



Medical Board of California

Application for a Section 2111 Appointment

Graduates of International Medical Schools Seeking Approval Pursuant to Section 2111 of the California Business and Professions Code

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

SPONSORING CALIFORNIA MEDICAL SCHOOL OR ACADEMIC MEDICAL CENTER INFORMATION

MBC USE ONLY

Name of Medical School or Academic Center

Institution Name

Department and Division

Dep & Div

Supervisor

Supervisor

APPLICANT INFORMATION

Legal Name

Full Last Name	First Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal Name

Other Names/Alias

Date Of Birth

DOB

SSN/ITIN

Social Security Number or
 Individual Taxpayer Identification Number

Gender Female
 Male
 Non-Binary

Gender

Telephone Numbers
(Include area code)

Primary	Cell	Work
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone

Email Address

Email

Citizen of What Country

Citizenship

Place of Birth

Birthplace

Address of Sponsoring Institution

This address will be posted on the Board's website upon issuance of a Section 2111 Appointment.

Line 1 (40 characters per line, including spaces)		Line 2 (40 characters per line, including spaces)	
<input type="text"/>		<input type="text"/>	
City	State/Province	Zip/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AOR

1. Are you a registered sex offender?

Yes No

Sex Offender

MBC USE ONLY

Cashiering

School Code

Form **2111A**

Applicant

Full Legal Name

Date of Birth

(mm/dd/yyyy)

MEDICAL EDUCATION

MBC USE ONLY

To verify your medical school meets the requirements set forth in [Business and Professions Code section 2084](#), please use the links provided below.

Applicants must have received all of their medical school education from and graduated from: A U.S. or Canadian medical school accredited by the Liaison Committee for Medical Education (LCME), the Committee on Accreditation of Canadian Medical Schools, or the Commission on Osteopathic College Accreditation (<http://lcme.org/directory/accredited-u-s-programs/>).

- OR -

An international medical school that has been evaluated by the Educational Commission for Foreign Medical Graduates (ECFMG) or a foreign medical school listed on the World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER) World Directory of Medical Schools joint directory or the World Directory of Medical Schools (<https://search.wdoms.org/>), or a foreign medical school that has been approved by the Board (http://www.mbc.ca.gov/Applicants/Medical_Schools/Schools_Recognized.aspx).

List each medical school that you have attended and the medical school of graduation.

Medical School**Dates of Attendance**

Name	Start Date (mm/dd/yyyy)
Mailing Address	End Date (mm/dd/yyyy)

Medical Education

School Code

Name	Start Date (mm/dd/yyyy)
Mailing Address	End Date (mm/dd/yyyy)

School Code

Medical School of Graduation**Title of Degree Awarded****Issue Date of Degree**

		(mm/dd/yyyy)
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Diploma

POSTGRADUATE TRAINING HISTORY

List every program (internship, residency, and fellowship) in which you have participated or are currently participating.

Facility**Specialty****Dates of Training**

Facility Name	Specialty	Start Date (mm/dd/yyyy)
City, State/Province, Country		End Date (mm/dd/yyyy)

Facility Name	Specialty	Start Date (mm/dd/yyyy)
City, State/Province, Country		End Date (mm/dd/yyyy)

Facility Name	Specialty	Start Date (mm/dd/yyyy)
City, State/Province, Country		End Date (mm/dd/yyyy)

Facility Name	Specialty	Start Date (mm/dd/yyyy)
City, State/Province, Country		End Date (mm/dd/yyyy)

Form **2111B**

Applicant

Full Legal Name

Date of Birth

(mm/dd/yyyy)

MEDICAL LICENSE HISTORY

List medical license information for all licenses ever held below.

Jurisdiction	License Number	Dates of Practice		
		(mm/dd/yyyy)	to (mm/dd/yyyy)	<input type="radio"/>
		(mm/dd/yyyy)	to (mm/dd/yyyy)	<input type="radio"/>
		(mm/dd/yyyy)	to (mm/dd/yyyy)	<input type="radio"/>

MALPRACTICE HISTORY

If you respond "yes" to any of these questions, please provide a detailed explanation

Malpractice History

2. Has a claim or an action ever been filed against you for the practice of medicine that resulted in a malpractice settlement, judgment, or arbitration? Yes No

DISCIPLINARY HISTORY

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 respond "yes" to any of these questions, please provide a detailed explanation

3. Have you ever withdrawn an application for medical licensure in lieu of denial, disciplinary action, or for any other similar reason? Yes No
4. Have you ever been denied a license to practice medicine or is any denial pending against you? Yes No
5. Have you ever had any license to practice medicine subjected to any disciplinary action or is any disciplinary action pending against any of your licenses to practice medicine? Yes No
6. Have you ever surrendered a license to practice medicine or have you ever had any license to practice medicine revoked, suspended, or placed on probation? Yes No
7. 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 No
8. Have you ever been charged with, or been found to have committed unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts by any medical licensing board or hospital? Yes No
9. Have you ever resigned from a medical staff in lieu of disciplinary or administrative action or is any disciplinary action pending against your hospital or staff privileges? Yes No
10. Have you ever had staff privileges in a hospital terminated, denied, suspended, limited, revoked, or not renewed? Yes No
11. Have you ever had any healing arts license or certificate disciplined by any state, federal, or foreign jurisdiction? Yes No

PRACTICE IMPAIRMENT OR LIMITATIONS

If you respond "yes" to any of these questions, please provide a detailed explanation

Impairment/ Limitations

12. Are you currently enrolled in, or participating in any drug, alcohol, or substance abuse recovery program or impaired practitioner program? Yes No
13. Do you currently have any condition (including, but not limited to emotional, mental, neurological or other physical, addictive, or behavioral disorder) that impairs your ability to practice medicine safely? Yes No
14. Do you currently have any other condition that impairs or limits your ability to practice medicine safely? Yes No

DECLARATION

Full Legal Name (First, Middle, Last, Suffix)

Date of Birth (mm/dd/yyyy)

Applicant Name & DOB



The applicant,

being first duly sworn upon 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, including any attachments, and evidence or other credentials submitted herewith are true and correct; and 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), or 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, alcohol and/or substance 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, in any investigation or proceeding, to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING AN APPOINTMENT.

