Evaluation results:
Board/Commission: Medicine
License Type: Graduate Medical Trainee
Obtained By: Accredited School Graduate

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed **within six months**, 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 (**another application processing fee**) and supporting documents, as necessary.
Application Fee	An application fee of $30.00 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.
Education Verification	Complete the Verification of Education form and forward to your school for completion of Section 2. **The program must return the completed verification directly to the Board.**
Exam Results	• **PGY 1 LEVEL –** No exam scores are required. • **PGY 2 LEVEL** – 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. • **PGY 3 LEVEL or above** – 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.
FBI Background Check	You are required to complete a fingerprint-based FBI background check for review by the Board as part of your application. 1. You must pre-register for fingerprinting services through IdentoGO and use this service code to ensure the Board receives your results: **1KGG6J** 2. IdentoGO accepts these identification documents. 3. After you are fingerprinted, you will receive a confirmation receipt, which you must upload to your application before submitting it. **Please note:** The Board no longer accepts copies of FBI Identity History Summary reports submitted by applicants. You must complete the fingerprinting process noted above.
Opioid CE	Section 9.1(a) ofABC-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 theidentification of addiction and 2 hours

CheckList Name	Instructions
	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. *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: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191
Resume Curriculum Vitae	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.