



Application to Transition from a Postgraduate Training License to a Physician's and Surgeon's License Information & Checklist

LICENSE INFORMATION

This application is only for residents who hold a current Postgraduate Training License (PTL) and are ready to obtain their Physician's and Surgeon's (P&S) License. You must transition to a Physician's and Surgeon's (P&S) License prior to the expiration date of your PTL. You may submit the transition application process 180 days prior to meeting the minimum requirements.

You must submit your Transition application online using the BreZE Online Services. The online application requires you to provide detailed information. Each page of the online application will time out after approximately 15 minutes. To help with the completion of the application, review the "Application Preparation" section to complete each page within the 15-minute time limit, otherwise the system will time out.

To allow sufficient time for processing and remediating deficiencies, the Board strongly encourages you to submit your online Application to Transition from a Postgraduate Training License to a Physician's and Surgeon's License, utilizing BreZE Online Services, six months prior to obtaining 12/24 months of credit from a Board-approved postgraduate training program.

MINIMUM REQUIREMENTS

- To meet the examination requirement, the applicant must have taken and passed all steps of the United States Medical Licensing Examination (USMLE) or Part 1 of the Licentiate of the Medical Council of Canada (LMCC) examination per [Title 16 of the California Code of Regulations \(CCR\) section 1328](#).
 - An applicant who obtains a passing score on all parts of Step 3 of the USMLE in more than four attempts must meet the requirements of Business and Professions Code (BPC) section [2135](#) or [2135.5](#) to be considered eligible for issuance of a P&S License pursuant to BPC section [2177\(c\)\(2\)](#).

Note: If the Board previously received official scores verifying passage of Part I and Part II of the LMCC examination, USMLE Step 3 is not required.

- To meet the postgraduate training requirement for licensure, you must have received 12 months credit of Board-approved postgraduate training for graduates of medical schools in the United States and Canada or 24 months credit of Board-approved postgraduate training for graduates of international medical schools approved under [BPC section 2084](#).

Board-approved postgraduate training must be accredited either by the Accreditation Council for Graduate Medical Education (ACGME) and completed in the United States and its territories, or the Royal College of Physicians and Surgeons of Canada (RCPSC) and/or The College of Family Physicians of Canada (CFPC) and completed in Canada.

P&S INITIAL LICENSE RENEWAL REQUIREMENT

- As a requirement of the initial license renewal, the licensee must provide verification of receiving credit of 36 months of Board-approved postgraduate training. This documentation may be provided during the initial license application process or after the issuance of the license but must be provided no later than the P&S License expiration date.

If your training was part of the MD/DDS-integrated Oral and Maxillofacial Surgery (OMFS) postgraduate training program, then you must provide evidence of receiving credit for at least 24 months of postgraduate training accredited by the Commission on Dental Accreditation (CODA) to meet the initial renewal requirement. CODA-accredited postgraduate training must be part of an oral and maxillofacial surgery postgraduate training program after receiving a medical degree from a combined dental and medical degree program.

The current program director or the designated institutional official (DIO) must submit a signed and dated Certificate of Completion of ACGME/RCPSC/CFPC Postgraduate Training (Form PTA-PTB) or Certificate of Completion of CODA Postgraduate Training (Form CODA1-CODA2), directly to the Board to verify completion of required training. The Board recommends providing this documentation as soon as the required training is completed rather than waiting until your license expiration date. This will help avoid any

P&S INITIAL LICENSE RENEWAL REQUIREMENT *(Continued)*

delay in processing the required documentation, your P&S license expiring, and being required to cease clinical practice.

Proof of the required postgraduate training must be mailed to the Board and postmarked no later than the initial license expiration date to be considered by the Board. Please note that your license will be automatically placed in delinquent status pending review if you do not submit proof of the required postgraduate training by the license expiration date.

You are NOT required to provide this documentation of postgraduate training after the issuance of your P&S License if you meet either of the following criteria:

- Provided, and the Board accepted, verification of successfully receiving credit of 36 months of Board-approved postgraduate training (you will be notified by the Board once this requirement has been completed),

- OR -

- You were licensed pursuant to BPC sections [2135](#), [2135.5](#), [2151](#), or [2428](#), or if you used experience under a [BPC section 2113](#) permit to qualify for a P&S license (you will be notified by the Board once this requirement has been met).

