

Evaluation results:

**Board/Commission:** Medicine

**License Type:** Graduate Medical Trainee

**Obtained By:** Unaccredited School Graduate

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <b>within six months</b> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <b>another application processing fee</b> ) and supporting documents, as necessary.
Application Fee	An application fee of \$85.00 is required. Please note that all fees are non-refundable.
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.
Criminal History Check	Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency <b>that is the official repository for criminal history record information</b> for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a> . Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.
Diploma	Request that your school provide a certified copy of your diploma. <b>NOTE: All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language.</b>
Education Verification	Complete the Verification of Education form and forward to your school for completion of Section 2. <b>The program must return the completed verification directly to the Board.</b>
Educational Transcripts	Request that your school provide an official transcript. If the official transcript does not provide detailed information regarding the courses attended from which the applicant’s eligibility is determined, the Board retains the right to request a copy of the medical school curriculum.

CheckList Name	Instructions
<b>Exam Results</b>	<ul style="list-style-type: none"> <li>• <b>PGY 1 LEVEL</b> – No exam scores are required.</li> <li>• <b>PGY 2 LEVEL</b> – Copy of your USMLE Step 1 and 2 scores OR FLEX I scores OR National Board Part 1 and 2 scores OR an acceptable combination as indicated in the regulations.</li> <li>• <b>PGY 3 LEVEL or above</b> – Copy of your USMLE Step 3 scores OR FLEX I and II scores OR National Board Parts 1-3 scores OR an acceptable combination as indicated in the regulations OR a copy of your unrestricted license WHICH SHOWS THE CURRENT EXPIRATION DATE.</li> </ul>
<b>International Education Verification</b>	<p>Request verification of your ECFMG Certification directly from ECFMG. Your certification must be current and valid. <b>The name of the State Medical Board that the Status Report should be sent to is Pennsylvania State Board of Medicine–State Code: 039.</b></p> <p>If you completed an approved Fifth Pathway Program, submit a notarized copy of the Fifth Pathway Certificate.</p>
<b>Opioid CE</b>	<p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board’s website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature’s website at:  <a href="http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191">http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191</a></p>
<b>Resume Curriculum Vitae</b>	<p>Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.</p>