

**DRAFT**

**VIRGINIA BOARD OF MEDICINE**

**CREDENTIALS COMMITTEE BUSINESS MEETING**

Friday, September 20, 2024

Department of Health Professions

Henrico, VA

**CALL TO ORDER:** Dr. Hutchens called the meeting to order at 9:03 a.m.

**MEMBERS PRESENT:** William Hutchens, MD, Chair  
Hazem Elariny, MD  
Patrick McManus, MD  
Ken McDowell, DO  
Michele Nedelka, MD  
Elliott Lucas, MD  
Kamlesh Dave, MD

**STAFF PRESENT:** William L. Harp, MD, Executive Director  
Michael Sobowale, LLM, Deputy Executive Director, Licensing  
Colanthia M. Opher, Deputy Executive Director, Administration  
Jennifer Deschenes, JD, Deputy Executive Director, Discipline  
Roslyn Nickens, Licensing Supervisor

**GUESTS PRESENT:** W. Scott Johnson, Esq. – Medical Society of Virginia

**Emergency Egress Instructions**

Dr. Harp read the emergency egress instructions.

Dr. Hutchens asked Committee members to introduce themselves.

**Roll Call**

Mr. Sobowale called the roll; a quorum was declared.

**Approval of the Agenda**

Dr. Nedelka moved approval of the agenda as presented. Dr. Dave seconded. Motion approved.

**Public Comment**

Mr. Johnson spoke in favor of the agenda item regarding licensure by endorsement for all

professions. The Medical Society of Virginia is in favor of the move by the Board to start discussion of this issue. Mr. Johnson informed members that there is proposed legislation in the Governor's office for licensing applicants by endorsement from other states. He applauded the work of the Board and Board staff for taking the initiative to present this issue for discussion.

## **New Business:**

### **1. Expiration of Applications**

Dr. Harp provided a brief overview of why this topic was being discussed. He reminded members of the work that the Committee had done after the COVID-19 pandemic to streamline the licensing process for all professions. The Board eliminated some documents and for others, copies would be accepted. The streamlining yielded the desired results in terms of decreasing application processing times. Still, a significant number of applicants in the traditional pathway do not complete their applications a year after they are submitted. This causes the Board's licensing times to be inflated when looking at the number of days from receipt of an application to issuance of a license. He suggested the Committee consider recommending a 90 – 120-day policy for an applicant to complete the application prior to its expiration. He informed members that Maryland keeps their applications open for 90 days, whereas the Board currently keeps an application open for 13 months. Members reviewed a chart showing the number of applications completed and those that expired in 2022, 2023, and 2024. After extensive discussion, Dr. Elariny moved that a recommendation be made to the full Board to adopt a policy to keep applications open for 6 months. Dr. Nedelka seconded. The motion passed unanimously.

### **2. Limited Radiologic Technologist Licensing Process**

Mr. Sobowale provided an overview of the current licensing process for limited radiologic technologists. Currently, the application is submitted after the student has completed the didactic portion of training. The Board then notifies ARRT that the individual has finished their didactics and is authorized to sit for the Radiologic Technologist- Limited examination. Additionally, the Board requires license applicants to provide evidence of having successfully performed at least 10 radiological examinations in the anatomical area for which they are seeking licensure. X-rays must be performed under the direct supervision of a licensed radiologic technologist or a Doctor of Medicine or Osteopathy. Some applicants wait months after submitting their application to let Board staff know who the clinical training supervisor will be so they can be approved to start taking x-rays. Some do not take the ARRT exam, perform their x-rays, or finish the application process. A high percentage of limited radiologic technologist applications submitted expire after 13 months. The suggestion to the Committee was to streamline this multi-step process by having the aspiring limited radiologic technologist submit an application after their didactics and required x-rays have been completed. Committee members reviewed the amended 10 radiographic procedures/ clinical training form to be completed by the license applicant and the trainer and submitted along with the license application. Members discussed whether to recommend this amendment to the process. Upon a motion by Dr. McManus, seconded

by Dr. Elariny, the Committee voted unanimously to recommend this revision of the process to the full Board.

### **3. Licensure by Endorsement Process for All Professions**

Dr. Harp introduced this topic. The Board is anticipating that licensure by endorsement will be introduced for all 20 of the Board's professions in the 2025 General Assembly. Currently, through existing regulations, a Medical Doctor, Doctor of Osteopathic Medicine, Doctor of Podiatric Medicine, and a Physician Assistant spouse of an active-duty military member can apply by endorsement. It was suggested that the Committee consider having the Board create an endorsement application pathway for the allied professions akin to the licensure by reciprocity pathway for physicians and physician assistants that Virginia enjoys with Maryland and the District of Columbia. This would only require the applicant to submit 2 documents in the licensing process - 1 state license verification and a National Practitioner Data Bank (NPDB) report. The 1 state license verification would recognize that the applicant had submitted "static documents" to the other state. "Static documents" include evidence of graduation from an educational program and passage of a national certification exam. The NPDB report would yield actions taken by other state boards. Members noted that it is possible not all states require a national certification/examination process for licensure. Various states and U.S. territories have different requirements for licensure, certification, permission, and regulatory standards, or none at all, to allow someone to practice a profession regulated by the Virginia Board. Given the limited information available to the Committee regarding a list of states that do not have a national certification requirement in their licensing process, the Board's mission to protect the public may be impacted by licensing an applicant from another state with limited documentation. The Committee decided to table further discussion until more information is available.

### **4. Re-Entry to Practice Process for Physicians and Other Professions**

Dr. Hutchens led the discussion. The Board discussed the Federation of State Medical Boards' report on "Reentry to Practice" at its February 2024 meeting and suggested that the Credentials Committee review the matter to see if any changes were warranted. Members discussed the challenges and feasibility of implementing the steps recommended in the FSMB report. Some of the recommendations would impose a huge burden on the licensee and the Board. Committee members determined that the current process the Board has in place to ensure competence and safety to practice in both the discipline and licensing tracks serves the public well. The Committee decided to take no further action.

### **5. Continuing Education Requirements for License Reinstatement**

Dr. Harp led the discussion. Currently, the Board's regulations for license renewal and reactivation of an inactive license require the licensee to attest to having obtained the required number of continuing education (CE) hours. For renewals, the CE must have been obtained in the 2 years since the license was last renewed. For reactivation, up to 4 years of CE may be required. For those applying for reinstate a license which has been expired for 2 years or more, the regulations require submission of documentation of the

required number of CE hours for up to 4 years. The decision before the Committee was whether to accept attestation of CE for reinstatement as in renewing and reactivating a license. Dr. Harp said that such a recommendation from the Committee would most likely be seen as non-controversial and decreasing the burden on licensees. This amendment could be submitted as a fast-track action by the Board. After discussion, Dr. Elariny moved that the Committee recommend to the full Board adoption of a fast-track action to allow CE for reinstatement of licensure be by attestation, excluding disciplinary reinstatements. Dr. Nedelka seconded. The Committee vote was unanimous.

**6. Announcements**

Dr. Harp reminded members to submit their travel expense reimbursement vouchers within 30 days in order to remain in compliance with State Travel Regulations.

With no additional business, the meeting adjourned 10:34 a.m.

---

William Hutchens, MD  
Chair

---

William L. Harp, MD  
Executive Director