



St. George's  
University

Grenada, West Indies

# LICENSING MANUAL

ST. GEORGE'S UNIVERSITY-SCHOOL OF MEDICINE  
UPDATED MAY 2024

# Table of Contents

<b>How to Submit a Licensing Request</b> .....	3
Licensing Requests Including an Official Transcript .....	3
Licensing Requests Not Including an Official Transcript .....	3
<b>Licensing Requirements</b> .....	4
FCVS .....	4
UA (Uniform Application) .....	4
Foreign Licensing .....	5
<b>State by State Requirements</b> .....	5
Alabama .....	5
Alaska .....	5
Arizona .....	5
Arkansas .....	5
California .....	6
Colorado .....	6
Connecticut .....	6
Delaware .....	6
District of Columbia .....	7
Florida .....	7
Georgia .....	7
Hawaii .....	7
Idaho .....	8
Illinois .....	8
Indiana .....	8
Iowa .....	8
Kansas .....	9
Kentucky .....	9
Louisiana .....	9
Maine .....	9
Maryland .....	10
Massachusetts .....	10
Michigan .....	10

Minnesota .....	10
Mississippi .....	11
Missouri .....	11
Montana .....	11
Nebraska .....	11
Nevada .....	11
New Hampshire .....	12
New Jersey .....	12
New Mexico .....	12
New York .....	12
North Carolina .....	13
North Dakota .....	13
Ohio .....	13
Oklahoma .....	13
Oregon .....	14
Pennsylvania .....	14
Rhode Island .....	14
South Carolina .....	14
South Dakota .....	15
Tennessee .....	15
Texas .....	15
Utah .....	16
Vermont .....	16
Virginia .....	16
Washington .....	16
West Virginia .....	17
Wisconsin .....	17
Wyoming .....	17

<b>Board of Medicine Contact Information United States</b> .....	17
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The Licensing, Credentialing and Verification (LCV) team within the Office of the University Registrar (OUR) receives all School of Medicine requests for state & foreign licensure. We receive requests from grad-candidates and graduates. We complete paperwork for residency requirements and for any state & foreign licensure requests.

## How to Submit a Licensing Request

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### Licensing Requests Including an Official Transcript

Graduates must submit any licensure request that includes a transcript through [Parchment](#). Please review the state-by-state requirements below to understand whether your state licensing paperwork requires a transcript.

Please note, transcripts are processed “as is” at the time of ordering. Please do not request your official transcript until a copy of your diploma has been sent to you digitally. Requesting your official transcript prior to confirming your degree has been processed may result in an incomplete official transcript being mailed. Duplicate requests will be the responsibility of the student to request and remit payment against.

When you submit your transcript request, please follow the below directions:

- Login or register for [Parchment](#).
- Reference the [Help Section of the Parchment website](#) for assistance.
- Select the medical board or residency program that your licensure paperwork will need to be sent to.
- If the medical board or residency program is not already listed on the Set Delivery Destination page, you will need to manually enter the address information by clicking the “Enter my own” button at the bottom of the page.
- Fill out the required information in the request.
- Be sure to include your SGU E-mail address. If there are any issues with your request, we will contact you using the E-mail address linked to your Parchment account.
- Be sure to enter the state in which you matched in the required field.
- Be sure to enter your Student ID in the correct format (Ex. A01234567). If you do not remember your student ID; please submit “A00000000” into the Student ID field.
- Once your request is received, you will receive a confirmation E-mail.

We will then complete your paperwork and send it directly to the required recipients.

### Licensing Requests Not Including an Official Transcript

Graduates must submit any licensure request that does not include a transcript by E-mailing the licensure team at [lcu@sgu.edu](mailto:lcu@sgu.edu). When submitting your request be sure to do the following:

- All requests must have the following subject line.
  - State LCV – AXXXXXXX – Last Name, First Name
- Attach all the forms that will need to be completed by the OUR licensing team.
  - Please complete any sections of the form that are required to be completed by the applicant. If there are no required sections, you must fill out the “Name” portion of the form before you submit your request through [lcu@sgu.edu](mailto:lcu@sgu.edu). If you do not complete the required sections or include your name, we cannot complete the form.

- Be sure to only include the form that will need to be completed by the licensing team, not the entire application.

