



Temple University School of Medicine

Department of Physician & Faculty Recruitment

Pennsylvania State Medical License Application Application Guidelines & FAQ

Contact Information

Regular Mailing Address

PA State Board of Medicine
P.O. BOX 2649
Harrisburg, PA 17105

Courier Delivery Address (preferred)

PA State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110

Phone: 717-783-1400/717-787-2381

Fax: 717-787-7769

Email: st-medicine@state.pa.us

Getting Started

When should I apply?

The sooner the better. If you are committed to practicing medicine in The State of Pennsylvania begin the process immediately. Residents/Fellows should apply during the early stages of the final year of their residency or fellowship. Keep in mind the PA State Medical Boards volume of applicant's increases between April-August and could delay the approval process.

How do I apply?

Application forms are provided on the PA Department of State website www.dos.state.pa.us/med. Once you have identified the appropriate application, read the application thoroughly. If you have difficulty accessing the forms contact The Department of Physician/Faculty Recruitment for assistance.

The PA State Board does not have a web based application. Applications **cannot** be submitted electronically.

If you completed Medical School in the US or Canada use the Application for a License to Practice Medicine Without restriction for Graduates of **Accredited** Medical School (Schools in US and Canada)

If you completed Medical School outside of the US or Canada use the Application for a License to Practice Medicine Without restriction for Graduates of **Unaccredited** Medical School (Schools outside of the US and Canada)

Note: It is recommended to use the **Courier Delivery Address** (provided above) to send the application and its supportive documentation to the board so that the package (s) can be tracked through the process.

What if I do not have a Pennsylvania mailing address?

If you do not have a Pennsylvania mailing address when submitting the application please use the following: Temple University Hospital, C/O Section, Section/Dept Administrator, 3401 N. Broad Street, Philadelphia, PA 19140.

Once you have gained a mailing address a change of address form must be completed. [Address change](#) - Written requests should include the old address, new address and license number and/or social security number. The Board must be notified within 10 days of any change in address.

How long does it take to gain approval?

Each application is reviewed in order of receipt with the approval process taking from 1-3 months. The time-frame is contingent on the month the applicant applies and the individual's ability to provide the information requested in the application to the board in a timely fashion. Any discrepancies will cause a delay in the issuance of a license.

Applications, on occasion may be required to be reviewed by a special committee which meets monthly.

How much does the application cost?

The cost of the application is \$35.00. A check or money order must be included in the application and made payable to "Commonwealth of PA." The Fees are not refundable. The check or money order must be drawn on a US bank. No foreign fees can be accepted, even if marked US Funds. Your cancelled check is your payment receipt.

How do I check the status of my application?

Applicants may contact the PA State Board directly to check the status of an application. 717-783-1400. One can also visit the board's website to verify a license <http://www.licensepa.state.pa.us/>

Other Board Services

[Rules and regulations](#) - Available from Board office upon request. Remember to include your mailing address with your request.

[Name change](#) - Will be made only when a copy of an official document (marriage certificate, divorce decree or court order) is submitted with a letter of request. The fee for a duplicate license is \$5.00 (check or money order) payable to the Commonwealth of PA.

[Verification of License to Another State](#) - Submit a \$15.00 personal check or money order payable to "Commonwealth of PA" for each verification, along with a written request that includes the licensee's name, Pennsylvania license number and where the verification is to be sent.

[Application for Temporary License](#)

[Volunteer License Application](#)

[Application for Institutional License](#)

Feel free to contact the Department of Physician/Faculty Recruitment & Retention at 215-707-2236 Retention, Scott Caldie or Michael Lester for further assistance.