

LICENSE INFORMATION FOR POSTGRADUATE TRAINING PERMITS

The Postgraduate Training Permit is available to medical postgraduate students seeking postgraduate training in a medical institution or hospital located in Indiana through a postgraduate training program that is ACGME or AOA accredited, and who meet the requirements below. For non-ACGME or AOA programs please email the Board at pla3@pla.in.gov for further direction. The Postgraduate Training Permit is for all postgraduate training, including internships, transitional programs, residencies and fellowships.

A Postgraduate Training Permit is required for each postgraduate medical education or training program that the applicant is employed, assigned, or enrolled in. If training will occur at more than one facility, the applicant must submit information identifying those facilities in which training will occur. A permit is not needed for each training location. If an applicant changes programs, a new Postgraduate Training Permit must be obtained.

Foreign graduates who do not have an ECFMG certificate that are seeking postgraduate training in Indiana should apply for the Non-ECFMG Permit (formerly fellowship permit).

INFORMATION REGARDING NOTARIES

If a document is required to be notarized, the document will need to be copied by a notary, who will affix their seal or stamp on the copy, with the statement “This is a true and accurate copy of the original document.”

Notaries in Michigan, Illinois, California and New York are prohibited from including this statement. If you reside in one of these states, you will need to do the following:

- The custodian of the document will make a photocopy of the original document.
- The custodian will write “This is a true and accurate copy of the original document” on the copy in the presence of a notary.
- The custodian will then sign their name below the statement.

- The notary, having witnessed the signing, will identify the signer either through personal knowledge or satisfactory evidence, give the oath or affirmation, and then execute the notary statement.

LICENSE APPLICATION CHECKLIST	
Listed below are the minimum application and supporting materials required to obtain a postgraduate training permit. This list is not all-inclusive as additional items may be necessary based on responses provided on your application or information obtained from other entities.	
APPLICATION & FEES	
<input type="checkbox"/> Application fee \$100	The application fee is non-refundable.
<input type="checkbox"/> Application for Postgraduate Training Permit	Complete all fields, answer all questions, and ensure application has original signatures. All pages must be submitted together. The third page must be signed and notarized by the Department chair. Include all training sites and attach additional pages if necessary.
<input type="checkbox"/> Photograph	Passport quality photo taken within the past 8 weeks
MEDICAL EDUCATION DOCUMENTATION	
<input type="checkbox"/> Proof of Graduation from an Approved Medical School	Submit one of the following: <ol style="list-style-type: none"> 1) Certificate of Completion – an original letter from the Dean of your medical school stating that you have completed (not that you are expected to complete) all requirements for graduation and the date when the degree was conferred 2) Official Transcript – An official transcript of grades from the medical school, showing the degree and date degree conferred. Transcripts must come directly from the school. Graduates of foreign medical schools must submit a certified or notarized copy of an original transcript. If the original language is not in English, a certified translation must be sent directly to the Board. 3) Diploma – A notarized copy of your diploma. If the original language is not in

	English, a certified translation must be sent directly to the Board.
VERIFICATION OF HEALTH CARE RELATED LICENSE(S)	
<input type="checkbox"/> License Verification (if applicable)	License verification is required from <u>each</u> state or Canadian province in which you hold or have held a health care related license. <i>The official license verification must be sent directly from the licensing authority to the Board.</i>
OTHER ITEMS	
<input type="checkbox"/> Explanation to Application Question (if applicable)	Provide a notarized, personal statement explaining any positive response to any question on the application, and include any supporting documentation. Review the checklist below on specific documentation needed for each question.
<input type="checkbox"/> ECFMG certificate (if applicable)	If you are an international medical graduate, you must submit a notarized copy of your ECFMG certificate. If your ECFMG certificate has an expiration date, you must request a permanent validation sticker from ECFMG.
<input type="checkbox"/> Proof of Name Change (if applicable)	When the name on any document differs from your current name, a notarized or certified copy of a marriage certificate, dissolution order (divorce), or other court order must be submitted.

INFORMATION REGARDING POSITIVE RESPONSES

In addition to a notarized statement regarding your positive response, please provide the following documentation. This list is not all inclusive and additional information may be requested.

If you answered “Yes” to:	Then provide:
Question 1 – regarding disciplinary action	Certified or notarized copy of all disciplinary complaints, orders and settlements/consent decrees.
Question 2 – regarding denial or surrender of any license	Certified or notarized copy of any denial letters, notices, or orders
Question 3 – regarding conditions or impairment affecting competency to practice	Any addictionology, psychiatric, fitness-for-duty, or clinical assessments or examination reports. If presently, or previously, enrolled in a physicians health program, a statement from the PHP regarding your compliance.
Question 4 – regarding investigations	If available, a statement from the regulatory body describing the nature and status of the investigation.
Question 5 – regarding arrests/convictions	A certified or notarized copy of any relevant court documents, which includes charging informations, indictments, probable cause affidavits, police reports, plea agreements, judgment and sentencing records. For each arrest/conviction, include the offense you were charged with; the name of the court; the cause number; and, the penalty imposed.
Question 6 – regarding staff membership or privileges	A statement from the institution where your privileges or membership was disciplined describing the reasons for such discipline.
Question 7 – regarding employment issues	A statement from the institution or facility.
Question 8 – regarding malpractice actions	A copy of the malpractice settlement or judgment, along with a <u>brief</u> explanation of the case.
Question 9 – regarding DEA	A copy of your DEA surrender form, and DEA investigation report, if available.
Question 10 – regarding employment issues	A statement from the institution or facility.
Question 11 – regarding Medicaid/Medicare exclusion	A copy of the Medicaid/Medicare exclusion letter. If reinstated, a copy of the reinstatement letter.
Question 12 – regarding training	A statement from the institution or training program.

