

Government of the District of Columbia  
Department of Health  
Health Regulation and Licensing Administration



**BOARD OF MEDICINE**

**APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE  
TO PRACTICE MEDICINE AND OSTEOPATHY IN THE DISTRICT OF COLUMBIA**

This package contains the forms to apply for a license to practice medicine (allopathic or osteopathic) in the District of Columbia. If you are applying by examination or re-examination (United States Medical Licensing Examination (USMLE) - Step 3), you should also have an examination registration packet for the exam in addition to this package. All forms required to apply for licensure are included in this package.

**THE APPLICATION PROCESS**

**Phase 1- Processing:** Your application, photos and fees, made payable to DC Treasurer, must be submitted, and all supporting documents required must be received by the processing department **within 120 calendar days** of submission of your application. Please note that if any supporting documents are received before your application is received, they will be discarded. **Notifications regarding missing documentation will be sent to you at the 30, 60, and 90-day mark.** Once all of your documents have been received, your application will have successfully **completed the processing phase** and will be referred to the Health Licensing Specialist (HLS) for analysis.

**Phase 2- Analysis:** The HLS will conduct a more detailed review of all the documents you have provided. If necessary, further information may be requested from you by the HLS to complete the analysis phase. Once phase 2 is completed, your application is marked as **pending board approval** and referred to the Board of Medicine (the Board) for review.

**Phase 3- Decision:** All applicants for licensure are thoroughly reviewed by the Board. The full Board meets on the last Wednesday of each month, except for the month of August. Once your application has been reviewed by the Board, and if found to be in accordance with the statutes and regulations for licensure approval, a license certificate will be mailed to you within one week.

If the Board determines that your application does not completely comply with any of the statutory or regulatory criteria for licensure, the Board may ask you for additional information, or ask that you come before them to answer further questions relevant to determining licensure approval. If the Board finds that you do not meet the requirements for licensure or that there is a legal or practice issue that bears upon your fitness for licensure, they may formally request that you withdraw your application or notify you that they intend to deny your request for licensure. If the Board elects to initiate a formal action to deny your application for licensure, you will be provided with notice of the Board's intent and an opportunity to request a hearing.

Once **Phase 1** of your application has been satisfied, notification of a decision is usually provided within two to four weeks.

**Please note that application and processing fees, once submitted, are non-refundable after 120 business days.**

## WHERE TO FILE

All new license applications and documents should be sent to the following address:

Department of Health  
Health Professional Licensing Administration (“HPLA”)  
Board of Medicine 899 North Capitol Street, NE  
First Floor  
Washington, DC 20002

Checks or money orders for application and license fees should be made payable to DC Treasurer and submitted along with your application. Checks or money orders for examination fees should be made payable to “USMLE” at the address shown on the examination fee form. Do not send cash.

As a candidate, you must apply to the Board of Medicine for licensure at the same time you apply to take the examination. Once you are approved to take the examination, you will be contacted by the Federation of State Medical Boards of the United States, Inc. (FSMB) to schedule your examination.

If you have any questions, call HPLA’s Customer Service line at 1-877-672-2174 between 8:15 a.m. and 4:40 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

## METHODS OF LICENSURE AND QUALIFICATIONS

There are five basic methods for becoming licensed to practice medicine in the District of Columbia. These methods include:

- Examination: First attempt in D.C. to pass USMLE, Step 3.
- Re-examination: Second or subsequent attempt in D.C. to pass USMLE, Step 3. Note: after 3 failures in any jurisdiction of USMLE, Step 3, applicants are required to complete an additional year of ACGME or AOA approved postgraduate training.
- License by Exam: Successful completion of USMLE (Steps 1, 2 & 3); NBME or NBOME (Parts 1, 2 & 3), or FLEX (Components 1 & 2; or Components 1, 2 & 3 in a single sitting for pre-1985 examinees); the licensing examination that is administered by the Licentiate of the Medical Council of Canada; combinations of FLEX, NBME, and USMLE as specified in section 17 DCMR 4605.1-14 of the Medical regulations; or passing a state constructed examination that is judged by the Board to be substantially equivalent to the requirements of the license law prior to June 30, 1979, and meet other requirements.
- Eminence 1\* A foreign trained physician, who is of recognized eminence and standing in a field of medicine or medical research in the international community and meets additional requirements as outlined in 4608.1; has practiced for at least ten (10) years, has successfully completed a two-year clinical training program in the United States; possesses

a valid ECFMG certificate and a foreign license in good standing, may demonstrate eminence to the satisfaction of the Board and meet other requirements.

