

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

STATE OF NEW HAMPSHIRE

**DIVISION OF HEALTH PROFESSIONS**

**Board of Medicine**

121 South Fruit Street

Concord, N.H. 03301-2412

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SARAH T. BLODGETT  
Acting Executive Director



# **APPLICATION FOR LICENSURE**

## **INSTRUCTIONS**

# GENERAL INFORMATION

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## Board Application Process

1. **All applicants for licensure in New Hampshire are required to submit their background credentials to the Federation Credentials Verification Service (FCVS).** FCVS is a service of the Federation of State Medical Boards, a non-profit organization representing the 70 medical and osteopathic boards of the United States and its territories. FCVS was created to help simplify the licensure process for physicians (both MD's and DO's).

By eliminating the re-verification of documents that never change, physicians benefit from a shortened credentialing process when applying to another state board. Currently, 51 state medical boards accept FCVS documents in lieu of the applicant providing new original source documents. New Hampshire and 11 other state medical boards require all applicants to use FCVS for credentials verification.

FCVS requires a one-time submission of education and training documents directly to a depository maintained by FSMB. The documents verified and securely stored include:

- Identity
  - Medical Education
  - Postgraduate Training
  - Exam History (state licensing authorities only)
  - Board Action/Disciplinary History
  - ABMS Board Certification
  - ECFMG Certification (if applicable)
2. **All applicants must also complete the Uniform Application for Physician State Licensure (UA),** another service provided by FSMB. Similar to FCVS, the UA eliminates redundancy when applying to multiple participating states. After completing the UA for the first time, your application is securely stored and can be resubmitted to another board without reentering the same information. You would make updates as needed, complete state-specific addenda, and comply with state-specific instructions and requirements.

The Board requires completing the FCVS application prior to completing the UA because your FCVS profile will pre-populate approximately 70% of the UA. You will need to wait three days after completing the FCVS application before starting the UA to allow for the data to process.

3. **In addition to the FCVS and UA applications and processes, you must submit additional information directly to the Board.** The Board will use this information, along with the FCVS profile, to assess your qualifications for licensure. The Board conducts an independent background investigation. Please allow a minimum of 8 weeks for the entire licensure process to be completed. If you have malpractice or disciplinary history, it can take an additional 2 or 3 months for all pertinent documentation to be received.

The Board meets and reviews applications on the first Wednesday of each month. Only applications that are complete, including all outside verifications, will be forwarded to the Board for review. The agenda for Board consideration is closed at 12:00 pm on the day before the Board meets. Applications completed after 12:00 pm will be placed on the next month's agenda. Faxed materials are not acceptable. Licenses will be issued within 7-10 working days following the Board meeting and are mailed to the address furnished in your application. You are responsible for notifying the Board office, in writing, if your address changes in the interim.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have questions about this application process, or would like to check on the status of your Board application, please call the Board at (603) 271-6935.

## Temporary License Application Process

Since the FCVS application process is fairly lengthy, and unless you already have an FCVS profile, you may want to apply for a temporary license in New Hampshire. A temporary license, if issued, is valid for only 6 months and requires you to provide a completed application, with the exception of the FCVS application, and additional information as follows:

1. Evidence of qualifications as follows:
  - a. Proof of a full, unrestricted medical license in another state received directly from the state licensing authority; or
  - b. Certified copies of medical degree diploma, proof of 2 years of postgraduate training which meet the requirements of Med 302.01, and proof that you have passed one of the licensure examinations listed under Med 303.01;
2. Proof that you have applied to the FCVS with full intent to complete the FCVS process; and
3. The temporary license fee of \$50.00. Make check payable to TREASURER, STATE OF NEW HAMPSHIRE. **Please submit one check for the temporary license fee (\$50.00) and a separate check for the full license application fee (\$300.00).**

**\*\* Before applying for the temporary license, please contact the New Hampshire facility you are applying at to confirm that they accept the temporary license.**

