

PHYSICIAN LICENSING Checklist



IMLC State?

NO

Cost

\$491

Avg.
Timeline

8-10 months

Renewal
Frequency

Biennially

DOCUMENTS TO PROVIDE

- ☐ **2X2 Photo**
 - Attach to your application.
- ☐ **Fingerprint Forms (FD258)**
 - 2 copies of the Form FD258
- ☐ **ECFMG CERTIFICATION (if applicable)**
 - Submit electronically via [ECFMG Portal](#).
- ☐ **Official Exam Scores**
 - Request from [USMLE](#), [FLEX/NBME](#), or [LMCC](#).
- ☐ **Medical Education Documents**
 - Certificate of Medical Education: Download [PS-MED Form](#).
 - Postgraduate Training Certificate: Download [PTA-PTB Form](#).
 - Transcript, Diploma, and Certificates: Submit via the [DOCS Portal](#).
- ☐ **License Verification**
 - Request official verification from all states where you hold/held a license.
- ☐ **Timeline of Activities (Form TOA)**
 - Download [TOA Form](#).

TASKS TO COMPLETE

- ☐ **Apply Online**
 - Complete your application via the [BreEZe Portal](#).
- ☐ **Complete Fingerprinting**
 - Submit fingerprints per California requirements (Fingerprint Guide).
- ☐ **Request ECFMG Certification Submission**
 - Submit electronically via [ECFMG Portal](#).
- ☐ **Send Official Exam Scores**
 - Request from [USMLE](#), [FLEX/NBME](#), or [LMCC](#).
- ☐ **Submit Medical Education Documents**
 - Upload via the [DOCS Portal](#).
- ☐ **Request License Verifications**
 - Contact state boards to send verification directly to the CA Medical Board.
- ☐ **Submit Timeline of Activities Form**
 - Upload completed [TOA Form](#).
- ☐ **Follow Up Weekly**
 - Call the CA Medical Board at 800-633-2322.

Step-by-Step

PHYSICIAN LICENSING Checklist

IMLC State?	NO
Cost	\$605
Avg. Timeline	2-3 months
Renewal Frequency	Biennially

DOCUMENTS TO PROVIDE

- ☐

Proof of Active, Unencumbered License
 - Verification from the state(s) where you currently hold a license.
 - Online verifications accepted.
- ☐

National Examination Scores
 - Request scores from the [Federation of State Medical Boards \(FSMB\)](#).
- ☐

Livescan Screening Results
 - Complete fingerprinting via Livescan for background screening. Visit Florida DOH Livescan Info for details.
- ☐

Practitioner Profile Information
 - Submit practitioner profile information required for public publication on the Florida Department of Health website. Visit [Practitioner Profile Guide](#) for specifics.
- ☐

Affirmative Answer Documentation (If Applicable)
 - Personal statement and supporting documents for criminal, personal, or disciplinary history questions.
- ☐

Proof of Financial Responsibility
 - Documentation showing compliance with section 456.048, Florida Statutes.

TASKS TO COMPLETE

- ☐

Verify Eligibility
 - Confirm you meet all criteria, including active practice history, no disciplinary actions, and compliance with national standards.
- ☐

Complete Livescan Screening
 - Find an approved provider and complete fingerprinting. Find Providers Here.
- ☐

Submit Application Online
 - Apply at [flhealthsource.gov](#).
 - Pay applicable fees and upload all necessary documents.
- ☐

Pay Fees
 - Application Fee: \$350 (non-refundable)
 - Initial Licensing Fee: \$350
 - Unlicensed Activity Fee: \$5
 - NICA Fee Options:
 - NICA Exempt: \$0
 - NICA Non-Participating: \$250
 - NICA Participating: \$5,000
- ☐

Request Documentation Submission
 - License Verification: Contact your state board(s) to send directly to Florida.
 - Exam Scores: Request from FSMB.
- ☐

Monitor Application Status
 - Allow up to 10 business days for initial review.
 - Respond promptly to any deficiency notices from the Board.
- ☐

Submit Additional Supporting Documents (If Needed)
 - Mail to:
 - Department of Health
 - Board of Medicine
 - 4052 Bald Cypress Way, Bin C-03
 - Tallahassee, FL 32399-3256
- ☐

License Issuance
 - Once requirements are met, license is issued within 7 days.

