

# Documentation Checklist Physician Licensure

Click on a link below to go directly to a specific section.

<b><u>Education</u></b> .....	<b>2</b>
<b><u>US/Canadian Graduates</u></b> .....	<b>2</b>
<b><u>International Medical Graduates</u></b> .....	<b>2</b>
<b><u>Using FCVS</u></b> .....	<b>2</b>
<b><u>Not Using FCVS</u></b> .....	<b>3</b>
<b><u>Fifth Pathway Applicants</u></b> .....	<b>4</b>
<b><u>Using FCVS</u></b> .....	<b>4</b>
<b><u>Not Using FCVS</u></b> .....	<b>5</b>
<b><u>Examination</u></b> .....	<b>6</b>
<b><u>Postgraduate Training</u></b> .....	<b>6</b>
<b><u>Professional Character</u></b> .....	<b>7</b>
<b><u>Demonstration of Current Competence</u></b> .....	<b>9</b>

# Education Documentation Checklist

## I. Education Documentation Required for US/Canadian Graduates

### If Using FCVS

\_\_\_\_\_ FCVS packet only

### If Not Using FCVS

#### \_\_\_\_\_ 1. Dean's Certification (Form D)

Applicants must request that the medical school of graduation submit Form D to the applicant in an unopened envelope(s) with a signature of a medical school official across the outside envelope flap. Form D and medical school transcripts may be submitted by the school in the same envelope.

#### \_\_\_\_\_ 2. Medical School Transcript

\_\_\_\_\_ Unofficial copies of medical school transcripts will be accepted.

## II. Education Documentation Required for International Medical Graduates

### If Using FCVS

\_\_\_\_\_ FCVS packet

\_\_\_\_\_ Clinical Clerkship Affidavit (Form J)

Applicants must submit Form J and additional documentation as described in Form J.

\_\_\_\_\_ Demonstration of Substantial Equivalence of Education

There are three routes available to demonstrate Substantial Equivalence of Education:

**Route A.** Available to applicants who are specialty board certified by a board approved by the ABMS or BOS:

\_\_\_\_\_ Copy of specialty board certificate

**Route B.** Available to applicants whose medical school is ON the [Substantial Equivalence](#) web list:

\_\_\_\_\_ Additional documentation is generally not required. A licensing analyst will notify the applicant if it subsequently becomes necessary.

**Route C.** Available to applicants whose medical school is NOT ON the [Substantial Equivalence](#) web list and who are NOT specialty board certified by a board approved by the ABMS or BOS:

\_\_\_\_\_ **1. Foreign Education Evaluation (Form N)** – a foreign education evaluation is required. See [Licensure Form N](#). Either entity listed below may be used.

- **AACRAO (American Association of Collegiate Registrars and Admissions Officers) Review** – Licensure Form N (<http://www.aacrao.org/>) or
- **FCSA (Foreign Credentials Service of America)** <http://www.fcsa.biz/>

**2. Substantial Equivalence Packet (Form Z)** - must submit (or have submitted on applicant's behalf) all parts of the Substantial Equivalence Packet (Form Z). These forms must be received to complete the pre-licensure screening process (the process that occurs BEFORE assignment to a licensing analyst).

The substantial equivalence packet consists of Forms Z1 – Z7. Forms Z1 – Z6 must be completed by the medical school. The documentation submitted in response to each form must have the appropriate form attached as a cover sheet to the appropriate documentation. Form Z7 describes the information required of the education agency in the country in which the medical school is located. All forms must be submitted directly to the board.

