



**MID-ATLANTIC
PERMANENTE**
Medical Group

LICENSING INFORMATION RESOURCE MANUAL

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INFORMATION/LINKS FOR REQUIRED LICENSES

* Use link to website to be sure you have the most updated forms.

- Maryland License Board of Physicians
4201 Patterson Avenue
Baltimore, MD. 21215
Phone: 410-764-4777 or 800-492-6836
Fax: 410-358-2252

<https://www.mbp.state.md.us/licensure.aspx>

-Maryland Controlled Substance (CDS) Division of Drug Control
201 W Preston Street
Baltimore, MD 21201
Phone: 410-767-6500 or 877-463-3464

<https://health.maryland.gov/ocsa/Pages/CDS-Application.aspx>

- District of Columbia License Health Professional Licensing Administration
Department of Health
899 North Capital Street, NE
Washington, DC 20002
Phone: 202-724-4900

<https://doh.dc.gov/service/physician-licensing>

- District of Columbia Controlled Substance (CDS) Department of Health
Health Regulation and Licensing Administration
Pharmaceutical Division
899 North Capital Street, NE
Washington, D.C. 20002
Phone: 202-724-7338

<http://doh.dc.gov/service/controlled-substance-licensing>

- Virginia License Virginia Department of Health Professions
9960 Maryland Drive, Suite 300
Henrico, VA 23233-1463
Phone :(804)367-4600

<https://www.dhp.virginia.gov>

- DEA Certificate U.S. Department of Justice
Drug Enforcement Administration
Phone: 800-882-9539

<https://www.dea diversion.usdoj.gov>

(You need to obtain a DEA in each jurisdiction so you may have to register more than once.)

“FEDERAL” DEA

There is no longer a “Federal” DEA. This change was enacted in 2008 with little to no communication from the DEA. Therefore, a physician is now required to maintain a DEA in *each* jurisdiction. This means that our physicians will need a DEA in Maryland, DC, and Virginia. A CDS must be obtained in Maryland and DC before applying for a DEA. The business address used when registering designates to which state the DEA belongs.

BUSINESS ADDRESSES FOR CDS AND DEA APPLICATIONS

When completing the CDS and DEA applications, you can use the following addresses for your work location for each jurisdiction. These locations represent the administrative headquarters for each of our service areas. The MAPMG Executive Assistant at each location will ensure that any documents get forwarded to your actual work location.

Kaiser Permanente South Baltimore County Medical Center
1701 Twin Springs Road,
Halethorpe, MD 21227
P: 410-737-5000

Kaiser Permanente Capitol Hill Medical Center
700 2nd Street, NE
Washington, DC 20002
P: 202-346-3000
F: 202-346-3378

Kaiser Permanente Tysons Corner Medical Center
8008 Westpark Dr,
McLean, VA 22102
P: (703) 287-6400

AMA PROFILE

You may request your AMA profile be sent at this [link](#). It is free if you are a member and \$35 if you are not.

CHARACTER REFERENCE FORMS (DC)

DC requires a character reference form for each employer/training program in the past 5 years with a maximum of 3 as part of their application. They can be found [here](#).

CRIMINAL BACKGROUND CHECK

DC requires a criminal background check as part of their application process. Information regarding the criminal background check process may be found [here](#).

ECFMG

Foreign medical graduates needing to obtain certification verification may do so online [here](#).

EXAMINATION SCORES

FLEX/SPEX/USLME 1,2,3—You may request your scores be sent to a State Medical Board by using [this link](#).

NBME-- You can login at [this site](#) to request your scores or transcripts.

FINDING A NOTARY

Use [this website](#) to search for a local notary.

MAPMG EMPLOYMENT VERIFICATION

Brittany Briffiths is able to provide your verification of employment for your time here at MAPMG. She can be contacted at 301-816-5759 or via email at Brittany.T.Briffiths@kp.org or MAPMG-HR-Operations@kp.org . If you are listing hospitals where you have privileges, please let her know so she may add them to your verification. Turn-around time is three business days.

PASSPORT PHOTOS

You will need to obtain **two** passport photos for DC, **one** passport photo for Virginia, and **one** passport photo for Maryland.

Put your name and SSN on the back.

POST GRADUATE VERIFICATION

For internship, fellowship, residency you can often find the contact information and process by using the learning institution's website and looking for "Graduate Medical Education" or searching within your particular program.

You can use the letter entitled "Employment Verification Letter Request" in the Appendix. Simply change the information in red to fit your request.

PREVIOUS EMPLOYMENT VERIFICATION

Contact your former employer and request that they verify your employment. Virginia provides a form for this. You can also use the letter entitled "Employment Verification Letter Request" in the Appendix. Simply change the information in red to fit your request.

