

### APPLICATION FOR FULL PHYSICIAN EXPEDITED 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 the 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>	<p>Complete the online application including your name, and if relevant, name change, address, practice plan, areas of practice, and chronology. Complete the chronological information in month / year format beginning with high school and answer all questions. Any gaps in 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>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>
<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>Immigration/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 uploaded to your application via the gateway.</p>
<input type="checkbox"/>	<b>State License Verification</b>	<p>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 immediately preceding your application date. This report must come directly from the Licensing Board. Veridoc is accepted. License verifications can be sent to <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a>.</p>
<input type="checkbox"/>	<b>Speciality Board Certification</b>	<p>Provide a copy of your current certification or recertification showing MOC within the past 10 years by a speciality board recognized by one of the following:</p> <ul style="list-style-type: none"> <li>• American Board of Medical Specialties (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 (FRCSC)</li> <li>• College of Family Physicians of Canada (CFPC)</li> <li>• American Board of Oral and Maxillofacial Surgery (ABOMS)</li> </ul> <p>Documentation can be uploaded to your application via the gateway.</p>

<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>Go to your local law enforcement office to be fingerprinted. Your fingerprints will need to be provided on an FD-258 fingerprint card which may be provided by the law enforcement office. <b><u>Two (2)</u></b> fingerprint cards will need to be submitted.</p> <p>Upload the Authority for Release of Information form to your application via the gateway.</p> <p><b><u>Applicants in North Carolina</u></b></p> <p>Live Scan is available to those applicants who are in NC. Go to your local law enforcement office to have this process completed and take the following with you: (1) Applicant Information form, and (2) Authority for Release of Information form.</p> <p>Once the fingerprinting process has been completed, upload the Authority for Release of Information form to your application via the gateway.</p> <p>The Applicant Information form can be discarded after being fingerprinted.</p>
<input type="checkbox"/>	<b>Evidence of passing ECFMG exam and completing a 5th pathway program (if applicable)</b>	<p>International medical school graduates must have a current ECFMG. <a href="#">Contact ECFMG</a> to have a “Certification Status Report” sent to NCMB.</p> <p>If you completed a 5th pathway program and a licensing exam other than USMLE, contact ECFMG to have an “ECFMG Examination Score Transcript” sent to NCMB. Obtain a “Fifth Pathway Verification Form” from NCMB. Email <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a> to request this form.</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>Any complaint, investigation, inquiry or 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>
<input type="checkbox"/>	<b>Interview</b>	<p>You will be notified if a personal interview will be required.</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.

**Updated 7/2025**