**Eminence 2\*\*** A foreign trained physician who has practiced at least ten (10) years, who is nominated by the Dean of an accredited school of medicine in District of Columbia, the Director of the National Institutes of Health or the Director of an accredited and licensed hospital in the District of Columbia, and meets other requirements. License is limited to practice of a specialty at the nominating institution.

\* See DC Municipal Regulations (DCMR) Title 17, § 4608.

### **GENERAL REQUIREMENTS FOR ALL APPLICANTS**

All applicants for a license to practice medicine in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime of moral turpitude, which bears directly on the applicant's fitness to be licensed.

All applicants must submit the following in order to be considered for licensure:

3. A complete and signed application, including required supporting documents; and
4. two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. Please be sure to mail in your two photos and write on the back of the photos your full name and Social Security Number. Photos will be placed on the pocket license.
5. You will also need to submit one (1) clear photocopy of a government issued photo ID, such as your valid driver's license, as proof of identity.

### **EDUCATION AND EXPERIENCE REQUIREMENTS FOR APPLICANT EDUCATED IN THE UNITED STATES AND CANADA**

- A. An applicant educated in the United States or Canada shall furnish proof satisfactory to the Board that the applicant has successfully completed the following education and training:
  1. Two Years of premedical studies at an accredited institution;
  2. The equivalent of 4 years of instruction and training at a school which is legally chartered or organized in the United States or Canada and was accredited at the time of the applicant's graduation by the Liaison Committee on Medical Education (LCME) of the American Medical Association (AMA), the American Osteopathic Association (AOA), or the Committee on the Accreditation of Canadian Medical Schools. Applicants must be in receipt of the degree of Doctor of Medicine or Doctor of Osteopathy; and

3. One (1) year of postgraduate clinical training, except those applicants who graduated prior to January 1, 1990, and applicants using Step 3 of the United States Medical Licensing Examination as part of their examination requirement, shall only be required to have one (1) year of postgraduate clinical training. **All postgraduate clinical training must be at a hospital or health care facility licensed in the United States in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or in Canada accredited by the LMCC.**

- B. Applicants shall arrange for a certified transcript of the applicant's premedical and medical education to be sent directly to the applicant in a sealed envelope from the institution so that the transcript in a sealed envelope can be submitted with the application.

#### **EDUCATION AND EXPERIENCE REQUIREMENTS FOR APPLICANT EDUCATED OUTSIDE THE UNITED STATES AND CANADA**

- A. Applicant's educated in a foreign country shall furnish proof satisfactory to the Board that the applicant's education and training are substantially equivalent to the requirements for US and Canadian graduates by submitting:
1. Proof satisfactory to the Board that the applicant has received the equivalent of two academic years of instruction at the post-secondary level, including courses in following subject:
    - a. Biology,
    - b. Inorganic Chemistry,
    - c. Organic Chemistry; and
    - d. Physics

**Please note that, the curricula at some foreign universities do not specifically identify on the transcript the individual courses listed above. If your transcript does not show these specific courses, you are required to submit a notarized statement that you have taken the equivalent of these courses.**

2. Proof satisfactory to the Board that the applicant has completed all educational and training requirements to practice medicine in the foreign country where the medical education was undertaken:
  3. Documentation of completion of three (3) years of postgraduate clinical training in a program accredited by the ACGME, the LMCC or the AOA; and
  4. A notarized, valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).
- B. Applicants shall arrange for a certified transcript of the applicant's premedical and medical education to be sent directly to the applicant so that the transcript can be submitted with the application in a sealed envelope unless the transcript is in a language other than English.

- C. If any document is in a language other than English, the applicant shall arrange for its translation into English before submission by a translation service acceptable to the Board and shall submit a notarized translation signed by the translator attesting to its accuracy.

