

# **LICENSE INFORMATION FOR PHYSICIAN/OSTEOPATHIC PHYSICIAN APPLICANTS**

## **MINIMUM REQUIREMENTS TO APPLY FOR A LICENSE**

- The applicant must not have a conviction for a crime that has a direct bearing on the applicant's ability to practice competently.
- Possess the degree of doctor of medicine or doctor of osteopathy from a Board approved medical school.
- Successfully passed the examination for licensure.
- Physically and mentally capable of, and professionally competent to, safely engage in the practice of medicine or osteopathic medicine. The Board may request an applicant to undergo an examination to determine such capability. The Board may also consider any malpractice settlements or judgments against the applicant.
- The applicant shall not have had disciplinary action taken against the applicant by another licensing agency based on the applicant's inability to safely practice medicine.
- Submission of transcripts and diplomas from all medical schools, with translations if needed.
- Completion of 1 year of approved postgraduate training for U.S./Canadian graduates, and 2 years of approved postgraduate training for international medical graduates.

## **INFORMATION REGARDING NOTARIES**

If a document is required to be notarized, the document will need to be copied by a notary, who will affix their seal or stamp on the copy, with the statement "This is a true and accurate copy of the original document."

Notaries in Michigan, Illinois, California and New York are prohibited from including this statement. If you reside in one of these states, you will need to do the following:

- The custodian of the document will make a photocopy of the original document.
- The custodian will write "This is a true and accurate copy of the original document" on the copy in the presence of a notary.

- The custodian will then sign their name below the statement.
- The notary, having witnessed the signing, will identify the signer either through personal knowledge or satisfactory evidence, give the oath or affirmation, and then execute the notary statement.

### **INFORMATION REGARDING UNIVERSAL APPLICATION**

The Universal Application is a service provided by the Federation of State Medical Boards (FSMB). Indiana does not require the UA, nor do we endorse it, however, it can be a useful tool for physicians. The UA is a web-based application that standardizes, simplifies and streamlines the licensure application process for physicians. Physicians fill out the UA online application once and then in the future just need to update/resend to other states. There is an additional \$40 required, on top of the licensure fee for Indiana. Once the application is submitted electronically, you will also need to print a copy of the application and mail to Indiana, along with the \$250 fee.

### **INFORMATION REGARDING FCVS PACKAGE**

FCVS is another service offered by FSMB. Indiana does not require you to use FCVS, nor do we endorse it, however it can be a useful tool to physicians. FCVS establishes a permanent, lifetime repository of primary-source verified core credentials. They maintain a record of everything from medical diplomas to passports – so physicians don't have to go through the time and effort of assembling and forwarding the information every time they need a state license or credentials. The core credentials information collected and stored by FCVS includes:

- Physician identity
- Medical education records
- Post Graduate training records
- Examination history
- Disciplinary history

Tips for using FCVS: Building a credentials portfolio can be a time-consuming process. It involves contacting multiple sources to ensure the information about you that we are archiving is accurate.

Please visit <http://www.fsmb.org/licensure/fcvs/tips-for-applying> for tips on how you can help make your application experience go as smoothly as possible.

| <b>LICENSE APPLICATION CHECKLIST</b>   |   |
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| <b>Listed below are the minimum application and supporting materials required to obtain a physician or osteopathic physician license. This list is not all-inclusive as additional items may be necessary based on responses provided on your application or information obtained from other entities.</b> |   |
| <b>APPLICATION, FEES, CRIMINAL BACKGROUND CHECK</b>  |   |
| <input type="checkbox"/> <b>Application fee \$250</b>  | The application fee is non-refundable.  |
| <input type="checkbox"/> <b>Application for Physician/Osteopathic Physician License</b><br><br><b>OR</b><br><b>FSMB's Universal Licensure Application with Addendums 1 and 2 and the Affidavit and Release Form</b>  | Complete all fields, answer all questions, and ensure application has original signatures. All pages must be submitted together.  |
| <input type="checkbox"/> <b>Photograph</b>   | Passport quality photo taken within the past 8 weeks  |
| <input type="checkbox"/> <b>Criminal Background Check</b>  | You will receive an email from the Board notifying you when to obtain the criminal background check. <b>DO NOT</b> obtain the criminal background check until you receive this email.<br><br>For more information, see:<br><a href="http://www.in.gov/pla/3240.htm">www.in.gov/pla/3240.htm</a>   |
| <input type="checkbox"/> <b>Temporary 90 day permit fee \$100, if applicable</b>   | A ninety (90) day temporary permit may be issued to an applicant who holds a valid license to practice medicine in the U.S. or Canada. The permit will expire the earlier of 90 days or when a license is issued.<br><br>To obtain a temporary medical permit, submit the additional \$100 fee and proof of licensure in another state. This fee is non-refundable. |
| <input type="checkbox"/> <b>Controlled Substance Registration Application and \$60 fee, if applicable</b>  | If you will be prescribing or dispensing controlled substances, you must submit an application for a Controlled Substance   |

