



REQUIREMENTS FOR REGISTRATION PURSUANT TO SECTION 2113 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE (Practice in a Sponsoring California Medical School)

You may not engage in the practice of medicine in California until you have been notified that registration has been granted by the Medical Board of California pursuant to Section 2113 of the California Business and Professions Code. A Section 2113 registration is valid only at the institution requesting the approval and its formally affiliated facilities. The Medical Board must be notified of all changes in your employment status. Failure to comply fully with Section 2113 shall constitute grounds for termination of the registration.

Requirements and Required Documentation To Apply for a Section 2113 Registration:

- You must not be otherwise immediately eligible for medical licensure in California
- You must be licensed in another state, Canadian province or foreign country
- All medical license(s) issued to you must be in good standing
- The application forms, Pages 3-10 must be completed in full and signed by you, your department chair or division chief, and the dean of the sponsoring institution
- The completed and signed application must be accompanied by:
 - A detailed Curriculum Vitae noting all of your academic and professional career achievements
 - A copy of the signed employment contract between you and the sponsoring institution
 - A signed letter from the dean of the sponsoring medical school requesting your registration pursuant to Section 2113
 - A signed letter from the department chair of the sponsoring medical school requesting your registration pursuant to Section 2113
 - A current Letter of Good Standing directly from the appropriate licensing authority for all medical licenses that you hold
 - A copy of your medical school diploma and an official translation if the diploma is not in English
 - A copy of all medical licenses that you hold
 - Official documentation of satisfactory completion of four years of postgraduate training
 - Official documentation of legal entry to the United States
 - Page Two of the “Request For Live Scan Service” fingerprint forms or two completed fingerprint cards
 - A signed statement from the Department Chair describing the recruitment efforts that resulted in this offer
 - A signed statement from the Department Chair indicating the following: the registrant will be under his/her direction; the registrant will not practice medicine unless it is incidental to and part of his/her duties as approved by the Board; the registrant will be under the direction of and accountable to the Department Chair of the specialty in which the registrant will practice; the registrant will be proctored in the same manner as other new faculty and subject to review by medical staff; and the registrant will not be appointed to a supervisory position at the level of a medical school department chair or division chief
 - The initial application fee of \$86.00 and the fingerprint processing fee of \$49.00
 - A copy of your signed United States social security card

Once Approval Has Been Given by the Medical Board of California:

- You may engage in the practice of medicine strictly under the jurisdiction of the sponsoring medical school and only under the direction of a physician and surgeon who is licensed in California.
- The registration period will be for a maximum of three years from the date you are first permitted to participate in clinical activities at the sponsoring institution. The registration must be renewed on an annual basis. The renewal must be requested by the sponsoring medical school on the “Request for Renewal” form and must be

accompanied by the required fee of \$43.00. The dean of the sponsoring medical school may submit a request for renewal for an additional two years, provided that a Licensure Plan establishing a critical path, identified milestones, milestone dates and key events that the registrant is expected to complete is accompanied by the “Request for Renewal” form and the required fee of \$43.00.

- You may admit patients to a skilled/nursing/assisted living facility only if that facility is affiliated with the sponsoring medical school.
- You must wear a name tag designating yourself as a “visiting professor” or “visiting faculty member”.
- The sponsoring medical school only may bill for your services under the institutional billing code.
- You may not hold yourself out as possessing any type of license to practice medicine in California.



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Licensing Program
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 Phone: (916) 263-2382
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 www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

APPLICATION FOR GRADUATES OF FOREIGN MEDICAL SCHOOLS APPLYING UNDER SECTION 2113 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE

Complete the entire application. All items in this application are mandatory. Failure to provide complete and accurate information will result in the application being rejected as incomplete. The information provided is used to determine the applicant's qualifications for a Section 2113 registration under the relevant statutes. Please attach additional sheets if additional space is needed. This application may be disclosed pursuant to the provisions of the California Public Records Act. Authority to provide the Board with information requested on this application is established pursuant to Section 2000 of the Business and Professions Code. This information is mandatory and will be used to determine if the applicant meets the requirements for the requested licensing exemption. **Failure to provide the mandatory information will result in denial of the licensing exemption.** The Executive Officer of the Medical Board of California is the official responsible for records and who shall, upon request, inform an individual regarding the location of his/her records and the categories of any persons who use the information in those records. Each individual has a right to access of his/her records under the Information Practices Act. Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c) (2) (C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 1752 of the Family Code. If you fail to disclose your social security number, your application for initial approval or renewal of the licensing exemption will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

