

# Credentials Committee Meeting



**VIRGINIA BOARD OF  
MEDICINE**

**SEPTEMBER 20, 2024**

**9:00 A.M.**

**Board of Medicine  
Credentials Committee Business  
Meeting**

**Friday, September 20, 2024 @ 9:00 a.m.  
Perimeter Center  
9960 Mayland Drive, Suite 201  
Board Room 4  
Henrico, VA 23233**

**Call to Order – William Hutchens, MD, Chair**

**Emergency Egress Procedures – William Harp, MD .....1**

**Roll Call – Michael Sobowale**

**Minutes ..... 2**

**Adoption of Agenda**

**Public Comment on Agenda Items (15 minutes)**

**New Business:**

1. **Discuss Expiration of Applications ..... 3 - 4**
2. **Discuss Adjustment to the Limited Radiologic Technologist Licensing Process ..... 5 - 19**
3. **Discuss Licensure By Endorsement for All Professions..... 20 - 40**
4. **Discuss Re-entry to Practice Process for Physicians and Other Professions ..... 41 - 78**
5. **Discuss License Reinstatement Continuing Education Requirements ..... 79**
6. **Travel reimbursement reminder**
7. **Announcements**
8. **Adjournment**



## **Emergency Egress Instructions – Board Room 4**

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by security staff.

### **WE ARE IN BOARD ROOM 4**

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead to through the parking lot to the fence at the end of the lot. Wait there for further instructions.

**Credentials Committee Business Minutes**

There are currently no past minutes needing approval. The final approved minutes of the Board can be viewed on the Virginia Regulatory Town Hall at:  
<https://townhall.virginia.gov/L/meetings.cfm> .

**Agenda Item:** Expiration of Applications

**Staff Comments:** The Board's current policy is to keep an application open for 1 year plus an extra month of grace. An application can be open for 395 days. Maryland keeps its applications open for 90 days. As you know, our system requires the applicant to make sure the necessary documents get to the Board. We now have 3 pathways for physicians - traditional, endorsement, and reciprocity with Maryland and DC. 100% of the endorsement and reciprocity applicants are licensed fairly quickly. They have the incentive to work their application. We have licensed a physician by endorsement in 1 day. In contrast, a number of applicants that choose the traditional pathway may not work their application, so it languishes for months. Some may never finish their application because they decided to go to another state. It is the group that is slow to work their applications that inflate the Licensing Section's number of days from receipt of an application to the issuance of the license. Having a 90-day expiration on an application - for all professions - would incentivize applicants to timely submit the required documentation and get their license. Once an app is complete, it is usually reviewed and the license issued in 1-2 days.

**Action:** Discuss and determine if Credentials should recommend a briefer time for expiration than 395 days.

**Pending Applications Completed and Expired  
2022 - 2024 (Ending 8/31/24)**

<b>BOARD OF MEDICINE</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Total Number of Applications Received</b>	11,188	11,506	8,619
<b>Total Number Completed (License Issued) Between 91 - 120 Days</b>	1,024	689	315
<b>Total Number Completed (License Issued) over 120 Days</b>	1,866	1,297	519
<b>Total Number of Application Expired After 13 Months</b>	720	1,880	1,283

**Agenda Item:** Adjustment to the Limited Radiologic Technologist Licensing Process

**Staff Comments:** An adjustment to the Radiological Technologist-Limited licensing process would be helpful in determining the actual time from the receipt of an application to the issuance of a license. Currently, the application process begins after the individual finishes the didactic portion of their training. At that point, the Board approves their sitting for the AART Rad Tech-Limited exam. This starts the clock ticking on the Board's time to licensure. Some applicants will wait months to connect with a doctor's office/clinic/hospital to perform 10 supervised clinical radiographs in the particular body area they wish to be certified. The suggestion is to accept applications after the didactic sessions have been completed and the clinical studies have been done. The Board still must provide ARRT the go-ahead for the examination of a Rad Tech-Limited candidate. This approach would more accurately reflect the Board's performance in licensing Rad Tech-Limited's.

**Action:** Discuss whether to recommend this amendment to the process.



Virginia Department of Health Professions Board of Medicine

Board of Medicine 9960 Mayland Drive, Suite 300 Henrico, Virginia 23223-1463

Office: 804-367-4600

Radiologic Technology-Limited Clinical Training Attestation

Pursuant to Virginia Regulations : 18 VAC 85-101-60 B (3)

An applicant for licensure by examination as a radiologic technologist - limited shall successfully perform a traineeship of at least 10 radiographic procedures in the anatomical area(s) for which they are seeking licensure under the direct supervision and observation of a licensed radiologic technologist or a Doctor of Medicine or osteopathy.

The Clinical Attestation form serves as proof of completion of the required educational clinical training, as well as the required additional clinical training for licensure prior to applying to the Virginia Board of Medicine. This form must be signed by the applicant, the licensed Rad. Tech., clinical coordinator or program director of the Limited Scope Radiologic Technology program and, where applicable, by the Doctor of Medicine or osteopathy conducting the additional clinical training. The form is emailed to the Board of Medicine for review of eligibility to sit for the ARRT examination. Please note that this form replaces the former T/C (1) and T/C (2) clinical traineeship forms, which are now obsolete. Please email this form to radtech-medbd@dhp.virginia.gov .

Applicant's Name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Anatomical Areas Completed in Educational Program and Additional Clinical Training for Limited Rad. Tech Licensure

You are attesting to at least 10 radiographic procedures completed in each anatomical area by the candidate in your educational program that fulfills Virginia regulatory requirement. Please check the clinical training conducted under your direct supervision for Virginia Limited Radiologic Technology licensure in the anatomical area(s) below:

- Abdomen / Pelvis Chest Extremities Skull/ Sinuses Spine Podiatry

Name of Virginia Licensed Rad. Tech or Program Director/ Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_

Virginia Rad Tech License Number \_\_\_\_\_

Additional Clinical Training Required for Licensure

You are attesting to at least 10 radiographic procedures completed by the candidate in the selected area(s) of practice for Virginia Limited Radiologic Technology licensure. Please check the clinical training conducted under your direct supervision for Virginia Limited Radiologic Technology licensure in the anatomical area(s) below:

- Abdomen / Pelvis Chest Extremities Skull/ Sinuses Spine Podiatry

Name of Radiologic Technologist, Doctor of Medicine or Osteopathy: \_\_\_\_\_

Signature and License Number: \_\_\_\_\_ Date: \_\_\_\_\_

Board Approval

Deputy Executive Director / Licensing \_\_\_\_\_ Date: \_\_\_\_\_



Revised 9/2024

Abdomen / Pelvis Traineeship

Radiologic Technology -Limited



Virginia Department of  
**Health Professions**  
Board of Medicine

The Virginia Board of Medicine  
9960 Mayland Drive  
Suite 300  
Henrico, VA 23233-1463

Office: 804-367-4600

ABDOMEN/PELVIS - (25 Exams) FEE \$25.00

Pursuant to Virginia Regulations 18 VAC 85-101-60 B (2)(b)(1), "Until the ARRT offers an examination in the radiographic procedures of the abdomen and pelvis, the applicant may qualify for a limited license by submission of a notarized statement from a licensed radiologic technologist or doctor of medicine or osteopathy attesting to the applicant's training and competency to practice in that anatomical area."

Please submit the **Clinical Attestation Form** as evidence of completion of 10 additional radiographic procedures to fulfill 35 total procedures in abdomen/ pelvis to the Virginia Board of Medicine when applying for licensure. All Abdomen /Pelvis radiographic procedures are completed **prior** to applying for licensure and this completed form is mailed to the Board's address once the online application fee is paid and your account created at the Board. **If this is only anatomical area of practice selected on the application, passing the ARRT CORE examination module is required for licensure.**

Name of applicant: \_\_\_\_\_  
Print or Type

Signature of applicant: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_  
Print or Type

Signature of supervisor: \_\_\_\_\_

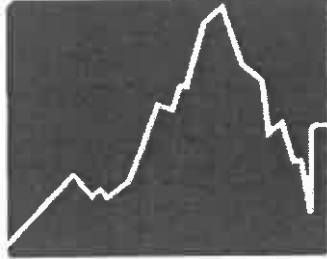
Supervisor's Virginia License Number \_\_\_\_\_

Approved by the Board of Medicine \_\_\_\_\_

Deputy Executive Director/Licensure

Date

\*Abdomen / Pelvis Traineeship fee must be included for processing with other selected anatomical areas on the application.



**Department of Health Professions  
Commonwealth of Virginia**

**Board of Medicine**  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

(804) 367-4600

Radiologic Technology-Limited Clinical Training Application

**Pursuant to Virginia Regulations 18 VAC 85-101-60 B (3)**

**An applicant for licensure by examination as a radiologic technologist – limited shall successfully perform a traineeship of at least 10 radiologic examinations in the anatomical area for which he is seeking licensure under the direct supervision and observation of a licensed rad tech or a doctor of medicine or osteopathy.**

Part (1) of this form must be signed by the applicant and the applicant's supervisor and returned to the Board of Medicine for approval. The approved application will be forwarded to the supervisor and copied to the applicant. Upon receipt, the applicant may begin training. \*Please note that this application is only good for six months from the date of approval.

*Part (1)*

Name of applicant: \_\_\_\_\_  
Print or Type

Signature of applicant: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_  
Print or Type

Signature of supervisor: \_\_\_\_\_

Supervisor's Virginia License Number \_\_\_\_\_

Approved by the Board of Medicine \_\_\_\_\_  
Deputy Executive Director/Licensure Date

Applicant's name \_\_\_\_\_  
Type or Print

Part (2) of this form must be signed by the applicant's supervisor upon completion of the required training, notarized and forwarded to the Board of Medicine. Upon receipt and review the applicant's application will be considered for licensure. This process takes approximately 3 to 5 working days. The applicant will be notified in writing.

**Part (2)**

The signature below indicates that the radiologic technologist or doctor of medicine or osteopathy attests that the above named has successfully performed at least 10 radiologic examinations in the anatomical area of \_\_\_\_\_ under his direct supervision and observation, and further attests to the applicant's competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors.

\_\_\_\_\_  
Radiologic Technologist/Doctor of Medicine/Osteopathy

\_\_\_\_\_  
Date

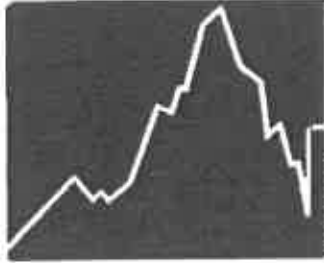
Notary Seal

City/County of \_\_\_\_\_ State of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public



**Department of Health Professions  
Commonwealth of Virginia**

Board of Medicine  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

(804) 367-4600

Radiologic Technologist-Limited Training Application

**FOR ABDOMEN/PELVIS – (25 Exams)**  
**FEE \$25.00**

Pursuant to Virginia Regulations 18 VAC 85-101-60 B (2)(b)(1), "Until the ARRT offers an examination in the radiographic procedures of the abdomen and pelvis, the applicant may qualify for a limited license by submission of a notarized statement from a licensed radiologic technologist or doctor of medicine or osteopathy attesting to the applicant's training and competency to practice in that anatomical area."

Part (1) of this form must be signed by the applicant and the applicant's supervisor and returned to the Board of Medicine for approval. The approved application will be forwarded to the supervisor and copied to the applicant. Upon receipt, the applicant may begin training. \*Please note that this application is only good for six months from the date of approval.

*Part (1)*

Name of applicant: \_\_\_\_\_  
Print or Type

Signature of applicant: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_  
Print or Type

Signature of supervisor: \_\_\_\_\_

Supervisor's Virginia License Number \_\_\_\_\_

Approved by the Board of Medicine \_\_\_\_\_  
Deputy Executive Director/Licensure Date

Applicant's name \_\_\_\_\_  
Type or Print

Part (2) of this form must be signed by the applicant's supervisor upon completion of the required training, notarized and forwarded to the Board of Medicine. Upon receipt and review the applicant's application will be considered for licensure. This process takes approximately 3 to 5 working days. The applicant will be notified in writing.

Part (2)

**ABDOMEN/PELVIS**

The signature below indicates that the radiologic technologist or doctor of medicine or osteopathy attests that the above named has successfully performed at least 25 radiologic examinations of the abdomen and/or pelvis under his direct supervision and observation, and further attests to the applicant's competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors.

\_\_\_\_\_  
Radiologic Technologist/Doctor of Medicine/Osteopathy

\_\_\_\_\_  
Date

Notary Seal

City/County of \_\_\_\_\_ State of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Rev 8/21

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE AS A LIMITED RADIOLOGIC  
TECHNOLOGIST IN VIRGINIA**

This is not the application for a full Radiologic Technologist or Radiologist Assistant license.  
*(This form has been designed to be used as a checklist when preparing to submit your application.)*  
**APPLICATION FEES ARE NONREFUNDABLE**

**BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!**

**DO NOT BEGIN PRACTICING BEFORE YOU ARE ISSUED A LICENSE.**

This is the application for a license to practice as a LIMITED Radiologic Technologist.

You should familiarize yourself with the qualifications required for a license by reviewing the laws and regulations governing the practice of radiologic technology in Virginia. They can be found at:  
[http://www.dhp.virginia.gov/medicine/medicine\\_laws\\_regs.htm](http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm)

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board.

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 10 business days for your application checklist to be first updated on the Board's website.

Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at [radtech-medbd@dhp.virginia.gov](mailto:radtech-medbd@dhp.virginia.gov), with "Limited Radiologic Technologist Application Question" in the subject line. E-mails will be answered within 2 business days.

Your application checklist may be viewed by logging into your application and clicking on the "View Checklist" link located in the Pending Licenses section. This link will not be visible for applicants who have not yet paid the application fee. If you have submitted your application and required fee online, but no longer see your checklist in the Pending Licensing section, your license may have been issued by the Board. Before calling the Board, please visit <https://dhp.virginiainteractive.org/Lookup/Index> to view your newly issued license. This website is primary source license verification that meets the Joint Commission's requirements for license verification. If you need technical assistance with your checklist contact the agency's helpdesk at 804-367-4444. The helpdesk cannot provide assistance regarding information about your documents.

The Board of Medicine discourages the use of the United States Postal Service to send documents. If possible, and if noted below, you are encouraged to have your documents sent by pdf attachment, FAX, FED EX or UPS. The Board is unable to trace documents not delivered by the post office.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

**PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING  
PRINCIPLES REGARDING THE BOARD'S PROCESSES.**

**INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR LICENSURE AS A  
LIMITED RADIOLOGIC TECHNOLOGIST**

*(This form has been designed for use as a checklist for submitting required documentation.)*

- 1 **Complete the online application** <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of \$90.00. Application fees may only be paid using Visa, MasterCard or Discover.
- 2 **Educational requirements:** (A) Submit evidence of successful completion of a program that is directed by a radiologic technologist with a bachelor's degree and current ARRT certification, has instructors who are licensed radiologic technologists, and has a minimum of the following coursework: **a.** Image Production/Equipment Operation 25 clock hours; **b.** Radiation Protection - 15 clock hours; and **c.** Radiographic procedures in the anatomical area of the radiologic technologist-limited's practice - 10 clock hours, **OR** for chiropractic (B) submit evidence of an ACRRT approved program, **OR** for bone density (C) submit evidence of ISCD certification for bone densitometry, **OR** for podiatry, submit a copy of the certificate / diploma from the Virginia Podiatric Medical Association. This evidence **may not** be faxed.
- 3 **Form T/C (1) Training application:** **This form is required** for all anatomical areas with the exception of bone density. This form must be signed by the licensed radiologic technologist, doctor of medicine, osteopathic medicine or doctor of podiatric medicine who will supervise your training, and returned directly to the board office for approval. A copy of the approved form T/C (1) will be mailed to the applicant so that training may begin. Upon completion of training, form T/C(2) must be signed by the licensed radiologic technologist, doctor of medicine, osteopathic medicine or doctor of podiatric, notarized and returned directly to the board office. There is no fee required for this training. Form T/C (1) **may** be faxed or emailed. Form T/C (2) **may not** be faxed or emailed. **\*Do not begin training prior to Board approval.**
- 4 **Form T/E(1) Traineeship application (optional):** If you have submitted an application for a license and would like authorization to work as a trainee while awaiting results of the ARRT Limited Scope Exam, ISCD certification or completion of abdomen training, you may complete and submit Form T/E. The fee for this traineeship is \$25.00. Mail a check made payable to the "Treasurer of Virginia" to the Virginia Board of Medicine. This form **may not** be faxed or emailed and must be received with the application fee. A traineeship application is not valid without a licensure application and fee on file with the Board of Medicine.
- 5 The American Registry of Radiologic Technologist  
1255 Northland Drive  
Mendota Heights, MN 55120-1155,  
(651)687-0048  
[www.arrt.org](http://www.arrt.org)  
**Do Not Send Fees to the ARRT Without Your Board Eligibility Letter**

**Examinations Required**

**ARRT examination:** Upon receipt of your eligibility letter from the Virginia Board of Medicine, **send the examination fee and letter to the ARRT office.** Candidates will receive correspondence from the ARRT regarding the scheduling of the examination. Examination fees sent to the ARRT without an eligibility letter will be returned to the candidate. Contact the Board for any questions regarding eligibility for the ARRT examination.

**If you need to take any of the examinations listed below, please submit an application, required forms and training fees directly to the Virginia Board of Medicine.** Indicate on the licensure application the specific anatomical area(s) you wish to practice. The areas listed below require examinations.

If you took the ARRT Limited Scope CORE module examination(s) previously for another state and passed, request scores directly from that approving jurisdiction. Re-examination may not be required. You will however, be required to complete clinical training for specific anatomical areas with a licensed Radiologic Technologist or doctor of medicine of osteopathy.

#### **Chest/thorax and/or Extremities and/or Skull/Sinuses and/or Spine**

- a) Submit evidence of completion of 50-hour educational Limited Radiologic Technology program requirements and the associated clinical training forms for the anatomical areas selected on the application to the Virginia Board of Medicine.
- b) Refer to the eligibility letter you will receive from the Board of Medicine, upon approval of education to sit for the ARRT examination and to train in the requested anatomical area(s).
- c) Submit Clinical Form T/C-1 for approval via email to radtech-medbd@dhp.virginia.gov to add to your file.
- d) Submit the notarized Clinical Form T/C-2 after completing the clinical training.

#### **Podiatry**

##### **Option 1** ARRT EXAMINATION:

- a) Submit evidence of completion of education requirements to include core and podiatry to the Virginia Board of Medicine.
- b) Refer to the eligibility letter you will receive from the Board of Medicine upon approval to sit for the ARRT examination and to train in the requested anatomical area(s).
- c) Submit clinical form T/C-1 for approval via email to radtech-medbd@dhp.virginia.gov to add to your file.
- d) Submit clinical form T/C-2 after completing the clinical training.

##### **Option 2**

If you have completed the program/examination offered by the Virginia Podiatric Medical Association (VPMA):

- a) Submit a copy of the VPMA certificate / diploma to the Virginia Board of Medicine.

#### **Chiropractic**

If you have completed the ACRRT (American Chiropractic Registry of Radiologic Technologists) examination:

- a) Submit a copy of the certificate/diploma to the Virginia Board of Medicine.

#### **Bone Density**

##### **Option 1** - ARRT EXAMINATION

If you wish to take the test through ARRT:

- a) Submit the education requirements to include Core and bone density to the Virginia Board of Medicine.
- b) Refer to the eligibility letter you will receive from the Board to sit for the ARRT CORE module examination and to train in bone density.

##### **Option 2** - ISCD (International Society for the Clinical Densitometry) Examination

If you have completed the ISCD (International Society for the Clinical Densitometry) examination:

- a) Submit a copy of the ISCD certificate / diploma to the Virginia Board of Medicine.

#### **ARRT Examinations are Computer Based**

To take any of the above examinations, please submit an application and forms directly to the Virginia Board of Medicine. Upon approval of your application to sit for the ARRT CORE module examination, approval will be forwarded to the ARRT office through the ARRT website. You will be notified, in writing, by the ARRT verifying the 3 month window or time period to schedule the examination. Generally, scores are reported directly to the Virginia Board of Medicine within 2-3 weeks after the examination. You will receive written notification of the results of your examination from the Virginia Board of Medicine. Results will not be released over the telephone.

#### **Abdomen/Pelvis**

The ARRT Limited Scope CORE Module Examination is required for licensure as a radiologic technologist-limited in the anatomical area of abdomen/pelvis. Because there is no ARRT Limited Scope Anatomical Specific Examination in the area of abdomen/pelvis, additional training totaling 35 radiographic procedures are required for licensure in abdomen/pelvis.

Use training forms T/A (1) and T/C (1) to submit evidence of completion of training to include Core and abdomen/pelvis to the Virginia Board of Medicine.



Submit training form T/A-1 and \$25 (payable to the Treasurer of Virginia) for approval. Form T/A (1) must be signed by the licensed radiologic technologist or doctor of medicine or osteopathic medicine conducting the clinical training, as well as by the applicant for licensure, and submitted (mailed) to the Board for approval. A copy of the approved form will be mailed to the applicant so that training may begin. Upon completion of training, form T/A(2) must be submitted to the Board, signed by the supervisor attesting to the successful completion of, at least, 35 radiologic examinations of the abdomen and /or pelvis under their direct supervision and observation and to further attest to competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors.

Submit training Form T/A-2 after completing the training (25 exams). This form **may not** be faxed. Any T/A (2) and T/C (2) forms received prior to approval to train will not be processed.

**Items 6-8 are not required if you have never practiced your profession and you have never held licensure in another jurisdiction.**

- 6 **Employment Activity** – All applicants must list all activities from the date of graduation from your professional school including but not limited to internships, employment, affiliations, periods of non-activity or unemployment, observerships and volunteer service in the “Employment Activity” section of the application beginning with your first activity following professional school graduation. If you are employed by a group practice or locum tenens/traveler company, please list all locations where you have provided service or held privileges.

**For applicants practicing as travelers, provide a complete list of all locations and dates where you have provided service.**

- 7 **License Verification**– Verification of radiologic technologist licenses from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a license/certificate or registration must be received by the Board. **Please contact the applicable jurisdiction where you have been issued a licenseto inquire about having verification forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by fax to (804) 527-4426, email to radtech-medbd@dhp.virginia.gov, or mailed.
- 8 **NPDB Self Query** – **Complete the online Place a Self-Query Order form.** Be ready to provide:
- o Identifying information such as name, date of birth, Social Security number
  - o State health care license information (if you are licensed)
  - o Credit or debit card information for the \$4.00 fee (charged for each copy you request)

**Verify your identity.** This can be done electronically as part of your order or by completing a paper form and having it notarized. You will receive full instructions as you complete your order.

**Wait for your response.** Once your identity is verified, the NPDB will process your order. A paper copy of your response will be sent the next business day by regular U.S. mail.

The Board does not accept emailed copies of the NPDB report. When you receive your report in the mail from NPDB **DO NOT OPEN IT. Place your unopened NPDB report in an oversized envelope and forward it to the Virginia Board of Medicine. The Board recommends using Fed EX or UPS for tracking purposes. The Board of Medicine is unable to track any mail or other package that is sent via the United States Postal Service.**

**Any NPDB report received for an application not completed within 6 months of receipt of the NPDB report will have to be resubmitted.**

**Please note:**

- ▶ Applications not completed within 12 months may be purged without notice from the board. Applications not completed within one year are considered inactive. Applicants who would like to continue the process after one year will be required to submit a new application and fee.
- ▶ Virginia is a direct verification state. All supporting documents must come from the original source unless specifically noted in the instructions.
- ▶ Additional information not already listed may be requested at any time during the process.
- ▶ Application fees are non-refundable.

► The Board's mailing address is:

**The Virginia Board of Medicine  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233**

► Email inquiries are normally responded to within 2 business days. Send your email inquiries to **radtech-medbd@DHP.Virginia.gov**.

► Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

\*If you are granted a Virginia license please be advised that continued learning is required after the first renewal cycle following initial licensure. Requirements can be found on the Board's website.

\*Contact Email: **radtech-medbd@dhp.virginia.gov**

\*Website: **www.dhp.virginia.gov**

## **Part IV. Licensure Requirements - Radiologic Technologist-Limited.**

### **18VAC85-101-55. Educational requirements for radiologic technologists-limited.**

A. An applicant for licensure as a radiologic technologist-limited shall be trained by one of the following:

1. Successful completion of educational coursework that is directed by a radiologic technologist with a bachelor's degree and current ARRT certification, has instructors who are licensed radiologic technologists or doctors of medicine or osteopathic medicine who are board-certified in radiology, and has a minimum of the following coursework:

a. Image production/equipment operation —25 clock hours;

b. Radiation protection —15 clock hours; and c. Radiographic procedures in the anatomical area of the radiologic technologist-limited's practice —10 clock hours taught by a radiologic technologist with current ARRT certification or a licensed doctor of medicine, osteopathy, podiatry or chiropractic;

2. An ACRRT-approved program;

3. The ISCD certification course for bone densitometry; or

4. Any other program acceptable to the board.

B. A radiologic technologist-limited who has been trained through the ACRRT-approved program or the ISCD certification course and who also wishes to be authorized to perform x-rays in other anatomical areas shall meet the requirements of subdivision A 1 of this section.

### **18VAC85-101-60. Licensure requirements.**

A. An applicant for licensure by examination as a radiologic technologist-limited shall submit:

1. The required application and fee as prescribed by the board;

2. Evidence of successful completion of an examination as required in this section; and

3. Evidence of completion of training as required in 18VAC85-101-55.

B. To qualify for limited licensure to practice under the direction of a doctor of medicine or osteopathic medicine with the exception of practice in bone densitometry, the applicant shall:

1. Provide evidence that he has received a passing score as determined by the board on the core section of the ARRT examination for Limited Scope of Practice in Radiography;

2. Meet one of the following requirements:

a. Provide evidence that he has received a passing score as determined by the board on the section of the ARRT examination on specific radiographic procedures, depending on the anatomical areas in which the applicant intends to practice; or

b. Until the ARRT offers an examination for limited licensure in the radiographic procedures of the abdomen and pelvis, the applicant may qualify for a limited license by submission of a notarized statement from a licensed radiologic technologist or doctor of medicine or osteopathy attesting to the applicant's training and competency to practice in that anatomical area as follows:

(1) To perform radiographic procedures on the abdomen or pelvis, the applicant shall have successfully performed during the traineeship at least 25 radiologic examinations on patients of the abdomen or pelvis

under the direct supervision and observation of a licensed radiologic technologist or a doctor of medicine or osteopathy. The notarized statement shall further attest to the applicant's competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors.