#### **FIFTH PATHWAY PROGRAM APPLICANTS**

- A. An applicant educated in the Fifth Pathway Program shall furnish proof satisfactory to the Board that the applicant:
1. Was a resident of the United States during the period of enrollment in the foreign medical school;
  2. Has successfully completed the didactic curriculum of a foreign medical school listed in the directory of medical schools published by the World Health Organization;
  3. Has attained a passing grade on Foreign Medical Graduate Examination in Medical Sciences (FMGEMS);
  4. Has completed one year of individually supervised clinical training, if the applicant graduated prior to January 1, 1990, or has completed two years of individually supervised clinical training, if applicant graduated after January 1, 1990, under the direction of a medical school accredited by the LCME at a level satisfactory to the Board; and
  5. Possesses a Fifth Pathway Program Certificate.
- B. Applicants shall arrange for a certified transcript of the applicant's premedical and medical education to be sent directly to the applicant in a sealed envelope, so the transcript can be submitted with the application.
- C. If any document is in a language other than English, the applicant shall arrange for its translation into English before submission by a translation service acceptable to the Board and shall submit a notarized translation signed by the translator attesting to its accuracy.

#### **EXAMINATION REQUIREMENTS**

- A. An applicant taking step 3 of the USMLE shall furnish proof satisfactory to the Board that the applicant:
1. Has passed steps 1 and 2 of the USMLE; and
  2. Has successfully completed one year in a program of postgraduate clinical training in a program accredited by ACGME, LMCC or AOA.
- B. An applicant who has not attained a passing score on Step 3 of the USMLE after three (3) attempts shall complete one (1) additional year of accredited postgraduate clinical training before being eligible to take step 3 again.
- C. An applicant who has not attained a passing score on all three parts of the USMLE within a seven (7) year period, beginning with passing either Step 1 or Step 2, may not be eligible for licensure in the District of Columbia; however, this period may be extended at the discretion of the Board of Medicine.

- D. An applicant who is enrolled in a dual degree program (e.g., MD/PhD, MD/MPH, or MD/MBA) or engaged in other continuous educational or research training with a board certification in an ABMS specialty, shall satisfactorily complete all parts of the USMLE examination (1, 2, and 3) within ten (10) years after passing Step 1 or 2 of the examination. This period may be extended at the discretion of the Board of Medicine.
- E. Applicants applying for licensure by examination may rely on any of the examination combinations shown below, provided that an acceptable combination is completed prior to January 1, 2000.

<b>Examination Sequence</b>	<b>Acceptable Combinations</b>
NBME (or NBOME)	
Part I	NBME Part I or USMLE Step 1
plus	plus
Part II	NBME Part II or USMLE Step 2
plus	plus
Part III	NBME Part III or USMLE Step

<b>Examination Sequence</b>	<b>Acceptable Combinations</b>
FLEX Component 1	FLEX Component 1
plus	plus
FLEX Component 2	USMLE Step 3
	or
	NBME Part 1 or USMLE Step 1
	plus
	NBME Part II or USMLE Step 2
	plus
	FLEX Component 2

<b>Examination Sequence</b>	<b>Acceptable Combinations</b>
USMLE Step 1	
plus	
USMLE Step 2	
plus	
USMLE Step 3	

## WAIVER OF EXAMINATION

The Board shall waive the examination requirement for an applicant who has passed:

- A. The FLEX examination prior to 1985 in a single sitting and in less than seven attempts; or
- B. The FLEX examination in 1985 or later in less than seven attempts; or
- C. Examination of the Licentiate of the Medical Council of Canada; or
- D. The National Board Examination and is a diplomate of the National Board of Medical Examiners; or
- E. The National Osteopathic Board Examination and is diplomate of the National Board of Osteopathic Examiners; or
- F. A State certified examination prior to June 30, 1979 and holds a license in good standing in a jurisdiction of the United States with requirements substantially equivalent to the requirements for licensure in the District of Columbia.

## INFORMATION ON SUBMISSION AND REQUIREMENTS

### A. **DC New License Application for Medical Doctors and Osteopaths**

This is the primary document in your application. Follow instructions on the form and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form. Note that you are to request verification of licensure from states where you have held a license to be sent directly to the DC Board of Medicine at the address on page 1. You should contact the applicable boards of medicine by phone before sending them a request by mail. Almost every state charges a fee for verifying licensure, and you should determine the fee and include the appropriate fee with your request for verification to the state of licensure in order to expedite the process.