Step-by-Step

PHYSICIAN LICENSING Checklist

New Jersey



IMLC State?	NO
 Cost	\$325
 Avg. Timeline	2-3 months
 Renewal Frequency	Biennially

DOCUMENTS TO PROVIDE

- ☐ **Copy of Birth Certificate or Passport**
- ☐ **Updated CV**
 - Use MM/YYYY format with start and end dates for all roles.
- ☐ **Three Passport-Style Photos**
- ☐ **Name Change Documentation (if applicable)**
- ☐ **FCVS Verification**
 - Request from the Federation Credentials Verification Service (FCVS).
 - Includes identity confirmation, medical education, postgraduate training, exam history/scores, and ECFMG certification (if applicable).
- ☐ **Loss Runs/Claims History**
 - Obtain from malpractice insurers or employers.
- ☐ **Criminal Background Check**
 - Instructions and documents will be emailed by the board after the application is submitted.

TASKS TO COMPLETE

- ☐ **Initiate Online Application & Pay Fees**
 - [New Jersey License Portal](#).
- ☐ **Mail Required Documents to:**
 - PO Box 183, Trenton, NJ 08625-0183
 - Include:
 - Birth Certificate/Passport
 - CV
 - Photos
 - Name Change Documentation (if applicable).
- ☐ **Request FCVS Verification**
 - Submit requests via the FCVS Portal.
- ☐ **Complete Criminal Background Check**
 - Follow instructions emailed by the board.
- ☐ **Provide Loss Runs/Claims History**
 - Contact malpractice insurers to obtain the necessary records

Step-by-Step

PHYSICIAN LICENSING Checklist

New York



IMLC State?	NO
 Cost	\$735
 Avg. Timeline	4-6 months
 Renewal Frequency	Triennially

DOCUMENTS TO PROVIDE

- ☐ **FCVS Credentials**
 - Complete the application and submit the required fee to the Federation Credentials Verification Service (FCVS):
 - FCVS Website
 - Address: 400 Fuller Wiser Road, Suite 300, Euless, TX 76039
 - Phone: 1-888-ASK-FCVS
- ☐ **Online Application for Licensure (Form 1)**
 - Complete the licensure application here:
 - [Form 1 - NY Application](#)
- ☐ **NY Child Abuse Training Certificate**
 - Complete the required training and obtain the certificate:
 - [NY Child Abuse Training](#)
 - Cost: \$10 (takes ~2 hours).
- ☐ **Refer to Checklist II**
 - Use this checklist for detailed document submission:
 - [Checklist II - NYSED](#)

TASKS TO COMPLETE

- ☐ **Complete FCVS Application**
 - Submit the application and fee to FCVS for credential verification.
- ☐ **Submit Online Licensure Application (Form 1)**
 - Complete and submit via the NYSED portal.
- ☐ **Complete NY Child Abuse Training**
 - Finish the course and submit the Certificate of Completion.
- ☐ **Follow Up Regularly**
 - Week 1-4: Follow up with the NY State Education Department, Office of Professions:
 - Phone: 518-747-3817 (Press 1, then Ext. 260).

