

MARYLAND BOARD OF PHYSICIANS

Baltimore, Maryland
www.mbp.state.md.us

Use this online application only if you have never been licensed as a physician in Maryland.

ONLINE APPLICATION FOR INITIAL MEDICAL LICENSURE

Dear Applicant:

The non-refundable initial license processing fee for **American Medical Graduates** is **\$310** or **\$410** for **Foreign Medical Graduates**. If your application is approved, there will be an additional license fee of up to \$480, based on last name (A-L or M-Z) and prorated at \$20 per month until expiration of initial license as stated in COMAR 10.32.01.12.

Online application payment is made using **credit card only** with Visa, MasterCard, or Discover.

Applications are processed in the order they are received. Board staff will make every effort to process your application as quickly as possible. Incomplete applications and/or failure to submit the required information will delay the processing of your application.

The Board does not confirm receipt of the application and payment. Once the application has been reviewed, applicants will be notified via e-mail with the status of the application. Please do not call the Board to check on the status of your application, as constant interruptions slow down the process.

Supporting documents must come directly from the source. For example, verification of education must come directly from your school.

The Board will keep your online application open for 120 days from the original date of receipt. All requirements for licensure must be met within the 120-day period. If the requirements are not met, your application will be closed, and a new application and full licensure fee will be required.

We look forward to reviewing your completed application and will process it as quickly as possible.

Thank you,

The Licensure Division
Maryland Board of Physicians

MARYLAND BOARD OF PHYSICIANS
P.O. Box 2571
Baltimore, Maryland 21215
Telephone: 410-764-4777 or 800-492-6836
www.mbp.state.md.us

**ONLINE APPLICATION FOR INITIAL MEDICAL LICENSURE
INSTRUCTIONS AND IMPORTANT INFORMATION**

The nonrefundable initial license processing fee for American Medical Graduates is \$310 and \$410 for Foreign Medical Graduates. If your application is approved, there will be an additional license fee of up to \$480, based on last name (A-L or M-Z) and prorated at \$20 per month until expiration of initial license as stated in COMAR 10.32.01.12.

1. **Name:** If the name on the application form differs from the name on any of your supporting documentation, you must submit a copy of a marriage license, divorce decree, or a court order authorizing the name change. The Board of Physicians (the Board) must be notified of any change in your name on a timely basis.
2. **Public Address:** The public (business) address is your address of record, available to the public, and will be posted on your Practitioner Profile on the Board's Website. **If you change your address prior to being licensed, immediately notify the Board in writing by mail.**
3. **Non-Public Address:** The non-public (home) address will be the location to which the Board directs all correspondence. This is where you live. This address is confidential. Do not use your practice address. **If you change your address prior to being licensed, immediately notify the Board in writing by mail.**
4. **Contact Information (Telephone Numbers and E-mail Address):** The Board will contact you using the information provided.
5. **Date of Birth:** Health Occupations Article §14-307(c), Annotated Code of Maryland, requires applicants to be at least 18 years old. Date of birth also will be used for identification and criminal background checks.
6. **Gender:** Disclosure of gender is not a requirement of licensure. The information provided will be used for identification purposes and for criminal background checks only.
7. **Race and Ethnicity:** Disclosure of race and ethnicity is not a requirement of licensure. The information provided will be used for identification purposes and for criminal background checks only.
8. **Social Security Number:** Maryland law requires the Board to collect U.S. social security numbers (SSN) from all persons applying for professional licenses or certificates. Disclosure of your SSN is mandatory. The Board is permitted by State or Federal law or regulation to use the SSN for the following purposes:
 - A. Verification of identity with respect to actions related to your license (COMAR 10.32.01);
 - B. Administration of the Child Support Enforcement Program (Family Law Article, §10-119.3);
 - C. Identification by the Department of Assessments and Taxation of new businesses in Maryland (Health Occupations Article, §1-210);
 - D. Verification by the Maryland Medicaid program of licensure and sanctions for providers participating in Medicaid [42 U.S.C. §1396a(a)(49); 42 U.S.C. §1396r-2; 42 U.S.C. §1320a-7].
9. **Federation Credentials Verification Service (FCVS):** The FCVS can assist applicants with the credentialing process. Maryland is one of many states that accepts credentials verified by FCVS. For further information, contact FCVS at 817-868-5000, 888-275-3287, or www.fsmb.org. Please be aware that the **FCVS profile does not include the Record of Scores from the National Board of Medical Examiners (NBME) or the verification of medical licenses in other states. Applicants who use FCVS will need to arrange for these verifications to be sent to the Board.** If you plan to use FCVS services, please begin the process at least two months prior to submitting your application to the Board and check the box in Part 1 on the application indicating that you are using the FCVS.