(2) When a section is added to the limited license examination by the ARRT that includes the abdomen and pelvis, the applicant shall provide evidence that he has received a passing score on that portion of the examination as determined by the board; and

3. Provide evidence of having successfully performed in a traineeship at least 10 radiologic examinations on patients in the anatomical area for which he is seeking licensure under the direct supervision and observation of a licensed radiologic technologist or a doctor of medicine or osteopathy. A notarized statement from the supervising practitioner shall attest to the applicant's competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors.

C. To qualify for limited licensure to practice in bone densitometry under the direction of a doctor of medicine, osteopathy, or chiropractic, the applicant shall either:

1. Provide evidence that he has received a passing score as determined by the board on the core section of the ARRT examination for Limited Scope of Practice in Radiography; and

a. The applicant shall provide a notarized statement from a licensed radiologic technologist or doctor of medicine, osteopathy, or chiropractic attesting to the applicant's training and competency to practice in that anatomical area. The applicant shall have successfully performed at least 10 examinations on patients for bone density under the direct supervision and observation of a licensed radiologic technologist or a doctor of medicine or osteopathy; or

b. When a section is added to the limited license examination by the ARRT that includes bone densitometry, the applicant shall provide evidence that he has received a passing score on that portion of the examination as determined by the board; or

2. Provide evidence that he has taken and passed an examination resulting in certification in bone densitometry from the ISCD or any other substantially equivalent credential acceptable to the board.

D. To qualify for a limited license in the anatomical areas of the spine or extremities or in bone densitometry to practice under the direction of a doctor of chiropractic, the applicant shall provide evidence that he has met the appropriate requirements of subsection B, taken and passed the appropriate requirements of subsection C for bone densitometry only, or taken and passed an examination by the ACRRT.

E. To qualify for a limited license in the anatomical area of the foot and ankle to practice under the direction of a doctor of podiatry, the applicant shall provide evidence that he has taken and passed an examination acceptable to the board.

F. An applicant who fails the examination shall be allowed two more attempts to pass the examination after which he shall reapply and take additional educational hours which meet the criteria of 18VAC85-101-70.

**Agenda Item:** Licensure by Endorsement for All Professions

**Staff Comments:** Licensure by endorsement for all 20 of the Board's professions may be a topic in the 2025 General Assembly. Most applications are "traditional" now, requiring primary source documents of graduation from an appropriate educational program, a passing exam score, verification from 1 state if licensed other states, and a NPDB report. This is the "traditional" path for just about every allied profession at the Board. It may be possible to model endorsement for the allied professions after reciprocity for physicians and PA's with Maryland and DC. This would mean that Virginia would accept a state verification as evidence of the "static" credentials - education & examination - and require a NPDB as a check on discipline. That would only require the applicant to submit 2 documents - 1 state verification and a NPDB report. This would further expedite the licensing process for the allied professions.

**Action:** Discuss if endorsement is feasible for all professions and vote to keep the current process in place or recommend the endorsement process outlined above.

Code of Virginia

Title 54.1. Professions and Occupations

Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health Professions

Chapter 29. Medicine and Other Healing Arts

Article 2. Board of Medicine

## § 54.1-2927. Applicants from other states without reciprocity; temporary licenses or certificates for certain practitioners of the healing arts

A. The Board, in its discretion, may issue certificates or licenses to applicants upon endorsement by boards or other appropriate authorities of other states or territories or the District of Columbia with which reciprocal relations have not been established if the credentials of such applicants are satisfactory and the examinations and passing grades required by such other boards are fully equal to those required by the Virginia Board.

The Board may issue certificates or licenses to applicants holding certificates from the national boards of their respective branches of the healing arts if their credentials, schools of graduation and national board examinations and results are acceptable to the Board. The Board shall promulgate regulations in order to carry out the provisions of this section.

The Board of Medicine shall prioritize applicants for licensure as a doctor of medicine or osteopathic medicine, a physician assistant, or an advanced practice registered nurse from such states that are contiguous with the Commonwealth in processing their applications for licensure by endorsement through a streamlined process, with a final determination regarding qualification to be made within 20 days of the receipt of a completed application.

B. The Board may issue authorization to practice valid for a period not to exceed three months to a practitioner of the healing arts licensed or certified and in good standing with the applicable regulatory agency in the state, District of Columbia, or Canada where the practitioner resides when the practitioner is in Virginia temporarily to practice the healing arts (i) in a summer camp or in conjunction with patients who are participating in recreational activities, (ii) in continuing education programs, or (iii) by rendering at any site any health care services within the limits of his license or certificate, voluntarily and without compensation, to any patient of any clinic that is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106. A fee not to exceed \$25 may be charged by the Board for the issuance of authorization to practice pursuant to the provisions of this subsection.

Code 1950, §§ 54-276.5, 54-310; 1954, c. 626; 1958, c. 161; 1960, cc. 333, 334; 1970, c. 69; 1972, c. 15; 1973, c. 529; 1975, c. 508; 1981, c. 300; 1985, c. 303; 1988, c. 765; 1992, c. 414; 1993, c. 784; 2016, c. 494; 2020, cc. 236, 368; 2023, c. 183.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

**Board of Medicine**

**Credentials Committee Approved Recommendations of Verification of Traditional Licensure Requirements**

Full Board - 10/14/2021	<b>Primary Source Verified Documents</b>	<b>Copies Accepted</b>	<b>No Longer Necessary</b>
<b>MD</b>	<ul style="list-style-type: none"> <li>✓ School Transcripts</li> <li>✓ National Board Examination Scores</li> <li>✓ Evidence of completion of postgraduate training</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification</li> </ul>	<p>Other state license verifications, if submitted</p> <p>If postgraduate training completed for at least 5 years prior to submitting an application</p> <p>Digitally-certified electronic copy of NPDB report, in lieu of a mailed report</p>	<p>“Form B” employment verification</p>
<b>DO</b>	<ul style="list-style-type: none"> <li>✓ School Transcripts</li> <li>✓ National Board Examination Scores</li> <li>✓ Evidence of completion of postgraduate training</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification</li> </ul>	<p>Other state license verifications, if submitted</p> <p>If postgraduate training completed for at least 5 years prior to submitting an application</p> <p>Digitally-certified electronic copy of NPDB report, in lieu of a mailed report</p>	<p>“Form B” employment verification</p>
<b>DPM</b>	<ul style="list-style-type: none"> <li>✓ School Transcripts</li> <li>✓ National Board Examination Scores</li> <li>✓ Evidence of completion of postgraduate training</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification</li> </ul>	<p>Other state license verifications, if submitted</p> <p>If postgraduate training completed for at least 5 years prior to submitting an application</p> <p>Digitally-certified electronic copy of NPDB report, in lieu of a mailed report</p>	<p>“Form B” employment verification</p>
<b>PA</b>	<ul style="list-style-type: none"> <li>✓ Evidence of completion of PA education</li> <li>✓ NCCPA Certifying Examination</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification</li> </ul>	<p>Other state license verifications, if submitted</p> <p>Digitally-certified electronic copy of NPDB report, in lieu of a mailed report</p>	<p>“Form L” - completion of education and 35 hours pharmacology course. (Place question on application form)</p> <p>“Form B” employment verification</p>



<b>RT</b>			
	<ul style="list-style-type: none"><li>✓ Evidence of completion of Respiratory Care education</li><li>✓ NBRCC Certifying Examination</li><li>✓ NPDB self-query report</li><li>✓ 1 state license verification</li></ul>	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report	"Form B" employment verification

**Board of Medicine - Allied Professions**

<b>Credentials Committee Approved Recommendations of Verification of Traditional Licensure Requirements</b>			
<b>Profession/Advisory Board Meeting Date</b>	<b>Primary Source Verification</b>	<b>Copies Accepted</b>	<b>No Longer Necessary</b>
Genetic Counseling  10/4/21	<ul style="list-style-type: none"> <li>✓ Professional Education School Transcripts</li> <li>✓ <b>ABGC or ABMG Certificate</b></li> <li>✓ <b>ABGC Active Candidate</b> status letter – Temporary License Applicants</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification</li> </ul>	<p>Other state license verifications, if submitted</p> <p>Digitally-certified electronic copy of NPDB report, in lieu of a mailed report</p> <p>Supporting document for question answered ‘Yes’ on the application form deemed non-routine</p>	“Form B” employment verification
Occupational Therapy – Occupational Therapist & Occupational Therapy Assistant  10/5/21	<ul style="list-style-type: none"> <li>✓ Professional Education (School Transcripts)</li> <li>✓ <b>NBCOT</b> credentials</li> <li>✓ <b>TOEFL</b> and <b>NBCOT-required</b> Program Director’s verification letter of professional education completion - internationally-trained applicants</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification</li> </ul>	<p>Other state license verifications, if submitted</p> <p>Digitally-certified electronic copy of NPDB report, in lieu of a mailed report</p> <p>Supporting document for question answered ‘Yes’ on the application form deemed non-routine</p>	“Form B” employment verification
Licensed Acupuncture  10/6/21	<ul style="list-style-type: none"> <li>✓ Professional Education School Transcripts</li> <li>✓ <b>NCCAOM</b> Certification</li> <li>✓ U. S. Evaluation of International Professional Education – internationally-trained applicants</li> <li>✓ <b>TOEFL</b> – internationally-trained applicants</li> <li>✓ NPDB self-query report</li> <li>✓ 1 <b>most-recent</b> state license verification</li> </ul>	<p>Other state license verifications, if submitted</p> <p>Digitally-certified electronic copy of NPDB report, in lieu of a mailed report</p> <p>Supporting document for question answered ‘Yes’ on the application form deemed non-routine</p>	“Form B” employment verification

Radiologic Technology 10/6/21	<ul style="list-style-type: none"> <li>✓ Proof of Professional Education (Transcripts)</li> <li>✓ AART or NMTCB Certifying Examination</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification in which the applicant most recently obtained a license</li> </ul>	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question answered 'Yes' on the application form deemed non-routine	"Form L" – Proof of Education. "Form B" employment verification	
Radiologic Technology-Limited 10/6/21	<ul style="list-style-type: none"> <li>✓ Proof of Professional Education and Clinical Training (Transcripts)</li> <li>✓ AART Certifying Examination</li> <li>✓ Certification of Completion of Clinical Training on board provided form</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification in which the applicant most recently obtained a license</li> </ul>	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report	"Form B" employment verification	
Radiologic Assistant 10/6/21	<ul style="list-style-type: none"> <li>✓ AART Certifying Examination</li> <li>✓ Current Certification in Advanced Cardiac Life Support (ACLS)</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification in which the applicant most recently obtained a license</li> </ul>	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question answered 'Yes' on the application form deemed non-routine	Transcripts. RAs are graduates of an ARRT recognized educational program prior to being allowed to sit for the ARRT Certifying Examination leading to the RA credential - 18VAC85-101-27	
Athletic Training *10/7/21 *No Quorum*	<ul style="list-style-type: none"> <li>✓ BOC Certifying Examination/Credential</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification</li> </ul>	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question	"Form B" employment verification	

		answered 'Yes' on the application form deemed non-routine	
Licensed Professional Midwives *10/8/21 *No Quorum*	<ul style="list-style-type: none"> <li>✓ Certification from North American Registry of Midwives (NARM)</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification</li> </ul>	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question answered 'Yes' on the application form deemed non-routine	"Form A" – Malpractice Claims History Form. (Applicant to provide supporting claim documents with explanation as a supplement to application form.) "Form B" employment verification
Polysomnographic Technology 10/8/21	<ul style="list-style-type: none"> <li>✓ Evidence of one of three (3) credentialing pathways: ✓ RPSGT, or ✓ Sleep Disorders Specialist Credential issued by NBRC, or ✓ professional credential/certification approved by the Board from an entity belonging to the National Organization for Competency Assurance</li> <li>✓ Basic Cardiac Life Support (BCLS) certification</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification</li> </ul>	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question answered 'Yes' on the application form deemed non-routine	Notarization of BCLS certification no longer needed. Copy of certification will suffice. "Form B" employment verification
Surgical Assistant 10/12/21	<ul style="list-style-type: none"> <li>✓ Evidence of one of three (3) credentialing pathways: ✓ current credential issued by NBSTSA or NCCSA, or ✓ completion of surgical assistant training program in a branch of the U.S. armed forces, or ✓ practice as a surgical assistant in the Commonwealth at any time in the six (6) months prior to July 1, 2020</li> </ul>	Supporting document for question answered 'Yes' on the application form deemed non-routine Original notarized copy of NBSTSA credential accepted, if mailed by the applicant	"Form B" employment verification

<p>Surgical Technologist</p> <p>10/12/21</p>	<ul style="list-style-type: none"> <li>✓ Evidence of one of three (3) credentialing pathways:</li> <li>✓ successful completion of an accredited surgical technologist training program and NBSTSA, or</li> <li>✓ completion of a training program as a surgical technologist in a branch of the U.S. armed forces, or</li> <li>✓ practice as a surgical technologist at any time in the six (6) months prior to July 1, 2021</li> </ul>	<p>Supporting document for question answered 'Yes' on the application form deemed non-routine</p> <p>Original notarized copy of NBSTSA credential accepted, if mailed by the applicant</p>	<p>"Form B" employment verification</p>
<p>Behavior Analysis – Behavior Analyst and Assistant Behavior Analyst</p> <p>*10/4/21</p> <p>*Did not meet*</p>	<ul style="list-style-type: none"> <li>✓ Current BCBA or BCaBA certification by the BACB</li> <li>✓ NPDB self-query report</li> <li>✓ 1 state license verification</li> </ul>	<p>Supporting document for question answered 'Yes' on the application form deemed non-routine</p> <p>Other state license verifications, if submitted</p> <p>Digitally-certified electronic copy of NPDB report, in lieu of a mailed report</p>	<p>"Form B" employment verification</p>