Step-by-Step PHYSICIAN LICENSING Checklist



IMLC State?	YES
Cost	\$790
Avg. Timeline	5-8 months
Renewal Frequency	Biennially

DOCUMENTS TO PROVIDE

- ☐ **Uniform Application (UA) (Optional)**
 - Complete the [Uniform Application \(UA\)](#).
 - Note your Federation ID (FID) on your FSMB account for future use.
- ☐ **Maryland License Application**
 - Apply for Maryland's MD license via the [Maryland Board of Physicians portal](#).
- ☐ **Timeline of Activities**
 - Provide details of your activities since medical school graduation, including:
 - Non-working periods
 - Post-graduation training
 - Employment history
 - Malpractice claims (Loss Runs Summary).
- ☐ **Fingerprinting and Criminal Background Check**
 - Request fingerprint cards by contacting CJIS Central Repository: 410-764-4501.
 - Complete and mail the cards with fees to:
 - CJIS - Central Repository
 - PO Box 32708, Pikesville, MD 21282-2708
 - Overnight Address:
 - 6776 Reisterstown Rd, Suite 102, Baltimore, MD 21215
 - Refer to [Fingerprinting Instructions](#).
 - Additional Info: [Fingerprinting Services](#).

TASKS TO COMPLETE

- ☐ **Create an FSMB Account**
 - Complete the [Uniform Application \(UA\)](#) if applicable.
 - Note your Federation ID (FID) for Maryland licensure.
- ☐ **Submit Maryland License Application**
 - Apply for your license at the [Maryland Board of Physicians portal](#).
- ☐ **Account for All Time Since Medical School**
 - Document your professional and non-working history, post-graduate training, employment, and malpractice claims.
- ☐ **Complete Fingerprinting and Background Check**
 - Request fingerprint cards from CJIS Central Repository.
 - Complete fingerprinting and mail the cards with fees to the addresses provided above.
- ☐ **Follow Up Regularly**
 - Check your application status and ensure all documents are submitted. Use the [Maryland Board of Physicians Contact Page](#).

PHYSICIAN LICENSING Checklist



IMLC State?

YES

Cost

\$300

Avg. Timeline

2-3 months

Renewal Frequency

Annually




DOCUMENTS TO PROVIDE

- ☐ **Passport-Style Photo (2x2 inches)**
- ☐ **UA Affidavit and Authorization for Release of Information (Notarized)**
- ☐ **Certificate of Ethical and Moral Character (Notarized)**
- ☐ **License Verifications**
 - Use [VeriDoc](#) where applicable.
 - For non-VeriDoc states, request manual verifications from licensing boards.
- ☐ **Criminal Background Check Documents**
- ☐ **Application Fee (Check, cashier's check, or money order)**

TASKS TO COMPLETE

- ☐ **Choose Your Application Pathway:**
 - Via IMLC: Apply for a Minnesota MD license through the [IMLCC Portal](#).
 - Outside IMLC: Use the Uniform Application (UA) via FSMB.
 - [Uniform Application](#).
- ☐ **Complete the FCVS Profile:**
 - Submit credentials via FSMB's Federation Credentials Verification Service (FCVS).
- ☐ **Submit License Verifications:**
 - Verify licenses using [VeriDoc](#).
 - Manually request verification for states not covered by VeriDoc.
- ☐ **Submit Application Materials:**
 - Mail the notarized affidavit, Certificate of Ethical and Moral Character, and passport photo to the Minnesota Medical Board.
 - Include the application fee (via check, cashier's check, or money order).
- ☐ **Complete Criminal Background Check**
 - Follow the instructions provided by the Minnesota Medical Board.
- ☐ **Follow Up:**
 - For questions about the UA application, contact FSMB customer service:
 - Phone: 800-793-7939
 - Email: ua@fsmb.org

PHYSICIAN *Tennessee* LICENSING Checklist

IMLC State?	YES
 Cost	\$410
 Avg. Timeline	4-6 months
 Renewal Frequency	Biennially

DOCUMENTS TO PROVIDE

- ☐ **Passport-Size Photograph (2x2)**
- ☐ **Letter of Recommendation**
 - Two letters from medical professionals attesting to your moral character and professional capacity.
 - Must be dated within 6 months, on letterhead, and signed.
- ☐ **Declaration of Citizenship Form**
 - Complete and notarize the form: [TN Declaration of Citizenship Form](#).
- ☐ **Criminal Background Check**
 - Use IdentiGo (Service Code: 28TYXY).
 - Instructions: [TN CBC Instructions](#).
- ☐ **FCVS (Federation Credentials Verification Service) Profile**
 - Ensure your FCVS profile includes medical education, postgraduate training, and board-approved licensure exam history.
- ☐ **License Verifications**
 - Request verifications for all licenses held.
 - Use [VeriDoc](#) if applicable.