**APPLICATION FOR INITIAL MEDICAL LICENSURE
INSTRUCTIONS AND IMPORTANT INFORMATION (CONTINUED)**

10. **Chronology of Activities:** Beginning with the date you completed medical school and continuing through the present, list chronologically all of your activities, including hospital privileges. Account for all periods of time including each postgraduate training program you attended, regardless of whether or not you completed the program; each job you held, regardless of whether or not it was medically related or you were compensated; and any period of unemployment.
11. **Verification of Professional Education:** Complete Part 1 of the **Verification of Education and English Language Instruction form (IML 2)** and forward it to the institution which issued your medical degree. *The school must return the form directly to the Board at the address listed on the top of the form. (Omit if using FCVS.)*
12. **Oral and Written Competency in English:** Demonstrate verbal and written competency in the English language by any of the following:
- Documentation of graduation from an English-speaking high school or undergraduate school after at least three years of enrollment;
 - Documentation of graduation from an English-speaking professional (medical) school;
 - Documentation of a passing score on the USMLE Step 2 Clinical Skills* until January 2021;
 - Documentation of receiving a passing score of at least 26 on the “Speaking Section” and 79 on the written part of the Test of English as Foreign Language (TOEFL)*;
 - Documentation of receiving a passing score of Advanced or higher on the Oral Proficiency Interview (OPI)*.

***Information about TOEFL and OPI, and Clinical Skills**

TOEFL: To schedule the test or obtain score reports for the TOEFL, contact the Educational Testing Services at <http://www.ets.org/toefl/contact/region1>. You will be asked to provide a PDF copy of your score report.

OPI: For information about the OPI, contact Language Testing International (LTI) at www.language-testing.com or at 914-963-7110. LTI will provide information, including how to make the payment for testing. LTI can schedule an interview within 24-72 hours after receiving payment. They will arrange a specific date and time for your telephone interview.

Applicants must have an application on file with the Board before scheduling an interview with LTI.

Clinical Skills: The Board **will only** accept **USMLE Step 2 Clinical Skills** as demonstration of oral and written competency in English. The Board **will not** accept the **Clinical Skills Assessment** administered by the ECFMG or the **USMLE Step 2 Clinical Knowledge** as demonstration of oral and written competency in English.

Please note: [USMLE Step 2 CS Discontinued](#) as of January 2021, however, the Board will continue to accept existing USMLE Step 2 CS scores.

13. **Postgraduate Training:** Complete this section and complete Part 1 of the **Verification of Postgraduate Medical Education form (IML 3)** and send it to each postgraduate training program you attended. American Medical Graduates must have successfully completed at least one year of Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training or equivalent training as determined by the Board. Foreign Medical Graduates must have successfully completed at least two years of ACGME or AOA-accredited postgraduate training or equivalent training as determined by the Board. *(Omit the IML3 if using FCVS.)*

NOTE: On a case by case basis, the Board may consider **full-time teaching in an LCME-accredited medical school in the United States** as an alternative to the accredited postgraduate clinical medical education required in the Code of Maryland Regulations (COMAR) 10.32.01.03E. Applicants who intend to request consideration of teaching experience as an alternative to accredited postgraduate clinical medical education should contact the Board’s Licensure Unit for further information.

**APPLICATION FOR INITIAL MEDICAL LICENSURE
INSTRUCTIONS AND IMPORTANT INFORMATION (CONTINUED)**

14. **Medical Licensing Examination:** Applicants applying for a medical license must provide documentation of having passed a medical licensing examination, e.g., USMLE, NBME, NBOME, COMLEX, FLEX, State Board, or LMCC. Written or electronic documentation of passing a medical licensing exam must be sent directly to the Board, by e-mail or mail, from the agency that administered the examination. Mail documentation of passage to: *P.O. Box 2571, Baltimore, MD 21215*. Electronic verification of passage may be e-mailed to: mdh.mbpcredentials@maryland.gov (*Omit if using FCVS*).

Exam	Contact
USMLE, FLEX	Federation of State Medical Boards— www.fsmb.org
NBME	National Board of Medical Examiners— www.nbme.org
NBOME/COMLEX	National Board of Osteopathic Medical Examiners— www.nbome.org
LMCC	Medical Council of Canada— https://mcc.ca/services/file-transfer-and-access-service/
State Board	Contact the appropriate state medical board

Notice to Applicants Who Failed Any Part, Step, Level, or Component of an Exam Three or More Times

An applicant who passes any of the required exams after having failed any part, step, level, or component three or more times must meet the requirements in numbers 1-3 or 4 below. If you meet the requirements in numbers 1-3, complete the **Verification of Clinical Practice form (IML 4)**. If you meet the requirements in number 4, the Board will verify your Board certification.

