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# Application to Transition from a Postgraduate Training License to a Physician's & Surgeon's License - Introduction

A Physician's and Surgeon's License authorizes you to practice medicine in California.

You must hold or have held a Postgraduate Training License (PTL) to proceed with this Application to Transition from a PTL to a Physician's and Surgeon's License.

Review the Application to Transition from a Postgraduate Training License to a Physician's and Surgeon's License Information & Checklist for a detailed guide on the license application process.

<u>Previously Licensed in California:</u> If you have previously held a Physician's and Surgeon's License and want to reinstate your license, please cancel this application and refer to the <u>Physician's and Surgeon's Previously Licensed in California apply page on the Board's website</u> for more information.

<u>Limited Practice License</u>: If applying for a Limited Practice License, please review the <u>Physician's and Surgeon's Limited Practice License application page on the Board's website</u> for more information. Complete the Limited Practice License, <u>Form LPL</u> and submit via mail or attach with this application on the Attachments page.

This application requires you to provide detailed information. Each page of this online application will time out after approximately 15 minutes. To help with the completion of the application, review the "Application Submission Methods" section of the <u>Application to Transition from a Postgraduate Training License to a Physician's and Surgeon's License Information & Checklist to complete each page.</u> Note, after 15 minutes of inactivity, the system will time out.

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.

For minimum requirements, information, instructions, and forms, please see the <u>Transition from a Postgraduate Training License</u> to a Physician's and Surgeon's License page on the Board's website.

Press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

## <u>Application to Transition from a Postgraduate Training License to a Physician's & Surgeon's License – Physician's and Surgeon's License Initial Renewal Requirement</u>

- As a requirement of the initial license renewal, the licensee must provide verification of receiving credit of 36 months of board-approved postgraduate training.
- If your training was part of the MD-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 Board must receive this documentation no later than the initial license expiration
  date.
- Proof of the required postgraduate training program 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 within sufficient time for the
  Board to process it before your license expiration date. An initial license is issued for a period of two years and 60 days to
  allow additional time to provide the Board the required documents. After the first renewal, the license is only valid for a twoyear period until the next renewal.
- You are not required to provide this documentation of postgraduate training after the issuance of your P&S license if you:
  - Provided verification of successfully completing 36 months of postgraduate training during the application process (you will be notified by the Board once this requirement has been completed).

OR

Are being licensed pursuant to Business and Professions Code (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.

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# Application to Transition from a Postgraduate Training License to a Physician's & Surgeon's License - Information Privacy Act

NOTICE: All items in this application are mandatory; none are voluntary.

The Licensing Program of the Medical Board of California requests this information to determine your eligibility for a Physician's and Surgeon's License. The Board may reject your application as incomplete if you fail to provide the requested information. The Board will use the information you provide to verify your identity and determine your qualifications for licensure per section 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.

Disclosure of your United States Social Security Number (SSN) or your Individual Taxpayer Identification Number (ITIN) is mandatory prior to the issuance of a license. Section 30 of the Business and Professions Code authorizes collection of your 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. A license issued by the Board may be suspended if a state tax obligation is not paid. Reporting a number on your application that is not your SSN or ITIN may be grounds for denial of licensure.

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.

Press "Agree" to continue.

To save and exit this application, click on the "Cancel" button.



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# Application to Transition from a Postgraduate Training License to a Physician's & Surgeon's License - Function Suitability

### Question #1

To meet the postgraduate training requirement, you must have received either a minimum of 12-months credit (for U.S. or Canadian medical school graduates) OR 24-months credit (for international medical school graduates) of Board-approved postgraduate training. All postgraduate training must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) completed in the United States, Royal College of Physicians and Surgeons of Canada (RCPSC), and/or College of Family Physicians of Canada (CFPC) (RCPSC and CFPC training must be completed in Canada).

Press "Previous" to return to the previous section.

Answer the questions and press "Next".

To save and exit this application, click on the "Cancel" button.

### Question Answer

Are you a PTL holder who has received either a minimum of 12-months credit (for U.S. or Canadian medical school graduates) or is currently enrolled in your first year of Board-approved training OR a minimum of 24-months credit (for international medical school graduates) or is currently enrolled in your second year of Board-approved training?

C	ÿ	Yes
C	Š	No

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### Reduced Initial License Fee

If you are enrolled in an ACGME, RCPSC, CFPC, or CODA-accredited training program, you may be eligible for a 50 percent reduction of the initial license fee. To be eligible for the reduced license fee, your program director must document your enrollment by completing a <u>Current Postgraduate Training Verification</u>, Form CTV.

Priority Review and Expedited Licensure: Review additional requirements on qualifying for Priority Review or Expedited Licensure. The Board will NOT expedite review of your application nor the licensure process if any of the required documents are missing or the documentation does not verify qualification under the requirements.

### · Military Honorable Discharge Requirements

In order to expedite the review of your application, attach a copy of the following documentation on the attachments page of this application:

DD214 or other supporting documentation.

### Military Spouse or Domestic Partner Requirements

In order to expedite the review of your application, attach a copy of the following documentation on the attachments page of this application:

- Evidence that you are married to, in a domestic partnership, or in 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;
- · Evidence of your spouse's or domestic partner's official assignment to a duty station in California; and
- Evidence that you hold a current medical license in another state, district, or territory of the United States.

### Practice in Medically Underserved Area or Population Requirements

In order to expedite the review of your application, attach a copy of the following documentation on the attachments page of this application:

- A signed and dated letter from the applicant confirming their acceptance of employment in California to provide medical services to a formally designated underserved area and/or population; and
- A signed and dated letter from the applicant's prospective employer confirming their 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 services you will provide.

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Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status (SIV)
In order to expedite the review of your application, attach a copy of the applicable documentation on the attachments page of
this application if you were admitted to the United States as a refugee, were granted asylum, or have a special immigrant
visa and were granted a status:

 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 "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.

Answer the questions and press "Next" to continue.

Press "Previous" to return to the previous section.

To save and exit this application, click on the "Cancel" button.

