

### APPLICATION FOR PHYSICIAN REINSTATEMENT – 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 the 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</b><br>(if applicable) | <p>Documentation of a legal name change (marriage certificate, divorce decree, etc). Documentation can be uploaded to your application via the gateway.</p>  |

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| <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>Evidence of passing ECFMG exam and completing a 5<sup>th</sup> pathway program (if applicable)</b> | <p>Foreign medical school graduates must have a current ECFMG. <a href="#">Contact ECFMG</a> to have a “Certification Status Report” sent to the 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 the NCMB. Obtain a “Fifth Pathway Verification Form” from the NCMB. Email <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a> request this form.</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 a FD-258 fingerprint card which can 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. You will need to 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. The Applicant Information form can be discarded after being fingerprinted.</p> |

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|--------------------------|-----------------------------------|---|
| <input type="checkbox"/> | <b>Ten Year Rule</b>              | <p>You must submit documentation of 60 hours of Category 1 practice relevant CME obtained in the past three (3) years unless you have done one of the following:</p> <ol style="list-style-type: none"> <li>1. You have passed one of the following examinations in the past 10 years <ul style="list-style-type: none"> <li>• USMLE examination.</li> <li>• MCCQE examination.</li> <li>• National Osteopathic Board of Medical Examiners Examination or COMLEX.</li> <li>• SPEX examination with a score of at least 75.</li> <li>• COMVEX examination, the Osteopathic examination equivalent to SPEX.</li> <li>• Certification or recertification of CAQ by a specialty board recognized by the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), Certificate of the College of Family Physicians of Canada (CCFP), Fellowship of the Royal College of Physicians of Canada (FRCP) and Fellowship of the Royal College of Surgeons of Canada (FRCS).</li> </ul> </li> <li>2. You have participated in a graduate medical education program approved by ACGME, AOA, CFPC or RCPSC in the last 10 years.</li> </ol> |
| <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**