### **Licensure Requirements**

Before completing the application process, please review the following requirements for licensure in New Hampshire:

- Obtained the M.D./D.O. degree or its equivalent as determined by the Board;
- Completed at least 2 years of postgraduate training in the U.S. or Canada approved by the Board, or its equivalent as determined by the Board;
- Successfully passed a national licensing examination sequence (or its acceptable hybrid combination) as approved by the Board on each examination, including:
  - National Board of Medical Examiners (NBME) Part I, II and III;
  - Pre-1985 FLEX or FLEX Component 1 and 2;
  - USMLE Step 1, 2 and 3;
  - NBOME Part I, II and III (or COMLEX);
  - Licentiate of the Medical Council of Canada (LMCC).

If you do not meet, or have questions about these requirements, please contact the Board prior to submitting your application.

### **General Instructions**

1. All documents you submit must be originals, signed on letterhead unless notarized copies are specifically authorized.
2. You will receive an acknowledgment letter once your application has been received. This letter will advise you of what information, if any, is outstanding at that time. If you do not receive an acknowledgment letter within 30 days, please contact the Board between 8:00 A.M. and 4:00 P.M. EST.
3. With the acknowledgement letter, you will receive paperwork to complete a criminal background check. **Pursuant to RSA 329:11-a, you are required to submit a notarized criminal history record release form, along with a fee, which authorizes the release of your criminal history record, if any, to the Board. This form will be provided to you with your acknowledgment letter once your application has been received by the Board.**
4. Make a check, postal or express money order (in U.S. funds only) for the application fee of **\$300.00** payable to: TREASURER, STATE OF NEW HAMPSHIRE and staple it to the upper left-hand corner of the first page of the addendum. This application fee is **non-refundable**. [NOTE: This is the Board application fee. The FCVS verification fee is an additional and separate fee paid directly to FCVS.]

**(An additional \$50.00 fee is required if requesting a temporary license. Please submit one check for the temporary license fee (\$50) and a separate check for the full license application fee (\$300).)**

5. Obtain a total of four (4) letters of reference attesting to your moral character and professional abilities. These letters must be obtained from the following: the chief of staff (ref. 1) and hospital administrator (ref. 2) in a hospital where you presently hold staff privileges (if no staff privileges are presently held, letters of recommendation shall be submitted by 2 other practicing medical doctors who hold hospital staff privileges); and two (2) additional letters of reference from practicing physicians. **Reference letters must be originals submitted on letterhead. References may be submitted by the applicant or by the physician providing the reference.**
6. Submit a notarized copy of your American Board of Medical Specialty Certificate(s), if applicable.
7. Submit your curriculum vitae.
8. Submit a notarized copy of your current Drug Enforcement Administration (DEA) certificate.

Use the checklist at the end of this document to ensure you submit everything needed. Mail the items listed to:

NEW HAMPSHIRE BOARD OF MEDICINE  
121 SOUTH FRUIT STREET  
CONCORD, NEW HAMPSHIRE 03301-2412

### **Other Information**

Your application process is not considered complete until your Board application, licensure verification(s), and FCVS Physician Information Profile are received in a manner satisfactory to the Board. The Board will not accelerate processing of one applicant at the expense of others for any reason. Once completed, your application will be reviewed at the first available Board meeting. Please allow 7-10 working days following the Board meeting for your license to be mailed to you.

**Note: Do NOT make commitments to start practicing medicine in New Hampshire until you have been issued a license.**

## **INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION**

**To work on your FCVS application for credentials verification**, log in at <https://fasttrack.fsmb.org/csla> and click on the FCVS link. If your credentials are already on file with FCVS, contact them at 888-275-3287 (outside of the U.S. 1-817-868-5000) or use the messaging tool within FCVS to designate the Board to receive your FCVS profile. You will also need to do a subsequent application to update your FCVS profile as needed. Information on FCVS fees can be found at <http://www.fsmb.org/licensure/fcvs/cost-fees>.