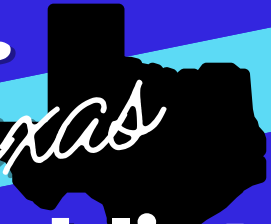
TASKS TO COMPLETE




- ☐ **Apply for License Online**
 - Submit your application via [IMLCC Website](#).
- ☐ **Send FCVS Profile**
 - Arrange for the Federation Credentials Verification Service (FCVS) to send your profile to the TN Medical Board.
- ☐ **Submit License Verifications**
 - Request all license verifications to be sent directly to the TN Board (use [VeriDoc](#) if needed).
- ☐ **Submit Criminal Background Check**
 - Follow the instructions to complete and submit the CBC via IdentiGo ([Instructions](#)).
- ☐ **Complete Practitioner Profile Questionnaire**
 - Fill out the Practitioner Profile Questionnaire online after submitting your application.
- ☐ **Submit Letters of Recommendation**
 - Provide two signed letters on letterhead from medical professionals.
- ☐ **Submit Declaration of Citizenship**
 - Complete and notarize the [form](#) and submit it.
- ☐ **Follow Up with TN Board**
 - Contact Info:
 - Phone: 615-532-3202
 - Email: Medical.Health@tn.gov
 - Address:
 - TN Board of Medical Examiners
 - 665 Mainstream Drive, 2nd Floor, Nashville, TN 37243

Step-by-Step

PHYSICIAN LICENSING Checklist

Texas



IMLC State?	YES
 Cost	\$900
 Avg. Timeline	6-9 months
 Renewal Frequency	Biennially

DOCUMENTS TO PROVIDE

- ☐ **2x2 Passport-Style Photo**
- ☐ **Examination Transcripts**
 - Request via the Federation Credentials Verification Service (FCVS) for USMLE, FLEX, NBME, etc.
 - FCVS Portal.
- ☐ **Medical Education Documentation**
 - Certificate of Medical Education.
 - Medical school transcript.
 - Certified copy of your medical diploma.
- ☐ **Criminal Background Check**
 - Complete via IdentoGo by IDEMIA.
 - Instructions provided in the [LIST Portal](#).
- ☐ **Additional Supporting Documents**
 - As requested via the LIST portal during pre-licensure processing.

TASKS TO COMPLETE

- ☐ **Apply via IMLCC (Optional for Multistate Licensure)**
 - Submit an application through the [IMLCC Portal](#) for expedited licensing.
- ☐ **Register and Complete Pre-Licensure Process**
 - Access the Licensure Inquiry System of Texas (LIST) to register and initiate your pre-licensure process:
 - [LIST Portal](#).
 - Upload required documents as prompted in the portal.
 - Monitor application status and required documents in the portal.
- ☐ **Complete Criminal Background Check**
 - Use IdentoGo by IDEMIA to submit fingerprints.
- ☐ **Forward Examination Transcripts**
 - Request and submit scores via FCVS Portal.
- ☐ **Submit Any Additional Documentation**
 - As specified in the LIST portal or requested by the Texas Medical Board.
- ☐ **Follow Up Regularly**
 - Check the LIST portal for updates on your application and document approval status.

PHYSICIAN LICENSING Checklist



IMLC State?

