

MEDICAL BOARD OF CALIFORNIA LICENSURE APPLICATION

CHECKLIST

Using FCVS	Not Using FCVS
<input type="checkbox"/> Completed California Board Application	<input type="checkbox"/> Completed California Board Application
<input type="checkbox"/> Malpractice History	<input type="checkbox"/> Malpractice History
<input type="checkbox"/> Criminal Record History	<input type="checkbox"/> Criminal Record History
<input type="checkbox"/> L4 Form (if applicable)	<input type="checkbox"/> L4 Form (if applicable)
<input type="checkbox"/> L5 (IMG Only) Certificate of Clinical Clerkships	<input type="checkbox"/> L5 (IMG Only) Certificate of Clinical Clerkships
<input type="checkbox"/> L6 (IMG Only) Certificate of Clinical Training	<input type="checkbox"/> L6 (IMG Only) Certificate of Clinical Training
<input type="checkbox"/> L2 Form Completed by Medical School	<input type="checkbox"/> L2 Form Completed by Medical School
	<input type="checkbox"/> L3A, L3B (Post Graduate Training)
	<input type="checkbox"/> Notarized Copy of Birth Certificate or Valid Passport
	<input type="checkbox"/> Verification of Medical Education (translations required for IMG's)
	<input type="checkbox"/> Medical School Transcripts (translations required for IMG's)
	<input type="checkbox"/> Medical School Diploma (translations required for IMG's)
	<input type="checkbox"/> Exams (USMLE, NBME, NBOME, LMCC)
	<input type="checkbox"/> ECFMG Certification
	<input type="checkbox"/> ABMS Certification(s)
	<input type="checkbox"/> Disciplinary History