Executive Committee Approved – 12/3/21

**BOARD OF MEDICINE LICENSURE PATHWAYS**  
**PROFESSIONS WITH EXISTING LICENSURE BY ENDORSEMENT PROCESS**

ENDORSEMENT		Remarks
<b>MD</b>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$302</li> <li>• Receive primary source verification of 1 current, unrestricted license in the US or Canada active for, at least, 5 years</li> <li>• Receive documentation of Board specialty certification with the American Board of Medical Specialties, Fellowship of Royal College of Physicians of Canada, Fellowship of the Royal College of Surgeons of Canada or College of Family Physicians of Canada</li> <li>• Attestation on the application form to being engaged in active practice for, at least, 20 hours/week or 640 hours/ per year after post-graduate training and immediately prior to submission of application</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	18VAC85-20-141
<b>DO</b>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$302</li> <li>• Receive primary source verification of 1 current, unrestricted license in the US or Canada active for, at least, 5 years</li> <li>• Receive documentation of Board specialty certification with the American Osteopathic Association Bureau of Osteopathic Specialists</li> <li>• Attestation on the application form to being engaged in active practice for, at least, 20 hours/week or 640 hours/ per year after post-graduate training and immediately prior to receiving application</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	18VAC85-20-141

<p><b>DPM</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$302</li> <li>• Receive primary source verification of 1 current, unrestricted license in the US or Canada active for, at least, 5 years</li> <li>• Receive documentation of Board specialty certification with the American Board of Foot and Ankle Surgery</li> <li>• Attestation on the application form to being engaged in active practice for, at least, 20 hours/week or 640 hours/ per year after post-graduate training and immediately prior to receiving application</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	<p>18VAC85-20-141</p>
<p><b>PA</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$130</li> <li>• Receive primary source verification of same license type that is in good standing, or eligible for reinstatement if lapsed, from another jurisdiction</li> <li>• Receive documentation of certification from the National Commission on Certification of Physician Assistants</li> <li>• Attestation on the application form to being a spouse of an active-duty member of the Armed Forces of the United States or the Commonwealth</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	<p>18VAC85-50-50 (B)</p>

<b>BOARD OF MEDICINE LICENSURE PATHWAYS</b>		
<b>PROFESSIONS WITHOUT A LICENSURE BY ENDORSEMENT PROCESS</b>		
<b><i>PROPOSED STEPS - IF ENDORSEMENT WERE TO BE ADDED</i></b>		
	<b>Remarks</b>	
<b>ATHLETIC TRAINER</b>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$130</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of Board certification for the Athletic Trainer (BOC)</li> <li>• Document active practice as an athletic trainer in another jurisdiction on the application form</li> <li>• Applicant must have no grounds for denial based on 54.1.-2915.</li> </ul>	§ 54.1-2927 (A)
<b>ASSISTANT BEHAVIOR ANALYST</b>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$70</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of certification as a BCABA by the Behavior Analyst Certification Board (BACB)</li> <li>• Applicant must have no grounds for denial based on 54.1.-2915.</li> <li>• Receive application and remitted fee of \$130</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of certification as a BCBA by the Behavior Analyst Certification Board (BACB)</li> <li>• Applicant must have no grounds for denial based on 54.1.-2915.</li> </ul>	§ 54.1-2927 (A)
<b>BEHAVIOR ANALYST</b>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$130</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of certification as a BCBA by the Behavior Analyst Certification Board (BACB)</li> <li>• Applicant must have no grounds for denial based on 54.1.-2915.</li> </ul>	§ 54.1-2927 (A)



<p><b>DOCTOR OF CHIROPRACTIC</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$277</li> <li>• Receive primary source verification of 1 unrestricted license held for, at least, 2 years in the US or Canada</li> <li>• Receive documentation of certification by the National Board of Chiropractic Examiners (NBCE)</li> <li>• Document active practice as a Doctor of Chiropractic in another jurisdiction within the 24-month period immediately preceding the application</li> <li>• If no active practice, document evidence of the Special Purpose Examination for Chiropractic (SPEC) passed within the 24-month period immediately preceding submission of application</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	<p>\$ 54.1-2927 (A)</p>
<p><b>GENETIC COUNSELOR</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$130</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of certification by the American Board of Genetic Counseling (ABGC) or American Board of Medical Genetics (ABMG)</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> <li>• Receive application and remitted fee of \$130</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of current certification by the NCCAOM, including completion/passage of the Point Location Exam (PLE) and Clean Needle Technique (CNT) course</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	<p>\$ 54.1-2927 (A)</p>
<p><b>LICENSED ACUPUNCTURIST</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$277</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of current CPM certification issued by the North American Registry of Midwives (NARM)</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	<p>\$ 54.1-2927 (A)</p>
<p><b>LICENSED MIDWIVES</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$277</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of current CPM certification issued by the North American Registry of Midwives (NARM)</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	<p>\$ 54.1-2927 (A)</p>

<p style="text-align: center;"><b>OCCUPATIONAL THERAPIST</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$130</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of certification by the National Board for Certification in Occupational Therapy (NBCOT)</li> <li>• Document active practice as an occupational therapist in another jurisdiction within the 24-month period immediately preceding the application on the form</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	<p style="text-align: center;">§ 54.1-2927 (A)</p>
<p style="text-align: center;"><b>OCCUPATIONAL THERAPY ASSISTANT</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$70</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of certification by the National Board for Certification in Occupational Therapy (NBCOT)</li> <li>• Document active practice as an occupational therapy assistant in another jurisdiction within the 24-month period immediately preceding the application on the form</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	<p style="text-align: center;">§ 54.1-2927 (A)</p>
<p style="text-align: center;"><b>POLYSOMNOGRAPHIC TECHNOLOGIST</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$130</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of certification as a Registered Polysomnographic Technologist (RPSGT) by the Board of Registered Polysomnographic Technologists (BRPT) <u>OR</u> Sleep Disorders Specialist credential from the National Board of Respiratory Care (NBRC-SDS) <u>OR</u> a professional certification or credential approved by the board from an organization or entity that meets the accreditation standards of the Institute for Credentialing Excellence (ICE)</li> <li>• Document current certification in Basic Life Support for Health Care Providers with a hands-on practice training evaluation segment</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	<p style="text-align: center;">§ 54.1-2927 (A)</p>
<p style="text-align: center;"><b>RADIOLOGIC ASSISTANT</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$130</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of certification as a Registered Radiologist Assistant by the American Registry of Radiologic Technologists (ARRT)</li> <li>• Receive documentation of current certification in Advanced Cardiac Life Support (ACLS)</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	<p style="text-align: center;">§ 54.1-2927 (A)</p>

<p><b>RADIOLOGIC TECHNOLOGIST</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$130</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of certification by the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB)</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	<p>§ 54.1-2927 (A)</p>
<p><b>RESPIRATORY THERAPIST</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$130</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada</li> <li>• Receive documentation of certification by the National Board for Respiratory Care (NBRC)</li> <li>• Document active practice as a respiratory therapist in another jurisdiction or 20 hours of continuing education within the 24-month period immediately preceding the application</li> <li>• Applicant must have no grounds for denial based on 54.1-2915.</li> </ul>	<p>§ 54.1-2927 (A)</p>
<p><b>SURGICAL ASSISTANT</b></p>	<ul style="list-style-type: none"> <li>• Receive application and remitted fee of \$75</li> <li>• Receive primary source verification of 1 unrestricted license in the US or Canada, if regulated by licensure in other jurisdiction</li> <li>• Receive documentation of credential issued as a surgical assistant or surgical first assistant by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) or the National Commission for Certification of Surgical Assistants (NCCSA) <b>OR</b> completion of a surgical assistant training program during service in the U.S. armed forces</li> <li>• Applicant must have no grounds for denial based on 54.1-2915</li> </ul>	<p>§ 54.1-2927 (A)</p>

## **SPECIAL CONSIDERATIONS REGARDING PROPOSAL FOR TWO ALLIED PROFESSIONS**

1. **Radiologic Technologist – Limited:** There are varying didactic coursework, experiential education, and clinical trainings to license applicants in this profession, depending on the anatomical area of practice chosen by the applicant. Some states do not offer formal licensing laws for this profession in their state. Various states and U.S territories have different forms of permission, standards, and requirements to practice this profession in their state or jurisdiction in the form of licensure, certification, registration, or permit. This profession is not regulated at all in other states. There is no national credentials standardization in this profession.
2. **Certified Surgical Technologist –** Currently, there exists varying didactic coursework, experiential education, formal trainings, and apprenticeships to certify applicants in this profession. Some states do not offer formal licensing laws for this profession in their state. Various states and U.S territories have different forms of permission, standards, and requirements to practice this profession in their state or jurisdiction in the form of certification, registration, or permit. Only 13 states in the Federation have passed laws related to certification and 5 states have laws related to registration. This profession is not regulated at all in most other states. There is no national credentials standardization in this profession.



Virginia Department of  
**Health Professions**  
Board of Medicine

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463  
Email: [VABOMReciprocityVerification@dhp.virginia.gov](mailto:VABOMReciprocityVerification@dhp.virginia.gov)

Phone: (804) 367-4600  
Fax: (804) 527-4426

## APPLICATION INSTRUCTIONS TO PRACTICE MEDICINE (MD) OR OSTEOPATHY (DO) BY RECIPROCITY

1. Familiarize yourself with the qualifications required for a full license by reviewing the Laws and Regulations governing the practice as a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) in the Commonwealth of Virginia.
2. **Application fees are nonrefundable. Your application is NOT processed until the fee is paid. Fees must be submitted with the online application.**
3. The application fee for licensure by reciprocity is \$302.00.
4. To be eligible for licensure by reciprocity, you must meet the criteria listed under **ELIGIBILITY CRITERIA** below. If you do not meet these criteria, you must apply through the traditional licensure pathway.
5. If the Board deems the required criteria are unmet in your submitted application, your application will be routed to the traditional pathway, which requires more supporting documentation and additional time.
6. Provide your current practice address and the address of your projected practice location in Virginia.
7. The Board provides an online checklist for the convenient tracking of your application.
8. Supporting documentation is added to your checklist as it is received. If checklist does not exist or indicates that documents submitted have not been updated in your checklist, please e-mail the Board at [VABOMReciprocityVerification@dhp.virginia.gov](mailto:VABOMReciprocityVerification@dhp.virginia.gov) with "Application Question" in the subject line.

### **ELIGIBILITY CRITERIA**

1. Hold a current, unrestricted license in Maryland or the District of Columbia.
2. Verify you have no restrictions on a license issued by another United States jurisdiction or Canada.
3. Verify there is no pending disciplinary matter or investigation by any State Board or licensing authority in any jurisdiction.
4. Verify you are not currently being monitored in a physician's health program.
5. Verify you have not had three (3) or more malpractice paid claims within the most recent ten (10) years.
6. Submit a current self-query report from the National Practitioner Data Bank.
7. Have no grounds for denial based on provisions of §54.1-2915 of the Code of Virginia or Regulations of the Board.

