

# PHYSICIAN ACQUISITION FORM

Please complete this form and return to [Admin@MedicalLicensureGroup.com](mailto:Admin@MedicalLicensureGroup.com)

## Contact Information

Name (First Middle Last Suffix) \_\_\_\_\_ MD/DO \_\_\_\_\_

Maiden or Previous Names(s) \_\_\_\_\_

Date of Change \_\_\_\_\_ Reason for Change \_\_\_\_\_

Home Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Work Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Home Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Contact \_\_\_\_\_ Home Phone \_\_\_\_\_

Preferred Contact Method  Work  Cell/Home  Work Email  Home Email

Preferred Mailing Address  Work  Home

## Identifying Information

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship Status \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_ Height Ft \_\_\_\_\_ In \_\_\_\_\_ Weight \_\_\_\_\_

Race \_\_\_\_\_ Social Security Number \_\_\_\_\_

Gender  Male  Female Naturalization Date (if applicable) \_\_\_\_\_

## U.S Military Service

Yes  No

Branch \_\_\_\_\_ Rank \_\_\_\_\_

Dates of Service From \_\_\_\_\_ To \_\_\_\_\_

Discharge Status \_\_\_\_\_ Discharge Date \_\_\_\_\_

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## Education Information

Starting with high school, list in chronological order all schools, colleges, universities attended, whether completed or not.

Name	City/State	Month/Year From-To	Major/Degree

## International Graduates

ECFMG Number \_\_\_\_\_ Issue Date \_\_\_\_\_

Did you attend a fifth pathway program?      Yes      No

Did you complete clinical clerkships in a country other than your medical school location?      Yes      No

## Postgraduate Training

Please list all U.S. internship, residency and fellowship training in chronological order.

Name	City/State	Month/Year From-To	Program Type/Department

Were all programs ACGME approved?      Yes      No

## Medical Examination

Indicate which licensing examination you took. (NBME, FLEX, USMLE, SPEX, NBME, COMLEX, LMCC)

Examination	Part/Step	Date of Exam	State	Number of Attempts

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## Medical Licenses

List ALL states where you hold or have held a license to practice, regardless of the current status (including intern).

State	Type	License Number	Issue Date	Expiration Date	Status

Federal DEA Registration Number \_\_\_\_\_ Issue Date \_\_\_\_\_ State \_\_\_\_\_

## Practice History

List in chronological order all professional practice experience including private or group practice, hospital appointments, locum tenens assignments, etc. Explain any unaccounted for periods of time exceeding 30 days.

Name	City/State	Month/Year From-To	Position

## Specialty Board Certification

Specialty Board Name	Specialty/Sub-Specialty	Date Certified/Re-certified

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## Adverse Actions

Attach details for any affirmative answers.

Has a claim for malpractice ever been made against you, regardless of the outcome?  Yes  No

If yes, how many? \_\_\_\_\_

Any adverse actions taken against you by a school/university, hospital, licensing board, etc.?  Yes  No

Been arrested, charged or convicted of a violation of any local, state, or federal statute?  Yes  No

**Note: Failure to report such events could result in processing delays, fines by the board, or denial of license!**

## Useful Information

Please use the space below to provide any information that will be useful to us during the application process (e.g. - closed facilities, timeline gaps, relocation dates, etc.)

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# PHYSICIAN SERVICE AGREEMENT

OFFICE USE ONLY \_\_\_\_\_

I, \_\_\_\_\_ (the undersigned), am hiring you (Medical Licensure Group, LLC) to assist me in applying for state medical licensure, registrations, and credentials as specified below (the "Services") or as requested from time to time either verbally or in writing by myself, my employer or representatives. I agree to provide you all information and documents required for you to perform the Services, whether directly or via my employer or representatives. I affirm such information is and will be accurate and complete and such documents will be true, correct, and complete copies. I am aware of, and remain responsible for, the deadlines and eligibility requirements for each license, registration, or credential for which I am applying with your assistance. I agree to pay any fees or other charges required or imposed by the licensing boards to file or process my applications for licensure, registration, or credentials that are the subject of the Services. I acknowledge you have no authority to grant or cause to be granted any licensure, registration, or credential and, therefore, you will not be liable to me or any other person regarding the final outcome of my applications for licensure, registration, or credentials. I further acknowledge that you make no guarantee of any timelines in which any license, registration or credential will be granted. I acknowledge I have read and agree to the additional terms and conditions specified at [www.MedicalLicensureGroup.com/terms-and-conditions/](http://www.MedicalLicensureGroup.com/terms-and-conditions/).

## State Licensure Services

- Initial License or Reinstatement (\$750/ea)**  
State(s) \_\_\_\_\_
- Express Processing (\$200/ea)**  
Accelerated application preparation  
State(s) \_\_\_\_\_  
Note: State Medical Boards review applications in date order
- Completion (\$550/ea)**  
For already-submitted applications  
State(s) \_\_\_\_\_
- Interstate Medical Licensure Compact (IMLC) (\$500/1st, \$250/add'l)**  
State(s) \_\_\_\_\_  
Check eligibility at [imlcc.org](http://imlcc.org)

## Additional Services

- FCVS Profile Setup\* (\$175)**
- FCVS Profile Retrieval\* (\$75)**  
Username \_\_\_\_\_  
Password \_\_\_\_\_  
 I forgot my login
- Controlled Substance Reg (CSR) (\$125/ea)**  
AL, CT, DE, DC, HI, ID, IL, IN, IA, LA, MD, MA, MI, MO, NV, NJ, NM, OK, RI, SC, SD, UT, WY  
CSR State(s) \_\_\_\_\_
- DEA Registration (\$125/ea)**
  - Initial/New** State(s) \_\_\_\_\_
  - Modification** State(s) \_\_\_\_\_
- Credentialing (\$550/ea)**  
Number of Applications \_\_\_\_\_

\*FCVS required CA, KY, LA, MA, MD, ME, NH, OH, RI, SC, UT, WY  
FCVS required (IMG Only) NC, NY  
FCVS required (DO Only) NV

## Other Helpful Services

- License Maintenance & Renewal (\$225/ea)**  
Renewal of currently-active license  
State(s) \_\_\_\_\_
- Curriculum Vitae Preparation (\$95)**
- CSR Renewal (\$125/ea)**  
State(s) \_\_\_\_\_
- Portfolio Management (\$550)**  
Collection and storage of entire professional history
  - Portfolio Maintenance (\$225/yr)**  
Documents reviewed/updated annually
- DEA Renewal (\$125/ea)**  
State(s) \_\_\_\_\_

**By signing below, I have read and agree to the above statement and terms and conditions.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_