

## **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 & G WILL NOT APPLY IN MOST CASES.**

I – 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.

**J WILL NOT APPLY IN MOST CASES.**

K – If you have only taken the COMLEX, write that in

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!!!**