You may also submit requests by mail. Please send your paperwork to the following address:

University Support Services  
Attn: Office of the University Registrar – LCV Team  
3500 Sunrise Hwy.  
Bldg. 300  
Great River, NY 11739

Once a request is received, it will be processed by the licensing team within 5-10 business days. At times, a request may take longer, and we will notify you as needed. As mentioned, please utilize the state requirements listing below when putting together your request for the Licensing & Credentialing team.

Please refer to the list of medical board contact information at the end of the document if necessary.

## Licensing Requirements

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**Please keep in mind that the list below is solely a guideline and designed to offer basic information about the licensing process in various jurisdictions. All the requirements shown are subject to change, which is why we strongly advise that you reach out to your residency program/ medical board before requesting paperwork with us to ensure you meet all requirements.**

**Any of the attached state licensure required forms are also subject to change.**

### FCVS

FCVS is a credentialing service that applicants can use to establish a permanent, lifetime portfolio of primary-source verified credentials - allowing access to medical credentials whenever they are needed. This service is valuable to physicians graduating from medical school outside the United States, where verification can be time-consuming. It is also useful for those applicants applying to several state boards simultaneously. You can find a full listing of states that require and accept FCVS applications, [here](#).

### UA (Uniform Application)

The Uniform Application for Licensure (UA) is a web-based application designed to enhance the nation's state-based licensure system. The UA eliminates the need for physicians to re-enter information when applying for licenses in multiple states. You can find a full listing of states that require and accept UA applications, [here](#).

# Foreign Licensing

Foreign licensing boards will require a variety of different documentation. Therefore, you must reach out to the foreign medical board before submitting a request with the Licensing and Credentialing team to ensure you include all imperative required documentation. Please reach out to us at [lcv@sgu.edu](mailto:lcv@sgu.edu) with all questions regarding foreign licensure.

## State by State Requirements

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### Alabama

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [UA \(Uniform Application\) Submission](#)
    - [Accepts FCVS Applications](#)

### Alaska

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)
  - [Verification of Education Form](#)
    - [Accepts UA Application](#)
    - [Accepts FCVS Applications](#)

### Arizona

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)
    - [Accepts FCVS Applications](#)

### Arkansas

- Residency Requirements:

- In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)
  - [Verification of Medical/Osteopathic Education Form](#)
    - [Accepts FCVS Applications](#)

## California

- Residency Requirements:
  - In this state, to begin your residency program, the requirements are the same as the Licensing Requirements below.
- Licensing Requirements
  - [Official Transcript](#)
  - Certified Copy of the Diploma
  - [Certificate of Medical Education Form](#)
    - Please note the LCV team will need to upload this completed form to the Direct Online Certification Submission (DOCS) Portal for review by the board. Please ensure that you have registered with the DOCS **prior** to submitting this form to the LCV team.

## Colorado

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Certificate of Medical Education Form](#)
    - [Accepts FCVS Applications](#)

## Connecticut

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)
  - [School Verification Form](#)
    - [Accepts FCVS Applications](#)

## Delaware

- Residency Requirements:

- In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Verification of Medical Education Form](#)
    - [Accepts FCVS Applications](#)

## District of Columbia

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)
    - [Accepts FCVS Applications](#)

## Florida

- Residency Requirements:
  - Certified Copy of the Diploma

Please be advised that the LCV team cannot provide a written statement of completion in place of a Certified diploma until all graduation requirements have been satisfied.

- Licensing Requirements
  - [Medical Degree Verification Form](#)
    - [Accepts FCVS Applications](#)

## Georgia

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#) sent to [GCMB.Physician@dch.ga.gov](mailto:GCMB.Physician@dch.ga.gov)
    - [Accepts FCVS Applications](#)

## Hawaii

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements

- Please contact the [state medical board](#) to understand what licensing paperwork you will need to submit.
  - [Accepts FCVS Applications](#)

## Idaho

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [UA \(Uniform Application\) Submission](#)
    - [Accepts FCVS Applications](#)

## Illinois

- Residency Requirements:
  - [Official Transcript](#)
  - [ED-NON \(Certification of Education Non LCME Accredited Medical College\) Form](#)
- Licensing Requirements
  - [Official Transcript](#)
  - [ED-NON \(Certification of Education Non LCME Accredited Medical College\) Form](#)

You will need to upload the completed ED-NON form to your online application. The LCV team will E-mail you a copy of the ED-NON form if you have an active SGU E-mail. If you do not have an active SGU E-mail address, we must mail it back to you.

