



**REQUIREMENTS FOR APPROVAL  
PURSUANT TO SECTION 2111 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE  
(Postgraduate Practice in a Sponsoring California Medical School)**

*You may not engage in the practice of medicine in California until a licensing exemption has been granted by the Medical Board of California pursuant to Section 2111 of the California Business and Professions Code. A Section 2111 licensing exemption is valid only at the institution requesting the approval and its formally affiliated facilities. The Board must be notified of all changes relative to your appointment and employment status. Failure to comply fully with Section 2111 shall constitute grounds for termination of the licensing exemption.*

**Requirements and Required Documentation to Apply for a Section 2111 Licensing Exemption:**

- You must not be otherwise eligible for medical licensure in California
- All medical license(s) issued to you must be in good standing
- The application forms, Pages 2-8, must be completed in full and signed by you, your supervising physician, and the dean of the sponsoring institution
- The completed and signed application must be accompanied by:
  - A detailed Curriculum Vitae noting all of your academic and professional career achievements
  - A copy of the signed employment contract between you and the institution
  - A signed letter from the dean of the sponsoring medical school requesting your appointment pursuant to Section 2111
  - A signed letter from the department chair of the sponsoring medical school requesting your appointment pursuant to Section 2111
  - A current Letter of Good Standing directly from the appropriate licensing authority for all medical licenses that you hold
  - A copy of your medical school diploma and an official translation if the diploma is not in English
  - A copy of all medical licenses that you hold
  - Official documentation (certificate or letter from hospital) documenting a minimum of three years of postgraduate training
  - Official documentation of legal entry to the United States
  - Page Two of the “Request For Live Scan Service” fingerprint forms or two completed fingerprint cards
  - A statement from the Department Chair describing the recruitment efforts that resulted in your appointment
  - The initial application fee of \$86.00 and the fingerprint processing fee of \$49.00
  - A copy of your signed United States social security card

**Once Approval Has Been Given by the Medical Board of California:**

- You may engage in the practice of medicine strictly under the jurisdiction of the sponsoring medical school and only under the supervision of a physician and surgeon who is licensed in California.
- The appointment period will be for a maximum of three years from the date you are first permitted to participate in clinical activities at the sponsoring institution. The appointment must be renewed on an annual basis. The renewal must be requested by the sponsoring medical school on the “Request for Renewal” form and must be accompanied by the required fee of \$43.00.
- You must wear a name tag designating yourself as a “visiting fellow”.
- You and your institution may not bill for your services.
- All orders requested by you must be countersigned by a licensed physician.
- You may not hold yourself out as possessing any type of license to practice medicine in California.



# MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

**Licensing Program**  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815-5401  
Phone: (916) 263-2382  
Fax: (916) 263-2487  
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

## APPLICATION FOR GRADUATES OF INTERNATIONAL MEDICAL SCHOOLS SEEKING APPROVAL PURSUANT TO SECTION 2111 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE

Complete the entire application. All items in this application are mandatory. Failure to provide complete and accurate information will result in the application being rejected as incomplete. The information provided is used to determine the applicant's qualifications for a Section 2111 appointment under the relevant statutes. Please attach additional sheets if additional space is needed. This application may be disclosed pursuant to the provisions of the California Public Records Act. Authority to provide the Board with information requested on this application is established pursuant to Section 2000 of the Business and Professions Code. This information is mandatory and will be used to determine if the applicant meets the requirements for the requested licensing exemption. **Failure to provide the mandatory information will result in denial of the licensing exemption.** The Executive Officer of the Medical Board of California is the official responsible for records and who shall, upon request, inform an individual regarding the location of his/her records and the categories of any persons who use the information in those records. Each individual has a right to access of his/her records under the Information Practices Act. Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c) (2) (C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 1752 of the Family Code. If you fail to disclose your social security number, your application for initial approval or renewal of the licensing exemption will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

PERSONAL INFORMATION				
<i>(First)</i>	<i>(Middle)</i>	<i>(Last)</i>		
Name:				
Other names you have used:				
<i>(Street Number)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip/Postal Code)</i>	<i>(Country Code)</i>
Address:				
Citizen of What Country:		U.S. Social Security Number:		
Telephone Number:				
Work:		Home:		Date of Birth:
Sponsoring California Medical School:			Place of Birth:	
Department and Division:				
Sponsoring Medical School Supervisor:				
EDUCATION BACKGROUND				
LIST EACH MEDICAL SCHOOL THAT YOU HAVE ATTENDED				
School Name	Address	Dates of Attendance		
School of Graduation	Degree Awarded	Date of Graduation		
POSTGRADUATE TRAINING HISTORY				
Facility Name	Specialty Area	Address	Dates of Attendance	
Receipt:	Date:	Amount:	ATS #:	

### LICENSING HISTORY

List all licenses that you have ever held in any U.S. state or territory, Canadian province, or any country.