Are you currently enrolled in an ACGME, RCPSC, CFPC, or CODA-accredited postgraduate training program in the United States or Canada?	No V
Are you applying with an Individual Taxpayer Identification Number (ITIN)?	No V
Have you served or are you currently serving in the United States Armed Forces?	No 🕶
Are you requesting the Board to expedite review of your application as a spouse or domestic partner of, or other legal union with, an active-duty member of the United States Armed Forces?	No V
Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?	No V
Are you requesting the Board to expedite review of your application to practice in a medically underserved area or population?	No Y
Were you admitted to the United States as a Refugee, granted asylum, or have a Special Immigrant Visa status?	No V
Are you requesting a temporary license as a spouse to, in a domestic partnership or in 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?	No 🗸
Are you requesting expediting of this application as you will be providing abortion services as defined in Section 123464 of the Health and Safety Code?	No V
Pursuant to Business and Professions Code Section 115.4, beginning July 1, 2024, the board/bureau 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. Do you request expediting of your application under this authority? (If you select YES, you must attach documentation of enrollment to this application.)	No V

You will only see
this text on your
screen if you
answered "yes" to
one of the above
questions
regarding expedite
review, special
status, or military

involvement.

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Practice Impairment or Limitations I confirm that I will be attaching (as applicable) the documents that show I meet the military spouse or domestic partner requirements.



### Temporary License for Spouses of Active-Duty Member of the United States Armed Forces:

The Board may issue a temporary Physician's and Surgeon's License to an applicant who is married to, or in a domestic partnership, or in 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. The applicant must hold a current, active, and unrestricted license in another state, district, or territory of the United States in the same profession or vocation for which the applicant seeks a temporary license. Please attach the following documentation to the attachments page of this application:

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

For minimum requirements, information, instructions, and forms, please visit the <a href="https://example.com/Physician and Surgeon Temporary License">Physician and Surgeon Temporary License</a> page on the Board's website.

### **ABORTION SERVICES**

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 qualify, you must submit 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,

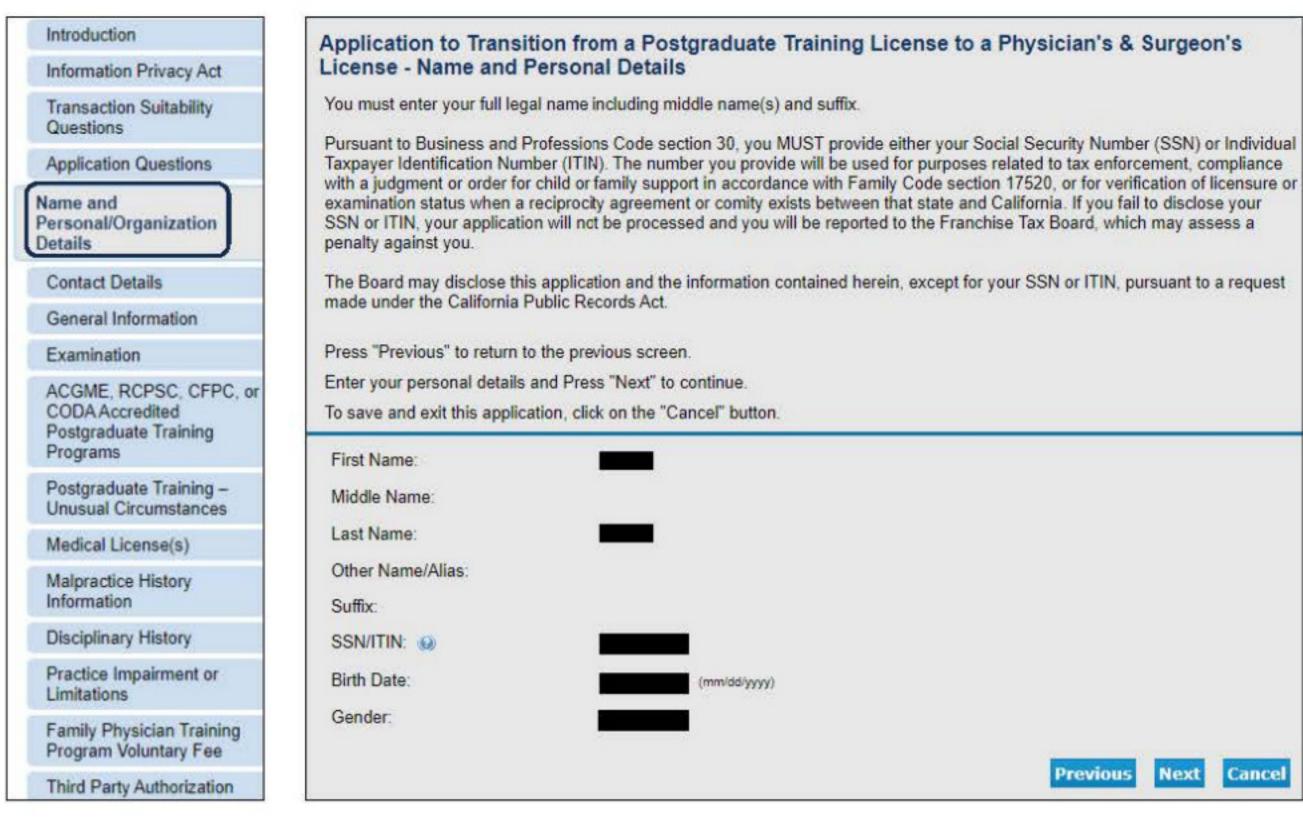
 That you will be providing abortions within the scope of practice of your applicable license, in accordance with Business and Professions Code Sections 2253, 2725.4, and 3502.4.