- \_\_\_\_\_ **a. Form Z1** Admissions Standards and Selection of Students
- \_\_\_\_\_ **b. Form Z2** Basic Medical Education
- \_\_\_\_\_ **c. Form Z3** Curriculum
- \_\_\_\_\_ **d. Form Z4** Educational Environment
- \_\_\_\_\_ **e. Form Z5** Educational Facilities
- \_\_\_\_\_ **f. Form Z6** For Schools that Have Geographically Separated Programs
- \_\_\_\_\_ **g. Form Z7** Authority of School to Grant Degrees

## ***If Not Using FCVS (IMG Education, continued)***

### **1. Dean's Certification (Form D)**

Applicants must request that the medical school of graduation submit Form D to the applicant in an unopened envelope(s) with a signature of a medical school official across the outside envelope flap. Form D and medical school transcripts may be submitted by the school in the same envelope

### **2. Medical School Transcript**

- a. International medical graduates (excluding Canadian graduates) who are specialty board certified by a board approved by the ABMS or BOS:

\_\_\_\_\_ Unofficial copies of medical school transcripts

- b. International medical graduates (excluding Canadian graduates) whose medical school is ON the [Substantial Equivalence](#) web list:

\_\_\_\_\_ Unofficial copies of medical school transcripts

- c. International medical graduates (excluding Canadian graduates) whose medical school is NOT on the [Substantial Equivalence](#) web list:

\_\_\_\_\_ Applicants must request that each medical school attended submit certified transcripts to the applicant in an unopened envelope with a signature of a medical school official across the outside envelope flap. Medical school transcripts and Form D may be submitted by the school in the same envelope.

### **3. ECFMG (Form M)**

Applicants must use Form M to request a report of ECFMG status

### **4. Clinical Clerkship Affidavit (Form J)**

Applicants must submit Form J and additional documentation as described in Form J.

### **5. Demonstration of Substantial Equivalence of Education**

There are three routes available to demonstrate Substantial Equivalence of Education:

**Route A.** Available to applicants who are specialty board certified by a board approved by the ABMS or BOS:

\_\_\_\_\_ Copy of specialty board certificate

**Route B.** Available to applicants whose medical school is ON the [Substantial Equivalence](#) web list:

\_\_\_\_\_ Additional documentation is generally not required. A licensing analyst will notify the applicant if it subsequently becomes necessary.

**Route C.** Available to applicants whose medical school is NOT ON the [Substantial Equivalence](#) web list and who are NOT specialty board certified by a board approved by the ABMS or BOS:

\_\_\_\_\_ **1. Foreign Education Evaluation (Form N)** – a foreign education evaluation is required. See [Licensure Form N](#). Either entity listed below may be used.

- **AACRAO (American Association of Collegiate Registrars and Admissions Officers) Review** – Licensure Form N (<http://www.aacrao.org/>) or

- **FCSA (Foreign Credentials Service of America)** <http://www.fcsa.biz/>

**2. Substantial Equivalence Packet (Form Z)** - must submit (or have submitted on applicant's behalf) all parts of the Substantial Equivalence Packet (Form Z). These forms must be received to complete the pre-licensure screening process (the process that occurs BEFORE assignment to a licensing analyst).

The substantial equivalence packet consists of Forms Z1 – Z7. Forms Z1 – Z6 must be completed by the medical school. The documentation submitted in response to each form must have the appropriate form attached as a cover sheet to the appropriate documentation. Form Z7 describes the information required of the education agency in the country in which the medical school is located. All forms must be submitted directly to the board.

- \_\_\_\_\_ a. **Form Z1** Admissions Standards and Selection of Students
- \_\_\_\_\_ b. **Form Z2** Basic Medical Education
- \_\_\_\_\_ c. **Form Z3** Curriculum
- \_\_\_\_\_ d. **Form Z4** Educational Environment
- \_\_\_\_\_ e. **Form Z5** Educational Facilities
- \_\_\_\_\_ f. **Form Z6** For Schools that Have Geographically Separated Programs
- \_\_\_\_\_ g. **Form Z7** Authority of School to Grant Degrees

### III. Education Documentation Required for Fifth Pathway Applicants

#### If Using FCVS

\_\_\_\_\_ **FCVS packet**

\_\_\_\_\_ **Clinical Clerkship Affidavit (Form J)**

Applicants must submit [Form J](#) and additional documentation as described in Form J.

