/](https://www.notarycam.com/).

➢ **Certified Electronic Diploma (CeDiploma®):** CeCredential Trust® is a company that provides an alternative to a paper diploma and is accepted by the Board. *The Board does not mandate that applicants use this online service.* If a CeDiploma® was not issued by the medical school, please contact the school directly. The Board is providing this information as a convenience to applicants. Applicants may obtain further information regarding this electronic diploma service at: [https://www.cecredentialtrust.com/](https://www.cecredentialtrust.com/).

APPLICATION CHECKLIST

Listed below are the minimum application and supporting materials required for a medical school graduate to obtain a PTL. This list is not all-inclusive as additional items may be necessary based on responses provided on the application or information obtained from other entities.

<table>
<thead>
<tr>
<th>Application, Fees, and Fingerprints</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ <strong>Postgraduate Training License Application,</strong> Forms PTL1-PTL5</td>
</tr>
<tr>
<td>□ <strong>Application Fee - $491.00</strong></td>
</tr>
</tbody>
</table>
## APPLICATION CHECKLIST (Continued)

### Application, Fees, and Fingerprints (Continued)

- **Fingerprints:**
  - **Live Scan Form (CA Only)** - OR -
  - **Two (2) Fingerprint Cards**
  
  Applicants who reside in California must complete the electronic *Live Scan* fingerprint process. They will need to use the [Request for Live Scan Service](https://www.mcc.ca/) form available on the Board’s website. Include a copy of the completed form with the application.

  Applicants residing outside of California must submit two completed fingerprint cards or have fingerprints completed at a California Live Scan facility. Fingerprint cards will be mailed once the Board receives an application and appropriate processing fees. *All personal data must be completed on the fingerprint cards or the cards will be returned for completion.*

  **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 PTL.**

### Examination Documentation

- **ECFMG Certification Status Report:** *(International Medical School Graduates Only)*
  
  A Certification Status Report from the ECFMG is required to verify the certification is valid. Applicants may obtain further information from its website at [http://www.ecfmg.org/](http://www.ecfmg.org/). The ECFMG must mail the Certification Status Report directly to the Board to be acceptable.

- **Official Examination Scores from the appropriate examination entity:**
  - USMLE or LMCC
  
  Official examination history reports must be requested from the appropriate examination agency. Official examination history reports may be requested from the following websites:

    - USMLE - [https://www.fsmb.org/transcripts/](https://www.fsmb.org/transcripts/) *(Only an electronic submission will be accepted by the Board.)*
    - LMCC - [http://www.mcc.ca/](http://www.mcc.ca/)

  *Each examination agency must submit an original, official examination history report directly to the Board to be acceptable.*

### Medical Education Documentation

- **Certificate of Medical Education, Form MED**
  
  A Certificate of Medical Education (Form MED), is required from each medical school attended. Complete the applicant information at the top of the form and mail it to the medical school. The form will need to be completed, signed and dated by the school official and affixed with the official medical school seal. Any fields or questions left unanswered will require completion of a new form. *The form must be submitted directly from the medical school to the Board to be acceptable.*

- **Official Medical School Transcript**
  
  An original official medical school transcript and translation (if not in English), prepared on university letterhead affixed with the signature of the dean or registrar and the medical school seal, documenting all of the basic science and clinical courses completed during the medical curriculum is required. *A transcript is required from each medical school attended. The transcript must be submitted directly from the medical school to the Board to be acceptable.*

- **Certified Copy of Medical School Diploma**
  
  A certified copy of the medical school diploma is required. The certified copy must have the original signature of the dean or registrar of the medical school, be affixed with the official medical school seal, and include a statement attesting that the copy is a true and correct copy of the original. If applicable, a CeDiploma® will be accepted by the Board. *The certified copy of the diploma must be submitted directly from the medical school to the Board to be acceptable.*
### Postgraduate Training Documentation

- **Certificate of Completion of ACGME/RCPSC/CFPC Postgraduate Training, Form PTA-PTB**
  - (If applicable)
  - This form is only necessary if there is prior postgraduate training. A Certificate of Completion of ACGME/RCPSC/CFPC Postgraduate Training (Form PTA-PTB) is required to verify the completion of the any ACGME, RCPSC, or CFPC accredited postgraduate training required for licensure.
  - The form must be submitted to each postgraduate training program for completion. A “yes” response to any of the questions on Form PTA requires a signed and dated letter of explanation from the current program director.
  - **The completed form must be submitted 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 submitted directly to the Board.**

- **Postgraduate Training License Enrollment Form, Form EF**
  - Proof of enrollment in a Board approved ACGME accredited postgraduate training program is required. Complete the applicant information and submit the form to the current 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 with the program seal. If a program seal is not available, the program director must sign in the presence of a notary and the notary seal must be affixed. **The Form EF must be submitted directly from the program to the Board to be acceptable.**

### Other Items

- **Timeline of Activities, Form TOA**
  - (If the applicant has graduated within the last 6 months, this form is not needed)
  - Provide the Board with a written chronological description of all professional and non-professional activities, from the date of graduation, with no gaps.
  - If the applicant has completed any externships, observerships, or volunteer activities in California, please include a detailed description of the duties and responsibilities along with the location and name of the supervising physician.
  - Submit the signed and dated Timeline of Activities form directly to the Board.

- **Explanation For Application Question, Form EXP**
  - (If applicable)
  - This form may be used to provide a detailed written explanation for a “yes” response to a question on the Board’s application. A separate form is required for each question.

- **License Verification**
  - (If applicable)
  - License verification is required from each state or Canadian province in which an applicant holds or has held a license to practice medicine. Verification of temporary, training, or provisional license(s) are not required. **The official license verification must be submitted directly from the licensing authority to the Board.**

### NOTE

- The Board must be notified within 30 days if the trainee transfers to another California postgraduate training program. The program director must complete a Program Status Update/Change Form (Form PSU1-PSU2), if the trainee moves, or transfers to another program, is terminated, resigns, or takes a leave of absence.