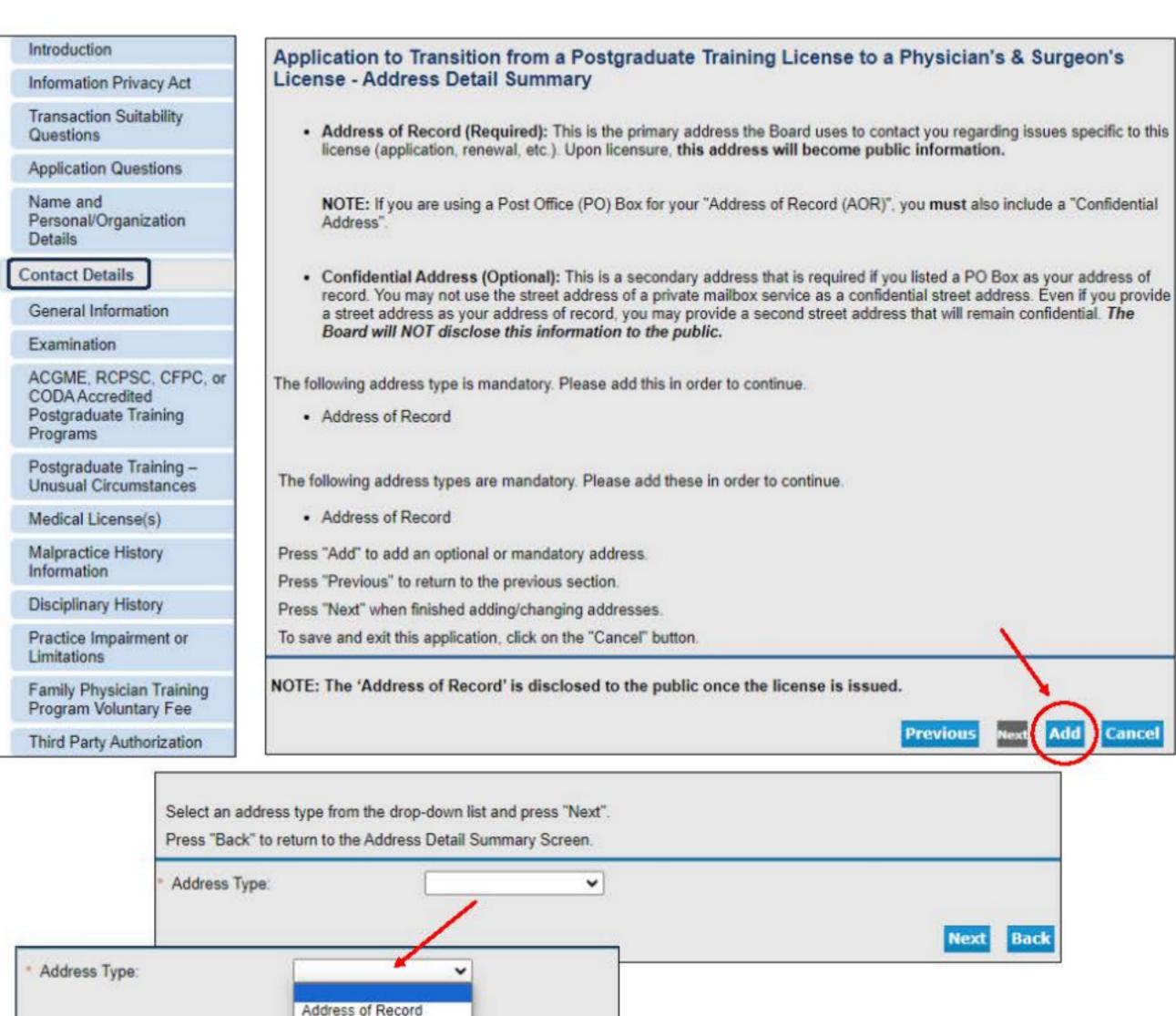
### Individual Taxpayer Identification Number

Business and Professions Code section 30 authorizes the Board to collect either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). An ITIN is a tax processing number issued by the Internal Revenue Service. The IRS issues ITINs to individuals who are required to have a U.S. taxpayer identification number but who do not have, and are not eligible to obtain, an SSN from the Social Security Administration.

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Confidential Address

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Your email address

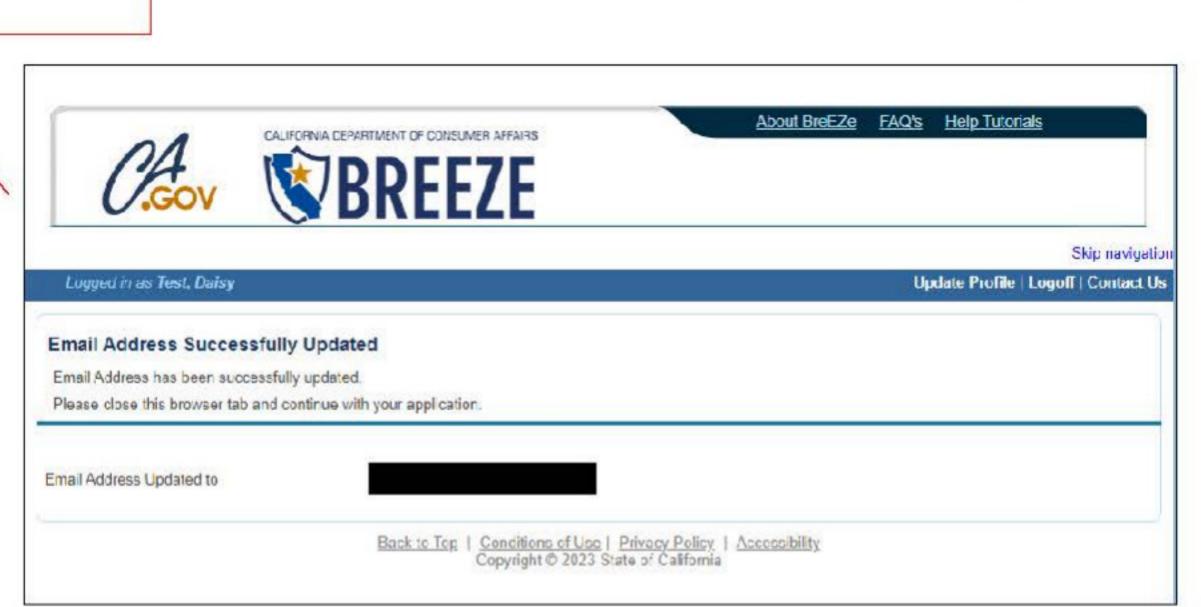
needs to be verified before continuing

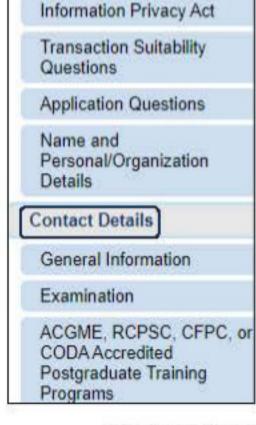
with the application.

Please go to your email and click the

link to verify your email address.

Application to Transition from a Postgraduate Training License to a Physician's & Surgeon's License - Add Address Details Enter your contact information below and press "Continue" when done. Enter/Update your address, phone number and email address and press "Continue" when done. Press "Back" to return the previous screen. Address of Record \* Address Line 1: Address Line 2: Address Line 3: \* City: California State: \* Zip Code: **United States** Country: ~ Primary Phone Number: Extension: Email: Confirm Email: Work Phone: Home Phone: When entering a non-U.S. address, please select "Out of Country State" from the "State" drop-down menu. Then, enter your postal code in the format as required by your country's postal agency. Continue Back





Address of Address:

Record

Primary Phone Number:
Email:
Work Phone:
Home Phone:

NOTE: The 'Address of Record' is disclosed to the public once the license is issued.