If you are unable to verify previous employment due to extenuating circumstances (no longer in existence, death, buy out) please use the letter entitled "Inability to Provide Employment Verification" in the Appendix. Change the information in red to fit your request.

REINSTATEMENT OF LICENSES

District of Columbia: If you let your license lapse within the past 5 years, please contact me about reinstatement. Otherwise, please apply as a new applicant.

Maryland: You may use the form found at [this link](#) for reinstatement.

Virginia: Please contact Pam Smith at pam.smith@dhp.virginia.gov or 804-367-4570 for reinstatement application.

REQUEST VERIFICATION OF OTHER STATE LICENSES

DC and Virginia require a fee and letter with specific information in order to verify your license in their jurisdiction to another Board. You can use the letter entitled "State Verification Letter Request" in the Appendix. Simply change the information in red to fit your request

As of March 2016, Maryland offers an online license verification system. During the transition from paper verifications to electronic verifications, the Board will continue to process written requests for verification until July 1, 2016. After July 1, 2016, all routine verification requests must be done via their [Online Verification Request](#) website. Online verification fees are payable online by credit card only (Visa, MasterCard or American Express)

See the "Fee and Address to Request State Verification of Licenses" in the Appendix for the appropriate fee amount and address to send your request.

Remember to include the address of the Board you would like the verification sent to.

Note: Some states use the [VeriDoc](#) system. (*DC, MD, and VA do not.*) Enter your name and birthday and if a state board participates, your license will show. You can then click and send it to the Board you applying to. Various fees are attached with this service so have a credit card ready.

TRANSCRIPTS OF UNDERGRADUATE AND MEDICAL SCHOOLS

These can often be found on your school's Registrar site. Many have forms you need to complete and fax back. If you cannot immediately find the transcript request, using the "Search" function on the site and looking for "transcript" will help lead you in the right direction.

APPENDIX

Employment Verification Letter Request

DATE

In regards to: Residency/Fellowship/Employment Verification

NAME OF SCHOOL/BUSINESS
ADDRESS

To Whom It May Concern:

Please send a verification of employment or letter of good standing for PHYSICIAN NAME for his TYPE OF REQUEST at NAME OF SCHOOL/BUSINESS from DATES OF EMPLOYMENT/SCHOOLING. The letter may mailed to the address below:

BOARD NAME
BOARD ADDRESS

Thank you for your assistance in this matter.

Sincerely,

PHYSICIAN NAME

State Verification Letter Request

DATE

In regards to: License Verification

BOARD NAME

BOARD ADDRESS

To Whom It May Concern:

Please send a verification of STATE NAME medical license for PHYSICIAN NAME, LICENSE NUMBER, SOCIAL SECURITY NUMBER to the following address:

BOARD APPLYING TO NAME

BOARD APPLYING TO ADDRESS

Thank you for your assistance in this matter.

Sincerely,

PHYSICIAN NAME

Inability to Provide Employment Verification Letter

DATE

In regards to: Inability to Provide Employment Verification

NAME OF BOARD OF MEDICINE
ADDRESS

To Whom It May Concern:

I am unable to verify my employment at COMPANY NAME because REASON (i.e. Death of owner, company no longer in existence.) Please accept this as my verification that I was employed at COMPANY NAME from DATES OF EMPLOYMENT.

Please do not hesitate to contact me with any questions.

Sincerely,

PHYSICIAN NAME

Fee and Address to Request Verification of State License

TO VERIFY MARYLAND LICENSE:

Fee: \$50

WRITTEN REQUESTS AND CHECKS WILL ONLY BE ACCEPTED UNTIL JULY 1, 2016

Letter: Use the form found [here](#).

Payable to: Board of Physicians.

Mail to:

Board of Physicians

P.O. Box 37217

Baltimore, MD 21297-3217

AS OF JULY 1, 2016, ALL ROUTINE VERIFICATION REQUESTS MUST BE COMPLETED ONLINE.

Complete online verification request found [here](#).

Fees will remain the same and can be paid online by credit card only (Visa, MasterCard or American Express)

TO VERIFY VIRGINIA LICENSE:

Fee: \$10

Letter: Licensee's full name at time of licensing, License # and SSN, Recipient Address

Payable to: Treasurer of Virginia

Mail to:

Board of Medicine

Perimeter Center

9960 Mayland Drive, Suite 300

Richmond, VA 23233-1463

TO VERIFY DC LICENSE:

Fee: \$34

Letter: Licensee's full name at time of licensing, License # and SSN, Recipient Address

Payable to: DC Treasurer

Mail to:

DC Board of Medicine

Suite 600

717 14th Street, NW

Washington, DC 20005