### B. **Character Reference Form**

The character reference form must be submitted in a sealed envelope along with your application. A form must be completed by each employer/training program within the past five (5) years. A physician (MD/DO) with whom you worked or trained with must complete the form. Character reference forms may be downloaded at [www.hpla.doh.dc.gov/bomed](http://www.hpla.doh.dc.gov/bomed).

### C. **Documentation of post-graduate experience (internships, residencies, and fellowships)**

### D. **AMA Physician Profile**

All applicants must request an AMA profile from the American Medical Association. It does not matter whether the applicant is a member of the AMA. The AMA may be contacted by phone at (312) 464-5195. An application is attached. Applicants should request that the AMA profile be sent to the Board of Medicine at the address shown on page 1. You can also request an AMA Profile online at <http://www.ama-assn.org/AMAPhysicianProfiles>. Osteopathic applicants may submit an AOA Profile.

## **E. Verification of Licensure**

See A above. Note: If you were previously licensed in D.C. and that license expired more than five years ago, you should list your D.C. license in section 5C, but it is not necessary to get verification. If you had a D.C. license that expired less than five years ago, you should complete the reinstatement application.

## **F. Examination Scores**

You must request your prior certified examination scores from the appropriate authority, if you are applying by examination or waiver of examination. If you are applying by examination, you must request your examination score(s) for those sections of the examination that you have passed. If you are applying by waiver of examination, you must request all of your examination scores. These scores must come to The Office of Professional Licensing at address directly from the responsible organization. Key examinations and phone numbers for the appropriate organizations are as follows:

1. FLEX or USMLE: Contact the Federation of State Medical Boards of the United States, Inc. at (817) 868-4000.
2. NBME: Contact the National Board of Medical Examiners at (215) 590-9500.
3. State examinations: Contact the medical board of the examining state.
4. NBOME: Contact the National Board of Osteopathic Medical Examiners at (703) 635- 9955.
5. LMCC: Contact the Medical Council of Canada at (613) 521- 6012.

## **G. Undergraduate and Medical School Transcripts**

Certified transcripts must be from the appropriate educational institution. Transcripts may be sent directly to the Board or submitted with your application in a sealed envelope from the institution. Note that if you transcript or any other document submitted in support of your application is in a language other than English, you must provide a certified translation. Foreign transcripts do not need to be in sealed envelopes.

## **H. District of Columbia Computer-Based Testing USMLE Step III Candidate Examination Fee Form**

Send this form with the examination fee (See FSMB application.) at the address shown on the form. The check should be made payable to USMLE per the instructions on the form.

## **I. Applications and License Fees**

You must pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks should be made payable to "DC Treasurer" Do NOT send cash. Please print your name on your check, if it is not preprinted. The application portion of the fee is NOT refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from the applicant to close the application. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:



	<b>Total Fee</b>
Examination	\$288.00
Re-examination	\$85.00
Licensed by Exam	\$805.00
Eminence 1	\$805.00
Eminence 2	\$2000.00

DC Medical licenses expire on December 31 of even numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to the Board within thirty days of moving. The Board will update the address change in your database record. Requests for address change should be made via letter. Send the letter to the Board at the address on page 1. Without an updated address, you will not receive your renewal notice.

#### J. ECFMG Certificate

Educational Council for Foreign Medical Graduate Certificates may be requested by calling the Council by phone at (215) 386-5900 and by fax at (215) 386-9196.

#### K. Fifth Pathway Program Certificates/ FMGEMS Certificates

Fifth Pathway Program Certificates and Foreign Medical Graduate Examination in Medical Science certificates may be requested from the Education Council for Medical Graduates. They may be reached at the number shown above.

### COMPLETING THE LICENSE APPLICATION

#### SECTION 1A. TYPE OF LICENSE

- a. There are two types of licenses of which may apply. Check the box next to the license description.

