

# MARYLAND BOARD OF PHYSICIANS

P.O. Box 2571

Baltimore, MD 21215

410-764-4777 or 800-492-6836

[mbpmail@rcn.com](mailto:mbpmail@rcn.com)

[www.mbp.state.md.us](http://www.mbp.state.md.us)

## Guidelines for Completing the Application for Initial Medical Licensure

### Who Should Complete This Application?

Complete this application if you have never held a physician license issued by the Maryland Board of Physicians (Board).

### What Must Be Completed Before Starting This Application?

#### Individual Background Check (also known as Criminal History Background Check or CHRC)

Complete the [individual background check process](#) administered by the Maryland Department of Public Safety and Correctional Services – Criminal Justice Information System (CJIS) no more than 45 days before submitting your *Application for Initial Medical Licensure* to the Board. You will be prompted to enter your CJIS-issued reference number at the beginning of the Board’s application. Depending on where you live, you may need a fingerprint card to complete the individual background check process. [Request a fingerprint card](#) from CJIS; the Board does not supply it. The fingerprinting authority requires the following Board identifiers to process the individual background check:

- Agency Authorization Number: 1600000743
- Originating Agency Identifier (ORI) Number: MD 920522Z
- Reason Fingerprinted: Professional Licensing
- Type of Background Check: Governmental Licensing / Certification

For additional information regarding the individual background check administered by CJIS, refer to the [Frequently Asked Questions \(FAQ\)](#). If you still require assistance after reviewing the FAQ, contact CJIS at 410-764-4501 or [cjis.customerservice@maryland.gov](mailto:cjis.customerservice@maryland.gov).

#### Uniform Application for Licensure (UA)

The UA is a web-based licensure application designed by the Federation of State Medical Boards (FSMB) to collect core data about a physician’s credentials. Follow the [UA instructions](#) to submit your FSMB-administered application to the Board. First-time users will be required to create an FSMB user account. FSMB will issue you a Federation ID (FID) during the UA process. You will be prompted to enter your FID at the beginning of the Board’s *Application for Initial Medical Licensure*.

For additional information regarding the UA, refer to the [Frequently Asked Questions \(FAQ\)](#). If you still require assistance after reviewing the FAQ, contact UA customer service at 800-793-7939 or [ua@fsmb.org](mailto:ua@fsmb.org).

#### Federation Credentials Verification Services (FCVS) Profile

FSMB creates an FCVS profile by collecting and storing the primary source verifications for the credentials listed on a physician’s UA. Follow the [FCVS instructions](#) to submit your FSMB-generated profile to the Board. During the UA process described in the section above, FSMB will issue your FID. Remember, you will be prompted to enter your FID at the beginning of the Board’s *Application for Initial Medical Licensure*.

For additional information regarding the FCVS profile, refer to the [Frequently Asked Questions \(FAQ\)](#). If you still require assistance after reviewing the FAQ, contact FCVS customer service at 888-ASK-FCVS or [fcvs@fsmb.org](mailto:fcvs@fsmb.org).

### What Type of Information Will Be Requested?

#### General Information

Your legal name, former legal name(s), date of birth, social security number, and FID are required for the Board to confirm that you are at least 18 years old and the individual for whom it received a UA, FCVS profile, and CHRC.

If provided, the Board may use your gender, race, and ethnicity for statistical data and to further confirm the identity of the individual for whom it received a CHRC.

Your public address (business address) is required for public records. The Board publishes each licensee's business address on its website.

Your business telephone number, non-public address (home/residential address), home telephone number, cell telephone number, official email address, and personal email address are required. The Board will direct official written correspondences to your non-public address and all email addresses on file. The Board may also contact you via telephone. The Board does not disclose this contact information to the public.

### **Service Members, Veterans, and Military Spouses**

You may qualify for expedited processing if you are a service member, veteran, or military spouse.

### **Medical Education**

The name of the medical school from which you earned a degree, the type of medical degree you earned, your medical school graduation date, and your citizenship status while enrolled in the medical school from which you earned a medical degree are required for the Board to determine if you meet certain educational requirements for licensure.

### **Activities and Postgraduate Training**

A chronology of medical and non-medical activities from your medical school graduation date through your application submission date is required. This uninterrupted chronological timeline shall include but is not limited to attendance in all accredited and unaccredited postgraduate training programs, compensated and uncompensated employment, volunteerism, and periods of unemployment. The Board uses this data to determine if you meet certain requirements for licensure.

### **Medical Licensing Exams**

The exam names, exam scores, and exam-attempt statistics are required for the Board to determine whether you meet the medical licensing exam requirements for licensure.

### **Character and Fitness**

A response to each character and fitness question is required for the Board to determine if you are of good moral character.

### **Licensing History**

Your medical licensing history is required for the Board to determine if you are in good standing with all jurisdictions for which you held or hold a license.

### **Release, Certification, and Electronic Signature**

Attesting to the authenticity of your completed application and electronically signing the application is required for the Board to confirm your consent to its application process.

## **What Documentation May Be Required as A Supplement?**

### **Proof of Name Change**

Provide a marriage certificate, divorce decree, or court-issued document to support all changes to or discrepancies in your legal name(s). Immediately notify the Board in writing if your legal name changes between the date you submit your application and the date the Board issues your license.

### **Proof of Change in Contact Information**

Immediately notify the Board in writing if your contact information changes between the date you submit your application and the date the Board issues your license.

### **Proof of Service Member, Veteran, or Military Spouse Designation**

Provide a copy of your current military ID card, active duty orders, Certificate of Release or Discharge from Active Duty (DD214), military spouse ID card, or other official military documents to confirm that you are a service member, veteran, or military spouse.

### **Verification of Clinical Practice**

If you failed any part of a required exam three or more times, have not successfully completed at least two years of accredited post-graduate training, and are not board-certified, the Board may consider your clinical practice experience. Refer to the [Verification of Clinical Practice Form](#).

### **Supplemental Response to Character and Fitness Question**

You may upload supplemental documentation to explain your response if you answer “yes” to a character and fitness question.

### **Request for Volunteer License**

If you intend to practice medicine without remuneration and will not engage in the private practice of medicine, you may qualify for a volunteer license. Submit a completed [Application for Exemption from License Fee](#) to request a volunteer license.

### **When to Expect A Status Update?**

The Board will post the status of your completed application at <https://www.mbp.state.md.us/mbpiml/default.aspx> within 10 business days of application submission. The Board will also email you the next steps in finalizing your application process.

### **How Much Will the Board Charge?**

#### **Application Fee**

The Board charges a non-refundable \$310 application fee payable only by Discover, MasterCard, or Visa.

#### **Medical License Fee**

The Board charges a non-refundable, prorated \$20 monthly medical license fee assessed from the month of licensure approval to the month of licensure expiration. This fee is payable only by Discover, MasterCard, or Visa.

#### **Medical License Fee Exemption for Volunteer License**

Upon licensure approval, the Board will not charge a medical license fee to an applicant who has an approved [Application for Exemption from License Fee](#).

### **Who Can Provide General Information and Technical Support Related to This Application?**

For general information regarding physician licensure in Maryland, refer to the [Physician Licensure Information](#) and the [Laws and Regulations](#) posted on the [Board's website](#). If you still require assistance after reviewing this information, contact the Board's customer service at 410-764-4777 or [mbpmail@rcn.com](mailto:mbpmail@rcn.com).

For technical support related to the *Application for Initial Medical Licensure*, contact the Board's IT unit at 410-764-4777 or [chris.triplett@maryland.gov](mailto:chris.triplett@maryland.gov).