**To work on your Uniform Application for licensure**, log in at <https://fasttrack.fsmb.org/csla> and click on the Uniform Application link. If you do not see the UA link, contact [ua@fsmb.org](mailto:ua@fsmb.org) with your username and description of the situation. If you have a newly registered FSMB account and have just submitted your initial (first) FCVS application, please wait three days before beginning your UA to allow for data processing, otherwise your FCVS profile data will not pre-populate your UA.

### **Completing the Uniform Application**

Please read the following information carefully before completing and submitting your application. You will be asked to provide your licensure and employment history, account for all time since medical school graduation, and provide any information on medical malpractice claims. We recommend having this information on hand before working on your UA. Failure to submit all required information and documentation will result in processing delays. Carefully read and follow the instructions at the top of each page and complete the UA as instructed.

### **Personal Information Pages**

Full Name; Alternate Names; Address/Phone; Identification

- If you need to update information in a pre-populated (grayed-out) field, contact FCVS at 888-275-3287 or at [fcvs@fsmb.org](mailto:fcvs@fsmb.org) to make those changes. The changes will transfer into the UA at your next UA log in.
- FCVS transfers only the last 4 digits of your social security number (SSN) into the UA. You will need to enter all 9 digits with no hyphens on the Identification page. The Board will deny licensure if you refuse to submit your SSN. Your professional license will not display your SSN. Your SSN will not be made

available to the public. The Board is required to obtain your SSN for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your SSN is mandatory.

## Education & Certification Pages

### Medical School; Fifth Pathway; Postgraduate Training; Examination History; ECFMG

- If you need to update information in a pre-populated (grayed-out) field, contact FCVS at 888-275-3287 or at [fcvs@fsmb.org](mailto:fcvs@fsmb.org) to make those changes. The changes will transfer into the UA at your next UA log in.

## Licensure & Employment History Pages

### State or Professional Licensure

- List all other professional licenses you have held (nurse, EMT, etc.) in the U.S. or Canada, regardless of the status of that license (i.e., active, inactive, expired, suspended, or revoked) or the type of license (permanent, temporary, locum tenens, education, or training). Send Form #1 to these boards as well.
- If you are applying for a special or temporary license and hold licenses in countries outside the U.S. or Canada, please provide that information on this page. Enter the name of the country in the "Specify if Other" box.
- You must complete Form #1 in the Forms & Affidavits section or use VeriDoc for license verifications.

### Chronology of Activities

- Activities that need to be listed on this page include hospitals, teaching institutions, HMOs, private practice, corporations, military assignments, government agencies, and Locum Tenens assignments. Exclude postgraduate training (internship, residency, fellowship) previously entered. Include all periods of unemployment.
- For each Type of Activity that is a non-working activity (Health Activity, Military Service, PGT/Education, Seeking Employment, or Vacation), please describe the activity in the Practice/Employment Name field, otherwise there will be a blank area in your UA and you will be asked to correct this. For example, enter "vacation" if you selected "Vacation" as your Type of Activity.
- Check the "Staff Privileges" box for all locations where you have had admitting privileges.
- Clinical time indicates time spent with patients. Administrative indicates time spent on paperwork.

## Malpractice Liability Claims Information

- List the name and the address of the insurance company in the "Insurance carrier at time" field.
- List as much detail as possible in the "specifics" section for each professional liability judgment or settlement, including the name, age, sex of patient/claimant, the nature of the allegations in claims/suits (specify whether a suit was ever filed), names of other practitioners and hospital (if any) involved in claims/suits, name of defense attorney, and reason for settlement.

## Forms & Affidavit Section

Print the forms listed in this section and follow the instructions for each form. Each completed form must be sent to the Board, whether by you or by a third party. Do not send any forms to the FSMB. Doing so will cause a delay in your application process.