GENERAL INFORMATION

As an applicant, **you are personally responsible for all information disclosed on the application**, including any responses that may have been completed on your behalf or information provided to you by others. The Board may deny your application based upon omission, falsification or misrepresentation of any item or response on the application or any attachment. The Board considers violations of an ethical nature to be a serious breach of professional conduct.

- **Information Privacy Act:** The Licensing Program of the Medical Board of California requests this information to determine your eligibility for a P&S License. The Board may reject your application as incomplete if you do not provide the requested information. The Board will use the information you provide to verify your identity and determine your qualifications for licensure per sections 2064.5 and 2080 of the California Business and Professions Code (BPC), which authorizes the collection of this information.

The Board may transfer the provided information on your application to other medical licensing authorities, the Federation of State Medical Boards, or other governmental law enforcement agencies.

- **Custodian Of Records:** The Licensing Program Chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act, Civil Code section 1798.17, by [contacting the Board](#).
- **Grounds for Denial:** The Board reviews each applicant's credentials for licensure in California 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. See BPC sections [480](#), [2221](#), and [2234](#) for further information.
- **Priority Review and Expedited Licensure:**

Review the additional requirements on qualifying for [Priority Review and Expedited Licensure](#) as outlined below. The Board will NOT expedite the review of your application nor the licensure process if any of the required documents are missing or do not meet the requirements:

SkillBridge

Beginning July 1, 2024, the Board shall expedite the initial licensure process for an applicant who is an active-duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program. ([BPC section 115.4](#))

To expedite review of your application, you must attach a copy of the following documentation on the attachments page of the online application:

- Proof of enrollment in the US Department of Defense SkillBridge program, such as a letter signed by your commanding officer.

GENERAL INFORMATION *(Continued)*

➤ **Priority Review and Expedited Licensure: (continued)**

Honorably Discharged Veterans of the United States Armed Forces

The Board is required to expedite the application review and licensure process if you have served as an active-duty member of the United States Armed Forces and were honorably discharged ([BPC section 115.4](#))

To expedite the review of your application, you must attach a copy of the following documentation to your online application:

- Official orders issued by the United States Armed Forces verifying that you have been, or will be, honorably discharged.

Practice in Medically Underserved Area or Population

The Board must expedite the application review and licensure process if you have received and accepted an offer of employment to work in an area of California formally designated as an underserved area or underserved population. ([BPC section 2092](#))

To expedite the review of your application, you must attach a copy of the following documentation to your online application:

- 1) A signed and dated letter from you to confirm that you accepted employment in California to provide medical services to a formally designated underserved area and/or population.
- 2) A signed and dated letter from your prospective employer confirming the offer of prospective employment to provide medical services to a formally designated underserved area and/or population in California. The letter must include the proposed employment start date, the name and address of the facility(s) where you will provide medical services, and the medical specialty of the medical services you will provide.

Provide Abortions Within the Scope of Practice of Their Medical License

An applicant who demonstrates they intend to provide abortions within the scope of practice of their license may qualify for expedited application processing, if they provide the Board with the documentation identified below. An “abortion” is any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth.

To expedite the review of your application, you must attach the following documentation with your application:

- A letter declaring your intent to provide abortions; and,
- A letter from an employer or health care entity indicating that you have accepted employment or entered into a contract to provide abortions. This letter must include:
 - 1) The starting date;
 - 2) The location where you will be providing abortions; and,
 - 3) That you will be providing abortions within the scope of practice of your applicable license, in accordance with BPC sections [2253](#), [2725.4](#), and [3502.4](#).