YES

Cost

\$302

Avg. Timeline

5-8 months

Renewal Frequency

Biennially

DOCUMENTS TO PROVIDE

- ☐ **Online Application & Fee**
 - Apply here: [Virginia Licensing Portal](#).
- ☐ **Examination Scores**
 - Submit scores for all 3 steps of USMLE or FLEX.
 - Option: Use FCVS Credentialing Services via FSMB.
- ☐ **Official Medical School Transcripts**
 - Send directly to med-medbd@dhp.virginia.gov or via FCVS Credentialing Services (FSMB).
- ☐ **Postgraduate Training Documentation**
 - Submit a Certificate of Completion or Program Director's Letter of Completion (for training within the last 5 years) to med-medbd@dhp.virginia.gov.
- ☐ **Employment Activity**
 - Complete and submit this form: [Virginia Supplemental Form](#).
- ☐ **License Verifications**
 - Official license verification must be sent directly from all state boards to med-medbd@dhp.virginia.gov.
- ☐ **NPDB Self Query**
 - Complete the query at [NPDB Self Query](#) and have it emailed to med-medbd@dhp.virginia.gov.
- ☐ **Name Change Documentation (if applicable)**
 - Submit supporting documents for name changes.

TASKS TO COMPLETE

- ☐ **Apply Online**
 - Complete your application and pay the fee: [Virginia Licensing Portal](#).
- ☐ **Submit Examination Scores**
 - Request scores to be sent directly from USMLE/FLEX or use FCVS Credentialing Services.
- ☐ **Provide Transcripts**
 - Have your medical school send transcripts to med-medbd@dhp.virginia.gov.
- ☐ **Postgraduate Training Documentation**
 - Request your training institution to send a Certificate of Completion or Program Director's Letter to med-medbd@dhp.virginia.gov.
- ☐ **Complete Employment Activity Form**
 - Download and submit the [Virginia Supplemental Form](#).
- ☐ **Verify Licenses**
 - Contact each state licensing board where you hold a license and request them to send verifications directly to med-medbd@dhp.virginia.gov.
- ☐ **Submit NPDP Query**
 - Complete your self-query at [NPDB Self Query](#) and email the certified report to med-medbd@dhp.virginia.gov.
- ☐ **Address Reciprocity (If Applicable)**
 - For MD/DC license holders: Review instructions here: [Reciprocity Guide](#).
 - Submit your NPDB Self Query to VABOMReciprocityVerification@dhp.virginia.gov.
- ☐ **Contact Information**
 - Virginia Board of Medicine
 - 9960 Mayland Drive, Suite 300
 - Henrico, VA 23233
 - Phone: 804-367-4600
 - Email: medbd@dhp.virginia.gov

PHYSICIAN LICENSING Checklist



IMLC State?

YES

Cost

\$400

Avg. Timeline

2-3 months

Renewal Frequency

Biennially

DOCUMENTS TO PROVIDE

- ☐ **Uniform Application (UA)**
 - Apply online via [FSMB Uniform Application](#).
- ☐ **UA Addendum 1**
 - Download and complete Addendum 1 from page 10 of the [instructions](#).
- ☐ **Notarized Affidavit and Release Form**
 - Complete the Affidavit and Authorization for Release of Information on page 16 of the [instructions](#).
 - Attach a recent 2x2 passport-style photo.
- ☐ **FCVS Profile**
 - Request the Federation Credentials Verification Service (FCVS) to send your profile directly to the West Virginia Medical Board.
 - FCVS Portal.
- ☐ **License Verifications**
 - Request license verifications for all held licenses to be sent directly to the WV board.
 - Use [VeriDoc](#) if applicable.
- ☐ **Self-Query Report**
 - Submit a Self-Query Report from the National Practitioner Data Bank (NPDB) to the WV board.
 - [NPDB Self-Query](#).
- ☐ **Criminal Background Check**
 - Complete the background check:
 - Use [IdentiGo](#) if outside WV.
 - Follow details provided on the WV Board website: [WV Criminal History Information](#).