- Affidavit and Authorization for Release of Information: Securely tape or glue a recent (less than 6 months old) front view 2"x2" passport-type studio quality color photo of yourself (head and shoulders only) in the square provided. Proof photos, negatives, copies of photographs, poor quality digital photos, and photos cut from books or newspaper articles are not acceptable. This form is separate from the FCVS Affidavit. The UA Affidavit must be notarized and returned to the Board. DO NOT send this form to the FSMB. Doing so will cause a delay in your licensure process.
- Form #1: Licensure Verification Form: Most states require a fee for verification service, paid in advance. To determine if fees are required, contact the verifying board. A directory of state boards is located at <http://www.fsmb.org/policy/contacts>. After completing section 1, send this form and any required fee for the verification to the verifying board, which will complete the form and send all documentation directly to this board. You may use VeriDoc or the board's preferred method of verification in lieu of this form.

You will not need to complete forms 2, 3, and 4. FCVS will obtain this information and forward it on your behalf.

- State Addendum: Complete as instructed.

## Review & Submit

Please review all of your entries before submitting. We strongly advise that you print a copy for your records. Any formatting errors will be listed in a red-outlined box with a link to the page that needs to be corrected. You will need to make the corrections before submitting your UA.

To submit your UA, read and accept the Terms and Conditions, then click on "Submit Application" or "Continue" at the bottom of the screen. If this is your first time using the UA, you will be taken to a payment page for a one-time service fee of \$50. This is a separate fee collected by FSMB, not by state boards, and is separate from FCVS fees. A receipt is available in the Navigation Options drop down list in the upper right corner of the screen.

## Uniform Application Tips

To make changes to an already submitted application, click on the "Start New/Edit" in the yellow box at the top of the screen. If the box is not there, go to the Navigation Options drop down list in the upper right corner and select "UA Main." Reselect the board from the map, make changes if needed, and resubmit your UA.

To send your UA to another state board, click on the "Start New/Edit" in the yellow box at the top of the screen. If the box is not there, go to the Navigation Options drop down list in the upper right corner and select "UA Main." Select the new board from the map, make changes if needed, and submit your UA.

To check on the status of your UA, log in to the UA and click on "Check Submission Status" on the right side of the home page (available at the "UA Home" link above the gray navigation bar). You will be able to see the date your UA was submitted and the date your UA was retrieved by the Board.

If you need additional assistance, refer to the FAQ at <http://www.fsmb.org/licensure/uniform-application/faq>. If your issue is not addressed there, email [ua@fsmb.org](mailto:ua@fsmb.org) with your FCVS ID number, username, password, and a description of the issue, or call customer service at 800-793-7939.

## **BOARD APPLICATION CHECKLIST**

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|--|--------------------------|
| Completed FCVS application and paid all applicable fees to FSMB  | <input type="checkbox"/> |
| Completed online Uniform Application and, if applicable, paid the one-time service fee to FSMB   | <input type="checkbox"/> |
| Mailed the following items to the New Hampshire Board of Medicine:   |                          |
| - Notarized UA Affidavit and Authorization for Release of Information form   | <input type="checkbox"/> |
| - Completed state addendum   | <input type="checkbox"/> |
| - Check, postal or express money order in U.S. funds for the total application fee of \$300.00 made payable to TREASURER, STATE OF NEW HAMPSHIRE   | <input type="checkbox"/> |
| - Separate check, postal or express money order in U.S. funds for the temporary license fee of \$50.00 made payable to TREASURER, STATE OF NEW HAMPSHIRE (if applicable)   | <input type="checkbox"/> |
| - Four letters of reference (see General Instructions, #5 at the top of page 3)  | <input type="checkbox"/> |
| - Notarized copy of your American Board of Medical Specialty (ABMS) Certificate(s) (if applicable)   | <input type="checkbox"/> |
| - Curriculum vitae   | <input type="checkbox"/> |
| - Notarized copy of your current Drug Enforcement Administration (DEA) certificate   | <input type="checkbox"/> |
| Completed and mailed Licensure Verification Form and fee, if applicable, to each state board with which you have ever held any healthcare license, or used VeriDoc or the verifying board's preferred method of verification | <input type="checkbox"/> |