Spouse or Domestic Partner of an Active-Duty Member of the United States Armed Forces

The Board is required to expedite the review of your application and licensure process and waive the initial license fee if you are a spouse of, in a domestic partnership or other legal union with, an active-duty member of the United States Armed Forces who is assigned to a duty station in California under official active-duty military orders. ([BPC section 115.5](#))

To expedite the review of your application, you must attach a copy of the following documentation to your online application:

- Evidence that you are married to, in a domestic partnership or other legal union with, an active-duty member of the United States Armed Forces who is assigned to a duty station in California under official orders.
- Evidence of your domestic partner’s or spouse’s official assignment to a duty station in California.
- Evidence that you hold a current, active, and unrestricted medical license in another state, district, or territory of the United States.

GENERAL INFORMATION *(Continued)*

► **Priority Review and Expedited Licensure: (continued)**

Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status

The Board is required to expedite the review of applications and initial licensure process for certain applicants described below. (BPC section 135.4) To have your application expedited, one of the following statements must apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; or
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or
- You have a special immigrant visa and were granted this status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

To expedite the review of your application, you must attach one of the following documents to your online application:

- Form I-94, Arrival/Departure Record, with an admission class code such as “RE” (Refugee) or “AY” (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the “SI” or “SQ.”
- Permanent Resident Card (Form I-551), commonly known as a “Green Card,” with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

Temporary License for Spouses of Active-Duty Member of the U.S. Armed Forces

The Board may issue a temporary Postgraduate Training License if you are married to, in a domestic partnership or other legal union with, an active-duty member of the United States Armed Forces who is assigned to a duty station in California under official active-duty military orders. ([BPC section 115.6](#)).

A temporary license is valid for a period of 12 months, allowing an applicant to complete the application process for the full P&S license. Upon issuance of the temporary license, the licensee will receive a wall certificate and their temporary license profile will be available on the Board's [License Verification](#) webpage, once approved.

You must hold a current, active, and unrestricted medical license in another state, district, or territory of the United States. You must attach a copy of the following documentation to your online application:

- Submit evidence that you are married to, or in a domestic partnership or other legal union with, an active-duty member of the United States Armed Forces who is assigned to a duty station in California under official orders.
- Submit evidence of your domestic partner's or spouse's official assignment to a duty station in California.
- Hold a current, active, and unrestricted medical license in another state, district, or territory of the United States.

For minimum requirements, information, instructions, and forms, please visit the [Physician's and Surgeon's Temporary License](#) page on the Board's website.

- **Third Party Services:** You may use electronic services to assist in completing your application for licensure. The Board does not mandate any of the electronic commercial services. For additional information, visit the [Board's website](#). The Board is providing this information as a convenience to its applicants.

- **Third Party Authorization:** You can authorize an individual to receive information about the status of your license application from the Medical Board of California (Board) and/or to authorize an individual to submit documentation on your behalf to the Board as part of the license application by providing the individual's name and email address when completing the online licensing application. If you wish to add an authorized individual after submitting your license application, you can email the name and email address of the individual(s) to Licensing.Questions@mbc.ca.gov, from the email address on file with the Board, or to your reviewer. If you wish to later rescind your authorization of authorized individual(s), you must notify the Board in writing.

GENERAL INFORMATION *(Continued)*

- **Authorized Representative:** You have the option of adding an Authorized Representative to your account after you register with BreEZe. An authorized representative can perform the following functions for the physician: make payments, apply for renewals, and maintain license information. To add an Authorized Representative to your account, the person you want to add must first register with BreEZe and you must know the Authorized Representative's BreEZe User ID. You can reference the [Adding an Authorized Representative user guide](#) for a step-by-step tutorial.
- **Application Preparation:** The online application requires you to list detailed information. Each page of the online application will time out after approximately 15 minutes. Gather the following information before starting your online application to avoid your application timing out.
 - ✓ Your full legal name and either your Social Security Number or ITIN.
 - ✓ Address of Record, which the Board uses to contact you and will become public information once licensed.
 - ✓ All examinations for licensure you have taken, and date passed (USMLE or LMCC).
 - ✓ California ACGME-accredited postgraduate facility name, anticipated attendance dates, and specialty.
 - ✓ Previously attended ACGME, RCPSC, or CFPC-accredited postgraduate training facility name, dates of attendance, and specialty.
 - ✓ Medical license(s) ever held, issuing U.S. State, Territory, or Canadian Province, including, but not limited to, temporary, provisional, or training license(s) regardless of license status.
 - ✓ If applying for priority review and expedited licensure, all documents required to verify you meet the requirements, as indicated in the "Priority Review and Expedited Licensure" section above.