## APPLICATION BY RECIPROCITY CHECKLIST

CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
<b>1. APPLICATION AND FEE</b>		
<input type="checkbox"/>	Complete the <u>online application</u> and submit it with the non-refundable application fee. <ul style="list-style-type: none"> <li>Many application components require additional documentation, noted when applicable. Failure to provide necessary documentation impedes progress, and it is the applicant's responsibility to submit all required supporting documentation.</li> </ul>	ONLINE
<b>2. EMPLOYMENT ACTIVITY</b>		
<input type="checkbox"/>	Provide your current practice address and the address of your projected practice location in Virginia.	ONLINE
<b>3. PROFESSIONAL LICENSE VERIFICATION</b>		
<input type="checkbox"/>	Board staff will obtain verification that a license issued in the adjoining state/jurisdiction in Maryland or the District of Columbia is in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement. <ul style="list-style-type: none"> <li>The Board does not require verification of training licenses.</li> </ul>	N/A
<b>4. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY</b>		
<input type="checkbox"/>	Complete the <u>online NPDB self-query</u> form. <ul style="list-style-type: none"> <li>The Board accepts digitally certified electronic copies of the NPDB self-query report that can be emailed to <a href="mailto:VABOMReciprocityVerification@dhp.virginia.gov">VABOMReciprocityVerification@dhp.virginia.gov</a>.</li> <li>If you choose to have the NPDB report mailed to you instead, DO NOT OPEN IT when you receive it. Place the unopened NPDB report in an oversize envelope and mail it to the Virginia Board of Medicine.</li> </ul>	EMAIL OR MAIL SENT DIRECTLY FROM NPDB
<b>5. NAME CHANGE</b>		
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Provide copies of documentation supporting any <u>name changes</u> differing from your current license.</li> </ul>	EMAIL, FAX, OR MAIL

**END OF INSTRUCTIONS. PROCEED TO THE ONLINE APPLICATION.**



Virginia Department of  
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Phone: (804) 367-4600  
Fax: (804) 527-4426

## APPLICATION INSTRUCTIONS TO PRACTICE MEDICINE BY ENDORSEMENT DOCTOR OF MEDICINE (MD) - DOCTOR OF OSTEOPATHY (DO) DOCTOR OF PODIATRY (DPM)

1. Familiarize yourself with the qualifications required for a full license by reviewing the Laws and Regulations governing the practice as a Doctor of Medicine, Doctor of Osteopathy, or Doctor of Podiatry in Virginia.
2. **Application fees are nonrefundable. Your application is NOT processed until the fee is paid. Fees must be submitted with the online application.**
3. The endorsement application fee for a MD/DO/DPM license is \$302.00.
4. Applications EXPIRE one year from submission if they are not completed. You must ensure all required supporting documentation is submitted to the Board before the expiration date. If your application expires, you are required to start the process over by submitting a new application and paying the fee again.
5. National Practitioner Data Bank (NPDB) self-query reports expire within six (6) months of receipt and must be resubmitted if you do not complete your application within that timeframe.
6. When possible, submit your documents electronically. Some forms may be faxed to 804-527-4426 and are indicated as such. If you must mail your documents to the Board, you are encouraged to send them via FedEx or UPS so you can track their delivery. The Board is unable to track documents delivered via USPS.
7. For mailed applications, the Board does **not** accept supporting documents that are copied *after* they are notarized. Notarized supporting documents should be sent *directly from the program office or school to the Board* via mail or hand delivery.
8. Consistent with Virginia law and the mission of the Department of Health Professions, public addresses on file with the Board of Medicine are made available to the public. The Board address noted on your application may be different from the public address and is not released to the public. The Board of Medicine allows the Board address of record to be a Post Office Box or practice location.
9. The Board processes applications efficiently, but licensing time depends on external entities, so plan accordingly. Applicants must ensure all required documentation is sent to the Board. If the Board deems any of the required criteria for endorsement is unmet, your application will be routed to the traditional pathway for an initial license in Virginia.
10. **Do not begin practice prior to Board approval.** Submission of an application does not guarantee a license. A review of your application could result in the finding that you are not eligible pursuant to Virginia laws and regulations. Additional information may be requested after review by the Board.

**ELIGIBILITY CRITERIA**

1. Hold a current, unrestricted license in a United States jurisdiction or Canada for the five (5) years immediately preceding application to the Board.
2. Be engaged in active practice, defined as an average of twenty (20) hours per week or 640 hours per year, for five (5) years continuously after postgraduate training and immediately preceding application.
3. Verify that at least one license held for five (5) years or more, issued by another United States jurisdiction or in Canada, is in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement.
4. Hold a current certification with one of the following:
  - American Board of Medical Specialties;
  - Bureau of Osteopathic Specialists;
  - American Board of Foot and Ankle Surgery;
  - Fellowship of Royal College of Physicians of Canada;
  - Fellowship of the Royal College of Surgeons of Canada; or
  - College of Family Physicians of Canada.
5. Have no grounds for denial based on provisions of the Code of Virginia §54.1-2915 or Regulations of the Board.

*If you DO NOT meet the eligibility criteria, you must apply through the traditional application pathway.*



**ENDORSEMENT APPLICATION CHECKLIST**

CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
<b>1. APPLICATION AND FEE</b>		
<input type="checkbox"/>	<p>Complete the <u>online application</u> and submit it with the non-refundable application fee. Make your check or money order payable to the <i>Treasurer of Virginia</i>.</p> <ul style="list-style-type: none"> <li>Many application components require additional documentation, noted when applicable. Failure to provide necessary documentation impedes progress, and it is the applicant's responsibility to submit all required supporting documentation.</li> </ul>	<b>ONLINE</b>
<b>2. EMPLOYMENT CHRONOLOGY</b>		
<input type="checkbox"/>	<p>List your employment activities in chronological order within the application.</p> <ul style="list-style-type: none"> <li>Provide a chronology of your work history for the five (5) years leading up to this application with the estimated hours spent practicing medicine.</li> <li>If you need more space than what is provided in the online application, use the <u>Endorsement Supplemental Form</u>.</li> </ul>	<b>ONLINE</b>
<b>3. PROFESSIONAL LICENSE VERIFICATION</b>		
<input type="checkbox"/>	<p>Request verification of your license to practice medicine.</p> <ul style="list-style-type: none"> <li>Provide verification of one license held for five (5) years or more issued by another United States jurisdiction or in Canada that is in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement. The Board does not require verification of training licenses.</li> <li>To request verification of a license to practice medicine from a jurisdiction within the United States, its territories and possessions, or Canada, contact the applicable jurisdiction where you were issued a license to practice medicine to request documentation be sent directly the Board via email to <u>med-endorsement@dhp.virginia.gov</u>, faxed to (804) 527- 4426, or mailed to the address at the top of these instructions.</li> <li>Many medical boards use Veridoc to send their license verifications. Check with <u>Veridoc</u> to see if your other jurisdiction license board uses this service.</li> </ul>	<b>EMAIL, FAX, OR MAIL SENT DIRECTLY FROM JURISDICTION</b>
<b>4. SPECIALTY CERTIFICATION DOCUMENT (No prior license restrictions)</b>		
<input type="checkbox"/>	<p>Request that your certification from the appropriate entity listed in section 1 of this checklist be sent directly to the Board. Verification is <b>required</b> to come directly from the certifying body jurisdiction.</p> <ul style="list-style-type: none"> <li>This documentation can be mailed, faxed, or emailed to <u>med-endorsement@dhp.virginia.gov</u>.</li> </ul>	<b>EMAIL, FAX, OR MAIL SENT DIRECTLY FROM JURISDICTION</b>
<b>5. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY</b>		
<input type="checkbox"/>	<p>Complete the <u>online NPDB self-query</u> form.</p> <ul style="list-style-type: none"> <li>The Board accepts digitally certified electronic copies that can be emailed to <u>med-endorsement@dhp.virginia.gov</u>.</li> <li>If you choose to have the NPDB report mailed to you instead, <b>DO NOT OPEN IT</b> when you receive it. Place the unopened NPDB report in an oversize envelope and forward it to the Virginia Board of Medicine.</li> </ul>	<b>ONLINE AND SENT DIRECTLY FROM NPDB</b>

<b>6. MALPRACTICE CLAIMS HISTORY</b>		
<input type="checkbox"/>	If you have had any malpractice claims brought against you (pending or closed) in the last ten (10) years, provide a narrative of the clinical care provided for each claim and any available documentation indicating disposition. This documentation can be mailed, faxed, or emailed to <a href="mailto:med-endorsement@dhp.virginia.gov">med-endorsement@dhp.virginia.gov</a> .	<b>MAIL, FAX, OR EMAIL</b>
<b>7. NAME CHANGE</b>		
<input type="checkbox"/>	Provide copies of documentation supporting any <u>name changes</u> differing from your previous license.	<b>EMAIL, FAX, OR MAIL</b>

**END OF INSTRUCTIONS. PROCEED TO THE ONLINE APPLICATION.**

**Agenda Item:** Re-Entry to Practice

**Staff Comments:** The Board discussed the FSMB report on “Reentry to Practice” at its February 2024 meeting. The suggestion by the Board was for the Credentials Committee to review this matter to see if any changes were warranted.

**Action:** Keep the current requirements or amend them.

**REENTRY TO PRACTICE**

*Report of the FSMB Workgroup on Reentry to Practice  
Draft, January 2024*

**Executive Summary**

Physicians may take a leave from practice for a variety of reasons, necessitating reentry. The following document contains guidance for state medical boards when considering potential reentry to practice requirements for physicians seeking to regain licensure following a significant absence from practice. Recommendations offered in the document reflect an appreciation that unique situations exist for physicians (and includes physician assistants) seeking to reenter practice and therefore we encourage flexibility and the need to consider reentry decisions on a case-by-case basis.

Key considerations for state medical boards in reentry decisions include:

- the duration of time out of practice;
- clinical and other relevant activities engaged in by the physician while out of practice;
- the need for assessment of a physician’s competence prior to reentry to practice;
- reentry during public health emergencies;
- collection of data about the clinical activity of the licensee population;
- the variety of challenges faced by physicians seeking to reenter practice;
- instances where absence from practice occurs to manage potentially impairing illness;
- differing reentry requirements where absence from practice occurs as a result of state medical board disciplinary proceedings or criminal conviction;
- mentoring and supervision for reentering physicians; and
- differing requirements when retraining is required due to a change in scope of practice or a lack of training or experience in the physician’s intended scope of practice.

The following recommendations are included for state medical boards:

- 1) State medical boards should proactively communicate with and educate licensees/applicants about the issues associated with reentering clinical practice.
- 2) Reentry to practice decisions should be made on a case-by-case basis.
- 3) All licensees/applicants returning to clinical practice after a period of inactivity should be required to provide a detailed description of their future scope of practice plans.
- 4) State medical boards and licensees/applicants who have been clinically inactive should agree upon a reentry to practice plan acceptable to the state medical board. Applicants should provide proof of completion of the plan prior to reentry.
- 5) State medical boards should foster collaborative relationships with academic institutions, community hospital training centers, state medical societies, and state chapters of specialty societies to develop and ensure the availability of assessment, educational and other interventions and resources for the various types of practices.
- 6) Supervisory arrangements for reentering physicians should be approved by state medical boards. Where formal supervision is not required, mentorship may be arranged by

- 46 reentering physicians. State medical boards should make efforts to ensure a sufficient pool  
47 of supervisors and mentors is available to reentering physicians.
- 48 7) State medical boards should require licensees to report information about their practice as  
49 part of the license renewal process, including type of practice, status, whether they are  
50 actively seeing patients, specialty board certification status, and what activities they are  
51 engaged in if they are not engaged in clinical practice.
- 52 8) Licensees who are clinically inactive should be allowed to maintain their licensure status  
53 provided they meet the requirements set forth by the state medical board. Depending on a  
54 licensee's engagement in activities designed to maintain clinical competence, should the  
55 licensee choose to return to active clinical practice, the board may require participation in  
56 a reentry program.
- 57 9) State medical boards should be consistent in the creation and execution of reentry  
58 programs.  
59

DRAFT

60 **Introduction**

61  
62 In April 2012, the Federation of State Medical Boards (FSMB) adopted the *Report of the Special*  
63 *Committee on Reentry to Practice (2012)*. The following year, the FSMB adopted the *Report of*  
64 *the Special Committee on Reentry for the Ill Physician (2013)*. At the time of their adoption, the  
65 two reports addressed current regulatory challenges associated with physician reentry to practice,  
66 while recognizing that there was a paucity of research surrounding the issue. Despite minimal  
67 advance in research, widespread recognition has since developed that physicians may take a  
68 temporary absence from clinical practice for a variety of reasons, and physician reentry can be a  
69 common part of a physician’s continuing practice of medicine.

70  
71 Jeffrey D. Carter, MD, Chair of the FSMB, appointed the Workgroup on Reentry to Practice in  
72 May 2023 to update and bring current FSMB policies related to reentry to practice for state medical  
73 and osteopathic boards (hereinafter referred to as “state medical boards” and/or “medical boards”).  
74 The Workgroup was charged with conducting a comprehensive review of state medical and  
75 osteopathic board rules, regulations and policies related to reentry to practice; conducting a review  
76 and evaluation of FSMB policies, including *Reentry to Practice (HOD 2012)* and *Reentry for the*  
77 *Ill Physician (HOD 2013)* and specifically the recommendations regarding out of practice  
78 timelines based on current evidence; conducting a literature review of related research, guidelines  
79 and other publications and the impact of demographic changes in the physician workforce on  
80 licensure and practice; identifying available educational resources and activities for physicians to  
81 positively impact their ability to demonstrate their fitness to reenter the workforce; and identifying  
82 options for competency assessment tools for state medical boards to evaluate physicians’ fitness  
83 to reenter the workforce.

84  
85 In meeting its charge, the Workgroup also surveyed medical boards to better understand the current  
86 priorities and procedures related to the departure and reentry to practice. Survey results indicated  
87 that reentry to practice is a high priority for medical boards. Results also indicated that 57 percent  
88 of responding medical boards ask licensees, whether during license renewal or another mechanism,  
89 if they are actively clinically practicing. However, a greater number of medical boards (69 percent  
90 of respondents) reported not collecting data on the number of medical professionals who left  
91 clinical practice and applied for reentry.

92  
93 The results of the survey helped guide Workgroup discussions, as did the involvement of a subject  
94 matter expert with extensive experience working in assessment and training of physicians  
95 reentering practice. These also helped inform the Workgroup’s decision that *Reentry to Practice*  
96 and *Reentry for the Ill Physician* should be combined into one document, as did FSMB’s recent  
97 experience working with state medical boards on the issue of physician well-being. This report,  
98 and recommendations, are intended to serve as a framework for common reentry standards and  
99 processes. These recommendations are also intended to provide flexibility for state medical boards  
100 and physician and physician assistant licensees/applicants.

101  
102 The recommendations provided in this report are organized as follows:

- 103     • Education and Communication  
104     • Determining Medical Fitness to Reenter Practice  
105     • Supervision and Mentoring for Practitioners Who Want to Reenter the Workforce

- Improving Regulation of Licensed Practitioners Who are Clinically Inactive

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**Section One. Glossary**

The Workgroup presents the following glossary to support a common interpretation of key terms related to reentry to practice.

