

Checklist I: Graduates of New York State Registered or LCME/AOA-Accredited Programs (Domestic Graduates Not Using FCVS)

Complete the forms indicated below in the appropriate column for the type of licensure or permit you seek. Submit the forms, or request that they be submitted, to the Office of the Professions at the address at the end of each form. In the space provided on the checklist below, record the date you sent or requested the form to be sent. More information on completing the forms can be found on our web site at www.op.nysed.gov/prof/med.

Checklist I	Licensure based on USMLE or NBOME or Acceptable combination*		Licensure based on a State Examination taken prior to 1/1/72**		Licensure based on endorsement of LMCC		Applying for Limited Permit		Applying for Limited Permit renewal	
	Required	Date Sent	Required	Date Sent	Required	Date Sent	Required	Date Sent	Required	Date Sent
Form 1	✓		✓		✓					
Form 2 If you transferred from one school to another, have each school you attended submit a Form 2 with an official transcript.	✓		✓		✓		✓			
Form 2PGT	✓		✓		✓		✓			
Form 3B			✓							
Form 4			✓		✓					
Form 5B							✓		✓	
Child Abuse Reporting: Certificate of Completion or Certificate of Exemption	✓		✓		✓		✓			
Acceptable Examination Combination: • FLEX • NBME • USMLE • NBOME For more information, see the Other Acceptable Examination Combination Chart on our web site at: www.op.nysed.gov/prof/medlic.htm	✓									
Verification of a current License			✓		✓					
Direct Verification of LMCC Statement of Registration:					✓					

*For more information, see the Examination Requirements section on our web site at: www.op.nysed.gov/prof/medlic.htm.

**For more information, see the Applicants Licensed in Another State section on our web site at: www.op.nysed.gov/prof/medlic.htm or contact the Medicine Unit by calling 518-474-3817 ext. 260 or by email at opunit2@nysed.gov.

Checklist II: Graduates of New York State Registered or LCME/AOA-Accredited Programs (Domestic Graduates Using FCVS)

Complete the FCVS Application and submit along with the required fee to:

Federation Credentials Verification Service
400 Fuller Wisser Road, Suite 300
Euess, TX 76039

If your credentials are already on file with FCVS, ask FCVS (1-888-ASK-FCVS) to submit your Physician Profile electronically to the Department.

Once the FCVS Physician Profile and the New York State forms indicated below have been received, your application will be evaluated by the New York State Education Department's Office of the Professions. In rare cases, information collected by FCVS may contain discrepancies or remain incomplete. If necessary, the Department will contact you for clarification or additional information.

Complete the forms indicated below in the appropriate column for the type of licensure or permit you seek. Submit the forms, or request that they be submitted, to the Office of the Professions at the address at the end of each form. In the space provided on the checklist below, record the date you sent or requested the form to be sent. More information on completing the forms can be found on our web site at www.op.nysed.gov/prof/med.

Checklist II	Licensure based on USMLE or NBOME or Acceptable combination*		Licensure based on a State Examination taken prior to 1/1/72**		Licensure based on endorsement of LMCC		Applying for Limited Permit	
	Required	Date Sent	Required	Date Sent	Required	Date Sent	Required	Date Sent
FCVS Profile	✓		✓		✓		✓	
Form 1	✓		✓		✓			
Form 3B			✓					
Form 4			✓		✓			
Form 5B							✓	
Child Abuse Reporting: Certificate of Completion or Certificate of Exemption	✓		✓		✓		✓	
Verification of a current License			✓		✓			

*For more information, see the Examination Requirements section on our web site at: www.op.nysed.gov/prof/medlic.htm.

**For more information, see the Applicants Licensed in Another State section on our web site at: www.op.nysed.gov/prof/medlic.htm or contact the Medicine Unit by calling 518-474-3817 ext. 260 or by email at opunit2@nysed.gov.

Checklist III: Graduates of Non-New York State Registered or Non LCME/AOA-Accredited Programs (International Graduates - FCVS Required)

Complete the FCVS Application and submit along with the required fee to:

Federation Credentials Verification Service
400 Fuller Wisser Road, Suite 300
Eules, TX 76039

If your credentials are already on file with FCVS, ask FCVS (1-888-ASK-FCVS) to submit your Physician Profile electronically to the Department.

Once the FCVS Physician Profile and the New York State forms indicated below have been received, your application will be evaluated by the New York State Education Department's Office of the Professions. In rare cases, information collected by FCVS may contain discrepancies or remain incomplete. If Necessary, The Department will contact you for clarification or additional information.

Complete the forms indicated below in the appropriate column for the type of licensure or permit you seek. Submit the forms, or request that they be submitted, to the Office of the Professions at the address at the end of each form. In the space provided on the checklist below, record the date you sent or requested the form to be sent. More information on completing the forms can be found on our web site at www.op.nysed.gov/prof/med.

Checklist III	Licensure based on USMLE or NBOME or Acceptable combination		Licensure based on 5 th Pathway Route		Applying for Limited Permit		Applying for Limited Permit Renewal	
	Required	Date Sent	Required	Date Sent	Required	Date Sent	Required	Date Sent
FCVS Profile	✓		✓		✓			
Form 1	✓		✓					
Form 2CC (If applicable)	✓		✓		✓			
Form 3A (If licensed in another country and practiced there within the past 5 years.)	✓				✓			
Form 5B					✓		✓	
Child Abuse Reporting: Certificate of Completion or Certificate of Exemption	✓		✓		✓			