

APPLICATION FOR A MEDICAL SCHOOL FACULTY 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 the checklists provided for all license types.

1. Online application

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 medical school and answer all questions. Any gaps in chronology should be explained in detail. Documentation can be uploaded to your application via the gateway as required.

2. Questionnaire

Applicants must answer questions pertaining to:

- Complaints, investigations, or adverse actions by other licensing boards, regulatory boards, or agencies.
- Withdrawal, denial, surrender, restrictions or limitations of a license application, license, or renewal.
- 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.).
- Cancellation, denial or nonrenewal of any professional liability insurance.
- Separation or discharge other than honorably from U.S. military, Veteran's Administration or public health service.
- Acknowledgment of NC employee misclassification law and reporting investigations for employee misclassification.

3. Name change documentation (if applicable)

Documentation of a legal name change (marriage certificate, divorce decree, etc). Documentation can be uploaded to your application via the gateway.

4. SSA (Social Security Administration) Authorization

Pursuant to [N.C. Gen. Stat. § 93B-14](#), all applicants for licensure must provide a social security number. Social security numbers are strictly confidential and only released for purposes authorized by state or federal law.

Applicants are required to complete form [SSA-89 Authorization](#). The SSA Authorization Form must have a **physical signature in ink** and **must be mailed** to the **North Carolina Medical Board, 3127 Smoketree Court, Raleigh, NC 27604 Attn: License Associates**.

- The form cannot be uploaded to the gateway portal.
- The form must be completed with a physical signature
- The form must be mailed in
- Indicate the reason for authorizing consent is "To meet licensing requirements"
- Forms that are not completed will not be accepted.
- For questions email: ssa_cbsv@ncmedboard.org.

5. Immigration/Legal Resident Status

U.S. citizens must submit a photocopy of one of the following:

1. Birth certificate
2. Valid, unexpired U.S. passport

Not a U.S. citizen? Provide a photocopy of one of the following:

1. Alien Registration Card or Green Card (form I-555)
2. Employment Authorization Document (form I-688 B or I-766)
3. Certification of Report of Birth (form DS-1350)
4. Arrival/Departure Record (form I-94)
5. Other documentation providing lawful U.S. status

Documentation can be uploaded to your application via the gateway.

6. Verification of Medical Education

Form should be sent to your medical school for completion. Your medical school should email the form to license@ncmedboard.org. You must have completed at least 130 weeks of medical school for licensure.

7. Medical School Transcripts

Transcripts are required if you attended more than one medical school or more or less than the standard four years.

8. Postgraduate training verification

Send PGT form to every institution where you have participated in training. Institutions should email the form to license@ncmedboard.org.

9. Medical License Verification

Secure reports for all licenses you've held, stating the status of the license and whether or not any action has been taken against the license.

10. Verification of Appointment

Form should be completed by the physician responsible for overseeing the procedure/fellowship. These forms should be emailed to license@ncmedboard.org from the overseeing physician.

11. Applicant Fingerprints

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 license@ncmedboard.org.

If you are completing your fingerprinting outside of North Carolina:

Obtain **two (2)** FD-258 fingerprint cards from your local law enforcement office (or Amazon if not provided). Once fingerprint cards have been completed, mail **both** cards to:

North Carolina Medical Board
3127 Smoketree Ct
Raleigh, NC 27604

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.

Go to a fingerprinting agency that does Live Scan. **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.** Photo identification and a fee may be required by the agency performing the service.

If you are unable to be fingerprinted electronically, follow the instructions for completing fingerprints outside of North Carolina.

For detailed information about the fingerprint requirements, view [the fingerprint guidance instructions](#).

12. Supporting Documentation

If applicable, supporting documentation for the following may be required:

- Any complaint, investigation, inquiry or actions taken against you by a health care institution;
- Regulatory actions by licensing boards, regulatory boards or agencies;
- 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.

13. Applicant's oath and photo

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.

14. Additional Documentation

Upon request, supply any additional information the Board deems necessary to evaluate your competence and character.

15. NPDB and FSMB Profiles

NCMB will download the National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB) profiles once all requirements are met. These documents cannot be provided by the applicant.

16. Interview

You will be notified if a personal interview will be required.

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.

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