TASKS TO COMPLETE

- ☐ **Apply for West Virginia Medical License via IMLC**
 - Begin the process at [IMLCC](#).
- ☐ **Submit Uniform Application (UA)**
 - Complete and submit the UA online via the [FSMB Portal](#).
- ☐ **Send FCVS Profile to WV Board**
 - Request and verify your medical education, training, and exam history through FCVS.
- ☐ **Complete Addendum and Affidavit Forms**
 - Submit Addendum 1 and the Notarized Affidavit with a 2x2 photo.
- ☐ **Submit License Verifications**
 - Arrange for all held licenses to be verified and sent to the WV board (via [VeriDoc](#) if applicable).
- ☐ **Send NPDB Self-Query Report**
 - Request and send the report directly from [NPDB](#).
- ☐ **Complete Criminal Background Check**
 - Use [IdentiGo](#) or other methods as instructed.
- ☐ **Follow Up with WV Board**
 - Address: 101 Dee Drive, Suite 103, Charleston, WV 25311
 - Phone: 304-558-2921
 - Fax: 304-558-2084

PHYSICIAN LICENSING Checklist

Alabama

IMLC State?

YES

Cost

\$400

Avg. Timeline

5-8 months

Renewal Frequency

Annually

DOCUMENTS TO PROVIDE



IMLCC Application or FSMB Uniform Application

- IMLCC Route: Apply via [IMLCC](#) if your state is participating.
- Full AL MD License (Non-IMLCC): Use the FSMB Uniform Application: [FSMB Uniform Application](#).



FCVS (Federation Credentials Verification Service) Report

- Complete FCVS via [FSMB](#) and send it to the Alabama Board of Examiners.
- FCVS includes verification of:
 - Medical school
 - Postgraduate training
 - Examination scores
 - Board certifications.



Criminal History Information Release Form

- Download, complete, and notarize the form: [Criminal History Information Release Form \(PDF\)](#).
- Include two completed fingerprint cards:
 - Write "ALC 34-24-70" for "reason fingerprinted."
 - Use "AL920049Z" as the ORI number.
- Request fingerprint cards by emailing: credentialing@albme.org.



Declaration of Citizenship Form

- Complete and include supporting documents: [Declaration of Citizenship Form \(PDF\)](#).



Supporting Documents

- Medical school transcripts and diplomas (if not using FCVS).
- Post-graduate training verification (if not using FCVS).
- Proof of Board Certification (if applicable).

TASKS TO COMPLETE



Select Application Pathway

- IMLCC License: Apply via [IMLCC](#).
- Full AL MD License (Non-IMLCC): Apply via the FSMB Uniform Application ([FSMB Instructions](#)).



Complete FCVS Verification

- Ensure credentials (medical school, training, exams, certifications) are verified and sent to the AL Board.



Submit Criminal History Documentation

- Notarize and submit the Criminal History Information Release Form.
- Complete two fingerprint cards and submit as per the instructions.



Submit Declaration of Citizenship

- Submit the completed Declaration of Citizenship form along with required supporting documentation.



Check Application Status

- Use the online status checker: [Application Status Check](#).



Follow-Up Schedule

- Week 1: Verify all documents have been received.
- Week 4: Follow up for processing status.
- Every 2 weeks thereafter: Continue to check for updates until completion.

Step-by-Step

PHYSICIAN *Delaware* LICENSING Checklist

IMLC State?

YES

Cost

\$329

Avg.
Timeline

2-3 months

Renewal
Frequency

Biennially

DOCUMENTS TO PROVIDE

☐

Service Letter

- If applicable, submit a completed [Service Letter](#).
- If exempt, provide two reference letters from physicians who know you but are not related to you.

☐

Self-Reported NPDB Query

- Submit via the [National Practitioner Data Bank \(NPDB\)](#).

☐

Criminal Background Check (CBC)

- Follow instructions in the [CBC Guide](#).
- Note: This process takes at least 4 weeks.

☐

Delaware Child Protection Registry Consent Form

- Complete and submit the [Consent Form](#).

☐

Federal Credentials Verification Service (FCVS)

- Request FCVS submission via [FSMB](#).
- If not using FCVS, provide the following:
- [Verification of Medical Education Form](#)
- [Verification of Postgraduate Training Form](#).

