

## APPLICATION FOR FULL LICENSE/EXPEDITED - CHECKLIST

The following checklist is designed to assist applicants in submitting the necessary materials needed during the application process. Delays often occur when applicants fail to provide required information to the Board. The Board's Licensing Department encourages use of provided checklists for all license types.

Status	Item	Notes
<input type="checkbox"/>	<b>Online application</b>	Complete the chronological information beginning with high school and answer all questions. Documentation will need to be provided for any affirmative answers.
<input type="checkbox"/>	<b>Applicants Oath</b>	Document will need to be signed and notarized. The original must be sent to the NCMB. Fax and email copies are not acceptable.
<input type="checkbox"/>	<b>Legal Resident Status</b>	<p>U.S. citizens must submit a photocopy of one of the following:</p> <ol style="list-style-type: none"> <li>1) birth certificate</li> <li>2) valid, unexpired U.S. passport</li> </ol> <p>Not a U.S. citizen? Provide a photocopy of one of the following:</p> <ol style="list-style-type: none"> <li>1) Alien Registration Card or Green Card (form I-555)</li> <li>2) Employment Authorization Document (form I-688 B or I-766)</li> <li>3) Certification of Report of Birth (form DS-1350)</li> <li>4) Arrival/Departure Record (form I-94)</li> <li>5) Other documentation providing lawful U.S. status</li> </ol> <p>Documentation can be emailed to <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a></p>
<input type="checkbox"/>	<b>Name change documentation</b> (if applicable)	A photocopy of documentation of a legal name change. Example: marriage certificate, divorce decree, etc. Do not submit original documents. This information can be emailed to <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a>
<input type="checkbox"/>	<b>State License Verification</b>	Secure a report regarding the status of licensure from the state, US territory, or Canadian province where you have held an active license in one state for five years preceding your application. This report must come directly from the licensing agency. Veridoc is accepted.
<input type="checkbox"/>	<b>Speciality Board Certification</b>	<p>Provide a copy of your current certification, recertification, or MOC within the past 10 years by a speciality boards recognized by one of the following:</p> <ul style="list-style-type: none"> <li>• American Board of Medical Specialities (ABMS)</li> <li>• American Osteopathic Association (AOA)</li> <li>• Fellowship of Royal College of Physicians of Canada (FRCP)</li> <li>• Fellowship of Royal College of Surgeons of Canada (FRCS)</li> <li>• College of Family Physicians of Canada (CFPC)</li> <li>• American Board of Oral and Maxillofacial Surgery (ABOMS)</li> </ul>

<input type="checkbox"/>	<b>Fingerprint cards, authority to release form and criminal history</b>	<p><b><u>Applicants outside North Carolina</u></b></p> <p>Request a set of fingerprint cards to be mailed to you at <a href="mailto:fpc@ncmedboard.org">fpc@ncmedboard.org</a>. You will need to send in the authority to release form and fingerprint cards to the NCMB.</p> <p><b><u>Applicants in North Carolina</u></b></p> <p>Live scan is available to those applicants who are in NC. You will need to go to your local law enforcement office to have this completed. You will need to take the Applicant Information form with you. The Electronic Authority to Release form will need to be sent to the NCMB.</p> <p>The authority to release forms can be emailed to <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a>.</p>
<input type="checkbox"/>	<b>Evidence of passing ECFMG Examination and completing a 5<sup>th</sup> pathway program (if applicable)</b>	<p>International medical school graduates must have a current ECFMG. Contact ECFMG (<a href="http://www.ecfm.org">www.ecfm.org</a>) to have a "Certification Status Report" emailed to the NCMB.</p> <p>If you completed a 5<sup>th</sup> pathway program and a licensing examination other than USMLE, contact ECFMG to have an "Examination Score Transcript" sent to the NCMB. You will need to email the NCMB at <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a> to request a "Fifth Pathway Verification Form" be emailed to you for completion by your Fifth Pathway program.</p>

**Annual Renewal:** NC law requires licensed physicians to renew with the Board within 30 days of their birthday, every year, no matter when the license is issued. A renewal fee is required.

Last Updated 7/18