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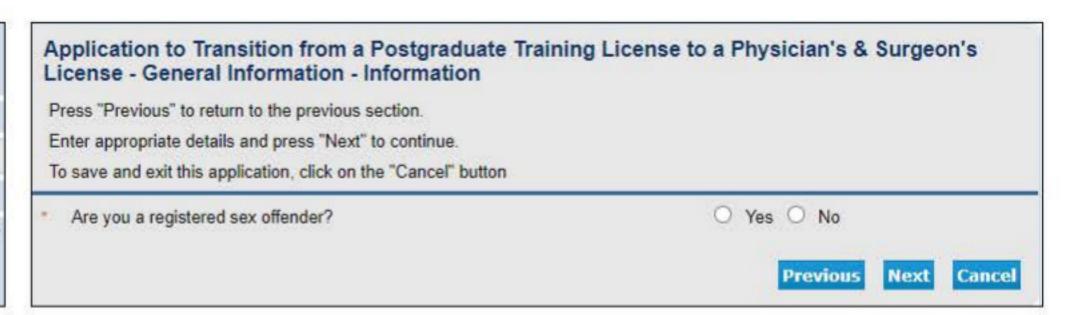
Name and
Personal/Organization
Details

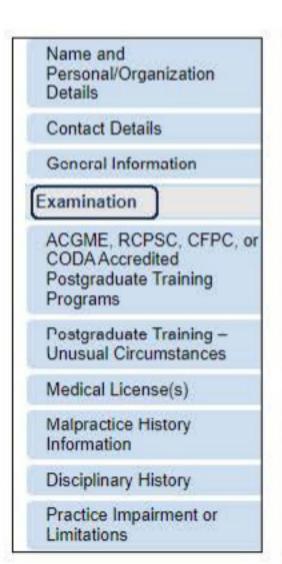
Contact Details

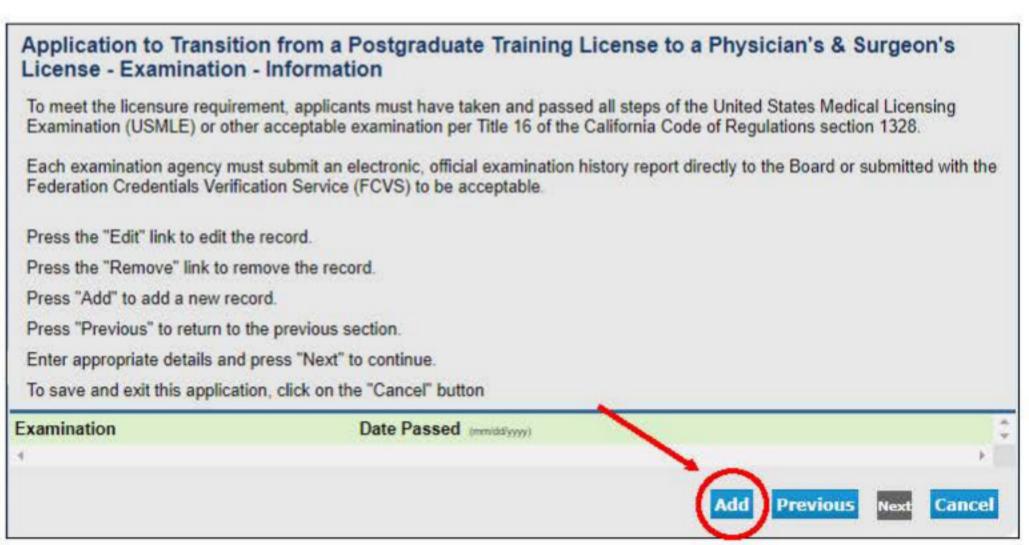
General Information

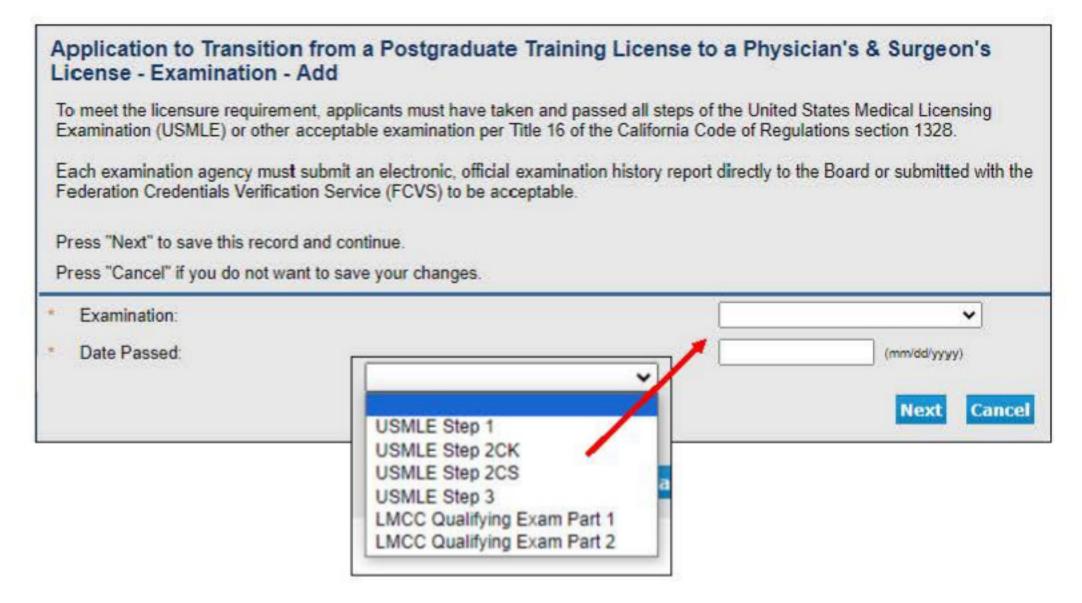
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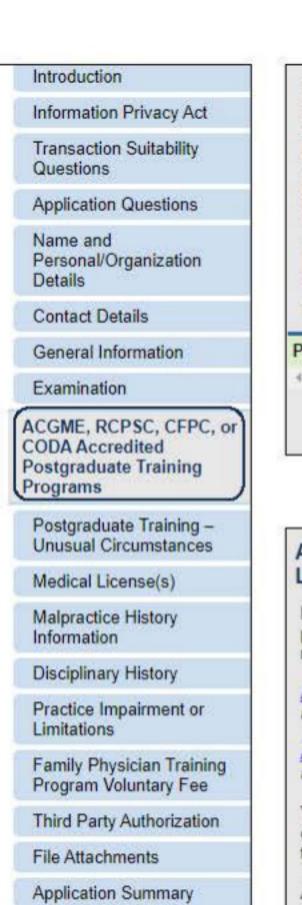
List every ACGME, RCPSC, CFPC or CODA Accredited program (internship, residency and fellowship) in which you have participated or are currently participating in, regardless of whether the program was completed or if you received partial credit or no credit.