- [Accepts FCVS Applications](#)

## Indiana

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)
    - [Accepts FCVS Applications](#)
    - [Accepts UA Application](#)

## Iowa

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements



- [UA \(Uniform Application\) Submission](#)
  - [Accepts FCVS Applications](#)

## Kansas

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#) sent to [KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov)
    - [Accepts FCVS Applications](#)

## Kentucky

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [FCVS Application Submission](#)

## Louisiana

- Residency Requirements:
  - Certificate of Dean/Registrar Form
    - Begin your application [online](#) and the form will be provided once you create an account with the state website directly.
    - Please complete the Applicant Information section of the form and send it to us as an attachment when you submit your request through [lcu@sgu.edu](mailto:lcu@sgu.edu). If you do not complete the Applicant Information section, we cannot complete the form.
    - You must attach a photo to the form that is verifiable according to your school record. Please note: Photo must be notarized prior to submission.
- Licensing Requirements
  - Please contact the [state medical board](#) to understand what licensing paperwork you will need to submit.

## Maine

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [FCVS Application Submission](#)

- [Accepts UA Application](#)

## Maryland

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with
- the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [UA \(Uniform Application\) Submission](#)

## Massachusetts

- Residency Requirements:
  - The below requirements are sent to your residency location/ residency program coordinator:
    - Medical Education Verification (Form A) Form
      - Begin your application [online](#) and the form will be provided once you create an account.
      - Please complete the Applicant Information section of the form and send it to us as an attachment when you submit your request through [lcv@sgu.edu](mailto:lcv@sgu.edu). If you do not complete the Applicant Information section, we cannot complete the form.
    - [Official Transcript](#)
    - Certified Copy of the Diploma - this will automatically be mailed
- Licensing Requirements
  - [FCVS Application Submission](#)

## Michigan

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - ECFMG Certification
    - Please Note: SGU does not submit ECFMG certification on your behalf.
    - [Accepts FCVS Applications](#)

## Minnesota

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Certification of Medical Education Form](#)
    - [Accepts FCVS Applications](#)

## Mississippi

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Medical/Osteopathic School Certification \(Appendix A\) Form](#)
    - [Accepts FCVS Applications](#)

## Missouri

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)

## Montana

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)
  - [Certification of Medical Education Form](#)
    - [Accepts UA Application](#)

## Nebraska

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Verification of Foreign Medical College Form](#)
  - [Official Transcript](#) sent to [dhhs.medicaloffice@nebraska.gov](mailto:dhhs.medicaloffice@nebraska.gov)
    - [Accepts FCVS Applications](#)

## Nevada

- Residency Requirements:

- In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)
  - [Verification of Medical Education Form](#)
    - [Accepts FCVS Applications](#)

## New Hampshire

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [FCVS Application Submission](#)

## New Jersey

- Residency Requirements:
  - [Official Transcript](#)
  - Medical Education Verification Form (Permit - Residency Program)
    - Please reach out to your residency program to obtain this form.
- Licensing Requirements
  - [Official Transcript](#)
  - [Medical Education Verification Form](#)
    - [Accepts FCVS Applications](#)

## New Mexico

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)
  - Certified Copy of the Diploma
  - MSPE
    - The LCV team will work with the MSPE team to provide a copy of this on your behalf. You do not have to request this separately.
  - [Medical Education Verification](#)
    - [Accepts FCVS Applications](#)

## New York

- Residency Requirements:

- In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [FCVS Application Submission](#)
    - NOTE: The NYS Medical Board will only accept FCVS submissions for licensing applications.

## North Carolina

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - Your application must be completed [online](#). Please send the Verification of Medical Education Form from this application to our offices.
    - [Accepts FCVS Applications](#)

## North Dakota

- Residency Requirements:
  - You must reach out to the North Dakota State Board to understand what requirements you will need to begin your residency program. Please reach out to the board before submitting a request with the Licensing and Credentialing team to ensure you include all imperative required documentation.
- Licensing Requirements
  - [Certificate of Medical Education Form](#)
    - [Accepts FCVS Applications](#)

## Ohio

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [UA \(Uniform Application\) Submission](#)

## Oklahoma

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.