#### SECTION 1B. BASIS OF APPLICATION

- a. Check the box next to the basis by which you are applying. To make sure that you select the correct basis of application, please Review “Methods of Licensure and Qualifications” listed on page 2. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. **Please note that application and processing fees, once submitted, are non-refundable after 120 business days.**

The license fee portion of the payment may be refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee total are listed on the application.

b. \*The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license application fee includes one new license print showing the new effective date and expiration date. **A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).**

## **SECTIONS 2A. APPLICANT NAME/DEMOGRAPHIC INFORMATION**

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided; your application will be returned to you for completion. All applicants must be at least 18 years of age. If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that is has changed. Acceptable documents are marriage certificates, divorce decrees or court orders.

## **SECTIONS 2B. OTHER NAMES USED**

If your name has changed at any point since you first registered with the American Medical Association, taken any exams or attended a college/university, please note below in order for us to correctly file your supplemental documents with your application.

## **SECTION 3A. PREFERRED MAILING ADDRESS**

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed. **A P.O. Box may not be used for an address. Please provide a street address.**

## **SECTIONS 3B & C. HOME ADDRESS/BUSINESS ADDRESS**

Include both your home and business addresses in the sections provided. **A P.O. Box may not be used for an address. Please provide a street address.**

## **SECTION 4A. PROFESSIONAL SCHOOLS ATTENDED**

List post secondary schools attended, prior to and including medical/professional schools. List schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants: Certified transcripts must be from the appropriate educational institution. Transcripts may be sent directly to the Board or submitted with your application in a sealed envelope from the institution. Note that if your transcript or any other document submitted in support of your application is in a language other than English, you must provide a certified translation. Foreign transcripts do not need to be in sealed envelopes.

## **SECTION 4B. MEDICAL TRAINING AND MEDICAL PRACTICE**

List experience covering the five (5) year period prior to the submission of the application and all internship, residency, and fellowship training. Include letters from employing facilities and training programs on letter head, including your start and end date. List experience in reverse chronological order, beginning with the most recent at the top. Note: If "**OTHER**" description is selected, please attach a typed explanation to this form. If you were

unemployed or self-employed for any period of three months or more please include a statement to that effect on a separate sheet of paper.

**SECTION 4C. MEDICAL LICENSES IN OTHER STATES/JURISDICTIONS**

List all states and jurisdictions in which you have ever held a medical license. You must request verification of licensure for all of these licenses, past and/or present. It is not necessary to get verifications of training licenses.

**SECTION 5A. PRACTICE TIME IN THE DISTRICT**

Please indicate if you practice in the District and list the type of medical practice. List the amount of time you spend practicing in the District and if you plan on practicing in Maryland or Virginia.

**SECTION 5B. SPECIALTIES**

If your practice is limited to a specialty, please indicate the code from the specialty list below. If you are certified by the “American Board of” any specialty, please indicate the code form the specialty list below.

SPECIALTY CODE		
AC Academic Medicine ADM Administrative Medicine AI Allergy & Immunology AN Anesthesiology DE Dermatology EM Emergency Medicine FM Family Medicine IN Internal Medicine (General) IN Internal Medicine <ul style="list-style-type: none"> <li>• IN/CA Cardiology</li> <li>• IN/EN Endocrinology</li> <li>• IN/GI Gastroenterology</li> <li>• IN/HEM Hematology</li> <li>• IN/ID Infectious Disease</li> <li>• IN/NEP Nephrology</li> <li>• IN/NEU Neurology</li> <li>• IN/ONC Oncology</li> <li>• IN/PCC Pulmonary Critical Care</li> <li>• IN/PUD Pulmonary Disease</li> <li>• IN/RH Rheumatology</li> </ul> MG Medical Genetics	NU Nuclear Medicine OB Obstetrics & Gynecology OC Occupational Health OP Ophthalmology OMT Osteopathic Manipulative Treatment ENT Otolaryngology PA Pathology PED Pediatrics (General) PED Pediatrics <ul style="list-style-type: none"> <li>• PED/AD Adolescent Medicine</li> <li>• PED/CA Cardiology</li> <li>• PED/EN Endocrinology</li> <li>• PED/GI Gastroenterology</li> <li>• PED/HEM Hematology</li> <li>• PED/NEO Neonatology</li> <li>• PED/NEP Nephrology</li> <li>• PED/NEU Neurology</li> <li>• PED/ONC Oncology</li> <li>• PED/PCC Pulmonary Critical Care</li> <li>• PED/PUD Pulmonary Disease</li> <li>• PED/RH Rheumatology</li> </ul>	PMR Physical Medicine & Rehabilitation PR Preventive Medicine/ Public Health PSY Psychiatry RA Radiology REM Research Medicine SU Surgery (General) SU Surgery <ul style="list-style-type: none"> <li>• SU/BT Burn/Trauma</li> <li>• SU/CS Cardiac Surgery</li> <li>• SU/CO Colon &amp; Rectal Surgery</li> <li>• SU/GE General Surgery</li> <li>• SU/NE Neurological Surgery</li> <li>• SU/OR Orthopedic Surgery</li> <li>• SU/PL Plastic Surgery</li> <li>• SU/TH Thoracic Surgery</li> <li>• SU/TP Transplant</li> <li>• SU/UR Urology</li> <li>• SU/VA Vascular</li> </ul> Other: _____