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 training whether the program was completed or if you received partial credit or no credit.

A Certificate of Completion of CODA Postgraduate Training, Form CODA1-CODA2, is required to verify any postgraduate training accredited by the Commission on Dental Accreditation (CODA), if completed at the time of application.

You must submit a Form PTA-PTB and/or Form CODA1-CODA2 to each postgraduate training program for completion. The current program director or the designated institutional official (DIO) must provide all of the required information and responses on the form and sign and date the form.

A "Yes" response to any of the questions on Form PTA and/or Form CODA1 requires a signed and dated letter of explanation, on facility letterhead, from the current program director or DIO, which must be submitted through DOCS.



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To save and exit this appropriate Program Facility Name				Training Er	nd Date (mm/dd/yyyy)
Enter appropriate details					
Press "Previous" to return	n to the previous sect	ion.			
Press "Add" to add a ne	w record.				
Press the "Remove" link	to remove the record.				
Press the "Edit" link to e	dit the record.				
the Board may accept (FCVS). The Board will	primary source train	ing verification		ion Credentials Verif	fication Service

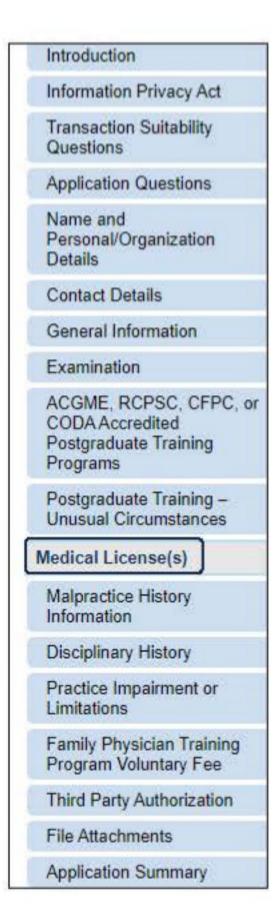
### Application to Transition from a Postgraduate Training License to a Physician's & Surgeon's License - ACGME, RCPSC, CFPC, or CODA Accredited Postgraduate Training Programs - Add List every ACGME, RCPSC, CFPC or CODA Accredited program (internship, residency and fellowship) in which you have participated or are currently participating in, regardless of whether the program was completed or if you received partial credit or no credit. 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 training whether the program was completed or if you received partial credit or no credit. A Certificate of Completion of CODA Postgraduate Training, Form CODA1-CODA2, is required to verify any postgraduate training accredited by the Commission on Dental Accreditation (CODA), if completed at the time of application. You must submit a Form PTA-PTB and/or Form CODA1-CODA2 to each postgraduate training program for completion. The current program director or the designated institutional official (DIO) must provide all of the required information and responses on the form and sign and date the form. A "Yes" response to any of the questions on Form PTA and/or Form CODA1 requires a signed and dated letter of explanation, on facility letterhead, from the current program director or DIO, which must be submitted through DOCS. The program must submit the completed form and letter of explanation, if applicable, through the Board's DOCS portal or the Board may accept primary source training verification through the Federation Credentials Verification Service (FCVS). The Board will not accept Form PTA-PTB and/or CODA1-CODA2 if submitted by you or by mail. Press "Next" to save this record and continue. Press "Cancel" if you do not want to save your changes. Program Facility Name: City: State/Province: V Specialty: Training Start Date: (mm/dd/yyyy) Training End Date: (mm/dd/yyyy)

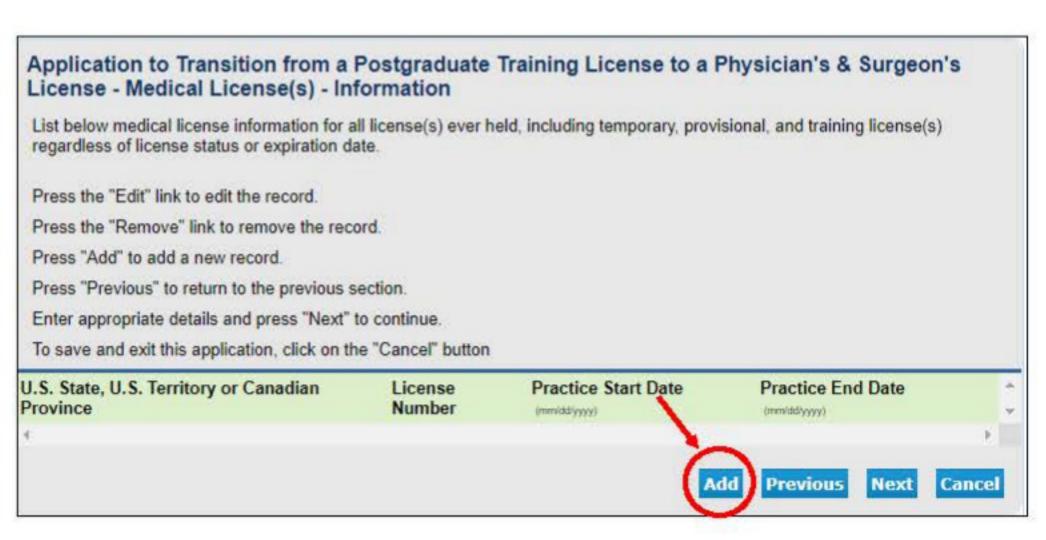
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Examination				
ACGME, RCPSC, CFPC, or CODA Accredited Postgraduate Training Programs	application.  Press "Previous" to return to the previous section.  Enter appropriate details and press "Next" to continue.			
Postgraduate Training -	To save and exit this application, click on the "Cancel" button			
Unusual Circumstances  Medical License(s)	Since the date you submitted your application for a PTL have you ever received partial or no credit for a postgraduate training program?  Yes O No			
Malpractice History Information	Since the date you submitted your application for a PTL have you ever taken a leave of absence or break from your training?			
Disciplinary History	Since the date you submitted your application for a PTL have you ever been Yes No			
Practice Impairment or	terminated or dismissed from a program?			
Limitations	Since the date you submitted your application for a PTL have you ever been placed Yes No			
Family Physician Training	on probation for any reason?			
Program Voluntary Fee Third Party Authorization	Since the date you submitted your application for a PTL have you ever been disciplined or placed under investigation?			

