

OSTEOPATHIC POSTGRADUATE TRAINING LICENSE

(APPLICATION INFORMATION)

(Checklist)

ONLINE APPLICATION

A Postgraduate Training License (PTL) must be obtained from the Osteopathic Medical Board of California (Board) within 180 days after beginning your American Osteopathic Association (AOA) or Accreditation Committee for Graduate Medical Education (ACGME) accredited postgraduate training program in California. If the PTL is not issued within 180 days of commencing AOA/ACGME-accredited training in California, all clinical activities must cease until the license is issued. Training beyond the 180 days is considered unlicensed practice of medicine and you can be subject to disciplinary action.

The PTL will be valid until 24 months after a resident has received 12 months credit of Board-approved postgraduate training, for graduates of medical schools in the United States approved under Business and Professions Code (BPC) [section 2084](#) and [section 2084.5](#). After which a full and unrestricted Physician's and Surgeon's License must be obtained in order to continue practicing medicine in California.

Your PTL application must be submitted online using the [BreEZe Online Services](#) portal. ***Each page of the online application will time out after approximately 15 minutes. To help with the completion of the application, review the "Application Preparation" section to complete each page within the 15-minute time limit, otherwise the system will time out and you will lose your information.***

Please allow 30 business days to pass before reaching out to the Licensing Unit to inquire on the status of your application.

ELIGIBILITY

- ❖ You must have received your education and graduated from an osteopathic medical school accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA). <https://osteopathic.org/accreditation/>

ELIGIBILITY (continued)

- ❖ Applicants must have their AOA/ACGME accredited program submit proof of enrollment in a 12-month postgraduate training program; where they will receive at least four months of general medicine and have direct patient care responsibility.
- ❖ Submit proof of completion of the National Board of Osteopathic Medical Examiners (NBOME) COMLEX- USA Exam (Levels 1-2). [CCR Title 16 Section 1611 \(d\)](#)
- ❖ Disclosure of a United States Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) is mandatory prior to the issuance of a license. [Section 30](#) of the Business and Professions Code (BPC) authorizes collection of an SSN or ITIN. [Section 31\(e\)](#) of the BPC allows the California Department of Tax and Fee Administration and the Franchise Tax Board to share taxpayer information with the Board.

GENERAL INFORMATION

As an applicant, **you are personally responsible for all information disclosed on the application**, including any responses that may have been completed on your behalf or information provided to you by others. The Board may deny your application based upon omission, falsification or misrepresentation of any item or response on the application or any attachment. The Board considers violations of an ethical nature to be a serious breach of professional conduct.

- ❖ **Fingerprints:** Applicants who reside in California must complete the electronic Live Scan fingerprint process. The [Request for Live Scan Service](#) form may be obtained from the [Board's website](#). Please refer to the following website for Live Scan facilities in California: <https://oag.ca.gov/fingerprints/locations>.

Applicants residing outside California must complete manual fingerprint cards or if visiting California, may have their fingerprints completed electronically at a California Live Scan facility. **The Board must receive Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation prior to the issuance of a Physician's and Surgeon's License.**

- ❖ **Custodian Of Records:** The Licensing Program Manager is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act, Civil Code section 1798.17, by [contacting the Board](#).
- ❖ **Grounds for Denial:** The Board reviews each applicant's credentials for licensure in California on an individual basis. The Board has the authority to deny licensure based upon an applicant's act of dishonesty, unprofessional conduct, conviction of a crime, discipline by a Licensing Board outside of California, or inability to practice medicine safely. See BPC sections [480](#), [2221](#), and [2234](#) for further information.
- ❖ **Priority Review and Expedited Licensure:** Review the additional requirements on qualifying for [Priority Review and Expedited Licensure](#) as outlined below. The Board will NOT expedite review of your application nor the licensure process if any of the required documents are missing or do not meet the requirements:

GENERAL INFORMATION (continued)

❖ **Priority Review and Expedited Licensure:** *(Continued)*

Honorably Discharged Veterans of the United States Armed Forces

The Board is required to expedite the application review and licensure process if you have served as an active-duty member of the United States Armed Forces and were honorably discharged ([BPC section 115.4](#))

To expedite the review of your application, you must attach a copy of the following documentation on the Attachments page of the online application or attach to your mailed application:

- Official orders issued by the United States Armed Forces verifying that you have been, or will be, honorably discharged.

Practice in Medically Underserved Area or Population

The Board is required to expedite the application review and licensure process if you have received and accepted an offer of employment to work in an area of California formally designated as an underserved area or underserved population. ([BPC section 2092](#))

To expedite the review of your application, you must attach a copy of the following documentation on the attachments page of the online application or attach to your mailed application:

1. A signed and dated letter from you to confirm that you accepted employment in California to provide medical services to a formally designated underserved area and/or population.
2. A signed and dated letter from your prospective employer confirming their offer of prospective employment to provide medical services to a formally designated underserved area and/or population in California. The letter must include the proposed employment start date, the name and address of the facility(s) where you will provide medical services, and the medical specialty of the medical services you will provide.

