CO State Medical Licensure Application Instructions

1. Program Coordinators (PC) must confirm with their Program Director (PD) what type of license is required and who is responsible for the cost. Every Resident must have either an active Colorado Medical License or a Colorado Physician Training License by their start date in the program. Processing time averages 4-6 weeks for training licenses, 8-10 weeks for full Colorado medical licenses.

2. PCs must inform their Residents which license is required and refer them to the Colorado Medical Board (CMB) website https://www.colorado.gov/dora/Medical_Board.

3. Applications are completed online.
   - For training licenses refer to the Training License Checklist
   - For full Colorado medical licenses refer to the Colorado Medical License Checklist

4. Confirmation of licensure including wallet cards will be e-mailed to Residents from the Department of Regulatory Agencies: no-reply@www.colorado.gov.

5. For Residents applying for training licenses, PCs can send one signed-letter on program letter head (see template Pg.4) from the PD stating that s/he is responsible for the supervision of new Residents with training licenses. This letter will satisfy the CMB requirement for a Program Statement Form for each Resident.
   - If not using the letter template, PCs must send Donna Bame (contact info below) a roster of Resident names who are applying for a licenses as this will make it easier for the board to track the applications.

6. For Residents applying for full Colorado medical license while still residing out-of-state, the Resident must indicate Exception D on the application attesting that,

   I currently reside outside of Colorado, and claim exemption D set forth in the attached rule. I understand that before I engage in any medical practice in Colorado, I must obtain the required insurance or an acceptable equivalent. SECURITY OF PATIENT MEDICAL RECORDS – By checking this box, I attest that I have developed a written plan to ensure the security of patient medical records in compliance with C.R.S. 12-36-140.

   - Residents should check this box even though they do not develop written security plans. Security plans are developed by the affiliated teaching hospitals.
   - If the Resident is a current CU trainee (with an active training license) and applying for a full Colorado medical license, they should not claim Exemption D, but rather provide proof of malpractice coverage. PCs can locate

malpractice letters in MedHub in the Resident's demographics by selecting the *Forms/Files tab > GME Misc > Malpractice Confirmation (choose the most recent letter if there is more than one).*

7. If Residents answer yes to any of the self-screening questions their application will likely be flagged for review by the Colorado Medical Board and they may be asked for further information. For applications flagged for review, an evaluation and clearance by the Colorado Physicians Health Program (CPHP) is highly likely to be required.
    - Applicable Residents may be referred to CPHP or may self-refer for an evaluation, indicating they are an incoming CU GME Resident and need the first available appointment. GME covers the costs of the CPHP evaluation. GME does not cover the costs of CPHP referrals or treatment plans.

8. DORA may ask for the Resident applying for a full Colorado medical license to submit a request for "Disciplinary Action Report." On the Federation of State Medical Boards (FSMB) website, you can find this by "submitting a Physician Data Center (PDC) profile request."

9. PCs must confirm that the Resident has obtained a license before the start of training and enter the information into MedHub under the *Resident Demographics > Certifications tab.*

10. **For Continuing Residents with Training Licenses** – Training licenses must be renewed after the first 3 years. Resident should receive notice from CMB, however the PC is ultimately responsible for ensuring the Resident has current license. The CMB has a 60 day grace period on renewals. If the trainee does not renew within 60 days of the expiration date, the license terminates on the expiration date.

11. **For Transferring Residents with Training Licenses -** If the new program allows the Resident to have a training license, the Resident needs to apply for a new training license online as a different PD is now responsible for their supervision and training. This is considered a new training license and not a renewal.

12. **For Exiting Residents with Training Licenses** – The CMB requires notification of program completion for all exiting Residents with training licenses. The CMB has a 60 day grace period on renewals. If the trainee does not renew within 60 days of the expiration date, the license terminates on the expiration date.
    - **On-Cycle Residents:** The Program Director is responsible for sending notice to the CMB each academic year via the *Training Program Statement of Program Completion Letter* (see template Pg. 5) as indicated on the [Program Statement Form](#).

- Residents exiting "on-cycle" refers to those exiting on the standard program exit date (e.g. 6/30 for most Residencies, and 6/30, 7/7, or 7/31 for Fellowships).
  - **Off-Cycle Residents:** The GME Director of Finance and Administration sends notification to the CMB indicating whether off-cycle Residents have completed the training program.
    - Off-Cycle Residents refers to those exiting on a date other than the standard program exit date.

CMB Contact Info:

Donna Bame
Licensing Supervisor
Division of Professions & Occupations
1560 Broadway Ste 1350
Denver, CO 80202
Donna.Bame@state.co.us

Contact GME Director of Finance and Administration, Ashley Wexler-Walter, with questions on licensure.

{Date}

Colorado Division of
Registrations Office of
Licensing – Medical 1560
Broadway, Suite 1350
Denver, Colorado 80202

RE: Letter of Attestation

I certify that the applicants' names listed or attached to this letter meet the criteria set forth in C.R.S. 12-36-122(2)(a), and that the training program indicated, will accept responsibility for the applicant's medical training, while in the program.

These applicants will enter **{Program Name}**, located at **{Program Address}.** These applicants will enter the training program on **{Start Date}:**

- **{Resident Legal Name, Degree}**
- **{Resident Legal Name, Degree}**
- **{Resident Legal Name, Degree}**
- **{Resident Legal Name, Degree}**

As the Program Director, I understand that upon completion of the program, I have the responsibility to notify the Board that this applicant has completed their training in my program and will also advise the Board if the applicant is entering a subsequent training program after completion of the preliminary year(s). I further understand, and will advise the applicant, that if they are in a preliminary program attested to by my signature, that a signed attestation from the Program Director of the categorical (permanent) program must be submitted to the Board within 60 days of starting in that program, or their license will expire and they will need to reapply.

_____   _____
{Program Director Name, CO State License Number}   Date
{Residency/Fellowship} Program Director

Administrative contact for the program is **{Program Coordinator Name, Office Phone}**

Categorical (permanent) position*. This applicant will maintain this license for the duration of the program, unless such license expires through the normal renewal process or the applicant exits the program to pursue another area of training. The Program Director will advise the Board when the applicant exits the program.*

CMB Training Program Statement of Program Completion
MUST BE ON DEPARTMENT LETTERHEAD

{Date}

Colorado Department of Registrations
Office of Licensing – Medical
1560 Broadway, Suite 1350
Denver, Colorado 80202

RE: Letter of Completion

I certify that the applicants' names listed below will be graduating from the {Categorical/Preliminary} {Program Name} located at {Program Address} on {Exit Date}

- Resident First and Last Name - 1
- Resident First and Last Name – 2
- Resident First and Last Name - 3

{Program Director Name}
{Signature Block}

Administrative contact for the program is {Program Coordinator Name, email, phone number}.