

Application Form Instructions

The application cannot be submitted online.

The application form (hard copy) must be returned to the Board's office along with the following documents:

1. **\$200.00** application fee payable by check or money order only in U.S. currency to the ND State Board of Medical Examiners and a **money order only for \$44.50** payable to Office of the Attorney General for the background check fees.
2. Photocopy of diploma from medical school (if applicable, an English translation must be included).
3. Photocopy(s) of all internship/residency/fellowship certificates.
4. Photocopy(s) of American Board certificate(s) and/or Canadian Board certificate(s).
5. Notarized photocopy of marriage certificate or legal name change document if your name differs from that on any of your documents.
6. Two recent unmounted photographs of yourself - one should be affixed to Page 6 of the application. The photographs must be of original passport quality, no larger than 2" x 3" and no smaller than 2" x 2" and should be a close-up front view of head and shoulders taken no longer than 90-120 days prior to filing this application.
7. Photocopy of ECFMG certificate (Required of graduates of international medical schools except those schools located in Canada, England, Scotland, Ireland, Australia, and New Zealand). **You must also request an ECFMG status report to be sent directly from the ECFMG to our Board. The two forms required to be submitted to the ECFMG are indicated on our web site under "Application Forms".** (Also see item #4 of the application).
8. The "Certificate of Medical Education" form **must** be completed by your medical school and must be sent directly from your medical school to the North Dakota State Board of Medical Examiners by mail or fax (701/328-6505).
9. You **must** direct the licensing board of every state/province where you have ever applied for any type of medical license (regardless of whether the license was granted or not granted, is active or inactive, temporary or permanent, restricted or unrestricted) to provide the North Dakota Board of Medical Examiners with verification of your licensure status.
10. You **must** request the appropriate organization to send an original transcript of your licensing exam scores to the North Dakota State Board of Medical Examiners (See item #6 of the application for further details).
11. You **must** submit a completed Authorization for Criminal Record Inquiry form which is available on this website under "Application Forms", and **two** fingerprint cards.

Fingerprint cards are available at local law enforcement offices. You should call your local law enforcement office for times and locations that fingerprinting services are available. Please be sure to bring a photo ID. A small fee (\$5-\$10) may be required.

DO NOT BEND OR FOLD the fingerprinting cards when mailing them to us as they will be rejected and you will be required to be fingerprinted again.

NOTE: WE WILL NOT BEGIN PROCESSING THE APPLICATION UNTIL THE PERSONAL AUTHORIZATION FOR CRIMINAL RECORD INQUIRY AND FINGERPRINTING CARDS (2) ARE RECEIVED.

12. Your application and supporting documents should be mailed to:

NORTH DAKOTA STATE BOARD OF MEDICAL EXAMINERS
CITY CENTER PLAZA
418 EAST BROADWAY AVE., SUITE 12
BISMARCK, ND 58501

Notes

1. Documents, which are required to be notarized, must include a statement from a notary public attesting to the fact that the photocopy is a true copy of the original documents.
2. The North Dakota State Board of Medical Examiners does accept the Physician Information Profile produced by the Federation of State Medical Boards Credentials Verification Service (FCVS). You may contact the FCVS toll-free at 1-888-275-3287 if you choose to do so. You are not required to subscribe to the FCVS.

North Dakota State Board of Medical Examiners

CITY CENTER PLAZA, 418 E. BROADWAY AVE., SUITE 12, BISMARCK, ND 58501
PHONE (701) 328-6500, FAX (701) 328-6505

APPLICATION FOR LICENSE TO PRACTICE MEDICINE

DATE RECEIVED

FEES RECEIVED

Please check one of the following:

I will be using the Federation's Credentialing Verification Service (FCVS)

I will NOT be using the Federation's Credentialing Verification Service (FCVS)

Date _____

1. **BIOGRAPHICAL INFORMATION:** Please answer every question A through M.

- A. Name _____
(First) (Entire Middle Name) (Last) (M.D./D.O.)
- B. Business Address _____

(city) (state) (zip)
Business Phone (_____) _____
- C. Home Address _____

(city) (state) (zip)
Home Phone (_____) _____
- D. E-mail Address _____
- E. Date of Birth ____ / ____ / ____
mm dd yyyy
- F. Place of Birth _____
- G. Height _____
- H. Weight _____
- I. Color of Eyes _____
- J. Color of Hair _____
- K. Identifying Marks _____

- L. Social Security # _____
- M. DEA Registration # _____

2. **INTENDED PLACE OF PRACTICE:**

- A. Name and address of hospital, clinic, or office where you intend to practice _____

- B. Anticipated starting date _____
- C. Are you applying for a permanent license or a locum tenens permit? _____
(Locum tenens permits may be issued for a period not exceeding three months.)

3. **SPECIALTY INFORMATION:**

- A. What is your Specialty? _____
- B. Sub-Specialty? _____
- C. Have you completed an ENTIRE residency program? Yes _____ No _____
- D. Are you American Board Certified? Yes _____ No _____ In what specialty? _____
- E. Are you Canadian Board Certified? Yes _____ No _____ In what specialty? _____

4. **ECFMG:** Complete the Request for Status Report of ECFMG certification forms and submit to the ECFMG office with the required fee. Graduates of medical schools located in the United States, Canada, Australia, New Zealand or the United Kingdom are not required to complete this section.

Do you have a valid and current ECFMG certificate? Yes _____ No _____

Date issued _____ Certificate Number _____

5. **MILITARY SERVICE:** Applicants with no military service should indicate "N/A" in this section.