- Licensing Requirements
  - [Form #1](#)
    - [Accepts UA Application](#)
    - [Accepts FCVS Applications](#)

## Oregon

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)
  - MSPE
    - The LCV team will work with the MSPE team to provide a copy of this on your behalf. You do not have to request this separately.
  - [Verification of Medical Education Form](#)
    - [Accepts FCVS Applications](#)

## Pennsylvania

- Residency Requirements:
  - In this state, to begin your residency program, the requirements are the same as the Licensing Requirements below.
- Licensing Requirements
  - [Official Transcript](#)
  - Certified Copy of the Diploma
  - Certificate of [Medical Education Form](#)
    - Please register on the [state medical board](#) site to obtain this form.
      - [Accepts FCVS Applications](#)

## Rhode Island

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [FCVS Application](#) or [UA \(Uniform Application\) Submission](#)

## South Carolina

- Residency Requirements:
  - In this state, to begin your residency program, the requirements are the same as the Licensing Requirements below.
- Licensing Requirements
  - ECFMG Certification
    - Please Note: SGU does not submit ECFMG certification on your behalf.

- [Accepts UA Application](#)

## South Dakota

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - Academic and Training Verification Form
    - Please reach out to the state medical board at [SDBMOE@STATE.SD.US](mailto:SDBMOE@STATE.SD.US) to obtain this form.
    - [Accepts FCVS Applications](#)

## Tennessee

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)
    - [Accepts FCVS Applications](#)

## Texas

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - Board Certified Applicants
    - [Official Transcript](#)
    - Dean's Certification Form- Form D
      - Please complete any sections of the form that are required to be completed by the applicant. Be sure to include a photo and photo signature in the indicated section on the form. You must fill out the "Name" portion of the form before sending it to us when you submit your request through. If you do not complete the required sections or include your name, we cannot complete the form.
  - Non-Board-Certified Applicants
    - [Official Transcript](#)
    - Clinical Evaluations
      - The LCV team will provide this on your behalf.
    - Letter Confirming Curriculum Weeks
      - The LCV team will provide this on your behalf.
    - [Dean's Certification Form- Form D](#)

- Please complete any sections of the form that are required to be completed by the applicant. Be sure to include a photo and photo signature in the indicated section on the form. You must fill out the “Name” portion of the form before sending it to us when you submit your request through. If you do not complete the required sections or include your name, we cannot complete the form.
  - [Accepts UA Application](#)
  - [Accepts FCVS Applications](#)

## Utah

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [FCVS Application](#) or [UA \(Uniform Application\) Submission](#)

## Vermont

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
  - [Certificate of Medical Education](#)
- Licensing Requirements
  - [UA \(Uniform Application\) Submission](#)
    - [Accepts FCVS Applications](#)

## Virginia

- Residency Requirements:
  - [Certificate of Professional Education \(Form B\)](#)
- Licensing Requirements
  - [Official Transcript](#)
    - [Accepts FCVS Applications](#)

## Washington

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [Official Transcript](#)
    - [Accepts UA Application](#)
    - [Accepts FCVS Applications](#)



## West Virginia

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [UA \(Uniform Application\) Submission](#)
    - [Accepts FCVS Applications](#)

## Wisconsin

- Residency Requirements:
  - [Resident Educational License Certificate of Professional Education Form](#)
- Licensing Requirements
  - [Medical Education Verification Form](#)
    - [Accepts UA Application](#)
    - [Accepts FCVS Applications](#)

## Wyoming

- Residency Requirements:
  - In this state, residency programs may or may not require a variety of different documentation to begin the program. Therefore, you must reach out to your residency program before submitting a request with the Licensing and Credentialing team to ensure you are including all imperative required documentation.
- Licensing Requirements
  - [FCVS Application Submission](#)
    - [Accepts UA Application](#)

### STOP! PLEASE READ!!

Please keep in mind that the list above is solely a guideline and designed to offer basic information about the licensing process in various jurisdictions. All requirements shown are subject to change, which is why we strongly advise that you reach out to your residency program/ medical board before requesting paperwork with us to ensure you will meet all requirements.

