

### APPLICATION FOR MILITARY RELOCATION – PHYSICIAN CHECKLIST

This license application is solely for military servicemembers or spouses of military servicemembers that have been relocated to North Carolina pursuant to military orders. 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. Please note: Any change in eligibility for the Military Relocation License, such as a change in military orders to another state, must be reported to the Board within 15 days.

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.</p> <p>Documentation can be uploaded to your application via the gateway for any affirmative responses provided.</p>
<input type="checkbox"/>	<b>Name change documentation</b> (if applicable)	<p>Documentation of a legal name change (marriage certificate, divorce decree, etc).</p> <p>Documentation can be uploaded to your application via the gateway.</p>
<input type="checkbox"/>	<b>Military Service Verification</b>	<p>Provide documentation of current military service as well as military orders indicating relocation to North Carolina for military service. If the applicant is the spouse of a military service member and is relocating to North Carolina, documentation of the marriage and relocation orders are 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> <p>Documentation can be uploaded to your application via the</p>

		gateway for any affirmative responses provided.
<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. Contact ECFMG 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>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>Out of State/Country License Verification</b>	<p>Secure a report regarding the status of licensure from a jurisdiction where you currently hold a license. This report must come directly from the Licensing Board and indicate whether the licensee is in good standing, has any open investigations and whether there has been any discipline in the past 5 years.</p>

<input type="checkbox"/>	<b>Applicant Fingerprints</b>	<p>Applicants must provide fingerprints in order for the North Carolina Medical Board to conduct State and Federal 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>	At the end of the application, complete the attestation and applicant's oath. A photo will be required to complete the application.
<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.

**Please note:** Once your military relocation license is issued, you may request to have your license converted to a full license at no cost as long as that request is made within the first year of licensure. This will require going through the application process; however, any documentation that can be used from the original application will be used for the full license application.

**Updated 01/29/2026**