Provide Abortions Within the Scope of Practice of Their Medical License

An applicant who demonstrates they intend to provide abortions within the scope of practice of their license may qualify for expedited application processing, if they provide the board with the documentation identified below. An “abortion” is any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth.

To expedite the review of your application, you must attach the following documentation with your application:

- A letter declaring your intent to provide abortions; and,

GENERAL INFORMATION (continued)

❖ **Priority Review and Expedited Licensure:** *(Continued)*

- A letter from an employer or health care entity indicating that you have accepted employment or entered into a contract to provide abortions. This letter must include:
 1. The starting date;
 2. The location where you will be providing abortions; and,
 3. That you will be providing abortions within the scope of practice of your applicable license, in accordance with BPC sections [2253](#), [2725.4](#), and [3502.4](#).

Spouse or Domestic Partner of an Active-Duty Member of the United States Armed Forces

The Board is required to expedite the review of your application and licensure process and waive the application and initial license fee if you are a spouse of, or in a domestic partnership or other legal union with, an active-duty member of the United States Armed Forces who is assigned to a duty station in California under official active-duty military orders. ([BPC section 115.5](#))

To expedite the review of your application, you must attach a copy of the following documentation to your online application or attach to your mailed application:

- Evidence that you are married to, or in a domestic partnership or other legal union with, an active-duty member of the United States Armed Forces who is assigned to a duty station in California under official orders,
- Evidence of your domestic partner's or spouse's official assignment to a duty station in California, and
- Evidence that you hold a current, active, and unrestricted medical license in another state, district, or territory of the United States.

Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status

The Board is required to expedite the review of applications and initial licensure process for certain applicants described below. ([BPC section 135.4](#)) To have your application expedited, one of the following statements must apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; or
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or
- You have a special immigrant visa and were granted this status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

GENERAL INFORMATION (continued)

❖ **Priority Review and Expedited Licensure:** *(Continued)*

To expedite the review of your application, you must attach a copy of one of the following documentations to your online application or attach to your mailed application:

- Form I-94, Arrival/Departure Record, with an admission class code, such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the "SI" or "SQ."
- Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

United States Department of Defense SkillBridge Program

An applicant who is a member of the United States Armed Forces and who is enrolled in the United States Department of Defense SkillBridge program may qualify for expedited application processing.

To expedite the review of your application, you must attach the following to your application for licensure:

- An approved document signed by your commanding officer as evidence that you are currently enrolled in the United States Department of Defense SkillBridge program.

- ❖ **Temporary License:** The Board may issue a temporary Physician and Surgeon License if you are married to, in a domestic partnership or in other legal union with, an active-duty member of the United States Armed Forces who is assigned to a duty station in California under official active-duty military orders. ([BPC section 115.6](#)).

A temporary license is valid for a period of 12 months, allowing you to complete the application process for the full P&S license. Upon issuance of the temporary license number, your profile will be available on the Board's [License Verification](#) page.

You must hold a current, active, and unrestricted medical license in another state, district, or territory of the United States. You must attach a copy of the following documentation to your online application or attach to your mailed application:

- Evidence that you are married to, or in a domestic partnership or other legal union with, an active-duty member of the United States Armed Forces who is assigned to a duty station in California under official orders.

GENERAL INFORMATION (continued)

❖ **Temporary License:** *(Continued)*

- Evidence of your domestic partner's or spouse's official assignment to a duty station in California.
- Contact the state board(s) in which you are licensed and request that a verification be sent directly to the Board.

For minimum requirements, information, instructions, and forms, please visit the [Osteopathic Physician and Surgeon Temporary Certificate](#) page on the Board's website.

❖ **Third Party Services:** You may use electronic commercial services to assist in completing your application for licensure. The Board does not mandate any of the electronic services. For additional information, visit the [Board's website](#). The Board is providing this information as a convenience to its applicants.

❖ **Application Preparation:** The online application requires you to provide detailed information. ***Each page of the online application will time out after approximately 15 minutes.*** Gather the following information before starting your online application to avoid your application timing out and losing the information you have entered.

- ✓ Your full legal name and either your Social Security Number or ITIN.
- ✓ Address of Record, which the Board uses to contact you and will become public information once licensed.
- ✓ All examinations for licensure you have taken, and date passed (NBOME).
- ✓ Osteopathic Medical school(s) name, mailing address, attendance start and end dates, and date degree was awarded.
- ✓ AOA/ACGME accredited postgraduate training facility name, dates of attendance, and specialty.
- ✓ If applying for priority review and expedited licensure, all documents required to verify you meet the requirements, as indicated in the "Priority Review and Expedited Licensure" section above.

As indicated below, you may attach some required documents to the Attachments screen of your online application.



OSTEOPATHIC POSTGRADUATE TRAINING LICENSE

(APPLICATION CHECKLIST)

APPLICATION CHECKLIST

Listed below are the minimum application materials and supporting documentation required for a medical school graduate to obtain a Postgraduate Training License (PTL). This list is not all-inclusive as additional items may be necessary based on responses provided on the application or information obtained from other entities.