Since the date you submitted your application for a PTL have you ever had any limitations or special requirements placed upon you for clinical performance, professionalism, medical knowledge, discipline, or for any other reason, which may include, but is not limited to, a corrective action plan, performance improvement plan, remediation plan, individual development plan, and any type of informal or progressive disciplinary or non-disciplinary action?

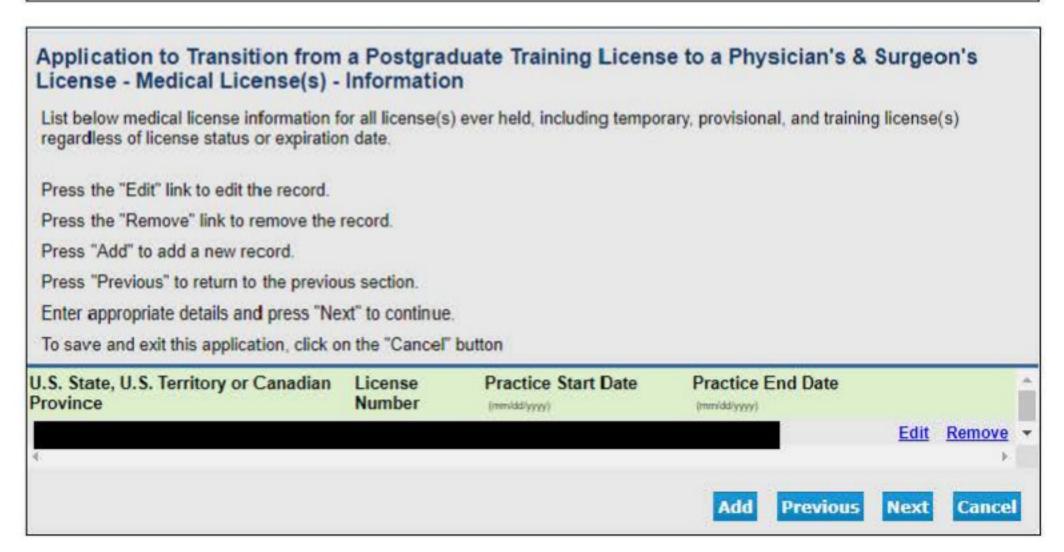
Since the date you submitted your application for a PTL have you ever had a postgraduate training program contract not be renewed or offered for a following year?

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List below medical license information for all license(s) ever held, including temporary, provisional, and training license(s) regardless of license status or expiration date.					
Press "Next" to save this record and continue.  Press "Cancel" if you do not want to save your changes.					
U.S. State, U.S. Territory or Canadian Province:	·				
License Number:					
Practice Start Date:	(mm/dd/yyyy)				
If currently practicing in this location, please leave blank.					
Practice End Date:	(mm/dd/yyyy)				



### Application to Transition from a Postgraduate Training License to a Physician's & Surgeon's License - Malpractice History Information - Information ACGME, RCPSC, CFPC, or CODA Accredited NOTE: A "Yes" response to the question below requires a signed and dated written explanation from you. Use the Explanation for Postgraduate Training Application Question, Form EXP to provide your explanation and attach the signed Form EXP to the Attachments page at the end Programs of this application. Postgraduate Training -Press "Previous" to return to the previous section. Unusual Circumstances Enter appropriate details and press "Next" to continue. Medical License(s) To save and exit this application, click on the "Cancel" button Malpractice History Information Has a claim or an action ever been filed against you for the practice of medicine O Yes O No that resulted in a malpractice settlement, judgement, or arbitration? Disciplinary History Practice Impairment or **Previous** Next Cancel Limitations Introduction Application to Transition from a Postgraduate Training License to a Physician's & Surgeon's License - Disciplinary History - Information Information Privacy Act These questions refer to discipline by any hospital, Military or Public Health Service, State Board, or other Governmental Agency Transaction Suitability of any U.S. state or territory, Canadian province, or federal or international jurisdiction. Questions Application Questions NOTE: A "Yes" response to any of the questions below requires a signed and dated written explanation from you. Use the Explanation for Application Question, Form EXP, to provide your explanation and attach the signed Form EXP to the Attachments Name and page at the end of this application. Personal/Organization Details Press "Previous" to return to the previous section. Contact Details Enter appropriate details and press "Next" to continue. General Information To save and exit this application, click on the "Cancel" button Examination Since the date you submitted your application for a PTL have you withdrawn an application for medical licensure in lieu of denial, disciplinary action, or for any other Yes No ACGME, RCPSC, CFPC, or CODA Accredited similar reason? Postgraduate Training Since the date you submitted your application for a PTL have you been denied a Programs O Yes O No license to practice medicine or is any denial pending against you? Postgraduate Training -Since the date you submitted your application for a PTL have you had any license Unusual Circumstances to practice medicine subjected to any disciplinary action or is any disciplinary action Yes No Medical License(s) pending against any of your licenses to practice medicine? Malpractice History Since the date you submitted your application for a PTL have you surrendered a Information license to practice medicine or have you ever had any license to practice medicine Yes No revoked, suspended, or placed on probation? Disciplinary History Since the date you submitted your application for a PTL have you had any license Practice Impairment or to practice medicine subjected to any action including, but not limited to, informal or Limitations O Yes O No confidential discipline, consent orders, letters of warning, letters of reprimand, or Family Physician Training citation? Program Voluntary Fee Since the date you submitted your application for a PTL have you ever been Third Party Authorization

charged with, or been found to have committed unprofessional conduct,

disciplinary action pending against your hospital or staff privileges?

or staff privileges terminated, denied, suspended, limited, revoked, or not

medical licensing board or hospital?

and/or federal or international jurisdiction?

renewed?

professional incompetence, gross negligence, or repeated negligent acts by any

Since the date you submitted your application for a PTL have you ever resigned

from a medical staff position in lieu of disciplinary or administrative action or is any

Since the date you submitted your application for a PTL have you ever had hospital

Since the date you submitted your application for a PTL have you ever had any healing arts license or certificate disciplined by another U.S. state, U.S. territory,

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An affirmative answer to any of the questions below will not automatically disqualify you from licensure. The Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are eligible for licensure. Please note that a Limited Practice License may be available. Refer to the Application Information for a Limited Practice License for further information.