## Board of Medicine Contact Information United States

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### Federation Credentials Verification Service (FCVS)

(817) 868-5000

[fcvs@fsmb.org](mailto:fcvs@fsmb.org)

[Website](#)

### Uniform Application (UA)

(817) 868-5194  
[ua@fsmb.org](mailto:ua@fsmb.org)  
[Website](#)

**Alabama State Board of Medical Examiners & Medical Licensure Commission**

848 Washington Ave.  
Montgomery, AL 36104  
(334) 242-4153  
[licensing@albme.org](mailto:licensing@albme.org)  
[Website](#)

**Alaska Division of Corporations, Business and Professional Licensing**

333 Willoughby Ave., 9th  
Juneau, AK 99801-1770  
907-269-8163  
[medicalboard@alaska.gov](mailto:medicalboard@alaska.gov)  
[Website](#)

**Arizona Medical Board**

1740 W. Adams St.  
Suite 4000  
Phoenix, AZ 85007  
(480) 551-2700  
[Contact Form](#)  
[Website](#)

**Arkansas State Medical Board**

1401 West Capitol Avenue Suite 340  
Little Rock, AR 72201  
(501) 296-1802  
[support@armedicalboard.org](mailto:support@armedicalboard.org)  
[Website](#)

**Medical Board of California**

2005 Evergreen Street  
Suite 1200  
Sacramento, CA 95815  
(800) 633-2322  
[mbclicensingelectronicnotifications@mbc.ca.gov](mailto:mbclicensingelectronicnotifications@mbc.ca.gov)  
[Contact Form](#)  
[Website](#)

**Colorado Medical Board**

1560 Broadway  
Suite 1350  
Denver, CO 80202  
(303) 894-7800  
[dora\\_dpo\\_licensing@state.co.us](mailto:dora_dpo_licensing@state.co.us)  
[Website](#)

**Connecticut Medical Examining Board**

410 Capitol Ave.  
MS #13PHO  
Hartford, CT 06134  
(860) 509-7648  
[Website](#)

**Delaware Board of Medical Licensure and Discipline**

861 Silver Lake Blvd  
Cannon Building - Suite 203  
Dover, DE 19904  
(302) 744-4500  
[customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov) [Website](#)

**District of Columbia Board of Medicine**

2201 Shannon Place SE  
Washington, DC 20020  
(202) 442-5955  
[doh@dc.gov](mailto:doh@dc.gov)  
[Website](#)

**Florida Board of Medicine Department of Health**

4052 Bald Cypress Way BIN #C03  
Tallahassee, FL 32399  
(850) 245-4131  
[Messaging Information](#)  
[Website](#)

**Georgia Composite Medical Board**

2 MLK Jr. Drive SE East Tower  
11th Floor  
Atlanta, GA 30334  
(404) 656-3913  
[medbd@dch.ga.gov](mailto:medbd@dch.ga.gov)  
[Website](#)

**Hawaii Medical Board**

Department of Commerce and Consumer Affairs  
335 Merchant Street  
Room 301  
Honolulu, HI 96801  
(808) 586-3000  
[pvl@dcca.hawaii.gov](mailto:pvl@dcca.hawaii.gov)  
[Website](#)

**Idaho Board of Medicine**

11341 West Chinden Blvd  
Building #4  
Boise, ID 83714  
(208) 334-3233  
[hp-licensing@dopl.idaho.gov](mailto:hp-licensing@dopl.idaho.gov)  
[Website](#)

**Illinois Division of Professional Regulation**

Medical Licensing Board  
320 West Washington Street  
3rd Floor  
Springfield, IL 62786  
(888) 473-4858  
[Website](#)

**Medical Licensing Board of Indiana**

402 West Washington Street  
Room W072  
Indianapolis, IN 46204

(317) 232-2960  
[pla3@pla.in.gov](mailto:pla3@pla.in.gov)  
[Website](#)

**Iowa Department of Licensing**

6200 Park Ave.  
Suite 100  
Des Moines, IA 50321  
(515) 281-5171  
[IBM@iowa.gov](mailto:IBM@iowa.gov)  
[Website](#)

**Kansas State Board of Healing Arts**

800 SW Jackson  
Lower Level-Suite A  
Topeka, KS 66612  
(785) 296-7413  
[KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov)  
[Website](#)