TASKS TO COMPLETE

☐

Apply Online

- If using the IMLCC, apply at [IMLCC.org](#).
- If not using the IMLCC, register via [DELPROS](#).

☐

Submit Required Letters

- Service Letter or two reference letters from non-related physicians if exempt.

☐

Request NPDB Query Submission

- Complete and submit via the [NPDB Portal](#).

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Complete Background Checks

- Criminal Background Check: [Instructions here](#).
- Delaware Child Protection Registry Consent: [Complete Form](#).

☐

Verify Credentials

- Submit FCVS or individual forms for:
- Medical Education: [Form Link](#).
- Postgraduate Training: [Form Link](#).

☐

Follow Up

- Contact the Delaware Division of Professional Regulation:
 - Phone: 302-744-4500
 - Email: customerservice@dpr.delaware.gov
 - Mailing Address:
 - Cannon Building, Suite 203
 - 861 Silver Lake Blvd
 - Dover, DE 19904
- Visit the [Delaware Board Website](#).

PHYSICIAN LICENSING Checklist



IMLC State?

YES

Cost

\$500

Avg. Timeline

2-3 months

Renewal Frequency

Biennially

DOCUMENTS TO PROVIDE

- ☐ **Application Form**
 - Apply through [IMLCC](#) (if using the compact).
 - For a full GA MD license, apply via:
 - [Online Application Portal](#)
 - [PDF Application Form](#)
- ☐ **Current CV/Resume**
 - Include explanations for any gaps in dates.
- ☐ **Form B (Reference Form)**
 - [Download Form B](#)
- ☐ **Form D (Affidavit of Application)**
 - [Download Form D](#)
- ☐ **Form D2 (Affidavit for Medical Board License)**
 - [Download Form D2](#)
 - Provide a secure and verifiable ID document.
- ☐ **Form E (Malpractice Questionnaire)**
 - [Download Form E](#)
 - Include documentation of any malpractice cases if applicable.
- ☐ **FCVS Profile from FSMB**
 - Request via [FSMB FCVS](#).
 - Satisfies requirements for official medical transcripts, exam scores, and postgraduate training.
- ☐ **Self-Query from NPDB**
 - Complete via [NPDB Website](#).
- ☐ **Official License Verifications**
 - Request through [VeriDoc](#).
- ☐ **Form G (Specific Power of Attorney)**
 - [Download Form G](#) (optional if assigning someone to act on your behalf).
- ☐ **Legal Name Change Documentation**
 - Include if applicable (e.g., marriage certificate, court order).
- ☐ **Checklist for Medical License**
 - Refer to [Checklist for Medical License](#).

TASKS TO COMPLETE

- ☐ **Decide Application Route**
 - Apply through [IMLCC](#) or directly to the Georgia Medical Board.
- ☐ **Complete Online or Paper Application**
 - Submit via the [Application Portal](#) or paper form.
- ☐ **Submit Required Forms and Documentation**
 - Upload completed forms (B, D, D2, E, and G if applicable) and required documents to the portal or mail them.
- ☐ **Request FCVS Profile**
 - Initiate a request through [FSMB](#).
- ☐ **Complete NPDB Self-Query**
 - Submit your self-query through [NPDB](#).
- ☐ **Arrange Official License Verifications**
 - Use [VeriDoc](#) to send directly to the Georgia Medical Board.
- ☐ **Check for Missing Documents**
 - Follow up with your licensing specialist as needed:
 - A-D: Katonya Reynolds – kreynolds@chs.ga.gov
 - E-K: Dwana Robinson – dwana.robinson@dch.ga.gov
 - L-P: Lauren Hughes – lauren.hughes@dch.ga.gov
 - Q-Z: Deborah Bruce – dbruce@dch.ga.gov
- ☐ **Follow Up Regularly**
 - Call or email the Georgia Composite Medical Board:
 - Phone: 404-656-3913
 - Email: medbd@dch.ga.gov
- ☐ **Mail Documents (if needed)**
 - Address:
 - Georgia Composite Medical Board
 - 2 Peachtree Street, NW, 6th Floor
 - Atlanta, GA 30303-3465

Step-by-Step

PHYSICIAN LICENSING Checklist

Nevada

IMLC State?