Jurisdiction	License Number	Date of Issuance	Dates of Practice

### DISCIPLINARY INFORMATION

These questions refer to discipline by any U.S. military or public health service, state board, or other governmental agency of any U.S. state, territory, Canadian province, or country. If you responded "YES" to any of these questions, please provide a detailed explanation.

1. Have you ever been denied a license to practice medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Is any denial pending against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts or malpractice by any medical licensing board, other agency, or hospital?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Have you ever had any license to practice medicine revoked, suspended, or placed on probation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Have you ever had any license to practice medicine subjected to any action including but not limited to informal or confidential discipline, consent orders, letters of warning, letters of reprimand, or citation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Have you ever had any license to practice medicine subjected to any other disciplinary action?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Have you ever surrendered a license to practice medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Is any disciplinary action pending against any of your licenses to practice medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Have you ever had staff privileges in a hospital terminated, denied, suspended, limited, revoked, or not renewed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Have you ever resigned from a medical staff in lieu of disciplinary or administrative action?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Is any disciplinary action pending against your hospital staff privileges?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Have your DEA privileges ever been denied, suspended, restricted, or terminated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. Have you ever entered into any arrangement or plea or agreement in lieu of a federal prosecution for a drug violation regulated by the DEA?	YES <input type="checkbox"/> NO <input type="checkbox"/>

### PRACTICE IMPAIRMENT OR LIMITATION

14. Have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. Have you been diagnosed with a mental disorder or impairment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice medicine safely?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Applicant Name	Date of Birth
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17. Have you been treated for or had a recurrence of a diagnosed addictive disorder?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. Do you have any other condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. Do you have any other condition which in any way impairs or limits your ability to practice medicine safely?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>CRIMINAL RECORD HISTORY</b>	
<p>1. Have you ever been convicted of, or pled nolo contendere to ANY offense in any state in the United States or foreign country?</p> <p><b>This includes a citation, infraction, misdemeanor and/or felony, etc.</b> If "YES" attach a list of each offense by arrest and conviction dates, violation, and court of jurisdiction (name and address). Matters in which you were diverted, deferred, pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4 MUST be disclosed. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you MUST disclose the conviction; you are entitled to submit evidence that you have been rehabilitated. Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. <u>This list is not all-inclusive.</u> If in doubt as to whether a conviction should be disclosed, it is better to disclose the conviction on the application.</p> <p>For each conviction disclosed, you must submit with the application certified copies of the arresting agency report, certified copies of the court documents, and a descriptive explanation of the circumstances surrounding the conviction (i.e., dates and location of incident and all circumstances surrounding the incident). This letter must accompany the application. If documents were purged by arresting agency and/or court, a letter of explanation from these agencies is required.</p> <p><b>Applicants who answer "NO" to the questions but have a previous conviction or plea may have their application denied or license exemption revoked for knowingly falsifying the application.</b></p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Is there any criminal action pending against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Are you required to register as a Sex Offender?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Applicant Name	Date of Birth
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**PHOTO AREA**  
 PASTE A 2" x 3"  
 PHOTO HERE

PHOTO MUST BE RECENT  
 (WITHIN SIX MONTHS OF  
 DATE OF APPLICATION)  
 AND MUST BE OF YOUR  
 HEAD AND SHOULDER  
 AREAS ONLY.

SCANNED, ALTERED, OR  
 POLAROID PHOTOS ARE  
 NOT ACCEPTABLE

I hereby declare under penalty of perjury under the laws of the State of California that the attached photograph was taken on or about (date) \_\_\_\_\_, my age then being \_\_\_\_\_ years; color of hair \_\_\_\_\_; color of eyes \_\_\_\_\_; height \_\_\_\_\_; weight \_\_\_\_\_; identification marks \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant:

\_\_\_\_\_  
 Date:

The applicant, \_\_\_\_\_, \_\_\_\_\_ being first duly sworn upon  
 (PLEASE PRINT FULL NAME) (DATE OF BIRTH)

his/her oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business and professional associates (past, present and future), and all government agencies (local, state, federal, or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine any medical competence, professional conduct, or physical or mental ability to safely engage in the practice of medicine. I further authorize the Medical Board of California or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

**I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO OR FAILURE TO DISCLOSE ANY CONVICTION IS A SUFFICIENT BASIS FOR DENYING OR REVOKING APPROVAL OF YOUR APPOINTMENT.**

(PLEASE PLACE YOUR INITIALS IN BOX)

**Signature of Applicant:** \_\_\_\_\_  
 (Please sign full name)

State of California  
 County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
 by \_\_\_\_\_

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal

\_\_\_\_\_  
 SIGNATURE OF NOTARY PUBLIC

## STATEMENT OF LIMITATIONS

I understand that this is an application for approval of an appointment pursuant to Section 2111 of the California Business and Professions Code and I understand that the limitations and criteria are defined in the language below.