O Yes O No

O Yes O No

O Yes O No

O Yes O No

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Cancel

NOTE: A "Yes" response to any of the questions below requires a signed and dated written explanation from you. Use the Explanation for Application Question, Form EXP, to provide your explanation and attach the signed Form EXP to the Attachments page at the end of this application.

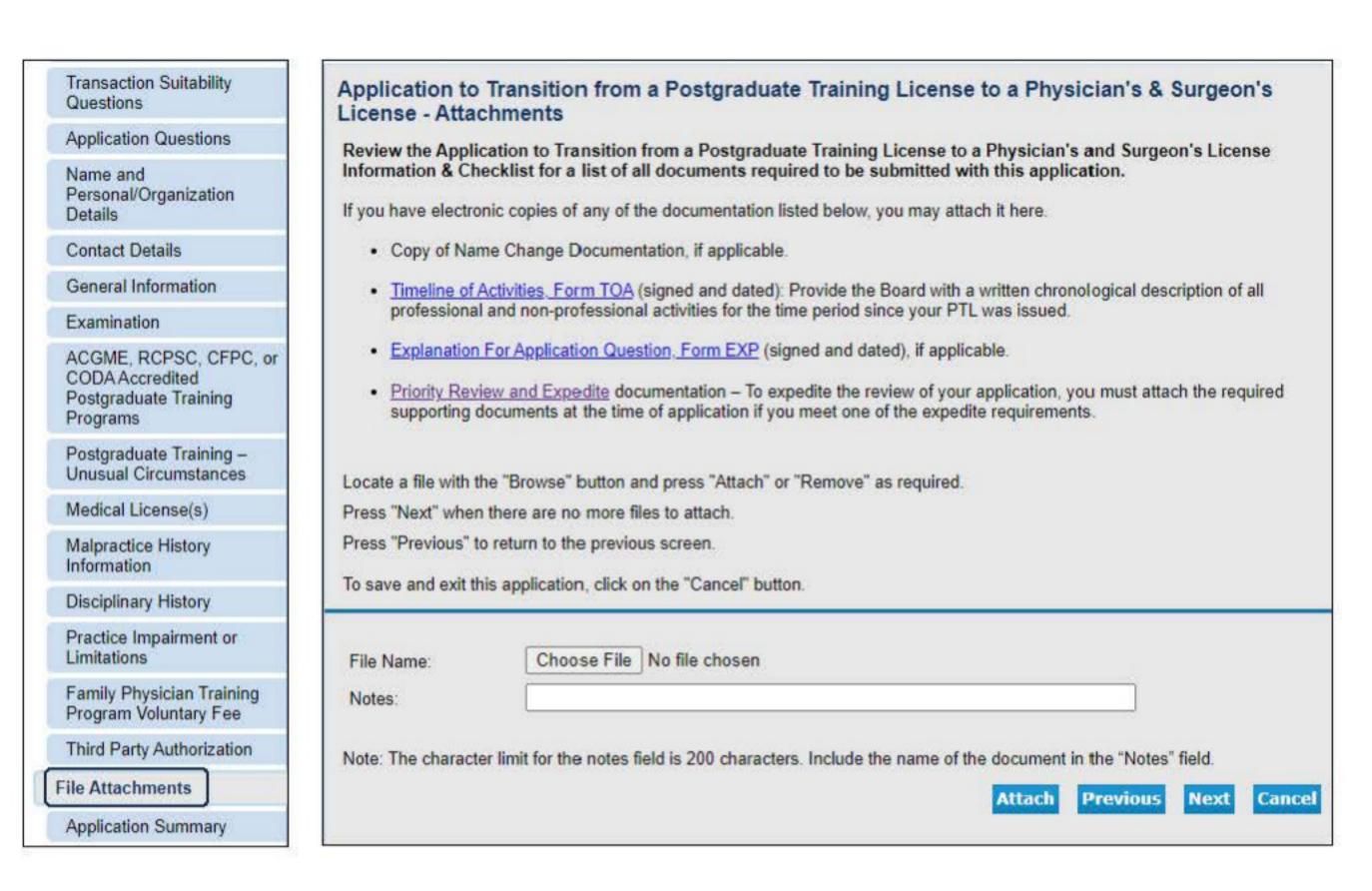
Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button

