

## LIMITED LICENSE APPLICATION INSTRUCTIONS

*(Pursuant to Minnesota Statutes 147.037 — Internationally Trained Physician Limited License Pathway)*

This application is intended for individuals seeking licensure through the Internationally Trained Physician (ITP) Limited License Pathway. Please review all application materials thoroughly before submission.

Applicants are responsible for all processing fees. The Board reserves the right to reject outdated application forms; therefore, timely submission is strongly encouraged. Incomplete applications may be destroyed after six months of inactivity.

To prevent processing delays, ensure your application is complete, current, and accompanied by all required documentation.

### ALL OF THE FOLLOWING REQUIREMENTS MUST BE MET:

- **Application Fee:** Fee of \$616.00. *These fees are not refundable and must be in U.S. currency. Make check or money order payable to the **Minnesota Board of Medical Practice**.*
- **Criminal Background Check (CBC) Results:** The CBC Program will email the required forms and instructions directly to the applicant, along with their contact information, should you have further questions.
- **Name:** The name on the application and medical school diploma must be the same. If there has been a name change, submit a copy of the legal documentation, such as a marriage certificate. Applicants must submit written notification to the Board within 30 days of a name or address change.
- **Affidavit and Release Form:** A full face, recent photograph approximately 2x3 inches must be affixed as indicated and **notarized** next to the picture as a true likeness. The notary seal must be placed so that it overlaps both the photograph and the form. ***The applicant's signature is required directly beneath the photograph.***
- **Identification:** A copy of a current driver's license or other government issued photo id.
- **Medical School Diploma:** 8 ½" x 11" copy of medical school diploma (and translation if necessary). Documents provided by FCVS are accepted.
- **Military Documents:** Copy of discharge papers (DD Form 214); copy of ID or enlistment contract for current active duty military. (Active Military does not include Army National Guard or Air National Guard)
- **Addendum to Application Form:** Complete, sign, and date the Addendum to Application form
- **Malpractice History Report Form:** This form is required for all applicants. If you have had no malpractice suits, write "**NONE**" in the space provided, then print your name, sign, and date the form. ***"Not Applicable" or "N/A" is not an accepted response.***
- **Malpractice Liability Claims Information Form:** This form is required if you answered "Yes" to application question nine.

- **Applicant Work History Attestation**: List all facilities where you have had medical privileges during the past ten (10) years. Include any facility where you have received payment outside the postgraduate training program. If you have had no medical privileges, write “None,” sign, and date the form.
- **Employer Attestation**: Your employer must complete and submit this form directly to the Board.
- **Attestation of Collaborative Agreement Form**: Applicants and their collaborating physicians must complete and submit a collaborative agreement form in accordance with Minnesota Statutes section 147.037, subd. 1b(h).
- **Physician Letter of Recommendation Form**: This form must be completed and submitted directly to the Board by the physician with whom the applicant previously worked.
- **Administrator Letter of Recommendation Form**: This form must be completed and submitted directly to the Board by the administrator of a hospital or clinical setting in which the applicant previously worked.
- **Verification of Federal Immigration Status Allowing Practice**: Documentation of acceptable federal immigration status as set forth in [INS Form I-9, page 2](#).

**THE FOLLOWING REQUIREMENTS MUST BE SENT DIRECTLY TO THE MINNESOTA BOARD FROM THE FACILITY/PERSON COMPLETING THE FORM:**

*Note: Applicants may use the Federation Credentialing Verification Service (FCVS) when applying for a Minnesota medical license. The FCVS verifies exam scores, ECFMG certification, medical education, and the NPDB report. The FCVS contact telephone number is 888-275-3287, or if you have questions regarding your application, their website is [www.fsmb.org](http://www.fsmb.org). Please disregard the medical school verification form in your application materials if using FCVS.*

- **Medical School Verification:** Submit the Medical School Verification form to each medical school attended, even if you did not graduate. Medical schools must send the completed forms **directly** to the board.
- **License Verifications:** A verification of all medical licenses from every U.S./Canadian board issuing any type of license, including training, locum tenens, and temporary permit, even if the license is not current, is required. Each Board must email, mail, or fax directly to the **Minnesota Board of Medical Practice**. Any fees are the applicant's responsibility. State Medical Board verifications and verifications through VeriDoc are also accepted. Log on to [www.veridoc.org](http://www.veridoc.org) and follow the onscreen instructions. Verifications are not included in your FCVS packet.
- **The DataBank (NPDB) Report:** Go to the National Practitioner Data Bank (NPDB) website and [complete a Self-Query](#). The NPDB provides [digitally certified Self-Query results](#) in a PDF file format, which the Board accepts from the applicant in lieu of a paper copy.
- **Educational Commission for Foreign Medical Graduates (ECFMG) verification (International Medical Graduates only):** Log on to [www.ecfm.org/cvs/index.html](http://www.ecfm.org/cvs/index.html) for the request form or to submit the request online. Confirmations are sent directly to the board.
- **Examination Scores:** Follow the instructions below to request direct verification for the type of exam passed.
  1. **National Board of Osteopathic Medical Examiners (NBOME) – Comprehensive Osteopathic Medical Licensing Examination (COMLEX).**
    - Visit <https://www.nbome.org/assessments/comlex-usa/bulletin/transcripts>
    - For assistance, call 773-714-0622 or email [transcript@nbome.org](mailto:transcript@nbome.org).
  2. **United States Medical Licensing Examination (USMLE)**
    - To request a transcript, you will need to visit the Federation website, [www.fsmb.org](http://www.fsmb.org), click "FOR PHYSICIANS" at the top left, and then click "EXAM TRANSCRIPT".
    - If you have forgotten your login information, use the "Sign Up Now" to create a new account. All accounts link back to your record.
    - When sending your transcript to the Minnesota Medical Board, select the board from the drop-down menu under "**Send to Medical Authority.**" Do not manually enter board information.
    - Transcripts will only be sent to the recipients listed on the request and are available to the Medical Authority via the Federation of State Medical Boards website. **Do not upload your scores to the Medical Board Portal.**
    - For assistance, call 817-868-4041 or email [usmle@fsmb.org](mailto:usmle@fsmb.org).