### Visiting Fellows

2111. (a) *“Physicians who are not citizens but who meet the requirements of subdivision (b), are legally admitted to the United States and who seek postgraduate study in an approved medical school may, after receipt of an appointment from the dean of the California medical school and application to and approval by the Medical Board of California, be permitted to participate in the professional activities of the department or division in the medical school to which they are appointed. The physician shall be under the direction of the head of the department to which he or she is appointed, supervised by the staff of the medical school’s medical center, and known for these purposes as a ‘visiting fellow’ when he or she provides clinical services.*
- (b) (1) *Application for approval shall be made on a form prescribed by the Board and shall be accompanied by a fee fixed by the Board in an amount necessary to recover the actual application processing costs of the program. The application shall show that the person does not immediately qualify for a physician’s and surgeon’s certificate under this chapter and that the person has completed at least three years of postgraduate basic residency requirements. The application shall include a written statement of the recruiting procedures followed by the medical school before offering the appointment to the applicant.*
- (2) *Approval shall be granted only for appointment to one medical school, and no physician shall be granted more than one approval for the same period of time.*
- (3) *Approval may be granted for a maximum of three years and shall be renewed annually. The medical school shall submit a request for renewal on a form prescribed by the Board, which shall be accompanied by a renewal fee fixed by the Board in an amount necessary to recover the actual application processing costs of the program.*
- (c) *Except to the extent authorized by this section, the visiting fellow may not engage in the practice of medicine. Neither the visiting fellow nor the medical school may assess any charge for the medical services provided by the visiting fellow, and the visiting fellow may not receive any other compensation therefore.*
- (d) *The time spent under appointment in a medical school pursuant to this section may not be used to meet the requirements for licensure under Section 2101 or 2102.*
- (e) *The Board shall notify both the visiting fellow and the dean of the appointing medical school of any complaint made about the visiting fellow. The Board may terminate its approval of an appointment for any act that would be grounds for discipline if done by a licensee. The Board shall provide both the visiting fellow and the dean of the medical school with a written notice of termination including the basis for that termination. The visiting fellow may, within 30 days after the date of the notice of the termination, file a written appeal to the Board. The appeal shall include any documentation the visiting fellow wishes to present to the Board.*
- (f) *Nothing in this section shall preclude any United States citizen who has received his or her medical degree from a medical school located in a foreign country and recognized from participating in any program established pursuant to this section.”*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2111 STATEMENT OF LIMITATIONS  
AND DECLARATION UNDER PENALTY OF PERJURY**

I acknowledge that an application has been presented on my behalf by \_\_\_\_\_ to the Medical Board of California under Section 2111 of the California Business and Professions Code.

I understand that I must not engage in any clinical activity involving patient care, no matter how incidental, until the Medical Board of California approves my application. Once I have received notification of approval, I understand that I must be under the direction of the head of the department to which I am appointed, and supervised by the staff of the medical school's medical center who are licensed California physicians whenever I am in a patient-related situation. I also understand the 2111 regulations require my supervisor to be present when I am directly involved in patient care activities.

I understand that I may not write prescriptions, independently place orders for tests, or hold myself out to be a licensed physician in the State of California. A faculty supervisor who is licensed to practice medicine in California must write prescriptions, co-sign orders, and is responsible for completing patient charts.

I understand that I must wear a badge that identifies me as a "visiting fellow".

I understand that the University and I may not charge a fee for my services.

I understand that my participation in this training experience does not satisfy the postgraduate training requirements needed for medical licensure in California.

I declare under penalty of perjury under the laws of the State of California that the information contained herein is true and correct to the best of my knowledge, and that I have read and understand the criteria and limitations of the 2111 program and will comply with these provisions.

--

Applicant's Name (*type or print*)

Signature

Date

The visiting fellow, \_\_\_\_\_, will be directly supervised at all times in patient care activities, will not be permitted to exceed the limitations of the 2111 exemption as approved by the Board, and will be subject to this facility's disciplinary procedures.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the limitations and will comply with them.

Name of Chairman (*type or print*)

Signature

Date

Department

Date

The visiting fellow, \_\_\_\_\_, will be directly supervised at all times in patient care activities, will not be permitted to exceed the limitations of the 2111 exemption as approved by the Board, and will be subject to this facility's disciplinary procedures.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the limitations and will comply with them.

Name of Dean (*type or print*)

Signature

Date

Medical School

Department

**DESCRIPTION OF PROPOSED CLINICAL AND RESEARCH ACTIVITIES**



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The dean of the medical school and the chair of the department sponsoring this applicant to an appointment pursuant to Section 2111 of the Business and Professions Code must describe, in detail, the proposed clinical and research activities that the appointee will perform within the scope of the limitations of Section 2111, including, in addition, an approximation of the time to be spent on a) research and b) clinical activities.

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### **STATEMENT OF LOCATIONS OF CLINICAL ACTIVITIES**

The dean of the medical school and the department chair must indicate each facility where the appointee will perform clinical activities within the scope of the appointment approved by the Board pursuant to Section 2111, and indicate whether each facility has a current contract of formal affiliation with the medical school.

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature, Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Dean

\_\_\_\_\_  
Date