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|  | <p>Registration, along with the non-refundable \$60 fee.</p> <p>Only one registration is required to prescribe controlled substances, but a separate registration is required for each location you will dispense or store controlled substances.</p> <p>Additionally, you will need to provide proof of completion of 2 hours of continuing education taken within the previous 2 years on opioid abuse or prescribing.</p> <p>For more information, see:<br/> <a href="http://www.in.gov/pla/3026.htm">www.in.gov/pla/3026.htm</a></p> |
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**EXAMINATION DOCUMENTATION**

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| <p>☐ <b>Official Examination Scores from the appropriate examination entity: USMLE, FLEX, NBME, COMLEX, NBOME, and State Boards</b></p> | <p>Official examination history reports must be requested from the appropriate examination agency. <b><i>Each examination agency must submit an original, official examination history report directly to the Board.</i></b> Official examination history reports may be requested from the following websites:</p> <ul style="list-style-type: none"> <li>• USMLE, FLEX – <a href="http://www.fsmb.org">www.fsmb.org</a></li> <li>• NBME – <a href="http://www.nbme.org">www.nbme.org</a></li> <li>• COMLEX, NBOME – <a href="http://www.nbome.org">www.nbome.org</a></li> </ul> <p>The Board will also accept examination score reports submitted within a FCVS package.</p> |
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**MEDICAL EDUCATION DOCUMENTATION**

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| <p>☐ <b>Official Medical School Transcript</b></p> | <p>An original official medical school transcript. The transcript must show the degree conferred and date the degree was conferred. A transcript is required from each medical school attended. If the original transcript is in a language other than English, it must be accompanied by a certified translation. <b><i>The transcript must be received directly from the medical school to be acceptable.</i></b></p> <p>If an original transcript is not available, the applicant must submit:</p> |
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|   | <ul style="list-style-type: none"> <li>• A notarized or certified copy of the original transcript, which must include the degree conferred and the date the degree was conferred, and</li> <li>• A notarized affidavit explaining why an original transcript is not available.</li> </ul>  |
| <input type="checkbox"/> <b>Notarized Copy of Medical School Diploma</b>                            | <p>A notarized copy of your medical school diploma is required. If the original diploma is in a language other than English, it must be accompanied by a certified translation.</p> <p>If the diploma has been lost or destroyed, the applicant shall submit a statement under the signature and seal of the dean from the medical school the applicant graduated from, stating the applicant has satisfactorily completed the prescribed course of study, the actual degree conferred, and the date of graduation.</p> <p>Additionally, the applicant shall submit a notarized affidavit explaining the circumstances as to why the diploma is lost or destroyed.</p> |
| <b>POSTGRADUATE TRAINING DOCUMENTATION</b>  |  |
| <input type="checkbox"/> <b>Certificate of Completion of ACGME/AOA/RCPS C Postgraduate Training</b> | <p>Submit either a notarized copy of your certificate of completion issued by the training program with dates of training, or an original letter from the postgraduate training program director with the seal of the program and including dates of training.</p> <p>Proof of completion is required for each postgraduate training program.</p>  |
| <b>VERIFICATION OF HEALTH CARE RELATED LICENSE(S)</b>   |  |
| <input type="checkbox"/> <b>License Verification (if applicable)</b>                                | <p>License verification is required from <u>each</u> state or Canadian province in which you hold or have held a health care related license. <b><i>The official license verification must be sent directly from the licensing authority to the Board.</i></b></p>   |
| <b>OTHER ITEMS</b>  |  |
| <input type="checkbox"/> <b>Explanation to Application Question (if applicable)</b>                 | <p>Provide a notarized, personal statement explaining any positive response to any question on the application, and include any supporting documentation.</p> <p>Review the checklist below on specific documentation needed for each question.</p>  |