You are required to submit the following items:

Application, Fees, Fingerprints, and Explanations

Application for Postgraduate Training License: [OMB. 23](#) & [OMB. 26](#)

When submitting your application online using the [BreEZe Online Services](#), each page of the online application will time out after approximately 15 minutes. This application requires you to provide detailed information. To help with the completion of the application, review the "Application Preparation" section of this document to complete each page within the 15-minute time limit, otherwise the system will time out and you will lose your information.

PLEASE NOTE: The review of your application will not commence until the Board receives the **Attestation and Release of Information Form (OMB. 26)** by [email](#)/mail to the Board.

Your PTL will be issued using your full legal name including middle name or initial and/or suffix. If you have used multiple variations of your name in the past, you may choose to attach a copy of a current government issued photographic identification (e.g., driver's license, alien registration, passport, etc.) with your application so the review process is not delayed.

If you have changed your name legally in the past, attach a copy of legal documents as proof of name change (e.g., Certified Court Order, Marriage Certificate, Dissolution of Marriage (Divorce), etc.).

Application & Initial License Fee - \$491.00

You must pay the nonrefundable application and initial licensing fee of \$491 to initiate the Board's review of your documents. The receipt date is based on the acceptance of both your application and all applicable fees.

APPLICATION CHECKLIST (continued)

❖ Application, Fees, Fingerprints, and Explanations (Continued)

The application fee may be waived if you are applying as a spouse of or are in a domestic partnership or other legal union with, an active-duty member of the United States military. To qualify for the fee waiver, you must submit the required supporting documents.

Fingerprints: Live Scan Form (CA Only) - OR - Two (2) Fingerprint Cards

The Board must receive the Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation prior to the issuance of a PTL.

LiveScan

If you reside in California, you must complete the electronic Live Scan fingerprint process. You will need to download and use the "[Request for Live Scan Service](#)" form from the Board's website. You may upload a copy of the completed form with your online application when applying.

Note: Applicants residing outside of California may complete the Live Scan process, however, the fingerprint process must be completed at a California Live Scan facility.

Fingerprint Card FD-258 ([packet inserts](#))

If you reside outside of California, you must have your prints completed on the two (2) fingerprint cards provided by the Board. **Please request delivery of a fingerprint card packet via [email](#).** When submitting your request please provide a mailing address where you wish the fingerprint cards to be mailed. You must complete all personal data on the fingerprint cards and personally transmit one (1) card to DOJ accompanied with your payment of \$49.

Photographs

You are required to obtain and affix one (1) recent 2"X 2" (approximate size) passport quality photograph to the following documents.

- One photo must be affixed to your Attestation and Release of Information Form ([OMB. 26](#))
- Please also upload a copy as an attachment at the time of application submission

Osteopathic Medical School Diploma

You must remit a copy of your medical school diploma that is legible and shows all seals and signatures. You may either attach a copy at time of application submission online or request that your osteopathic colleges transmit a copy to the office on your behalf.

APPLICATION CHECKLIST (continued)

❖ Application, Fees, Fingerprints, and Explanations (Continued)

Explanation For Application Question Form [OMB. EXP](#) (If applicable)

You may use this form to provide a detailed written explanation for a “Yes” response to a question on the Board's application. A separate Form EXP is required for each question and must be attached when during the completion of your online application.

PRIMARY SOURCE DOCUMENTS

You must contact the appropriate entity to request they submit the documents below directly to the Board.

The Board will **NOT** accept the following documents if they are submitted by you.

Official Examination Scores from the appropriate examination entity:

Applicants must contact the National Board of Osteopathic Medical Examiners, Inc. (NBOME) to request that a certified copy of their COMLEX-USA exam scores (Parts I-II) be sent directly to the Board.

NBOME (COMLEX/COMVEX) - <https://www.nbome.org/>

Official Medical School Transcript

An official medical school transcript is required from each medical school attended. The Transcript must be prepared on the university letterhead affixed with the signature of the dean or registrar and the medical school seal, documenting all the basic science and clinical courses completed during the medical curriculum.

The medical school must submit the transcript directly to the Board through an approved online service or by mail to be acceptable.

Postgraduate Training License Enrollment Form ([OMB. 23](#))

Proof of enrollment in a California AOA or ACGME accredited postgraduate training program is required. Complete the applicant information and submit the form to the current training program for completion.

The current program director or the DIO must provide all required information and responses on the form, sign and date the form, and affix with the program seal. The Board will accept electronic transmittal of the form by the GME office; however, it must be [emailed](#) by the signatory or an authorized representative of the signatory to be accepted.

This form cannot be completed until after the completion of the required training credit; forms pre-dating the completion date will not be accepted.

Note: If you move, transfer to another program, are terminated, resign, or take a leave of absence resulting in a change to your anticipated program completion date, the program director or the DIO must submit a Postgraduate Training Program Update Form ([OMB. 24](#))