“Absence from Practice” means any duration of time that a physician voluntarily takes an absence from providing direct, consultative, or supervisory patient care. Some absences from practice may require a medical board-approved reentry process, whereas absences of shorter duration or absences that include activities aimed at maintaining competence may not. Unless otherwise specified, an absence from practice does not include absences that result from medical board disciplinary action.

“Clinically Active Practice” means a physician who, at the time of license renewal, is engaged in direct, consultative, or supervisory patient care, or as further defined by the states.

“Mentoring” means a dynamic, reciprocal relationship in a work environment between two individuals where, often but not always, one is an experienced physician in active practice and the other is a physician reentering practice. The peer-relationship is aimed at providing the physician reentering practice with knowledge and resources to support safe reentry. This relationship is distinct from a supervisory relationship in that the mentor plays a supportive role but does not have a specific reporting responsibility to the medical board beyond that which would exist in any clinical context.

“Physician Reentry” means a return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from medical board disciplinary action. Physician reentry is distinct from remediation or retraining.

“Physician Reentry Program” means a formal, structured curriculum and clinical experience which prepares a physician to return to clinical practice following an extended period of clinical inactivity.

“Physician Retraining” means the process of learning the necessary skills to move into a new clinical area that is distinct from the area of one’s primary medical training. Physician retraining is distinct from physician reentry.

“Supervision” means a medical board-mandated process whereby a supervisor physician, who has been actively practicing for at least the five prior consecutive years, observes a physician reentering practice for a defined period and provides feedback, educational, and clinical support. The support is aimed at ensuring safe reentry to practice. This relationship is distinct from a mentor relationship in that the supervisor has a defined responsibility to the medical board for assessing the reentering physician’s fitness to practice independently. For physician assistants, the role of supervisor may be fulfilled by the supervising physician.

152 **Section Two. Key Issues**

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154 The Workgroup identified several key issues relevant to state medical board decisions about  
155 reentry to practice.

156  
157 Timeframe

158 More than two years away from practice is commonly accepted as the timeframe for when  
159 physicians should go through a reentry process. The two-year timeframe is based on extensive  
160 state medical board experience and subject matter expertise in physician assessment and  
161 remediation. The Workgroup recognizes the need for flexibility when applying the two-years-  
162 absent-from-practice timeframe to an individual physician, as there is great variability in specialty,  
163 type of practice, and clinical and educational engagement while absent from practice.

164  
165 When determining whether a physician requires a reentry to practice program, a medical board  
166 may choose to consider the following factors:

- 167
- 168 • administrative or consultative activity (e.g., chart reviews);
  - 169 • concordance of prior and intended scopes of practice;
  - 170 • educational or mentoring responsibilities;
  - 171 • intention to perform procedures upon reentry;
  - 172 • length of time in practice prior to departure;
  - 173 • participation in accredited continuing medical education and/or volunteer activities during  
174 the time out of practice;
  - 175 • participation in continuous certification<sup>1</sup> prior to departure from practice;
  - 176 • prior disciplinary history;
  - 177 • time since completion of post-graduate training; and
  - 178 • whether absence from practice resulted from disciplinary action or criminal conviction

179 Assessment of Fitness to Reenter Practice

180 It is the responsibility of state medical boards to determine whether a licensee/applicant who has  
181 had an absence from practice should demonstrate whether they are competent to reenter practice.  
182 The assessment, as well as the assessment modality or modalities may be tailored to the individual.  
183 If it is not immediately clear what needs to be assessed as part of the licensee's fitness to practice,  
184 state medical boards are encouraged to seek the expertise of assessment organizations with  
185 experience in this area.<sup>2</sup> Boards may recommend that clinically inactive physicians proactively  
186 complete a self-assessment prior to reentering practice to identify any clinical deficiencies as this  
187 may be valuable in determining board-mandated reentry requirements.

188  
189 Public Health Emergencies

190 During public health emergencies, state medical boards may recognize the need to, and choose to,  
191 implement temporary licensure modifications and waivers allowing clinically inactive physicians  
192 to reenter practice. When doing so, medical boards should utilize mechanisms that can quickly  
193 identify and verify credentials of health professionals to ensure patient safety and maintain

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<sup>1</sup> The Workgroup recognizes that at the time of drafting, some specialty certifying boards continue to use the term "Maintenance of Certification" to describe this process.

<sup>2</sup> FSMB, Directory of Physician Assessment and Remedial Education Programs. October 2023, available at: <https://www.fsmb.org/siteassets/spej/pdfs/remedprog.pdf>.



194 oversight of licensure waivers that fall outside medical board control. If a clinically inactive  
195 physician chooses to practice beyond the public health emergency, they must complete the  
196 appropriate reentry program determined by the state medical board. Boards are encouraged to  
197 make licensees aware of Provider Bridge so they may choose to register as potential volunteers in  
198 advance of future public health emergencies.

199  
200 State Medical Board Data Collection on Clinical Activity  
201 State medical boards should consider means of collecting information from licensees about their  
202 clinical activity to understand workforce demographics. While some state medical boards will be  
203 limited in their capacity to collect data on licensee clinical activity, they may wish to consider  
204 alternative means to collecting this on licensing applications such as optional surveys to licensees.  
205 This can be particularly important for understanding the degree to which active licensees are not  
206 clinically active, and may inform reentry decisions for this population.

207  
208 Challenges to Reentry  
209 There are difficulties associated with identifying entities that provide reentry services to  
210 physicians. These include cost, geographic considerations, eligibility requirements, licensure,  
211 malpractice issues and lack of uniformity among alternatives available to physicians seeking  
212 reentry. While some of these challenges are outside the purview of state medical boards, others  
213 can be mitigated by boards, including requirements for mentors, rather than supervisors, and the  
214 ability to obtain a training license. State medical boards may choose to review their current  
215 practices to avoid undue burdens or barriers to reentry, while being mindful of patient safety  
216 considerations. Boards may proactively choose to communicate these challenges to licensees so  
217 that they can plan accordingly when an absence from practice is anticipated.

- 218 • *Cost and duration of reentry programs:* Due to the time and resources required to  
219 effectively assess and support a physician through a reentry process, reentry programs are,  
220 of necessity, costly. However, they are an essential mechanism to inform state medical  
221 board decisions about reentry requirements in the interest of patient safety.
- 222 • *Accessibility of reentry programs:* There is a wide range of entities<sup>3</sup> that offer reentry  
223 services, ranging in remediation programs to mini residencies. Accessibility may vary  
224 depending on the needs of the reentering physician and the geographic location of reentry  
225 programs. However, as some services are being offered online, accessibility is improving.
- 226 • *Availability of mentors and supervisors:* It may be challenging for medical boards to  
227 identify and select mentors and supervisors based on the needs of the reentering physician,  
228 due to various reasons, including geographical location or specialty. Boards may develop  
229 a roster of mentors and supervisors that would serve in these roles for reentering physicians.  
230 Recruitment may occur through questions on renewal applications or through advertising  
231 in board publications.
- 232 • *Ability to obtain a training license (and engage in clinical activity without a full and*  
233 *unrestricted license):* As many medical board-approved programs necessitate clinical  
234 training which includes direct patient care, a training license is required. However, this  
235 license type is not offered in all states. Boards may choose to evaluate whether their  
236 existing license types include a license that permits reentering physicians to practice within

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<sup>3</sup> *Ibid.*

237 their reentry program. Possible license types may include a limited or special purpose  
238 license, temporary license, or a resident license.

239 • *Medical Liability Insurance and Hospital Credentialing/Privileging*: In many jurisdictions  
240 it is not possible to obtain liability insurance without first obtaining a medical license. As  
241 mentioned previously, because of this requirement, medical boards may again choose to  
242 evaluate whether their existing license types include a license that permits reentering  
243 physicians to practice and subsequently obtain liability insurance. It is also not possible to  
244 obtain hospital privileges without first obtaining a license or liability insurance.

245  
246 Impairment

247 The terms “illness” and “impairment” are not synonymous. Illness is the term used to describe the  
248 existence of a disease state. It can be physical or psychiatric and can include addictive disease,  
249 injury, and cognitive change. Impairment, however, is a functional classification that implies the  
250 inability of the person affected by illness or injury to provide medical care with reasonable skill  
251 and safety.<sup>4</sup>

252  
253 A physician who is or has been ill is not necessarily impaired and may be able to function  
254 effectively and practice safely, especially with participation in relevant treatment programs and  
255 ongoing monitoring, where appropriate. Therefore, the same set of reentry requirements and  
256 programs should be available to this population of physicians seeking reentry. State medical boards  
257 may familiarize themselves with the FSMB’s *Policy on Physician Illness and Impairment* (HOD,  
258 2021), as well as resources available in their state, such as the state’s Physician Health Program.

259  
260 Mentoring and Supervision of Reentry Physicians

261 Academic Medical Centers (AMCs) and Community Hospital Training Centers have a role in  
262 physician reentry as they already have the facilities, faculty, and resources to effectively perform  
263 assessment and training. AMCs and Community Hospital Training Centers can provide a complete  
264 reentry package from initial assessment of the reentry physician to final evaluation of competence  
265 and performance in practice. AMCs can provide selected services on an as-needed basis such as  
266 assessment testing, focused practice-based learning, procedure labs and identifying and vetting  
267 mentors and supervisors. Potential incentives to stimulate AMC involvement in reentry include  
268 research opportunities and generation of revenue.

269  
270 Maintaining Licensure if Not in Active Clinical Practice

271 Some states consider the work done and decisions made by medical directors of health care  
272 programs to be the practice of medicine and therefore they are required to have an active license.  
273 Other states issue administrative medicine licenses as a distinct area of practice, which includes  
274 consultations and other educational functions that are non-clinical in nature. These types of  
275 licenses do not include the authority to practice clinical medicine, examine, care for, or treat  
276 patients, prescribe medications including controlled substances, or delegate medical acts or  
277 prescriptive authority to others.<sup>5</sup>

278

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<sup>4</sup> FSMB, *Policy on Physician Illness and Impairment: Towards a Model that Optimizes Patient Safety and Physician Health*. May 2021, available at: <https://www.fsmb.org/siteassets/advocacy/policies/policy-on-physician-impairment.pdf>.

<sup>5</sup> Iowa Code Ann. § 148.11A.

279 Retraining When Practice Differs or is Modified from Area of Primary Training

280 Some physicians who seek reentry want to practice in a specialty or area that differs from their  
281 area of primary training. In such cases, it is considered retraining, not reentry, and would require  
282 the physician to complete the necessary educational and training requirements for the new  
283 specialty. An obstetrician/gynecologist wishing to practice family medicine would fall into this  
284 category and require retraining. A physician seeking to narrow their primary area of practice,  
285 however, would not need to complete retraining, such as when an obstetrician/gynecologist wishes  
286 to limit their practice to only gynecology.

287  
288 **Section Three. Recommendations**

289  
290 The following recommendations are intended to provide state medical boards, licensees, health  
291 insurers, physician health programs, health care organizations, and state government agencies with  
292 a framework for developing common standards and terminology around the reentry process.

293  
294 Education and Communication

295 ***Recommendation 1: Proactive communications***

296 To help prepare licensees/applicants who either are thinking about taking a leave of absence or are  
297 considering returning to clinical practice, state medical boards should proactively educate  
298 licensees/applicants about ways to maintain competence while absent from practice and the issues  
299 associated with reentering clinical practice (e.g., continued participation in CME activities while  
300 out of practice, unintended consequences of taking a leave of absence such as impact on  
301 malpractice costs and future employment). For example, state medical boards could develop  
302 written guidance on issues like the importance of engaging in clinical practice, if even on a limited,  
303 part-time basis, or seeking counsel from their insurance carriers prior to withdrawal from practice  
304 and when they are ready to reenter practice. They might also suggest that the licensee/applicant  
305 review the FSMB Roadmap for Those Considering Temporarily Leaving Practice (See Appendix  
306 A). State medical boards could include such information with the initial license, with the license  
307 renewal application, in the board's newsletter, and on the board's website. This may also help  
308 physicians who are contemplating retirement but are unaware that a reentry process may be  
309 required by their state medical board if they change their mind.

310  
311 Determining Medical Fitness to Reenter Practice

312 ***Recommendation 2: Review on a case-by-case basis***

313 Because competence is maintained in part through continuous engagement in patient care  
314 activities, licensees/applicants seeking to return to clinical work after an absence from practice  
315 should be considered on a case-by-case basis. Absences from practice of two years or greater are  
316 generally accepted as the minimum timeframe for when physicians should be required to engage  
317 in a reentry process. However, decisions about whether the licensee/applicant should demonstrate  
318 readiness to reenter practice should be based on a global review of the licensee/applicant's  
319 situation, including:

- 320     • administrative or consultative activity (e.g., chart reviews);  
321     • concordance of prior and intended scopes of practice;  
322     • educational or mentoring responsibilities;  
323     • intention to perform procedures upon reentry;  
324     • length of time in practice prior to departure;

- 325 • participation in accredited continuing medical education and/or volunteer activities during
- 326 the time out of practice;
- 327 • participation in continuous certification prior to departure from practice;
- 328 • prior disciplinary history;
- 329 • time since completion of post-graduate training; and
- 330 • whether absence from practice resulted from disciplinary action or criminal conviction

331  
332 Licensees/applicants who wish to take some time away from clinical practice should be  
333 encouraged to remain clinically active in some, even if limited, capacity, and urged to participate  
334 in continuing medical education and continuous certification.

