To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before mailing your application package. It is important to send in all the required supporting documents listed below based on the method by which you are applying:

## **EMINENCE 1**

Checklist of Supporting Documents required

- □ A completed signed application for DC License
- ☐ Two (2) recent passport photos (2" X 2")
- Social Security Number or Sworn Affidavit attesting you do not have a social security number
- Three (3) Character Reference Forms using the Board standard form included in the application Instructions and Forms package. The forms must be completed by a Physician.
- □ You can expedite the process and obtain your American Medical Association (AMA) Profile from the website at: <a href="http://www.ama-assn.org/amaphyscianprofiles">http://www.ama-assn.org/amaphyscianprofiles</a> or you may contact the AMA directly at 1-312-464-5199 or 1-800-665-2882.
- Undergraduate Transcript coming directly from the institution. Under special circumstances, if foreign educated, a hardship letter may be provided explaining why you are unable to obtain your foreign Undergraduate Transcript.
- Medical School Transcript coming directly from the institution. Under special circumstances, if foreign educated, a hardship letter may be provided explaining why you are unable to obtain your foreign Medical Transcript.

- □ Letter(s) of all Post Graduate Experience with start and ending dates on official letterhead sent directly from the institution/organization.

  Certificates, under extenuating circumstances are allowed if a hardship letter is provided explaining why you are unable to obtain a Post Graduate letter and the reason as well as having the actual certificate copy notarized. For periods of private practice, submit a letter that states start and end dates and location.
- Original Foreign Medical Graduate Examination in the Medical Sciences Certificate (FMGEMS) or a notarized copy of the original certificate.
- □ Curriculum Vitae
- □ List of Publications, Honors and Awards
- □ Name Change Document (Marriage Certificate, Divorce Decree or Court Order), if applicable
- \$805 for Application and License Fee in the form of Check, Money Order or Certified Check, payable to Promissor, Inc.
- □ Physician Profile (See instructions)

## **EMINENCE 2**

Checklist of Supporting Documents required

- □ A completed signed application for DC License.
- □ Two (2) recent passport photos (2" X 2")
- Social Security Number or Sworn Affidavit attesting you do not have a social security number
- □ Letter(s) of all Post Graduate Experience with start and ending dates on official letterhead sent directly from the institution/organization.

  Certificates, under extenuating circumstances are allowed if a hardship letter is provided explaining why you are unable to obtain a Post Graduate letter and the reason as well as having the actual certificate copy notarized. For periods of private practice, submit a letter that states start and end dates and location.
- Three (3) Character Reference Forms using the Board standard form included in the application Instructions and Forms package. The forms must be completed by a Physician.
- You can expedite the process and obtain your American Medical Association (AMA) Profile from the website at:
   <a href="http://www.ama-assn.org/amaphyscianprofiles">http://www.ama-assn.org/amaphyscianprofiles</a>
   or you may contact the AMA directly at
- 1-312-464-5199 or 1-800-665-2882.Original Foreign Medical Graduate Examination in
- the Medical Sciences Certificate (FMGEMS) or a notarized copy of the original certificate.
- Curriculum Vitae
- □ List of Publications, Honors and Awards
- □ Letter of Recommendation and 5 letters from renowned American Specialist in the same field

- □ H1 Visa Status Certificate
- □ Letter of Acceptance from Sponsoring Institution
- □ Name Change Document (Marriage Certificate, Divorce Decree or Court Order), if applicable
- □ Fee must be in the form of Check, Money order or Certified Check Payable to Promissor, Inc.
- □ \$2,000 for Application and License
- □ Physician Profile (See instructions)