1. No disciplinary action pending and no disciplinary action taken against the applicant that would be grounds for discipline under Health Occupations Article, §14-404, Annotated Code of Maryland; **and**
2. Successful completion of 2 or more years of an ACGME or AOA-accredited residency or fellowship; **and**
3. A minimum of 5 years of clinical medicine experience in the U.S., its territories, or in Canada under a full unrestricted medical license with at least 3 of the 5 years having occurred within 5 years of the date* of the application; **or**
4. Board certification.

** This is the date the Applicant electronically signs the IML application.*

15. **Licensure in Other States:** If you have ever held a license to practice medicine as a physician in any state or jurisdiction, please request a license verification from the state in which you were licensed. All verifications can be sent electronically via VeriDoc to mdh.mbpcredentials@maryland.gov. **Please do not send copies of your licenses to the Board.**
16. **Character and Fitness Questions:** Answer the Character and Fitness questions “YES” or “NO.” If you answer “YES” to any question, please provide a detailed explanation. If more information is needed, you will be contacted.

**APPLICATION FOR INITIAL MEDICAL LICENSURE
INSTRUCTIONS AND IMPORTANT INFORMATION (CONTINUED)**

17. Special Purpose Exam (SPEX) or Comprehensive Osteopathic Medical Variable-Purpose Exam (COMVEX):

The Board will require an applicant to pass the SPEX or COMVEX if the applicant:

- a. Passed a medical licensing exam more than 15 years before submitting the application for licensure;
- b. Never passed a specialty board certification exam or passed a specialty board certification exam given by a member board of the American Board of Medical Specialties or the AOA Bureau of Osteopathic Specialists more than ten years before submitting the application;
- c. Has not had a full, unrestricted medical license in at least one state of the U.S., its territories, or Canada within the ten-year period before submitting the application; and
- d. Has not actively practiced clinical medicine in the U.S., its territories, or Canada for at least seven of the ten years before submitting the application.

Contact Information for the SPEX and COMVEX

SPEX: Contact the Federation of State Medical Boards at http://www.fsmb.org/licensure/spex_plas/.

COMVEX: Contact the National Board of Osteopathic Medical Examiners - Client Services Department at clientservices@nbome.org or (866) 479-6828. The Website address is <http://www.nbome.org/comvex.asp>.

18. **Release:** Electronically sign and date the online application. You are giving the Board permission to request additional information to support your application for licensure.
19. **Optional Third Party Release:** Board staff will not disclose the status of your application to any party unless you have completed the optional Third Party Release on Part 8 of the application. Please complete the third party release if you want the status of your application disclosed to another party, including family members, friends, and future employers, etc.
20. **Cooperation in an Investigation:** You are expected to cooperate fully with any request for information related to your application for initial medical licensure.
21. **Written Certification Affidavit:** Sign and date the certification in the presence of a notary public. Both you and the notary should sign the application on the same day. Electronic notarizations are accepted.

IMPORTANT: Criminal History Records Check (CHRC)

By law, effective October 1, 2016, a full criminal history records check (CHRC) is a requirement for all applicants applying for licensure. There are **NO EXCEPTIONS**. A CHRC includes both State and FBI checks. The Department of Public Safety and Correction Services, Criminal Justice Information Services (CJIS), oversees CHRCs, which are conducted using fingerprints. **The Board cannot issue a license until the CHRC information has been received and reviewed.**

Please print a copy of your online application for your records.

APPLICATION FOR INITIAL MEDICAL LICENSURE INSTRUCTIONS AND IMPORTANT INFORMATION (*CONTINUED*)

Statutes and Regulations

The law governing the practice of medicine in Maryland (Health Occupations Article, Title 14, §§14-101 to 14-702) and the Board's regulations, Code of Maryland Regulations (COMAR) 10.32.01 *et seq.*, may be accessed at the Board's Website at www.mbp.state.md.us.

LICENSES

- ⇒ **Issuance:** Once you have met the requirements for licensure, the Board will issue a license to you.
- ⇒ **Expiration:** If your last name begins with the letters **A-L**, regardless of the date your license is issued, your license will expire on September 30 of the first even year following issuance of the license.

If your last name begins with the letters **M-Z**, regardless of the date your license is issued, your license will expire on September 30 of the first odd year following issuance of the license.
- ⇒ **Renewal:** Approximately 60-90 days prior to the expiration date, you should receive a notice to renew your license. The notice will include the renewal fee. The renewal notice will be mailed/e-mailed to the address on file with the Board. *Please make sure that your mailing and email addresses current.*

You are required to renew by September 30th of your renewal cycle year whether or not you receive the renewal notice. If you do not renew your license by September 30th of your renewal cycle year, your license will expire and you will be required to reinstate it if you wish to practice medicine in Maryland.

PRACTICING AS A PHYSICIAN: A person may not practice, attempt to practice, or offer to practice as a physician in Maryland unless licensed to practice medicine by the Board. Individuals practicing without a license may be fined up to \$50,000.