335  
336 ***Recommendation 3: Documentation***

337 All licensees/applicants returning to clinical practice after a period of inactivity should be required  
338 to provide a detailed description of their future scope of practice plans. The degree of  
339 documentation required may vary depending on the length of time away from clinical practice and  
340 whether the licensee/applicant's scope of practice is consistent with their medical education and  
341 training. For example, documented evidence might include CME certificates and verification of  
342 volunteer activities.

343  
344 A physician returning to a scope or area of practice in which they previously trained or certified,  
345 or in which they previously had an extensive work history may need reentry. A physician returning  
346 to clinical work in an area or scope of practice in which they have not previously trained or certified  
347 or in which they have not had an extensive work history needs retraining and, for the purposes of  
348 this report, is not considered a reentry physician. The reentering licensee/applicant should also be  
349 required to provide information regarding the environment within which they will be practicing,  
350 the types of patients they anticipate seeing, and the types of clinical activities in which they will  
351 be engaged.

352  
353 ***Recommendation 4: Reentry plan after extended time out of practice***

354 State medical boards and licensees/applicants who have been clinically inactive should agree upon  
355 a reentry to practice plan based on various considerations, which may include a self-assessment  
356 by the licensee/applicant, assessment of the licensee/applicant's knowledge and skills, and any  
357 activities completed during the absence from practice. The state medical board has final approval  
358 of the reentry plan and the licensee/applicant should be required to present proof of completion of  
359 the plan to the state medical board.

360  
361 In instances where reentry plans require activities involving direct patient care, state medical  
362 boards may consider whether their existing license types allow for the reentering physician to  
363 practice. Such licenses permit the licensee/applicant to participate in activities necessary to regain  
364 the knowledge and skills needed to provide safe patient care, such as participation in a mini  
365 residency.

366  
367 ***Recommendation 5: State medical board collaborative relationships***

368 State medical boards should foster collaborative relationships with academic institutions,  
369 community hospital training centers, state medical societies, and state chapters of specialty  
370 societies to develop assessment, educational and other interventions and resources for the various

371 types of practices. The National Board of Osteopathic Medical Examiners, the National Board of  
372 Medical Examiners, the American Board of Medical Specialties, the American Osteopathic  
373 Association Bureau of Osteopathic Specialties, and the American Medical Association may  
374 likewise serve in a supportive role to state medical boards in this regard. These institutions and  
375 organizations may have readily adaptable programs or simulation centers that meet the individual  
376 needs of reentering physicians.

377  
378 Supervision and Mentoring for Practitioners Who Want to Reenter the Workforce

379 ***Recommendation 6: State medical board-approved supervisors and mentors***

380 Supervisors may be selected by either the state medical board or the licensee/applicant, but in all  
381 cases should be approved by the state medical board. At a minimum, the supervisor should be  
382 ABMS or AOA board certified, have no prior disciplinary history, and practice in the same clinical  
383 area as the licensee/applicant seeking reentry.

384  
385 The state medical board should set forth in writing its expectations of the supervisor, including  
386 what aspects of the reentering licensee/applicant's practice are to be supervised, frequency and  
387 content of reports by the supervisor to the state medical board, and how long the practice is to be  
388 supervised. The board's expectations should be communicated both to the supervisor and the  
389 licensee/applicant being supervised. For physician assistants, the role of supervisor may be  
390 fulfilled by the supervising physician.

391  
392 The supervisor should be required to demonstrate to the medical board's satisfaction that they have  
393 the capacity to serve as a supervisor, for example, sufficient time for supervising, lack of  
394 disciplinary history, proof of an active, unrestricted medical license, and demonstration of having  
395 actively practiced for at least the prior five consecutive years. The supervisor may be permitted to  
396 receive financial compensation or incentives for work associated with supervision. Potential  
397 sources of bias should be identified, and in some cases may disqualify a potential supervisor from  
398 acting in that capacity.

399  
400 The licensee/applicant reentering practice should establish a peer-mentorship with an actively  
401 practicing physician who meets the requirements of a supervising physician, but the mentor does  
402 not require medical board approval or reporting beyond that which would typically exist in any  
403 clinical context.

404  
405 State medical boards should work with state medical and osteopathic societies and associations  
406 and the medical education community to identify and increase the pool of potential supervisors  
407 and mentors. To protect the pool of supervisors, boards may make supervisors agents of the board.

408  
409 Improving Regulation of Licensed Practitioners Who are Clinically Inactive

410 ***Recommendation 7: Identifying clinically inactive licensees***

411 State medical boards should require licensees to report information about their practice as part of  
412 the license renewal process, including type of practice, status (e.g., full-time, part-time, number of  
413 hours worked per week), whether they are actively seeing patients, specialty board certification  
414 status, and what activities they are engaged in if they are not engaged in clinical practice (e.g.,  
415 research, administration, non-medical work, retired, etc.). Such information will enable state  
416 medical boards to identify licensees who are not clinically active and to intervene and guide, as

417 needed, if a licensee chooses to return to patient care duties. State medical boards should advise  
418 licensees who are clinically inactive of their responsibility to participate in an individualized,  
419 diagnostic reentry plan prior to resuming patient care duties.

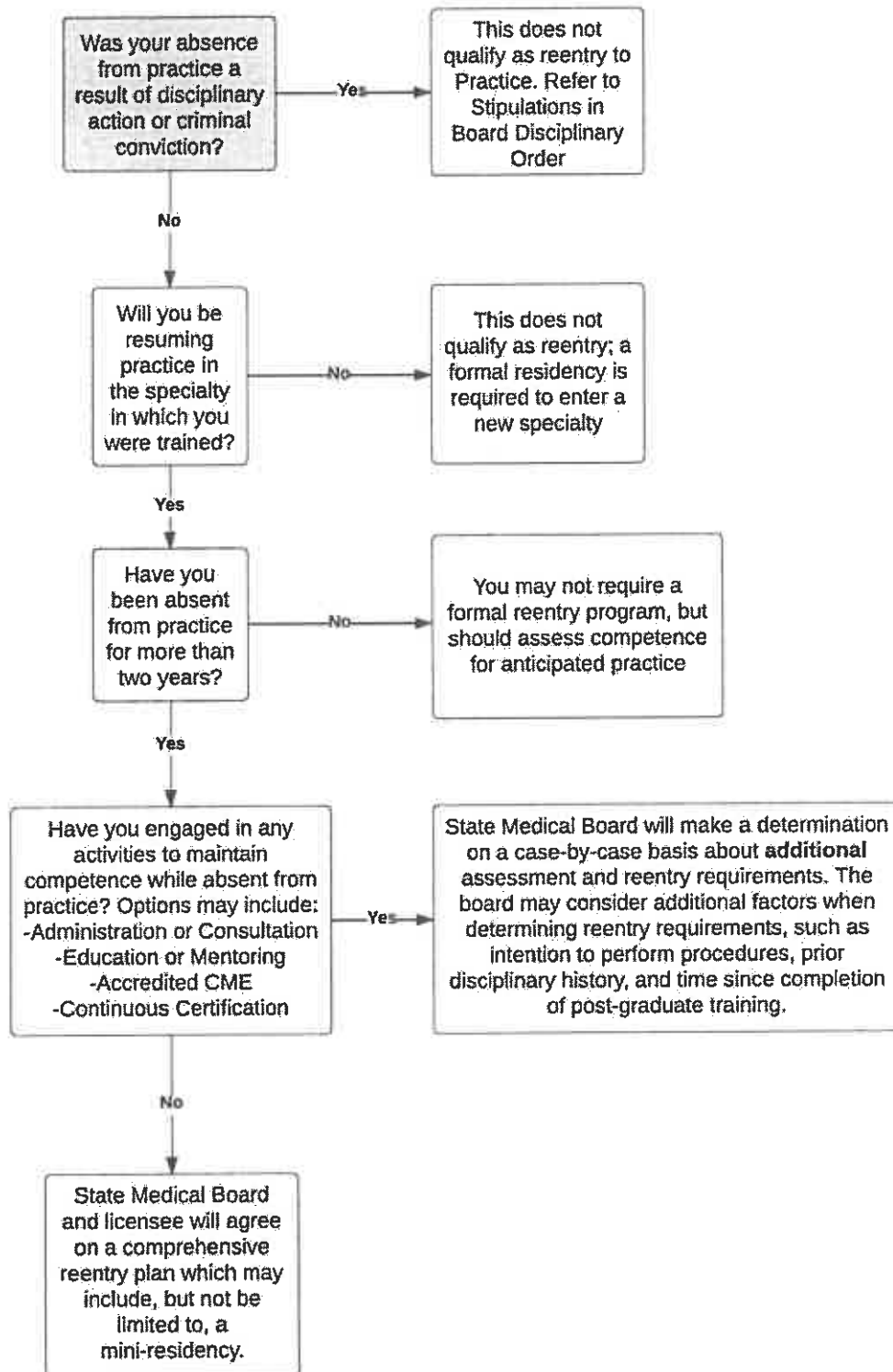
420  
421 ***Recommendation 8: Licensure status***  
422 Licensees who are clinically inactive should be allowed to maintain their licensure status if they  
423 pay the required fees and complete any required continuing medical education or other  
424 requirements as set forth by the medical board. Depending on a licensee's engagement in activities  
425 designed to maintain clinical competence, should the licensee choose to return to active clinical  
426 practice, the board may require participation in a reentry program.

427  
428 ***Recommendation 9: Consistency of reentry across jurisdictions***  
429 State medical boards should be consistent in the creation and execution of reentry programs. In  
430 recognition of the differences in resources, statutes, and operations across states, and  
431 acknowledging that implementation of physician reentry should be within the discretion and  
432 purview of each board, these guidelines are designed to be flexible to meet local considerations.  
433 However, physicians may reasonably be concerned about an overly burdensome reentry process  
434 where they might have to meet varying criteria to obtain licensure in different states. For purposes  
435 of license portability, FSMB will continue to track the implementation of these guidelines to  
436 facilitate transparency for licensees and encourage consistency among boards.

437  
438 **Conclusion**

439  
440 Since the FSMB's *Reentry to Practice (2012)*, there has been widespread recognition that  
441 physicians may take a temporary absence from clinical practice for a variety of reasons, and  
442 physician reentry can be a normal part of a physician's continuing practice of medicine. State  
443 medical boards should create standardized processes for reentry to practice that allow flexibility  
444 for the board and for the licensee/applicant, while also ensuring patient safety. In creating reentry  
445 programs, state medical boards should rely on, and collaborate with, the broader medical system  
446 for education, training, and supervision and mentorship.

447 Appendix A. FSMB Roadmap for Those Considering Temporarily Leaving Practice



449 Appendix B. Additional policy resources related to physician health, illness and impairment, and  
450 physician reentry to practice

- 451 1. AMA: Resources for physicians returning to clinical practice, definition of physician  
452 impairment, Resources for Physician Health
- 453 2. AOA: Resources for Physician Wellness
- 454 3. CMSS/Specialty Society: CMSS Position on Physician Reentry (11/11)
- 455 4. FSPHP: Public Policy Statement : Physician Illness vs. Impairment
- 456 5. ACOG: Re-entering the Practice of Obstetrics and Gynecology

DRAFT



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<sup>6</sup> State Medical Board or organizational affiliations are presented for purposes of identification and do not imply endorsement of any draft or final version of this report

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FEDERATION OF  
STATE MEDICAL BOARDS

Reentry to Practice Requirements for Physicians and Physician Assistants  
Board-by-Board Overview

- 52/68 Boards have policies on physician reentry.
- 51/58 Boards have policies on PA reentry.
- 59/68 Boards decide reentry requirements on a case-by-case basis for physicians, 28/58 Boards for PAs
- 46/68 Boards require a form of examination for reentry for physicians, 19/58 Boards for PAs
- 58/68 Boards require reentering physicians to acquire CME credits for physicians, 33/58 Boards for PAs
- 48/68 Boards require reentering physicians to take a fitness-to-practice evaluation, 18/58 Boards for PAs

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
AL	Physician	X	X	X	X	X	Ala. Board of Med. Exam. Admn. Code Ch. 540-X-23-.03	"Considerations on Closing or Leaving a Practice." ALBME (incl. instructions on license reinstatement)
	PA	X	X	X	X	X	Ala. Admin. Code r. 540-X-24-.01 - .03	"A physician assistant's absence from clinical practice for more than two years creates a rebuttable presumption of clinical incompetence"
AK	Physician	X	X	X	X	X	Alaska Stat. § 08.64.276 12 AAC 40.031	

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
AZ-M <sup>1</sup>	Physician	X	X	X	—	—	<u>Ariz. Rev. Stat. § 32-1431</u>	
	PA	X	X	X	—	X	<u>Ariz. Rev. Stat. § 32-2528</u>	"The Board may require any combination of physical examination, psychiatric or psychological evaluation, oral competency examination or a Board qualified written examination or interview/it believes necessary to assist it in determining the ability of a PA who holds an inactive license to return to regular licensure."
AZ-O	Physician	X	X	X	X	X	<u>Application Procedures For Doctors Re-Entering Practice</u>	
	Physician	X	X	X	X	X	<u>Ark. Med. Board Reg. 39</u>	The Board does not always require fitness-to-practice exam.
AR	PA	X	—	—	—	—	<u>Ark. Code Ann. § 17-105-104 and 105</u>	Reentry process requires: (1) Submitting the appropriate fee as determined by the Board; (2) Completing the appropriate forms; and (3) Meeting any other requirements set forth by the Board.
	Physician	X	X	X	X	X		

Note: PA licensing Board information is from the American Academy of Physician Assistants' (AAPA) List of Licensing Boards  
<sup>1</sup> Arizona PAs are licensed and regulated by the Regulatory Board of Physician Assistants.