\_\_\_\_\_ **Fifth Pathway Certificate**

Copy of Fifth Pathway Certificate

\_\_\_\_\_ **Fifth Pathway Letter**

If using FCVS, no letter is required. If not, must have the director of the Fifth Pathway program submit a letter outlining the methods used to evaluate and admit the applicant to the program. This letter must be in a sealed envelope with the program directors signature stamped across the outside flap. Forward the letter, in the sealed envelope, to the TMB.

\_\_\_\_\_ **Demonstration of Substantial Equivalence of Education**

There are three routes available to demonstrate Substantial Equivalence of Education:

**Route A.** Available to applicants who are specialty board certified by a board approved by the ABMS or BOS:

\_\_\_\_\_ Copy of specialty board certificate

**Route B.** Available to applicants whose medical school is ON the [Substantial Equivalence](#) web list:

\_\_\_\_\_ Additional documentation is generally not required. A licensing analyst will notify the applicant if it subsequently becomes necessary.

**Route C.** Available to applicants whose medical school is NOT ON the [Substantial Equivalence](#) web list and who are NOT specialty board certified by a board approved by the ABMS or BOS:

\_\_\_\_\_ **1. Foreign Education Evaluation (Form N)** – a foreign education evaluation is required. See [Licensure Form N](#). Either entity listed below may be used.

- **AACRAO (American Association of Collegiate Registrars and Admissions Officers) Review** – Licensure Form N (<http://www.aacrao.org/>)  
or
- **FCSA (Foreign Credentials Service of America)** <http://www.fcsa.biz/>

**2. Substantial Equivalence Packet (Form Z)** - must submit (or have submitted on applicant's behalf) all parts of the Substantial Equivalence Packet (Form Z). These forms must be received to complete the pre-licensure screening process (the process that occurs BEFORE assignment to a licensing analyst).

The substantial equivalence packet consists of Forms Z1 – Z7. Forms Z1 – Z6 must be completed by the medical school. The documentation submitted in response to each form must have the appropriate form attached as a cover sheet to the appropriate documentation. Form Z7 describes the information required of the education agency in the country in which the medical school is located. All forms must be submitted directly to the board.

- \_\_\_\_\_ **a. Form Z1** Admissions Standards and Selection of Students
- \_\_\_\_\_ **b. Form Z2** Basic Medical Education
- \_\_\_\_\_ **c. Form Z3** Curriculum
- \_\_\_\_\_ **d. Form Z4** Educational Environment
- \_\_\_\_\_ **e. Form Z5** Educational Facilities
- \_\_\_\_\_ **f. Form Z6** For Schools that Have Geographically Separated Programs
- \_\_\_\_\_ **g. Form Z7** Authority of School to Grant Degrees

## ***If Not Using FCVS (Fifth Pathway Education, continued)***

### **1. Dean's Certification (Form D)**

Applicants must request that the medical school of graduation submit [Form D](#) to the applicant in an unopened envelope(s) with a signature of a medical school official across the outside envelope flap. Form D and medical school transcripts may be submitted by the school in the same envelope

### **2. Medical School Transcript**

- a. International medical graduates (excluding Canadian graduates) who are specialty board certified by a board approved by the ABMS or BOS:  
\_\_\_\_\_ Unofficial copies of medical school transcripts
- b. International medical graduates (excluding Canadian graduates) whose medical school is ON the [Substantial Equivalence](#) web list:  
\_\_\_\_\_ Unofficial copies of medical school transcripts
- c. International medical graduates (excluding Canadian graduates) whose medical school is NOT on the [Substantial Equivalence](#) web list:  
\_\_\_\_\_ Applicants must request that each medical school attended submit certified transcripts to the applicant in an unopened envelope with a signature of a medical school official across the outside envelope flap. Medical school transcripts and [Form D](#) may be submitted by the school in the same envelope.