**Kentucky Board of Medical Licensure**

Hurstbourne Office Park  
310 Whittington Parkway Suite 1B  
Louisville, KY 40222  
(502) 429-7150  
[Contact Form](#)  
[Website](#)

**Louisiana State Board of Medical Examiners**

630 Camp Street  
New Orleans, LA 70130  
(504) 568-6820  
[licensing@lsbme.la.gov](mailto:licensing@lsbme.la.gov)  
[Website](#)

**Maine Board of Licensure in Medicine**

137 State House Station  
161 Capitol Street  
Augusta, ME 04333  
(207) 287-3601  
[tracy.a.morrison@maine.gov](mailto:tracy.a.morrison@maine.gov) (A-L) & [savannah.okoronkwo@maine.gov](mailto:savannah.okoronkwo@maine.gov) (M-Z)  
[Website](#)

**Maryland Board of Physicians**

4201 Patterson Ave.  
Baltimore, MD 21215  
(800) 492-6836  
[mbpmail@rcn.com](mailto:mbpmail@rcn.com)  
[Website](#)

**Massachusetts Board of Registration in Medicine**

178 Albion Street  
Suite 330  
Wakefield, MA 01880  
(781) 876-8200  
[borim.info@state.ma.us](mailto:borim.info@state.ma.us)  
[Website](#)

**Michigan Board of Medicine Bureau of Health Professions**

PO Box 30670  
Lansing, MI 48909  
(517) 241-0199  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov) [Website](#)

**Minnesota Board of Medical Practice**

335 Randolph Avenue  
Suite 140  
St. Paul, MN 55102  
(612) 617-2130  
[Medical.Board@state.mn.us](mailto:Medical.Board@state.mn.us)  
[Website](#)

**Mississippi State Board of Medical Licensure**

1867 Crane Ridge Drive  
Suite 200B  
Jackson, MS 39216  
(601) 987-3079  
[mboard@msbml.ms.gov](mailto:mboard@msbml.ms.gov)  
[Website](#)

**Missouri Board of Registration for the Healing Arts**

3605 Missouri Blvd  
PO Box 4  
Jefferson City, MO 65102  
(573) 751-0098  
[healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov)  
[Website](#)

**Montana Board of Medical Examiners**

P.O. Box 200513  
Helena, MT 59620-0513  
(406) 841-2360  
[DLIBSDHELP@MT.GOV](mailto:DLIBSDHELP@MT.GOV)  
[Website](#)

**Nebraska Board of Medicine and Surgery**

301 Centennial Mall South  
Lincoln, NE 68509  
(402) 471-2118  
[DHHS.LicensureUnit@nebraska.gov](mailto:DHHS.LicensureUnit@nebraska.gov)  
[Website](#)

**Nevada State Board of Medical Examiners**

9600 Gateway Drive  
Reno, NV 89521  
(775) 688-2559  
[nsbme@medboard.nv.gov](mailto:nsbme@medboard.nv.gov)  
[Website](#)

**New Hampshire Board of Medicine**

7 Eagle Square  
Concord, NH 03301  
(603) 271-2152  
[OPLCLicensing8@oplcnh.gov](mailto:OPLCLicensing8@oplcnh.gov)  
[Website](#)

**New Jersey State Board of Medical Examiners**

140 East Front Street  
3rd Floor  
Trenton, NJ 08608  
(609) 826-7100  
[bme@dca.lps.state.nj.us](mailto:bme@dca.lps.state.nj.us)  
[Website](#)

**New Mexico Medical Board**

2055 South Pacheco Street  
Building 400  
Santa Fe, NM 87505  
(505) 476-7220  
[nmbme@state.nm.us](mailto:nmbme@state.nm.us)  
[Website](#)

**New York State Board for Medicine (Licensure)**

89 Washington Avenue  
2nd Floor, West Wing  
Albany, NY 12234  
(518) 474-3817 Ext. 560  
[Contact Form](#)  
[Website](#)