PERSONAL INFORMATION				
<i>(First)</i>	<i>(Middle)</i>	<i>(Last)</i>		
Name:				
Other names you have used:				
<i>(Street Number)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip/Postal Code)</i>	<i>(Country Code)</i>
Address:				
Citizen of What Country:			U.S. Social Security Number:	
Telephone Number:				
Work:		Home:		Date of Birth:
Sponsoring California Medical School:			Place of Birth:	
Department and Division:				
Sponsoring Medical School Department Chair/Division Chief:				

EDUCATION BACKGROUND		
LIST EACH MEDICAL SCHOOL THAT YOU HAVE ATTENDED		
School Name	Address	Dates of Attendance
School of Graduation	Degree Awarded	Date of Graduation

EXAMINATION HISTORY		
List all of the following written examinations that you have taken: National Boards, FLEX, ECFMG, USMLE, Qualifying Examination of Medical Council of Canada, State Board examinations administered before June 1969.		
Examination	Date	Result (Pass/Fail)

Receipt #:	Date:	Amount:	ATS #:

LICENSING HISTORY

List all licenses that you have ever held in any U.S. state or territory, Canadian province, or any country.

Jurisdiction	License Number	Date of Issuance	Dates of Practice

POSTGRADUATE TRAINING HISTORY

Facility Name	Specialty Area	Address	Dates of Attendance

DISCIPLINARY HISTORY

These questions refer to discipline by any U.S. military or public health service, state board, or other governmental agency of any U.S. state, territory, Canadian province, or country.

1. Have you ever been denied a license to practice medicine?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Is any denial pending against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts or malpractice by any medical licensing board, other agency, or hospital?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you ever had any license to practice medicine revoked, suspended, or placed on probation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Have you ever had any license to practice medicine subjected to any action including but not limited to informal or confidential discipline, consent orders, letters of warning, letters of reprimand, or citation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Have you ever had any license to practice medicine subjected to any other disciplinary action?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Is any disciplinary action pending against any of your licenses to practice medicine?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Have you ever had staff privileges in a hospital terminated, denied, suspended, limited, revoked, or not renewed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Have you ever resigned from a medical staff in lieu of disciplinary or administrative action?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Is any disciplinary action pending against your hospital staff privileges?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Have you ever surrendered a license to practice medicine?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Have your DEA privileges ever been denied, suspended, restricted, or terminated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Have you ever entered into any arrangement or plea or agreement in lieu of a federal prosecution for a drug violation regulated by the DEA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Applicant Name	Date of Birth
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HISTORY OF MALPRACTICE

14. Has a claim or action ever been filed against you for the practice of medicine which resulted in a malpractice settlement, judgment or arbitration award of \$30,000 or more?	YES	<input type="checkbox"/> <input type="checkbox"/>		NO
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PRACTICE IMPAIRMENT OR LIMITATION

15. Have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program?	YES	<input type="checkbox"/> <input type="checkbox"/>		NO
16. Have you been diagnosed with a mental disorder or impairment?	YES	<input type="checkbox"/> <input type="checkbox"/>		NO
17. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice medicine safely?	YES	<input type="checkbox"/> <input type="checkbox"/>		NO
18. Have you been treated for or had a recurrence of a diagnosed addictive disorder?	YES	<input type="checkbox"/> <input type="checkbox"/>		NO
19. Do you have any other condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?	YES	<input type="checkbox"/> <input type="checkbox"/>		NO
20. Have you had a condition which required admission to an inpatient psychiatric treatment facility?	YES	<input type="checkbox"/> <input type="checkbox"/>		NO

CRIMINAL RECORD HISTORY

<p>1. Have you ever been convicted of, or pled nolo contendere to ANY offense in any state in the United States or foreign country?</p> <p>This includes a citation, infraction, misdemeanor and/or felony, etc. If "YES" attach a list of each offense by arrest and conviction dates, violation, and court of jurisdiction (name and address). Matters in which you were diverted, deferred, pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4 MUST be disclosed. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you MUST disclose the conviction; you are entitled to submit evidence that you have been rehabilitated. Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. This list is not all-inclusive. If in doubt as to whether a conviction should be disclosed, it is better to disclose the conviction on the application.</p> <p>For each conviction disclosed, you must submit with the application certified copies of the arresting agency report, certified copies of the court documents, and a descriptive explanation of the circumstances surrounding the conviction of disciplinary action (i.e., dates and location of incident and all circumstances surrounding the incident). This letter must accompany the application. If documents were purged by arresting agency and/or court, a letter of explanation from these agencies is required.</p> <p>Applicants who answer "NO" to the question but have a previous conviction or plea, may have their application denied or license exemption revoked for knowingly falsifying the application.</p>	YES	<input type="checkbox"/> <input type="checkbox"/>		NO
2. Is there any criminal action pending against you?	YES	<input type="checkbox"/> <input type="checkbox"/>		NO
3. Are you required to register as a Sex Offender?	YES	<input type="checkbox"/> <input type="checkbox"/>		NO

Applicant Name	Date of Birth
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PHOTO AREA
 PASTE A 2" x 3"
 PHOTO HERE

PHOTO MUST BE
 RECENT (WITHIN SIX
 MONTHS OF DATE OF
 APPLICATION) AND
 MUST BE OF YOUR HEAD
 AND SHOULDER AREAS
 ONLY.