### **3. ECFMG (Form N)**

Applicants must use [Form M](#) to request a report of ECFMG status

### **4. Demonstration of Substantial Equivalence of Education**

There are three routes available to demonstrate Substantial Equivalence of Education:

**Route A.** Available to applicants who are specialty board certified by a board approved by the ABMS or BOS:

\_\_\_\_\_ Copy of specialty board certificate

**Route B.** Available to applicants whose medical school is ON the [Substantial Equivalence](#) web list:

\_\_\_\_\_ Additional documentation is generally not required. A licensing analyst will notify the applicant if it subsequently becomes necessary.

**Route C.** Available to applicants whose medical school is NOT ON the [Substantial Equivalence](#) web list and who are NOT specialty board certified by a board approved by the ABMS or BOS:

\_\_\_\_\_ **1. Foreign Education Evaluation (Form N)** – a foreign education evaluation is required. See [Licensure Form N](#). Either entity listed below may be used.

- **AACRAO (American Association of Collegiate Registrars and Admissions Officers) Review** – Licensure Form N (<http://www.aacrao.org/>) or
- **FCSA (Foreign Credentials Service of America)** <http://www.fcsa.biz/>

**2. Substantial Equivalence Packet (Form Z)** - must submit (or have submitted on applicant's behalf) all parts of the Substantial Equivalence Packet (Form Z). These forms must be received to complete the pre-licensure screening process (the process that occurs BEFORE assignment to a licensing analyst). The substantial equivalence packet consists of Forms Z1 – Z7. Forms Z1 – Z6 must be completed by the medical school. The documentation submitted in response to each form must have the appropriate form attached as a cover sheet to the appropriate documentation. Form Z7 describes the information required of the education agency in the country in which the medical school is located. All forms must be submitted directly to the board.

- \_\_\_\_\_ **a. Form Z1** Admissions Standards and Selection of Students
- \_\_\_\_\_ **b. Form Z2** Basic Medical Education
- \_\_\_\_\_ **c. Form Z3** Curriculum
- \_\_\_\_\_ **d. Form Z4** Educational Environment
- \_\_\_\_\_ **e. Form Z5** Educational Facilities
- \_\_\_\_\_ **f. Form Z6** For Schools that Have Geographically Separated Programs
- \_\_\_\_\_ **g. Form Z7** Authority of School to Grant Degrees

### **5. Clinical Clerkship Affidavit (Form J)**

Applicants must submit [Form J](#) and additional documentation as described in Form J.

### **6. Fifth Pathway Certificate**

Copy of Fifth Pathway Certificate

### **7. Fifth Pathway Letter**

If using FCVS, no letter is required. If not, director of the Fifth Pathway program must submit a letter outlining the methods used to evaluate/admit applicant to program. Letter must be in sealed envelope with the program director's signature stamped across the outside flap. Forward the letter, in the sealed envelope, to the TMB.

## Examination Documentation Checklist

### ***I. Examination Documentation Required for Physicians Who Passed USMLE, FLEX, or NBME Exams***

#### ***If Using FCVS***

\_\_\_\_\_ FCVS packet only

#### ***If Not Using FCVS***

##### \_\_\_\_\_ Certified Examination Transcripts

For all examinations attempted, contact each examination agency and request a transcript be sent directly to the TMB.

USMLE <http://www.usmle.org/transcripts/>

FLEX <http://www.fsmb.org/>

NBME <http://www.nbme.org/Cert-tran/transfaq.html>

### ***II. Examination Documentation Required for Physicians Who Passed Other Exams***

##### \_\_\_\_\_ Certified Examination Transcripts

For all examinations attempted, contact each examination agency and request a transcript be sent directly to the TMB.

NBOME/COMLEX <http://www.nbome.org/>

LMCC <http://www.mcc.ca/en/exams/>

State Board Examinations - Contact the state medical board that administered the exam.

## Postgraduate Training Documentation Checklist

### ***I. Training documentation required for training that was completed more than 5 years ago***

#### ***If Using FCVS***

\_\_\_\_\_ FCVS packet only

#### ***If Not Using FCVS***

##### \_\_\_\_\_ Training certificates

Copies of each training certificate are acceptable.

