



**Government of the District of Columbia
Department of Health**



**HEALTH REGULATION AND LICENSING ADMINISTRATION
BOARD OF MEDICINE**

**RENEWAL APPLICATION INSTRUCTIONS FOR A MEDICAL TRAINING LICENSE (MTL)
IN THE DISTRICT OF COLUMBIA**

We welcome your interest in becoming a licensed Postgraduate Physician Medical Trainee in the District of Columbia and look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. Any application not completed in accordance with these instructions will be returned without action. All fees are earned when paid and cannot be transferred or refunded.

All individuals who wish to practice as a Medical Trainee in the District of Columbia have to meet the general requirements of these instructions.

WHERE TO FILE

All new license applications and documents should be sent to the following address:

DC Board of Medicine- MTL New License Application
HRLA 1
PO Box 37801
Washington, DC 20013

Checks or money orders for application and license fees should be made payable to **DC Treasurer** and submitted along with your application.

If you have any questions, call DOH/HPLA's Customer Service line at 1-877-672-2174 between 8:15 a.m. and 4:45 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications, and applications submitted without required signatures, or with incorrect fees, will be returned in their entirety, including fees. Please print or type all information except signatures.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

- A. Applicant must not have been convicted of an offense, which bears directly on the applicant's fitness to be licensed.
 - 1. Hospital GME Attestation – (Must be submitted by GME Director)
 - 2. Hospital Acceptance Letter/Confirmation
- D. Comply with all other applicable requirements set forth in these instructions.

Application Fees

All fees are earned when paid and cannot be transferred or refunded. Please make check or money order payable to DC Treasurer.

Renewal fee..... \$50.00

For information concerning the application process call (202)-724-8750

EDUCATIONAL REQUIREMENTS

Medical School Graduate

COMPLETING THE LICENSE APPLICATION

Section 1. LICENSURE TYPE & FEES

Check the box next to the license description for which you are applying. Also check the corresponding box in the FEES section. Please pay close attention to the selections in that there are several combinations depending on whether you are a:

- MTL I(A) - US or Canadian Trained Medical School Graduate
- MTL I(B) – Foreign Trained Medical School Graduate
- MTL II – Foreign Physician entering a Fellowship

Section 2. MEDICAL TRAINING RESIDENT/FELLOW INFORMATION

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000 Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. If a foreign applicant and you do not yet have a social security number, you must complete the Social Security Affidavit Form. Your social security number will not be made available to the public. All applicants must be at least 18 years of age. If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are marriage certificates, divorce decrees or court orders.

Section 3. RENEWAL TRAINING YEAR AND TRAINING INSTIUTION

- a. Check the box next to the basis by which you are applying. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to **DC Treasurer** and submitted with your application packet. The application fee is non-refundable.
- b. *The Total Due amount is the fee that must be paid for your DC license to be processed. A charge of \$50.00 will be imposed for dishonored checks (Public Law 89-208).

Section 4. REQUIRED SCREENING QUESTIONS

If you answer "yes" to any of the screening questions then you must provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Official Code 22-2405.

Section 5. PAYMENT / MAILING INFORMATION

Checks or money orders for medical training license fee should be made payable to D C Treasurer and submitted along with your application.

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HLRA 1
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Section 7. CLEAN HANDS

Please read the information under this section before responding to this Yes or No question, as any false information provided requires that the Department of Health proceed immediately to revoke your license or registration.

Section 8. APPLICANT AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge. Note: Please print application and mail the original to the Board of Medicine, mail a copy to your GME Director and retain a copy for your files.

Check or money order MUST be made payable to **DC Treasurer**.