

Supplemental Instructions for MO Temporary License Applications

READ ALL INSTRUCTIONS CAREFULLY. Do not leave any question unanswered. If a question doesn't apply to you, answer N/A, LEAVE NOTHING BLANK.

Additional instructions you **MUST** be aware of –

USE BLACK INK ONLY – OTHERWISE BOARD WILL RETURN YOUR APPLICATION

TWO SIDED APPLICATIONS WILL NOT BE ACCEPTED.

DO NOT CONTACT THE LICENSING BOARD FOR ANY REASON

The MO Board will not accept faxed documents.

DO NOT FOLD APPLICATION, SEND IN 9/12 ENVELOPE

SEND LICENSE APPLICATION, FEE & ALL SUPPORTING DOCUMENTS TO MY ATTENTION AT THE ADDRESS IN THE SIGNATURE OF MY EMAIL

B – Use your **current** home address.

D & E - List all schools prior to medical school (include community college, dental school, etc) where you earned a degree or diploma; you will need to have **'official'** transcripts from each institution listed sent directly to me **ASAP**. Board will only accept **'final'** medical school transcripts.

F WILL NOT APPLY IN MOST CASES.

I – If you have never held a US or international medical license, please enter “I have never held a US or international medical license” in spaces provided on application.

H - ONLY IF YOU HAVE HAD PREVIOUS POSTGRADUTE (RESIDENCY/FELLOWSHIP) TRAINING

K – Activities Statement – Only include start date & graduation date of medical school. You do not need to list each rotation during medical school. List all activities after graduation & be sure to account for all time until the present.

O – Leave blank, UMKC PD or GME Director must sign.

'Post Graduate Reference Letter' **ONLY** if you have been in a US Residency training program previously. This letter **MUST** be sent by your program directly to the MO licensing board.

'Hospital Affiliation' form **ONLY** if you have had individual admitting privileges in the US. *Does NOT apply to training hospitals or rotation locations.*

'Temporary License Verification' **ONLY** if you have held a professional license of any kind.

THIS OFFICE WILL NOT SEND ANY VERIFICATION FORMS INCLUDED IN THE APPLICATION. YOU ARE RESPONSIBLE FOR SENDING ALL VERIFICATION FORMS TO PROGRAMS, HOSPITALS, AND LICENSING BOARDS.

National Practitioner Data Bank Report'

Forward PDF the NPDB emails to you directly to me. I will forward to the licensing board. If report is received via USPS, mail unopened envelope directly to me. (*Not required if you graduated within the last three months.*)

FOREIGN MEDICAL GRADUATES - National Practitioner Data Bank

If you do not have a US Social Security Number, call the National Practitioner Data Bank at the number in the application instructions.

FOREIGN MEDICAL GRADUATES – Please submit originals and notarized copies of **OFFICIAL TRANSLATIONS per application instructions. Please submit originals & notarized copies **MEDICAL & PRE-MEDICAL TRANSCRIPTS** per application instructions. Please submit originals & notarized copies**

KEEP A COMPLETE COPY OF YOUR LICENSE APPLICATION FOR YOUR RECORDS!!!