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| <input type="checkbox"/> <b>ECFMG certificate (if applicable)</b>             | <p>If you are an international medical graduate, you must submit a notarized copy of your ECFMG certificate. If your ECFMG certificate has an expiration date, you must request a permanent validation sticker from ECFMG.</p>   |
| <input type="checkbox"/> <b>Proof of Name Change (if applicable)</b>          | <p>When the name on any document differs from your current name, a notarized or certified copy of a marriage certificate, dissolution order (divorce), or other court order must be submitted.</p>   |
| <input type="checkbox"/> <b>National Practitioner Data Bank (NPDB) report</b> | <p>There are 3 ways to submit a NPDB report.</p> <ul style="list-style-type: none"> <li>• If you are submitting a FCVS package, FCVS will include a NPDB report.</li> <li>• Contact NPDB directly and request a report - <a href="https://www.npdb.hrsa.gov/">https://www.npdb.hrsa.gov/</a></li> <li>• If you request NPDB to mail a report, the report will be sent directly to you. Do NOT open the report. Instead, forward the report to the Board in an unopened envelope.</li> <li>• If you request NPDB to email a report, an email will be sent to you with a link to the report. Download the file and email as a pdf attachment to <a href="mailto:pla3@pla.in.gov">pla3@pla.in.gov</a>.</li> </ul> |

### INFORMATION REGARDING POSITIVE RESPONSES

In addition to a notarized statement regarding your positive response, please provide the following documentation. This list is not all inclusive and additional information may be requested. No explanation is needed if you answered “yes” to question 13.

| <b>If you answered “Yes” to:</b>   | <b>Then provide:</b>   |
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| Question 1 – regarding disciplinary action                                       | Certified or notarized copy of all disciplinary complaints, orders and settlements/consent decrees.  |
| Question 2 – regarding denial or surrender of any license                        | Certified or notarized copy of any denial letters, notices, or orders  |
| Question 3 – regarding conditions or impairment affecting competency to practice | <p>Any addictionology, psychiatric, fitness-for-duty, or clinical assessments or examination reports.</p> <p>If presently, or previously, enrolled in a physicians health program, a statement from the PHP regarding your compliance.</p> |

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| Question 4 – regarding investigations                 | If available, a statement from the regulatory body describing the nature and status of the investigation.  |
| Question 5 – regarding arrests/convictions            | <p>A certified or notarized copy of any relevant court documents, which includes charging informations, indictments, probable cause affidavits, police reports, plea agreements, judgment and sentencing records.</p> <p>For each arrest/conviction, include the offense you were charged with; the name of the court; the cause number; and, the penalty imposed.</p> |
| Question 6 – regarding staff membership or privileges | A statement from the institution where your privileges or membership was disciplined describing the reasons for such discipline.   |
| Question 7 – regarding employment issues              | A statement from the institution or facility.  |
| Question 8 – regarding malpractice actions            | A copy of the malpractice settlement or judgment, along with a <u>brief</u> explanation of the case.   |
| Question 9 – regarding DEA                            | A copy of your DEA surrender form, and DEA investigation report, if available.   |
| Question 10 – regarding employment issues             | A statement from the institution or facility.  |
| Question 11 – regarding Medicaid/Medicare exclusion   | <p>A copy of the Medicaid/Medicare exclusion letter.</p> <p>If reinstated, a copy of the reinstatement letter.</p>   |
| Question 12 – regarding training                      | A statement from the institution or training program.  |