### ***II. Training documentation required for training that was completed within the past 5 years or is not yet completed***

##### \_\_\_\_\_ Evaluations (Form Ls)

Applicants must request that each US/Canadian training program with which the applicant is/has been affiliated submit [Form L](#). Have the Chief of Staff, Program Director, Medical Director, or Chairman of the Department, complete the form and return it to you in an unopened envelope(s) with a signature of the evaluating physician across the outside envelope flap. Send the unopened envelope to the TMB. Alternatively, Form Ls may be submitted directly to the TMB by the evaluating physician.

# Professional Character Documentation Checklist

## All Applicants

### 1. Birth Certificate or Passport

Each applicant must submit a copy of his or her birth certificate or passport. Exceptions: Relicensure (previously licensed in Texas and license lapsed due to non-registration) or Reissuance (Texas license previously revoked) applicants.

### 2. Criminal History Background Check

**Note: This required process cannot be initiated until AFTER you apply. Please read the instructions below.**

Each applicant must submit fingerprints which will be forwarded to DPS and FBI. Fingerprinting services will be provided by Integrated Biometric Technology (IBT) for a fee of \$44.20, payable directly to IBT. Results of the fingerprinting will be sent directly to TMB both from the Texas Department of Public Safety Criminal Records and the Federal Bureau of Investigation.

Applicants in Texas will make an appointment for a live scan (a process that captures fingerprints without the use of ink), at locations throughout the state of Texas. Applicants must have their board issued 6-digit ID number and a "FAST Pass" to register. [Click here to download a "FAST Pass" form](#) that includes the instructions on how to register for a live scan.

Applicants outside of Texas will be fingerprinted in ink on a card, (only cards provided by the Texas Medical Board are acceptable), at a local law enforcement agency, and will submit the card directly to IBT for digital scanning. In addition to the card, applicants must also submit a "Fingerprint Card Scan Authorization Form", including their board issued 6-digit ID number, to IBT. [Click here to download a "Fingerprint Card Scan Authorization Form"](#). To request that a fingerprint card be mailed to you, contact the Customer Information Center at (512) 305-7030 between 8 a.m. and 5 p.m. Central Time.

### 3. Licensure Form AA - Additional Licenses

Only needed if number of licenses held exceeds number allowed to be entered in online application.

**Completed Form AA.**

### 4. Licensure Form I - Medical Professional Liability Claims Report

Did you answer YES to any of the Malpractice History questions (16-18) on the [online application](#)? If so, you must provide the following:

**Completed Form I for each reported claim or suit.**

### 5. Licensure Form R - Arrest/Criminal History

Did you answer YES to any of the Arrest/Criminal History questions (3-7d) on the [online application](#)? If so, you must provide the following:

**Completed Form R for each incident.**

In addition, you must have the appropriate authorities submit legible copies of all court records and arrest/offense/incident reports, or citation/tickets to our Board for each incident. If a court or an arresting/ticketing agency is unable to provide copies of applicable records, obtain a written statement so stating from the court or agency.

### 6. Licensure Form S - Disciplinary Action History

Did you answer YES to any of the Actions by Professional Licensing Entities questions (8-12) on the [online application](#)? If so, you must provide the following:

**Completed Form S for each action.**

In addition, you must have the appropriate authorities submit all records regarding the investigation(s), action(s) or pending action(s) directly to TMB.



## **Professional Character, All Applicants - continued**

### **7. Licensure Form U - Actions/Investigations**

Did you answer YES to any of the Actions and Investigations in Education, Training or During Employment questions (13a-15) on the [online application](#)? If so, you must provide the following:

\_\_\_\_\_ **Completed Form U for each action.**

\_\_\_\_\_ In addition, you must have the appropriate authorities submit all records (training files, personnel files, credentials files, program files, privileges files, evaluation files, or any records that pertain to the action) regarding its investigation, action or pending action directly to TMB.