Medical License(s)	Are you currently enrolled in, or participating in any drug, alcohol, or substance	O Yes O No		
Malpractice History Information	abuse recovery program or impaired practitioner program?  Do you currently have any condition (including, but not limited to emotional, mental	*		
Disciplinary History	* neurological or other physical, addictive, or behavioral disorder) that impairs your ability to practice medicine safely?			
Practice Impairment or Limitations	Do you have any other condition that may in any way impair or limit your ability to practice medicine safely?	O Yes O No		
Family Physician Training Program Voluntary Fee		Previou	s Next (	Cancel
Third Party Authorization				
General Information  Examination	Application to Transition from a Postgraduate Training License t License - Family Physician Training Program Voluntary Fee - Info		& Surgeon'	s
ACGME, RCPSC, CFPC, or	The Song-Brown Health Care Workforce Training Act (Song-Brown Program) was es		the number of	f family
CODA Accredited Postgraduate Training Programs	physicians to provide needed medical services to the people of California. The programs care health professionals to provide health care in medically underserved areas, and medicine, internal medicine, OB/GYN, and pediatric residency programs, family nurs	ram encourages unive d provides financial su	rsities and prir pport to family	mary
Postgraduate Training – Unusual Circumstances	registered nurse education programs throughout California. For further information re California Department of Health Care Access and Information (HCAI) website.			
Medical License(s)	You may voluntarily contribute any amount to the Song-Brown Program. The Board to HCAI.	transfers all funds coll	ected monthly	to
Malpractice History Information	Press "Previous" to return to the previous section.			
Disciplinary History	Enter appropriate details and press "Next" to continue.			
Practice Impairment or	To save and exit this application, click on the "Cancel" button			
Limitations	* Would you like to contribute?	Yes     No		
Family Physician Training Program Voluntary Fee	Amount:			
Third Party Authorization			-	Margara 1
File Attachments		Previous	Next C	ancel
Introduction	Application to Transition from a Postgraduate Training License  License - Third Party Authorization - Information	to a Physician's	& Surgeon	S
Information Privacy Act	To authorize an individual to receive information about the status of your license appli	ication from the Medic	al Board of Ca	lifornia
Transaction Suitability Questions	(Board) and/or to authorize an individual to submit documentation on your behalf to the please provide the information below. Upon submission of this application, you are as	he Board as part of the uthorizing the Board to	license applic provide the	cation,
Application Questions	individual(s) identified below any and all details of your license application. If you wish individual, you must notify the Board in writing.	h to later rescind your	authorization o	of this
Name and Personal/Organization	Press the "Edit" link to edit the record.			
Details	Press the "Remove" link to remove the record.			
Contact Details	Press "Add" to add a new record.			
General Information	Press "Previous" to return to the previous section.			
Examination	Enter appropriate details and press "Next" to continue.  To save and exit this application, click on the "Cancel" button			
ACGME, RCPSC, CFPC, or CODA Accredited		F "		
Postgraduate Training Programs	Authorization Type First Name Last Name	Email Address		- )
Programs  Postgraduate Training –				
Unusual Circumstances		Add Previous		Cancel
	·		Next (	nteriological statements
Medical License(s)			Next	
Medical License(s)  Malpractice History Information	Application to Transition from a Postgraduate Training License t			
Malpractice History	License - Third Party Authorization - Add	to a Physician's	& Surgeon'	s
Malpractice History Information	License - Third Party Authorization - Add  To authorize an individual to receive information about the status of your license applic (Board) and/or to authorize an individual to submit documentation on your behalf to the	to a Physician's a	Surgeon' al Board of Cal	s lifornia
Malpractice History Information  Disciplinary History  Practice Impairment or	License - Third Party Authorization - Add  To authorize an individual to receive information about the status of your license application.	cation from the Medicate Board as part of the	Surgeon' al Board of Cal license applic provide the	s lifornia ation,
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Malpractice History Information  Disciplinary History  Practice Impairment or Limitations  Family Physician Training Program Voluntary Fee  Third Party Authorization  File Attachments	License - Third Party Authorization - Add  To authorize an individual to receive information about the status of your license application and/or to authorize an individual to submit documentation on your behalf to the please provide the information below. Upon submission of this application, you are autindividual(s) identified below any and all details of your license application. If you wish individual, you must notify the Board in writing.  Press "Next" to save this record and continue.  Press "Cancel" if you do not want to save your changes.	cation from the Medicate Board as part of the	Surgeon' al Board of Cal license applic provide the authorization o	s lifornia ation,
Malpractice History Information  Disciplinary History  Practice Impairment or Limitations  Family Physician Training Program Voluntary Fee  Third Party Authorization  File Attachments	License - Third Party Authorization - Add  To authorize an individual to receive information about the status of your license application (Board) and/or to authorize an individual to submit documentation on your behalf to the please provide the information below. Upon submission of this application, you are autindividual(s) identified below any and all details of your license application. If you wish individual, you must notify the Board in writing.  Press "Next" to save this record and continue.  Press "Cancel" if you do not want to save your changes.  * Authorization Type:	cation from the Medicate Board as part of the	Surgeon' al Board of Cal license applic provide the authorization o	s lifornia ation,

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### Introduction Information Privacy Act Transaction Suitability Questions **Application Questions** Name and Personal/Organization Details Contact Details General Information Examination ACGME, RCPSC, CFPC, or CODA Accredited Postgraduate Training Programs Postgraduate Training – Unusual Circumstances Medical License(s) Malpractice History Information Disciplinary History Practice Impairment or Limitations Family Physician Training Program Voluntary Fee Third Party Authorization File Attachments

Application Summary

Application to Transition from a Postgraduate Tra License - Application Summary	aining License to a Physician's & Surgeon's
Verify the information below. If any of the information is not corrections.	ct, press "Previous" to return to the appropriate screen to make
NOTE: Once you press the "Proceed to Payment" button, you will able to submit additional required attachments to the Board throu positive to a question, a signed and dated written explanation using	gh this system. If you omitted any information or you responded
Press "Previous" to return to the previous section.	
Review the data and press "Proceed to Payment" to submit this a	application.
To save and exit this application, click on the "Cancel" button.	
Application to Transition from a Postgraduate Training License	e to a Physician's & Surgeon's License Summary
License Type:	Physician's and Surgeon's
Application Date:	01/29/2024 (mm/dd/yyyy)
	Previous Proceed to Payment Cancel

# Application to Transition from a Postgraduate Training License to a Physician's & Surgeon's License - Attestation

As an applicant, you are personally responsible for all information disclosed on your 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. Any alterations to any application and/or supporting application forms may result in the denial of your application. The Medical Board of California considers violations of an ethical nature to be a serious breach of professional conduct.

Press "Previous" to return to the previous section.

Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.

To save and exit this application, click on the "Cancel" button.

ACGME, RCPSC, CFPC, or I attest I am the person herein named subscribing to this application; that I have read the complete application, know the CODA Accredited full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or Postgraduate Training other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Medicine Programs as prescribed by this application, that the same was procured in the regular course of instruction and examination, and Postgraduate Training that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of **Unusual Circumstances** which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), or business and professional Medical License(s) associates (past, present and future), and all government agencies (local, state, federal, or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational Malpractice History records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by nformation that Board in connection with this application; or any further or future investigation by that Board necessary to determine any medical competence, professional conduct, or physical or mental ability to safely engage in the practice Disciplinary History of medicine. I further authorize the Medical Board of California or its successors to release to the organizations, Practice Impairment or individuals or groups listed above any information which is material to this application or any subsequent licensure. Limitations I understand that omission, falsification, or misrepresentation of any item or response on this application or any Family Physician Training attachment hereto is a sufficient basis for denying or revoking a license. Program Voluntary Fee O Yes Third Party Authorization O No File Attachments **Previous Proceed to Payment** Cancel **Application Summary**