As indicated below, you may attach some required documents to the attachment screen of your online application.

- **Limited Practice License:** In addition to the application, supporting documents, and fees to obtain a P&S License, it will be necessary to submit the Limited Practice License Form (Form LPL) to apply for the limited practice license. This form advises the Board that you wish to apply for the limited practice license and consent to sign an agreement to abide by the practice limitations indicated in the independent clinical evaluation and any further conditions or terms set forth by the Board. The form is located on the [Board's website](#) and should be mailed to the Board after you submit an online application.

Please refer to the Board's [Limited Practice License webpage](#) for eligibility information and clinical evaluation requirements.

APPLICATION CHECKLIST

Listed below are the minimum application materials and supporting documentation required for a resident to obtain a Physician's and Surgeon's License. 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.

You are required to submit the following items:

➤ Application, Fees, Explanations and Timeline of Activities

☐ **Application to Transition from a Postgraduate Training License to a Physician's and Surgeon's License**

All items in this application are mandatory. You must submit your application online using the [BreEZe Online Services](#). Each page of the online application will time out after approximately 15 minutes. This application requires you to list detailed information. To help with the completion of the application, review the "Application Preparation" section of this document to complete each page within the 15-minute time limit, otherwise the system will time out.

Your P&S License will be issued using your full legal name including middle name or initial and/or suffix. Once your license is issued, you may apply for a Fictitious Name Permit if you choose to practice medicine in California using another name. If you have used multiple variations of your name in the past, you may attach a copy of a current government issued photographic identification (e.g., driver license, immigration registration card, passport, etc.) with your application so the review process is not delayed.

If you have changed your name legally in the past, attach a copy of legal documents as proof of name change (e.g., Certified Court Order, Marriage Certificate, Dissolution of Marriage (Divorce), etc.).

☐ **Initial License Fee or Reduced Initial License Fee**

The initial license fee is \$1,176.00. Applicants may be eligible for the reduced license fee of \$600.50 if enrolled in a Board-approved postgraduate training program and upon completion of the Current Postgraduate Training Verification, [Form CTV](#).

The license fee includes a mandatory \$25 fee for the [Steven M. Thompson Physician Corps Loan Repayment Program](#).

The Board may waive the initial license fee of \$1,151 or the reduced initial license fee of \$575.50 if you are applying as a spouse of, in a domestic relationship or in other legal union with, an active-duty member of the United States military. You will be required to pay the \$25 fee for the [Steven M. Thompson Physician Corps Loan Repayment Program](#). To qualify for the fee waiver, you must submit the required supporting documents.

When applying online through BreEZe, you will be required to pay all required fees, including the initial license fee.

☐ **SONG-BROWN FAMILY PHYSICIAN TRAINING ACT (Voluntary Fee - \$25.00 Minimum)**

You may voluntarily contribute a minimum of \$25.00 to the Song-Brown Health Care Workforce Training Act (Song-Brown Program). The Board transfers all funds collected monthly to the Department of Health Care Access and Information (HCAI), formally known as the Office of Statewide Health Planning and Development (OSHPD). The Song-Brown Program was established to increase the number of family physicians to provide needed medical services to the people of California. For further information regarding the program, please visit the HCAI website at:

<https://hcai.ca.gov/loans-scholarships-grants/grants/song-brown/>.

☐ **Explanation For Application Question, [Form EXP](#) (If applicable)**

You may use this form to provide a detailed written explanation for a "Yes" response to a question on the Board's application. A separate Form EXP is required for each question.

You must attach the written explanation in BreEZe when submitting your application. Once you submit your online application in BreEZe, you cannot go back and submit additional documents to the Board through BreEZe.

