



Medical Board of California
Certificate of Medical Education

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

TYPE OF APPLICATION

(Check One)

[] U.S. or Canadian Medical School Graduate [] International Medical School Graduate

APPLICANT INFORMATION

Legal Name

Form with fields: Full Last Name, First Name, Middle Name, Suffix

Date Of Birth U.S. SSN or ITIN Medical School of Graduation

Form with fields: Date of Birth (mm/dd/yyyy), U.S. SSN or ITIN (Last 4 digits), Medical School of Graduation

MEDICAL SCHOOL: PLEASE COMPLETE THIS FORM IN THE ENGLISH LANGUAGE

Note: If the applicant had an accelerated or extended curriculum, withdrew from this institution, or was accepted with advanced standing, a letter of explanation from a school official is required. The letter must be on medical school letterhead, signed by a school official, and mailed directly to the Board from the medical school.

Name of Medical School:

Text input field for Name of Medical School

State/Province/Country:

Text input field for State/Province/Country

Did the applicant withdraw or transfer from this medical school? [] Yes [] No

What is the standard duration of the curriculum at this institution? [] years

Date the applicant was enrolled in medical school:

Date input field (mm/dd/yyyy)

Date the applicant was issued the diploma of Bachelor/Doctor of Medicine:

Date input field (mm/dd/yyyy)

MEDICAL SCHOOL OFFICIAL CERTIFICATION

Attention Medical School: Only the President, Dean, or Registrar may sign this form. If the signature is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.

AFFIX MEDICAL SCHOOL SEAL

Large empty box for affixing the medical school seal

I certify that I am the President, Dean, or Registrar and hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.

PRINTED NAME OF SCHOOL OFFICIAL

TITLE OF SCHOOL OFFICIAL

SIGNATURE OF SCHOOL OFFICIAL

DATE

MBC USE ONLY

Applicant Information

Radio button

Applicant Information

Radio button

Medical School Information

School Code:

Rev. MED Staff Initials & Date:

School Seal

Radio button

Signature & Date

Radio button

Note: The completed form must be submitted directly from the medical school to the Board to be acceptable

