

## APPLICATION FOR AN INTERNATIONALLY-TRAINED PHYSICIAN EMPLOYEE (ITPE) LICENSE—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. Required forms can be found within the application as well as on the gateway after completion of the application. **All documents must be submitted in English or with a verified translation.**

Status	Item	Notes
<input type="checkbox"/>	<b>Online Application</b>	<p>Complete the online application including your name, and if relevant, name change, address, areas of practice, and chronology. Complete the chronological information in month / year format and answer all questions. Any gaps in the chronology should be explained in detail.</p> <p>Documentation can be uploaded to your application via the gateway as required.</p>
<input type="checkbox"/>	<b>Name Change Documentation (if applicable)</b>	<p>Documentation of a legal name change (marriage certificate, divorce decree, etc). Documentation can be uploaded to your application via the gateway.</p>
<input type="checkbox"/>	<b>Employment Offer</b>	<p>Applicants for the ITPE License must have an offer of full-time employment from an NC hospital or a rural medical practice with an on-site NC licensed physician.</p>
<input type="checkbox"/>	<b>Questionnaire</b>	<p>Applicants must answer questions pertaining to:</p> <ul style="list-style-type: none"> <li>• Complaints, investigations, or adverse actions by other licensing boards, regulatory boards or agencies</li> <li>• Withdrawal, denial, surrender, restrictions or limitations of a license application, license, or renewal.</li> <li>• The use of controlled substances or prescriptions drugs obtained illegally or improperly; illicit or illegal drug use; or impairment due to alcohol or other substances. (These questions do not apply to anonymous participants in the NC Professionals Health Program who are in compliance with their agreement.)</li> <li>• Cancellation, denial or nonrenewal of any professional liability insurance</li> <li>• Separation or discharge other than honorably from U.S. military, Veteran's Administration or public health service</li> <li>• Acknowledgment of NC employee misclassification law and reporting investigations for employee misclassification</li> </ul> <p>Documentation can be uploaded to your application via the gateway for any affirmative responses provided.</p>

<input type="checkbox"/>	<b>Proof of Clinical Practice</b>	<p>You must have practiced medicine for at least 5 years. The Proof of Active Practice form must be completed by your employer(s) and emailed directly from them to the NCMB at <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a>. You may need to submit more than one Proof of Active Practice Form if you changed employment during the 5-year period.</p> <p>If self-employed, provide supporting documentation such as business documents, tax records, and/or patient attestations. These can be uploaded via the gateway or emailed to <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a>.</p>
<input type="checkbox"/>	<b>Medical Education and ECMG Eligibility</b>	<p>Graduates of an International Medical School must have completed all the steps to be eligible for ECFMG certification. This includes having your medical school verified by the ECFMG, passing both USMLE Step 1 and Step 2, as well as any additional assessments required under your selected Pathway within the time frame set by the ECFMG.</p> <p>ECFMG certification is not required but will expedite the application process.</p>
<input type="checkbox"/>	<b>Medical School Transcripts</b>	<p>Transcripts are required to ensure completion of at least 130 weeks of medical education.</p>
<input type="checkbox"/>	<b>Immigration/Legal Resident Status</b>	<p>U.S. citizens must submit a photocopy of one of the following:</p> <ul style="list-style-type: none"> <li>1) Birth certificate</li> <li>2) Valid, unexpired U.S. passport</li> </ul> <p>Not a U.S. citizen? Provide a photocopy of one of the following:</p> <ul 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> </ul> <p>Documentation can be uploaded to your application via the gateway.</p>