Date of entry _____ Date and type of discharge _____

Country for which you served and branch of service _____

6. **LICENSING EXAMINATION:** Check only one option and request the appropriate organization to send your examination scores to the North Dakota Board of Medical Examiners. **NOTE: An applicant is permitted a maximum of three attempts to pass each step or part or component of a licensing examination and all steps, parts, or components must be passed within a 7-year time period.**

I am applying for licensure in North Dakota based on:

- A. National Boards Contact the National Board of Medical Examiners at their website <http://www.nbme.org> to request an Endorsement of Certification. You may also reach the NBME via phone (215) 590-9700 or e-mail scores@nbme.org. The Endorsement of Certification must be sent directly to the North Dakota Board of Medical Examiners by the NBME office.
- B. COMLEX or NBOME Contact the National Board of Osteopathic Medical Examiners at their website <http://www.nbome.org>; 8765 W. Higgins Rd., Suite 200; Chicago, IL 60631-4101; Phone 773/714-0622; Email admin@nbome.org; Fax 773/714-0631; to request that a certified transcript of your scores be sent directly to the North Dakota Board of Medical Examiners.
- C. LMCC Contact the Medical Council of Canada at their website <http://www.mcc.ca>; P.O. Box 8234, Station T, Ottawa, Ontario, Canada K1G3H6, Phone 613/738-0372, Fax 613/521-9417; to request an Endorsement of Licentiate Status. The Endorsement of Licentiate Status must be sent directly to the North Dakota Board of Medical Examiners by the Medical Council of Canada office.
- D. FLEX Contact the Federation of State Medical Boards at their website <http://www.fsmb.org>; 400 Fuller Wisser Rd., Suite 300; Euless, TX 76039; Phone 817/868-4041 for instructions on how to electronically request transcripts or to download an EBAHR report request form. The EBAHR must be sent directly to the North Dakota Board of Medical Examiners by the FSMB office.
- E. USMLE Contact the Federation of State Medical Boards at their website <http://www.fsmb.org> for instructions on how to electronically request transcripts or to download an EBAHR report request form. The EBAHR must be sent directly to the North Dakota Board of Medical Examiners by the FSMB office.
- F. State Constructed Exam Contact the state licensing board for which you took a state-constructed written exam (prior to the advent of FLEX or USMLE) to request that they send an official transcript of your written exam scores directly to our office.
- G. A Combination of portions of FLEX, NBME, or USMLE, specifically: _____

NBME Parts I, II, III administered by the NBME – See Item A above

NBME Parts I, II, III administered by the ECFMG – Contact the Educational Council for Foreign Medical Graduates at their website <http://www.ecfmg.org>; 3624 Market St., Philadelphia, PA 19104; Phone 215/386-5900; for instructions on how to request an Endorsement of NBME Certification. The Endorsement of Certification must be sent directly to the North Dakota Board of Medical Examiners by the ECFMG office.

FLEX and USMLE – See Item D or Item E above.

11. AGREEMENT TO UPDATE APPLICATION INFORMATION:

By signing this section of the North Dakota Board of Medical Examiners license application form, I agree that:

If any of the information supplied on this application form changes, or becomes inaccurate or incomplete before I am granted a license to practice medicine in North Dakota, I will immediately provide the corrected information to the North Dakota Board of Medical Examiners.

Failure to provide such corrected information to the Board will constitute the use of a fraudulent, deceitful, dishonest, or immoral practice in connection with the North Dakota licensing requirements and will, therefore, be a violation of Sec. 43-17-31, NDCC, which will subject me to disciplinary action or denial of licensure.

SIGNATURE OF APPLICANT

12. AFFIDAVIT:

INSTRUCTIONS:

Read the statement carefully, then print or type your name in the space provided and sign the completed application in the presence of a notary public.

I, _____, swear that
(Name of Applicant)

I am the person described and identified; that I have not engaged in any of the acts prohibited by the statutes of the State of North Dakota; that I am the person named in the copy of the diploma which accompanies this application; that I am the lawful holder of said diploma; and that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

I hereby authorize all hospitals, all medical institutions or organizations, all medical schools and postgraduate training programs, my references, personal physicians, employers (past and present), business and professional associates (past and present), all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing board any information, files or records required by the Board for its evaluation of my professional, ethical and physical qualifications for licensure in the State of North Dakota.

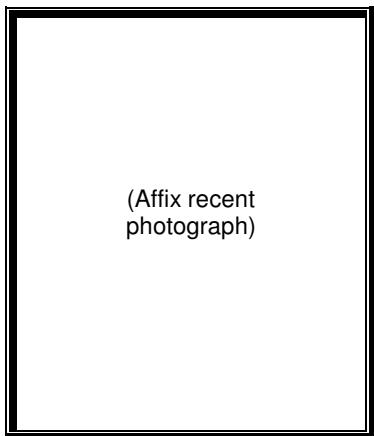
I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice medicine in the State of North Dakota.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, 20_____

NOTARY PUBLIC

My Commission expires _____, 20_____



13. INSTRUCTIONS: You are required to submit **TWO** recent photographs. One photograph should be affixed to the space provided – another photograph should accompany the additional documents supplied with the application.

The photos **MUST** be:

- a) Original passport quality photographs. No computer scanned or polaroid photographs with thick backing.
- b) Close-up front view of head and shoulders (not a profile).
- c) No larger than 2" X 3" and no smaller than 2" X 2" and
- d) Taken within **90-120 days** prior to filing this application.