SCANNED, ALTERED, OR
 POLAROID PHOTOS ARE
 NOT ACCEPTABLE

I hereby declare under penalty of perjury under the laws of the State of California that the attached photograph was taken on or about (date) _____, my age then being _____ years; color of hair _____; color of eyes _____; height _____; weight _____; identification marks _____

 Signature of Applicant:

 Date:

The applicant, _____, _____ being first duly sworn upon
 (PLEASE PRINT FULL NAME) (DATE OF BIRTH)

his/her oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business and professional associates (past, present and future), and all government agencies (local, state, federal, or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine any medical competence, professional conduct, or physical or mental ability to safely engage in the practice of medicine. I further authorize the Medical Board of California or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO OR FAILURE TO DISCLOSE IS A SUFFICIENT BASIS FOR DENYING OR REVOKING APPROVAL OF YOUR REGISTRATION.

(PLEASE PLACE YOUR INITIALS IN BOX)

 Signature of Applicant: _____
 (Please sign full name)

State of California
 County of _____

Subscribed and sworn to (or affirmed) before me on
 this _____ day of _____, 20____,
 by _____

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal

 SIGNATURE OF NOTARY PUBLIC

STATEMENT OF LIMITATIONS

I understand that this is an application for approval of a registration pursuant to Section 2113 of the California Business and Professions Code and I understand that the limitations and criteria are defined in the language below.

Faculty Positions

2113. (a) *Any person who does not immediately qualify for a physician's and surgeon's certificate under this chapter, and who is offered by the dean of an approved medical school in this state a full-time faculty position, may, after application to and approval by the Medical Board of California, be granted a certificate of registration to engage in the practice of medicine only to the extent that the practice is incident to and a necessary part of his or her duties as approved by the Board in connection with the faculty position. A certificate of registration does not authorize a registrant to admit patients to a nursing or a skilled or assisted living facility unless that facility is formally affiliated with the sponsoring medical school. A clinical fellowship shall not be submitted as a faculty service appointment.*

(b) *Application for a certificate of registration shall be made on a form prescribed by the Board and shall be accompanied by a registration fee fixed by the Board in a amount necessary to recover the actual application processing costs of the program. To qualify for the certificate, an applicant shall submit all of the following:*

- (1) *Documentary evidence satisfactory to the Board that the applicant is a United States citizen or is legally admitted to the United States.*
 - (2) *If the applicant is a graduate of a medical school other than in the United States or Canada, documentary evidence satisfactory to the Board that he or she has been licensed to practice medicine and surgery for not less than four years in another state or country whose requirements for licensure are satisfactory to the Board, or has been engaged in the practice of medicine in the United States for at least four years in approved facilities, or has completed a combination of that licensure and training.*
 - (3) *If the applicant is a graduate of an approved medical school in the United States or Canada, documentary evidence that he or she has completed a resident course of professional instruction as required in Section 2089.*
 - (4) *Written certification by the head of the department in which the applicant is to be appointed of all of the following:*
 - (A) *The applicant will be under his or her direction.*
 - (B) *The applicant will not be permitted to practice medicine unless incident to and a necessary part of his or her duties as approved the by the Board in subdivision (a).*
 - (C) *The applicant will be accountable to the medical school's department chair or division chief for the specialty in which the applicant will practice.*
 - (D) *The applicant will be proctored in the same manner as other new faculty members, including, as appropriate, review by the medical staff of the school's medical center.*
 - (E) *The applicant will not be appointed to a supervisory position at the level of a medical school department chair or division chief.*
 - (5) *Demonstration by the dean of the medical school that the applicant has the requisite qualifications to assume the position to which he or she is to be appointed and that shall include a written statement of the recruitment procedures followed by the medical school before offering the faculty position to the applicant.*
- (c) *A certificate of registration shall be issued only for a faculty position at one approved medical school, and no person shall be issued more than one certificate of registration for the same period of time.*
- (d) (1) *A certificate of registration is valid for one year from its date of issuance and may be renewed twice. A request for renewal shall be submitted on a form prescribed by the Board and shall be accompanied by a renewal fee fixed by the Board in an amount necessary to recover the actual application processing costs of the program.*
- (2) *The dean of the medical school may request renewal of the registration by submitting a plan at the beginning of the third year of the registrant's appointment demonstrating the registrant's continued progress toward licensure and, if the registrant is a graduate of a medical school other than in the United States or Canada, that the registrant has been issued a certificate by the Educational Commission for Foreign Medical Graduates. The division may, in its discretion, extend the registration for a two-year period to facilitate the registrant's completion of the licensure process.*
- (e) *If the registrant is a graduate of a medical school other than in the United States or Canada, he or she shall meet the requirements of Section 2102 or 2135, as appropriate, in order to obtain a physician's and surgeon's certificate. Notwithstanding any other provision of law, the Board may accept clinical practice in an appointment pursuant to this section as qualifying time to meet the postgraduate training requirements in Section 2102, and may, in its discretion, waive the examination and the Educational Commission for Foreign Medical Graduates certification requirements specified in Section 2102 in the event the registrant applies for a physician's and surgeon's certificate. As a condition to waiving any examination or the Education Commission for Foreign Medical Graduates certification requirement, the Board, in its discretion, may require an applicant to pass the clinical competency examination referred to in subdivision (d) of the Section 2135. The Board shall not waive any examination for an applicant who has not completed at least one year in the faculty position.*
- (f) *Except to the extent authorized by this section, the registrant shall not engage in the practice of medicine, bill individually for medical services provided by the registrant, or receive compensation therefore, unless he or she is issued a physician's and surgeon's certificate.*