<input type="checkbox"/>	<b>Examination Score Transcripts</b>	<p>Original certificate of passing scores must be provided to the North Carolina Medical Board from the examination source.</p> <p>Apply on the basis of one of the following:</p> <ul style="list-style-type: none"> <li>• National Board of Medical Examiners (NBME)</li> <li>• United States Medical Licensing Examination (USMLE)</li> <li>• Examinations accepted for licensure in other countries that are members of IAMRA</li> <li>• Board Certification</li> <li>• Comprehensive Assessment</li> </ul> <p>To be eligible to apply on the basis of a comprehensive assessment, applicant must:</p> <ul style="list-style-type: none"> <li>○ Meet all other requirements for licensure</li> <li>○ Submit a proposal to the Board prior to undergoing the assessment to ensure approval</li> <li>○ The assessment must be completed within six months of Board approval.</li> </ul> <ul style="list-style-type: none"> <li>• Waiver</li> </ul> <p>In order to qualify for a waiver, the applicant must:</p> <ul style="list-style-type: none"> <li>○ Meet all other requirements for licensure</li> <li>○ Hold an O-1 Visa and submit all supporting documentation provided to the U.S. Citizenship and Immigration Services on O-1 Visa application.</li> <li>○ Request a waiver of the exam requirement and take the SPEX or PLAS within 1-year of the issuance of a temporary license.</li> </ul>
<input type="checkbox"/>	<b>Postgraduate Training Verification</b>	<p>Send the PGT Verification form to all training programs which you have participated in and have them email the completed form to <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a>. At least one graduate medical education must be approved by your country of licensure.</p> <p>You may request a waiver of this requirement if you have actively practiced medicine in your country of licensure for at least 10 years after graduation.</p>
<input type="checkbox"/>	<b>Out of State/Country Licenses</b>	<p>The Board will need verification of your licensure in good standing from the medical licensing authority in your country of licensure. Send the License Verification form to your medical licensing authority and have it submit the completed form to <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a>.</p>
<input type="checkbox"/>	<b>Applicant Fingerprints and Criminal History Check</b>	<p><b><u>International</u></b></p> <p>Applicants are required to provide a criminal history background check from their country of licensure. The Board cannot accept any criminal background check that is not provided in English. The criminal history background check must be sent directly from the issuing agency to the Board at <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a>.</p> <p>In addition, applicants must provide fingerprints in order for the North Carolina Medical Board to conduct State and Federal</p>

		<p>criminal history record checks. There is a \$38 fee from the North Carolina State Bureau of Investigation (NCSBI) to cover the processing of the record check. This fee will be added to your NCMB licensee fee at the end of the online application. Questions regarding the fingerprinting process should be emailed to the License Department at <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a>.</p> <p><b>If you are completing your fingerprinting outside of North Carolina:</b></p> <p>Obtain <b>two (2)</b> FD-258 fingerprint cards from your local law enforcement office (or Amazon if not provided). Once fingerprint cards have been completed, mail <b>both</b> cards to:</p> <p>NC Medical Board 3127 Smoketree Ct Raleigh NC 27604</p> <p><b>If you are completing your fingerprinting inside North Carolina: DO NOT do Live Scan until after you have completed your application and paid the application fee.</b></p> <p>Go to a fingerprinting agency that does Live Scan. <b>Be sure to confirm that the prints will be sent directly to the NCSBI. If not, we will not receive the results which will delay your application.</b> Photo identification and a fee may be required by the agency performing the service.</p> <p>If you are unable to be fingerprinted electronically, follow the instructions for completing fingerprints outside of North Carolina.</p>
<input type="checkbox"/>	<b>Applicant's Oath and Photo</b>	<p>At the end of the application, complete the attestation and applicant's oath. A recent photo of yourself showing the front of your face will be required to complete the application.</p>
<input type="checkbox"/>	<b>Supporting Documentation</b>	<p>If applicable, supporting documentation for the following may be required:</p> <ul style="list-style-type: none"> <li>• Actions taken against you by a health care institution;</li> <li>• Regulatory actions by licensing boards, regulatory boards or agencies;</li> <li>• Malpractice actions – if applicable, you will be asked to provide a copy of the plaintiff's complaint, a copy of the judgment, award, payment, or settlement documents.</li> </ul>

**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.

**Updated: 01/30/2026**