## **SECTION 5C. SCREENING QUESTIONS**

If you answer “Yes” to questions A through O, then please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

## **SECTION 7B. LICENSEE AFFIDAVIT**

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

## **ADDITIONAL APPLICATION FORMS**

If you need additional copies of this application package you may visit HPLA’s website at <http://www.hpla.doh.dc.gov/bomed> or call HPLA’s Customer Service number at 1-877-672-2174.

The forms that make up this package are:

- Medicine & Osteopathy, New License Application
- Medicine & Osteopathy, New License Application
- Chapter 46 Medicine, Municipal Regulations
- Examination and Board Action History Report (EBAHR)
- Character Reference Form
- American Medical Association (AMA) Physician Profile Form
- Computer-Based Testing USMLE Step III Candidate Examination Fee Form /  
Application and Instructions

## **SUMMARY OF LICENSURE REQUIREMENTS**

The following chart shows the licensure submission requirements for all application methods. The law governing medicine licensure in the District of Columbia is D. C. Law 6-99, the Health Occupations Revision Act of 1985. The regulations governing medicine are included in DC Municipal Regulations Title 17, Chapters 46. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Medicine if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

## DC BOARD OF MEDICINE APPLICATION SUBMISSION REQUIREMENTS

	EXAMINATION	RE-EXAM	WAIVER OF EXAMINATION	EMINENCE 1	EMINENCE 2
DOCUMENTS	(USMLE)	(USMLE)	USMLE/FLEX/NBME/NBOME/ LMCC/State Constructed	(DCMR 17 Sec. 4608.1)	DC Act 11-26 LTD. LIC.
Application for DC License	X	X	X	X	X
Two (2) Passport Type Photos	X	O	X	X	X
Character Reference Form(s)	X	O	X	X	X
Documentation of all training and past 5 year work experience	X	O	X	X	X
AMA Profile	X	O	X	X	X
Verification of Licensure	O	O	X	X	X
Examination Scores	<b>(Steps 1 &amp; 2)</b>	O	X	O	O
Undergraduate Transcript	X	O	X	X	X
Medical School Transcript	X	O	X	X	x
CBT USMLE Step III Examination Fee Form	X	X	O	O	O
Application and License Fees	<b>\$288</b>	<b>\$85</b>	<b>\$805</b>	<b>\$805</b>	<b>\$2000</b>
Examination Fee	*	*	O	O	O
<b>Foreign Trained Physicians add:</b> ECFMG Certificate	X	O	X	X	X
<b>Fifth Pathway Applicants add:</b> Fifth Pathway Program Certificate	X	O	X	X	X
FMGEMS Certificate	X	O	X	X	X
<b>Eminence Applicants only add:</b> Curriculum Vitae	O	O	O	X	X
List of Publications	O	O	O	X	X
List of Honors and Awards	O	O	O	X	X
Letter of Recommendation from Institution Head	O	O	O	O	X
HI Visa Status Certificate	O	O	O	O	X
5 Letters from Renowned American Specialist in Field	O	O	O	O	X
Letter of Acceptance from Sponsoring Institution	O	O	O	O	X

**X = Required**

**O = Not Required**

\* Subject to change; payable to FSMB - see FSMB application for fees.

Note: All applicants must document name changes if applicable. Check or money order MUST be made payable to DC Treasurer.