APPLICATION CHECKLIST (Continued)

► Application, Fees, Explanations and Timeline of Activities (continued)

☐ **Timeline of Activities, [Form TOA](#) (If applicable)**

Provide the Board with a written chronological description of all professional and non-professional activities, from the date you were issued a PTL to the present, with no gap greater than three months.

If you have 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.

You must attach the signed and dated Timeline of Activities form to the attachment screen of your online application. Once you submit your online application in BreEze, you cannot go back and submit additional documents to the Board through BreEze.

PRIMARY SOURCE DOCUMENTS

You must contact the appropriate entity to request they submit the documents below directly to the Board.

The Board will **NOT** accept the following documents if they are submitted by the applicant.

► Examination Documentation

☐ **Official Examination Scores from FSMB: USMLE Step 3**

Official examination history reports must be requested from the Federation of State Medical Boards (FSMB). Official examination history reports may be requested from the following website at:

www.fsmb.org/transcripts.

Note: An applicant who obtains a passing score on all parts of Step 3 of the USMLE in more than four attempts, must meet the requirements of BPC section [2135](#) or [2135.5](#) to be considered eligible for issuance of a P&S license pursuant to [BPC section 2177\(c\)\(2\)](#).

The FSMB must submit the official examination history report verifying passage of Step 3, directly to the Board electronically, to be acceptable.

► Postgraduate Training Documentation

☐ **Certificate of Completion of ACGME/RCPSC/CFPC Postgraduate Training: [Form PTA-PTB](#)**

A Certificate of Completion of ACGME/RCPSC/CFPC Postgraduate Training (Form PTA-PTB) is required to verify participation in all ACGME, RCPSC, or CFPC accredited postgraduate training program(s) attended regardless of whether you completed the program or received partial credit or no credit.

To meet the minimum requirements, the program director or DIO must submit Form PTA-PTB to verify the receipt of 12 months credit of Board-approved postgraduate training for graduates of medical schools in the United States and Canada or 24 months credit of Board-approved postgraduate training for graduates of international medical schools. You must submit a form to each postgraduate training program attended for completion. Each program must submit a PTA-PTB form to verify years of training if you completed training in more than one program.

The current program director or the DIO must provide all the required information and responses, sign and date, and submit the completed form through the [Board's DOCS portal](#), which does not require a program seal or notary.

A "Yes" response to any of the Unusual Circumstances question(s) on Form PTA requires a signed and dated letter of explanation, on facility letterhead, from the current program director or the DIO.

The program must submit the completed form and/or letter directly to the Board through the [Board's DOCS portal](#) if the applicant has an open application with the Board to be acceptable.

PRIMARY SOURCE DOCUMENTS *(Continued)*

➤ Postgraduate Training Documentation (continued)

☐ **Certificate of Completion of CODA Postgraduate Training [Form CODA1-CODA2](#) *(if applicable)***

A Certificate of Completion of CODA Postgraduate Training, Form CODA1-CODA2 is required to verify completion of 24 months of postgraduate training accredited by the Commission on Dental Accreditation (CODA) only if the training was completed prior to obtaining a P&S License.

If 24 months of CODA-accredited training is not completed prior to issuance of your P&S License, then it must be completed as part of the initial license renewal process.

The current program director or designated institutional official (DIO) must provide all required information and responses on the form and sign, and date the form. A program seal or notary is not required when submitted through DOCS.

A "Yes" response to any of the Unusual Circumstances question(s) on Form CODA1 requires a signed and dated letter of explanation, on facility letterhead, from the current program director or DIO.

The program must submit the completed form and/or letter of explanation directly to the Board through the [Board's DOCS portal](#) if the applicant has an open application with the Board to be acceptable.

☐ **Current Postgraduate Training Verification: [Form CTV](#)**

If you are currently enrolled in an ACGME, RCPSC, CFPC, or CODA-accredited postgraduate training program when paying the initial licensing fee, completion of the Current Postgraduate Training Verification (Form CTV) is necessary to be eligible for the reduced initial license fee.

The current program director or the DIO must provide all the required information and responses on the form and sign and date the form.

The program must submit the completed form directly to the Board through the [Board's DOCS portal](#) if the applicant has an open application with the Board to be acceptable.