Applicant Signature & Date



SIGN LEGAL NAME: _____ **DATE:** _____

Applicant

Full Legal Name

Date of Birth

(mm/dd/yyyy)

SECTION 2111 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE

MBC USE ONLY

Visiting Fellows

2111. (a) Physicians who are not citizens but who meet the requirements of subdivision (b) and who seek postgraduate study in an approved medical school or academic medical center may, after receipt of an appointment from the dean of the California medical school, or dean or chief medical officer of an academic medical center, and application to and approval by the board, be permitted to participate in the professional activities of the department or division in the medical school or academic medical center to which they are appointed. The physician shall be under the direction of the head of the department to which the physician is appointed, supervised by the medical center staff of the medical school or academic medical center, and known for these purposes as a "visiting fellow." The visiting fellow shall wear a visible name tag containing the title "visiting fellow" when the visiting fellow provides clinical services.

(b) (1) Application for approval shall be made on a form prescribed by the division 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 recruitment procedures followed by the medical school or academic medical center before offering the appointment to the applicant.

(2) Approval shall be granted only for appointment to one medical school or academic medical center, and a physician shall not 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 or academic medical center 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. The visiting fellow or the medical school or academic medical center shall not assess any charge for the medical services provided by the visiting fellow, and the visiting fellow shall not receive any other compensation therefor.

(d) The time spent under appointment in a medical school or academic medical center pursuant to this section shall not be used to meet the requirements for licensure.

(e) (1) The board shall notify both the visiting fellow and the dean of the appointing medical school or the dean or chief medical officer of the academic medical center of any complaint made about the visiting fellow.

(2) 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 or dean or chief medical officer of the academic medical center 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 termination, file a written appeal to the board. The appeal shall include any documentation the visiting fellow wishes to present to the board.

(f) This section shall not preclude any United States citizen who has received a medical degree from a medical school located in a foreign country and recognized by the board from participating in any program established pursuant to this section.

(g) A visiting fellow approved pursuant to this section before January 1, 2021, who participates in the professional activities of the department or division in an academic medical center shall be deemed to be appointed to that academic medical center as though the initial application had been sponsored by the academic medical center.

(h) As used in this section, "academic medical center" has the same meaning as defined in subdivision (a) of Section 2168.

(i) The permit authorized by this section may be canceled in any of the following circumstances:

- (1) Upon request by the permit holder.
- (2) Upon request by an authorized representative of the sponsoring facility or institution.
- (3) By the board after the permit has expired and is no longer eligible for renewal.

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 above.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Applicant Signature
○

Form **2111E**

Applicant

Full Legal Name

Date of Birth

(mm/dd/yyyy)

STATEMENT OF LIMITATIONS AND APPLICANT DECLARATION

MBC USE ONLY

Sponsoring Institution

Applicant Name & DOB

Sponsoring Institution

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 or academic medical center, who are licensed California physicians, whenever I am in a patient-related situation.

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," when providing clinical services.

I understand that the medical school or academic medical center 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 Appointment and will comply with these provisions

Applicant Signature & Date

APPLICANT'S SIGNATURE _____ **DATE:** _____

SPONSORING INSTITUTION DECLARATION

The department chair and the dean of the medical school, or the dean or chief medical officer of the academic medical center, sponsoring this applicant to an Appointment pursuant to Section 2111 of the Business and Professions Code must complete the following section.

Applicant Full Name

The Appointee, _____, will be supervised at all times in patient care activities by a California licensed physician who is a faculty member not classified as a clinical volunteer faculty, and who is on the medical staff of the school's medical center or the academic medical center; will not be permitted to exceed the limitations of the 2111 Appointment 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 these provisions.

Applicant Name

Chair Info

Chair Signature & Date

Dean or CMO Info

Dean or CMO Signature & Date

PRINTED NAME OF DEPARTMENT CHAIR

DEPARTMENT / DIVISION

SIGNATURE OF DEPARTMENT CHAIR

DATE

PRINTED NAME OF DEAN OR CHIEF MEDICAL OFFICER

SPONSORING INSTITUTION

SIGNATURE OF DEAN OR CHIEF MEDICAL OFFICER

DATE

Form **2111F**

Applicant

Full Legal Name

Date of Birth

(mm/dd/yyyy)

DESCRIPTION OF PROPOSED CLINICAL AND RESEARCH DUTIES

The department chair and the dean of the medical school, or the dean or chief medical officer of the academic medical center 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.

[Dotted lines for text entry]

STATEMENT OF LOCATIONS OF CLINICAL ACTIVITIES

The department chair and the dean of the medical school, or the dean or chief medical officer of the academic medical center must identify each facility where the appointee will perform clinical activities within the scope of the Appointment approved by the Board pursuant to Section 2111. NOTE: Each facility must have a formal affiliation with the medical school or academic medical center.

Facility	Address

Facilities

Chair Info

Dean or CMO Signature & Date

SIGNATURE OF DEPARTMENT CHAIR

DATE

SIGNATURE OF DEAN OR CHIEF MEDICAL OFFICER

DATE

Form **2111G**