### **8. Licensure Form V - Professionalism**

Did you answer YES to any of the Malpractice History questions (16-18) on the [online application](#)? If so, you must provide the following:

\_\_\_\_\_ **Completed Form V for each action.**

\_\_\_\_\_ If the claim resulted in a suit, submit a copy of the plaintiff's original complaint and a copy of the disposition to the TMB.

\_\_\_\_\_ If the suit is still pending, have the attorney who represented you (or who is currently representing you) send a letter directly to the board regarding the allegations, defense, current status and/or outcome of the suit.

### **9. Licensure Form W - Mental and Physical Health**

Did you answer YES to any of the Mental and Physical Health questions (19a-20) on the [online application](#)? If so, you must provide the following:

\_\_\_\_\_ **Completed Form W statement.**

\_\_\_\_\_ In addition, you must have the appropriate records submitted directly from the originating source to TMB. Have each facility, physician, psychologist, sponsor, or other persons or entities that have been involved in the diagnosis or treatment of your disorder, condition, or addiction submit documents. Documentation should include but not be limited to:

- Inpatient records
- Outpatient records
- Treatment records
- Personal physician records
- Counseling records

\_\_\_\_\_ Additional Records for Alcohol/Chemical Substance Dependency:

All records are to be submitted directly from the originating source to the board's offices. Supply any records relative to treatment for alcohol/ chemical substance abuse, including, but not limited to:

- Contracts with impaired support groups.
- Records on file with law enforcement agencies and licensing agencies
- Letters of compliance.
- Substance screening records (urine, hair and blood screens).
- AA/NA attendance records.

### **10. National Practitioner Data Bank/Health Integrity Data Bank Self-Query Response**

\_\_\_\_\_ Contact the National Practitioner Data Bank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) at <http://www.npdb-hipdb.hrsa.gov/> and perform a self-query. Send either of the following to the TMB: (a) a copy of the paper self-query response mailed to you by HIPDB/NPDB; or, (b) a print out of the electronic version of the self-query response.

### **11. Physician Licensure Evaluation(s) - Form L**

\_\_\_\_\_ Applicants must submit a completed [Form L](#) for every professional affiliation in the past 5 years, no matter the location. The Chief of Staff, Program Director, Medical Director, Chairman of the Department or other supervising physician must complete the form and return it to the applicant in a sealed envelope. Applicants must not open the envelope; they should send the unopened envelope to the Texas Medical Board.



## Demonstration of Current Competence Documentation Checklist

### All Applicants

#### Active Practice of Medicine

Must have actively practiced medicine full-time for one of the two years preceding the date of application. The term "full-time basis," for purposes of this section, shall mean at least 20 hours per week for 40 weeks duration during a given year.

\_\_\_\_\_ Form Ls for professional affiliations documenting full-time practice as defined above.  
OR

\_\_\_\_\_ Copy of specialty board certification (or recertification if recertification included a monitored examination) issued no more than two years prior to application date.  
OR

Applicants who do not meet the requirements may, in the discretion of the executive director or board, be eligible for an unrestricted license or a restricted license subject to one or more of the following conditions or restrictions:

- a. limitation of the practice of the applicant to specified activities of medicine and/or exclusion of specified activities of medicine;
- b. remedial education, including but not limited to a mini-residency, fellowship or other structured program;
- c. such other remedial or restrictive conditions or requirements that, in the discretion of the board are necessary to ensure protection of the public and minimal competency of the applicant to safely practice medicine.

Your licensing analyst will advise you further.

#### Exam Within Past 10 Years ("Ten Year" Rule)

\_\_\_\_\_ Documentation described on Examination Documentation Checklist is acceptable for this requirement if you passed a licensing examination within the 10 years preceding date of application.  
OR

\_\_\_\_\_ Copy of specialty board certificate, if certified or recertified by an ABMS or BOS board (if recertification included a monitored examination) issued no more than 10 years prior to application date.  
OR

\_\_\_\_\_ SPEX examination transcript demonstrating passage of the [SPEX](#) examination within 10 years preceding date of application within 3 attempts.