YES

Cost

\$600

Avg. Timeline

5-8 months

Renewal Frequency

Biennially

DOCUMENTS TO PROVIDE

☐

2x2 Photo

- Submit a recent passport-style photograph.

☐

Name Change Documentation

- Provide legal documentation for any name changes (if applicable).

☐

Self-Query Report

- Request and submit a Self-Query Report from the [National Practitioner Data Bank \(NPDB\)](#).

☐

Proof of Continuing Education

- 4 hours of Bioterrorism training (AMA Category 1).
- 2 hours in clinically-based suicide prevention and awareness (AMA Category 1).
- 2 hours in screening, brief intervention, and referral to treatment for substance use disorder (AMA Category 1).

☐

Board Certification Certificate

- Upload your board certification certificate.
- If you hold "lifetime or historical" ABMS certification, include a notarized statement agreeing to maintain your board certification for the duration of licensure.

☐

Form C

- Complete and submit Form C (requires notarization):
- [Download Form C](#).

TASKS TO COMPLETE

☐

Apply for Licensure

- If applying via the IMLCC, visit [IMLCC Website](#).
- For a full NV MD license, apply through the [Nevada State Board Online Portal](#) and select the "Medical Doctor - Endorsement" option.

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Submit All Required Documents

- Upload or mail documents to the Nevada State Board of Medical Examiners.

☐

Complete Continuing Education

- Ensure you meet Nevada's Continuing Education (CE) requirements before applying.

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Notarize and Submit Form C

- Have Form C notarized and submitted to the board.

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Mail Documentation (if needed)

- Address:
 - Nevada State Board of Medical Examiners
 - 9600 Gateway Drive
 - Reno, NV 89521

PHYSICIAN LICENSING Checklist

North Carolina

IMLC State?	YES
Cost	\$400
Avg. Timeline	2-3 months
Renewal Frequency	Biennially

DOCUMENTS TO PROVIDE

- ☐ **Applicant's Oath**
 - Complete and notarize pages 1-2 of the [Expedited Online Application](#).
- ☐ **Proof of Legal Status**
 - Upload a photocopy of your birth certificate or U.S. passport via the [online portal](#).
- ☐ **Legal Documentation for Name Change (if applicable)**
 - Upload documentation (e.g., marriage certificate or court order) via the online portal.
- ☐ **ECFMG Certification (if applicable)**
 - Request a Certification Status Report from [ECFMG](#) to be sent to the NC Medical Board.
- ☐ **Physician References**
 - Provide two completed references from licensed physicians, emailed directly to license@ncmedboard.org.
- ☐ **Fingerprinting Cards**
 - Complete two FD-258 cards and upload the Authority for Release of Information form (page 5) from the [Expedited Online Application](#).
- ☐ **FCVS Profile**
 - Request to have your FCVS Profile sent to the NC Medical Board via [FCVS](#).

TASKS TO COMPLETE

- ☐ **Apply Online**
 - Begin your application for a full license using the [FCVS portal](#).
- ☐ **Complete Fingerprinting Requirements**
 - Submit two FD-258 cards following the instructions on pages 6-7 of the [Expedited Online Application](#).
- ☐ **Submit Required Documents**
 - Upload all required documents (e.g., proof of legal status, name change documentation) via the [online portal](#).
- ☐ **Contact References**
 - Ensure two licensed physicians complete references and email them to license@ncmedboard.org.
- ☐ **Request Certification and Profile Submissions**
 - Request ECFMG Certification (if applicable) and have your FCVS profile sent to the NC Medical Board.
- ☐ **Prepare for a Personal Interview (if required)**
 - You will be contacted by the board if an interview is necessary
- ☐ **Monitor Application Status**
 - Regularly check the status of your application via the [online portal](#).