**North Carolina Medical Board**

3127 Smoketree Court  
Raleigh, NC 27604  
(919) 326-1100  
[Contact Form](#)  
[Website](#)

**North Dakota Board of Medicine**

Ridge West Centre  
4204 Boulder Ridge Rd. Suite 260  
Bismarck, ND 58503  
(701) 450-4060  
[Contact Form](#)  
[Website](#)

**State Medical Board of Ohio**

30 East Broad Street  
3rd Floor  
Columbus, OH 43215  
(614) 466-3934  
[license@med.ohio.gov](mailto:license@med.ohio.gov)  
[Website](#)

**Oklahoma State Medical Board of Licensure and Supervision**

101 NE 51st Street  
Oklahoma City, OK 73105  
(405) 962-1400  
[licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org)  
[Website](#)

**Oregon Medical Board**

1500 SW 1st Avenue Suite 620  
Portland, OR 97201

(971) 673-2700  
[info@omb.oregon.gov](mailto:info@omb.oregon.gov)  
[Website](#)

**Pennsylvania State Board of Medicine**

P.O. Box 2649  
Harrisburg, PA 17105-2649  
1-833-DOS-BPOA  
[ST-MEDICINE@PA.GOV](mailto:ST-MEDICINE@PA.GOV)  
[Website](#)

**Rhode Island Board of Medical Licensure and Discipline Department of Health**

3 Capitol Hill  
Room 401  
Providence, RI 02908  
(401) 222-3855  
[Contact Form](#)  
[Website](#)

**South Carolina Board of Medical Examiners**

110 Centerview Drive  
Kingstree Building  
Columbia, SC 29210  
(803) 896-4300  
[Medboard@llr.sc.gov](mailto:Medboard@llr.sc.gov)  
[Website](#)

**South Dakota Board of Medical and Osteopathic Examiners**

101 North Main Avenue  
Suite 301  
Sioux Falls, SD 57104  
(605) 367-7781  
[sdbmoe@state.sd.us](mailto:sdbmoe@state.sd.us)  
[Website](#)

**Tennessee Board of Medical Examiners**

710 James Robertson Pkwy  
Nashville, TN 37243  
(615) 532-4384  
[medical.health@tn.gov](mailto:medical.health@tn.gov)  
[Website](#)

**Texas Medical Board**

PO Box 2029  
Austin, TX 78768  
(512) 305-7030  
[verifcic@tmb.state.tx.us](mailto:verifcic@tmb.state.tx.us)  
[Website](#)

**Utah Physicians and Surgeons Licensing Board**

Heber M. Wells Building  
160 East 300 South 4th Floor  
Salt Lake City, Utah 84111  
(801) 530-6628  
[bl@utah.gov](mailto:bl@utah.gov)  
[Website](#)

**Vermont Board of Medical Practice**

280 State Drive  
Waterbury, VT 05671-8320  
(802) 657-4220  
[AHS.VDHMedicalBoard@vermont.gov](mailto:AHS.VDHMedicalBoard@vermont.gov)  
[Website](#)

**Virginia Board of Medicine Perimeter Center**

9960 Mayland Drive  
Suite 300  
Henrico, VA 23233  
(804) 367-4600  
[medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov)  
[Website](#)

**Washington Medical Commission**

111 Israel Road SE  
Tumwater, WA 98501  
(360) 236-2750  
[Contact Form](#)  
[Website](#)

**West Virginia Board of Medicine**

101 Dee Drive  
Suite 103  
Charleston, WV 25301  
(304) 558-2921  
[Contact Information](#)  
[Website](#)

**Wisconsin Medical Examining Board**

DSPS  
PO Box 8366  
Madison, WI 53708  
(608) 266-2112  
[DSPS@wisconsin.gov](mailto:DSPS@wisconsin.gov)  
[Website](#)

**Wyoming Board of Medicine**

130 Hobbs Avenue  
Suite A  
Cheyenne, WY 82002  
(307) 778-7053  
[wyomedboard@wyo.gov](mailto:wyomedboard@wyo.gov)  
[Website](#)

**STOP! PLEASE READ!!**

**Please keep in mind that the list above is solely a guideline and designed to offer basic information about the licensing process in various jurisdictions. All requirements shown are subject to change, which is why we strongly advise that you reach out to your residency program/ medical board before requesting paperwork with us to ensure you will meet all requirements.**

**Any of the above state licensure required forms are also subject to change.**