(Cont'd on next page)

STATEMENT OF LIMITATIONS (CONT'D)

- (g) *When providing clinical services, the registrant shall wear a visible name tag containing the title “visiting professor” or “visiting faculty member”, as appropriate, and the institution at which the services are provided shall obtain a signed statement from each patient to whom the registrant provides services acknowledging that a the patient understands that the services are provided by a person who does not hold a physician’s and surgeon’s certificate but who is qualified to participate in a special program as a visiting professor or faculty member.*
- (h) *The Board shall notify both the registrant and the dean of the medical school of a complaint made about the registrant. The board may terminate a registration for any act that would be grounds for discipline if done by a licensee. The board shall provide both the registrant and the dean of the medical school with written notice of the termination and the basis for that termination. The registrant may, within 30 days after the date of the notice of termination, file a written appeal to the division. The appeal shall include any documentation the registrant wishes to present to the division.*

Signature of Applicant

Date

**SECTION 2113 STATEMENT OF LIMITATIONS
AND DECLARATION UNDER PENALTY OF PERJURY**

I acknowledge that an application has been presented on my behalf by _____ to the Medical Board of California under Section 2113 of the California Business and Professions Code.

I understand that I must not engage in any clinical activity involving patient care, no matter how incidental, until the Medical Board of California issues my registration. Once I have received my registration, I understand that I will be under the direction of and accountable to the medical school's department chair or division chief, a licensed California physician, who is a member of the _____ faculty whenever I am in a patient-related situation. I understand that I must work under the direction of a licensed California physician.

I understand that I may not practice medicine except to the extent it is incidental to and a necessary part of my duties as delineated in my application and approved in connection with my registration pursuant to Section 2113 of the Business and Professions Code, approved by the Medical Board of California.

I understand that I am not and may not hold myself out to be a licensed California physician.

I also understand that I may not independently bill for my services, nor may my services be billed for other than by my sponsoring medical school. Failure to comply with the limitations imposed by Section 2113 could subject me to criminal charges for practicing medicine without a license.

I declare under penalty of perjury under the laws of the State of California that the information contained herein is true and correct to the best of my knowledge, and that I have read and understand the criteria and limitations of the 2113 program and will comply with these provisions.

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Applicant's Name (*type or print*)

Signature

Date

The registrant, _____, will be under the direction of the sponsoring department chair or division chief, and will be accountable to such at all times in patient care activities, will not be permitted to exceed the limitations of the 2113 exemption as approved by the Board, and will be subject to this facility's proctoring requirements.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the criteria and will comply with these provisions.

Chair/Division Chief (*type or print*)

Signature

Date

Department

Address

The registrant, _____, will be under the direction of the sponsoring chair or division chief, and will be accountable to such, at all times in patient care activities, will not be permitted to exceed the limitations of the 2113 exemption as approved by the Board, and will be subject to this facility's proctoring requirements.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the criteria and will comply with these provisions.

Dean (*type or print*)

Signature

Date

Medical School

Department