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
CA-MF	Physician	X	X	X	X	X	Cal. Bus. & Prof Code § 704 Cal. Bus. & Prof Code § 2428	
CA-MF	PA	X	—	—	X	—	Cal Code Regs. tit. 16, § 1399.619	
CA-O	Physician	X	X	X	X	X	Cal. Bus. & Prof Code § 2428 Cal. Code Regs. tit. 16 § 1646	The Board may review on a case-by-case basis, require test, and or fitness evaluation.
CO	Physician	X	X	X	X	X	Col. Rev. Stat. § 12-240-119 3 Colo. Code Regs. § 713-1.8	A reentry license shall be valid for no more than three years and shall not be renewable. Licensing panel "may exercise discretion to require the individual to undertake a competency assessment or evaluation, supervised practice, or educational program."
CO	PA	X	X	—	X	X	Colo. Rev. Stat. Ann. § 12-240-141 3 Colo. Code Regs. § 713-1(1.9 D-F)	In the discretion of the Board, the physician assistant may be issued a re-entry license for the specific purpose of completing the education and/or training requirements. The re-entry license is valid for a single period of time not greater than three (3) years from the date of issue.
CT	Physician	X	X	X	X	X	Conn. Gen Stat § 20-10b	Applicants for reinstatement who have not been in the active, clinical practice of medicine for longer than 6 months are reviewed by the CMEB. "Reinstatement of a Lapsed License"

<sup>2</sup> California PAs are licensed and regulated by the Physician Assistant Board

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
DE	Physician	X	X	—	X	X	Del. Code tit. 24 § 1723 Del. Admin. Code Title 24.7	Physicians out of practice for 3 years or more must complete approved re-entry program
	PA	X	X	—	X	—	Del. Code Ann. tit. 24, § 1774D	For inactivity over 3, the Board may grant a re-entry license (valid for six months, and can be renewed once) and may, after consultation with the Council, impose additional practice and collaboration requirements for the re-entry license.
DC	Physician	X	X	X	X	X	Policy Re-Entry to Active Practice (Revised)	
	PA	X	X	X	X	X	D.C. Mun. Regs. r. 17-4906.5	Must hold a current valid certificate from the NCCPA. The Policy Re-Entry to Active Practice (Revised) also applies to "other health care professionals licensed by... the Board"
FL-M	Physician	X	X	X	X	X	Fla. Stat § 458.321 Fla. Admin. Code r. 64B8-7.002	Reentry after 3 years requires participation in a program approved by the Board for 6 months or more including supervised practice
	PA	X	—	X	X	X	Fla. Stat. Ann. § 456.036	An inactive status licensee may change to active status at any time, if the licensee meets all requirements for active status.

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
FLO	Physician	X	X	X	X	—	<u>Fla. Admin. Code Rule 64B15-12.0075</u>	Reentry after 5 years requires an appearance before the Board to "establish the ability to practice with the care and skill sufficient to protect the health, safety, and welfare of the public"
	PA	X	—	—	X	X	<u>Fla. Admin. Code Ann. I. 64B15-6.0035(7)</u>	Must hold a current valid certificate from the NCCPA, and "practice under the direct supervision of a supervising physician approved by the Council for one (1) year."
GA	Physician	X	X	X	—	X	<u>Ga. Comp. R. &amp; Reqs. 360-2-.06 (inactivity) &amp; .07 (revocation)</u>	"The Board, in its discretion, may impose any remedial requirements deemed necessary."
	PA	X	X	—	X	—	<u>Ga. Comp. R. &amp; Reqs. 360-5-.08</u>	The PA must be able to demonstrate to the satisfaction of the Board that he or she has maintained current knowledge, skill and proficiency in the medical arts.
GU <sup>3</sup>	Physician	X	—	X	X	—	<u>Guam Code Ann. § 12215(D)-(d) Guam Adm. Code § 10601</u>	License may be renewed within 4 years after following conditions. "The Board shall be directed to establish an effective system for reviewing re-registration forms."
	PA	—	—	—	—	—	<u>25 GAR § 10</u>	

<sup>3</sup> Guam PAs are licensed and regulated by the Board of Allied Health Examiners.

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-Practice Evaluation	Citation	Additional Comments
HI	Physician	—	X	X	X	X	Hawaii Medical Board "Restoration Information"	Failure to restore a forfeited license within 1 year (MDGs: physicians employed by state or local gov't) or 2 years (MDS) "will result in the termination of the license and the person must apply as a new applicant and meet current licensing requirements."
HI	PA	X	X	—	—	—	Haw. Code R. § 16-85-50	Must hold a current valid certificate from the NCCPA, and "A statement signed by the licensed physician or group of physicians... who will direct and supervise the PA."
ID	Physician	—	X	X	X	—	Idaho Admin. Code § 22.01.01.078.04 Physician Re-Entry After Absence From Practice Application For Medical Licensure	Physicians whose licenses have been canceled for a period of more than 5 years, shall be required to make application to the Board as new applicants for licensure.
ID	PA	X	X	—	—	X	Idaho Code Ann. § 54-1808(2) Idaho Admin. Code r. 24.33.03.104	"If a person wishes to convert [their] inactive license to an active license, [they] must account to the Board for that period of time in which [they] held an inactive license."
IL	Physician	X	X	X	X	X	Ill. Admin. Code tit. 68 § 1285.130	A licensee seeking restoration of a license that has been placed on inactive status for 3 years or less shall have the license restored upon payment of the renewal fee, submission of a completed physician profile, and the CME requirements for the last renewal period.
IL	PA	X	X	X	X	—	Ill. Admin. Code tit. 68 § 1350.117	Varying requirements based on length of inactivity (more or less than 3 years). Those with longer periods of inactivity must hold a current valid certificate from the NCCPA and may be required to appear for an interview with the Advisory Committee.



SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
IN <sup>4</sup>	Physician	X	X	—	X	—	<u>Ind. Code 25-22-5-7-1</u> <u>Ind. Code 25-1-8-6</u>	Licenses out of practice for 3 years or more may be issued a provisional license under IC 25-22-5-5-2.7. These applicants must "complete such remediation and additional training as deemed appropriate by the Board given the lapse of time involved."
	PA	X	—	X	X	X	<u>IN Code § 25-27-5-4-6</u> <u>IN Code § 25-1-8-6</u>	PAs inactive for more than 3 years may have to "complete such remediation and additional training as deemed appropriate by the Board given the lapse of time involved."
IA <sup>5</sup>	Physician	X	X	X	X	X	<u>Iowa Code § 148.9</u> <u>Iowa Admin Code § 653-9.15</u>	Licenses seeking reinstatement after more than 1 year of inactivity must complete the full suite of requirements.
	PA	X	—	—	X	—	<u>Iowa Admin. Code I.</u> <u>645-326.19</u>	PAs inactive for less than 5 years must complete 100 hours of CME or hold a current valid certificate from the NCCPA; inactivity for more than 5 years requires 200 hours of CME or a valid NCCPA certificate
KS	Physician	X	X	—	X	X	<u>Kan. Stat. Ann. § 65-2809(e)</u> <u>Kan. Admin. Revis. § 100-6-6</u>	Any license canceled for failure to renew may be reinstated within 2 years, upon recommendation of the Board, payment of renewal fees, and proof of compliance with CME requirements. After a longer period of inactivity, applicants "shall submit a proposed reentry plan for review by the Board."
	PA	X	—	X	X	X	<u>Kan. Admin. Revis. § 100-28a-16</u>	Varying requirements whether inactivity was less than one year, less than 5 years, or more than 5 years. The latter may have to complete an individual program approved by the Board.

<sup>4</sup> Indiana PAs are licensed and regulated by the Professional Licensing Agency's PA Committee  
<sup>5</sup> Iowa PAs are licensed and regulated by the Board of Physician Assistants

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
KY	Physician	X	X	—	X	X	<u>Kent Admin. Reg. § 201-9-051(S4)</u>	Upon failure of a licensee to register their license before the expiration allowed for late registration, the license shall become inactive and continued practice by the physician shall be considered the unauthorized practice of medicine or osteopathy.
	PA	—	—	—	—	—	<u>KY Rev Stat § 311.844</u>	
LA	Physician	X	X	X	X	X	<u>La. Admin. Code tit. 46:XLV § 419</u>	A license which has expired may be reinstated by the Board provided that application for reinstatement is made within 4 years. A physician whose license has lapsed for longer may apply to the Board for an initial original or reciprocal license.
	PA	X	X	—	X	—	<u>La. Admin. Code tit. 46 § 1517 &amp; 1519</u>	Reentering PAs must hold a valid NCCPA certificate. "An applicant shall not be deemed to possess such qualifications unless the applicant demonstrates and evidences such qualifications in a manner prescribed by and to the satisfaction of the Board."
ME-M	Physician	X	X	X	X	X	<u>ME-MD: Reentry to Practice Guidelines Me. Rev. Stat. tit. 32 ch. 48 § 3280-A(4)</u>	A licensee whose license has lapsed for more than 5 years shall apply for a new license. Formal reentry to clinical practice programs exist that include assessment, education, and mini residency. These programs vary in length and cost, and will be required when an applicant has been unlicensed and out of clinical practice for a period of more than 5 years.
	PA	X	—	X	X	X	<u>02-373-2 Me. Code R. § 3</u> <u>MBL Guidelines for Physician and PA Clinical Practice Reentry</u>	Reentering PAs must hold a valid NCCPA certificate.

SMB		Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
ME-O	Physician		X	X	—	X	—	ME-DO: Reentry to Practice Guidelines Me. Rev. Stat. tit. 32 ch. 36 § 2581	Licensees that have allowed their licenses to lapse and/or have not clinically practiced for 2 or more years may be required to demonstrate current clinical competency prior to full reinstatement/licensure/relicensure of their licenses.
	PA		X	—	X	X	X	02-383-2 Me. Code R. § 3 Maine BOL Guidelines for Physician and PA Clinical Practice Reentry	Reentering PAs must hold a valid NCCPA certificate and be subject to no disciplinary action by the NCCPA. PAs whose license has lapsed or been withdrawn for more than 5 years shall apply for a new license.
MD	Physician		X	X	—	X	—	Md. Code Ann. § 14-317 Md. Code Ann. § 14-409 (discipline)	Reentering PAs must hold a valid NCCPA certificate. Applicants must meet "any additional requirements set by the Board for reinstatement."
	PA		X	X	—	X	—	Md. Code Reens. 10.32.03.09 Md. Code Health Occ. § 15-308	Reentering PAs must hold a valid NCCPA certificate. Applicants must meet "any additional requirements set by the Board for reinstatement."
MA <sup>9</sup>	Physician		—	X	—	—	X	Code of Mass. Reg. tit. 243 § 2.06(4)(e)	If the physician in retired status has not engaged in a clinical practice of medicine for 2+ years, and intends to return to practice, the Board may require that the physician demonstrate current clinical competency prior to reviving the license.
	PA		X	—	X	—	—	263 Mass. Reg. 3.06 263 CMR 3.03	Reentering PAs must hold a valid NCCPA certificate. Licensees that have been inactive for >2 years must comply with initial license requirements set forth in 263 CMR 3.03.

<sup>9</sup> Massachusetts PAs are licensed and regulated by the Board of Registration of Physician Assistants

	SMB	MI-M	MI-O	MI-N	MS		
Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
Physician	X	X	X	X	X	<u>Mich. Admin. Code R. 338.2437</u> <u>Mich. Comm. Laws, § 333.16201</u>	Varying standards whether a licensee has been out of practice <3 years, between 3 and 5 years, and >5 years.
PA	X	—	X	—	—	<u>Mich. Admin. Code R. 338.6308</u>	Within 3 years of inactivity, reentering PA must "establish good moral character." After 3 years of inactivity, reentering PA must hold a valid NCCPA certificate and pass a certifying exam.
Physician	X	X	X	X	X	<u>Mich. Admin. Code r. 338.133</u>	Varying standards whether a licensee has been out of practice <3 years, between 3 and 5 years, and >5 years.
Physician	X (reapplying for licensure)	—	—	—	—	<u>Minn. Stat. § 147.039</u> <u>Minn. Stat. § 147.02</u> (licensure requirements for initial applicants)	The Board shall not renew, reissue, reinstate, or restore a license that has lapsed and is not subject to a pending review, investigation, or disciplinary action, and has not been renewed <b>within two annual license renewal cycles</b> . A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements then in existence for an initial license to practice medicine in Minnesota.
PA	—	X	—	—	—	<u>Minn. Stat. Ann. § 147A.07</u>	Reentering PAs must pay fees, complete forms, and "meet any other requirements of the Board."
Physician	X	—	—	—	X	<u>Miss. State Board of Medical Licensure: Admin. Code Part 2601 ch. 1 Rule 1.3</u>	Prior to the issuance of, or reinstatement of a license, any physician... who has not actively practiced for 3 years shall be required to participate in a Board approved assessment program, clinical skills assessment program or re-entry program to assure post-licensure competency.

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
MIP	Physician	—	—	—	—	—	Commonwealth Reg. § 185-10-1215 (discipline)	
	Physician	X	X	X	X	X	Mo. Ann. Stat. § 334.002 Mo. Code Regs. Ann. tit. 20, § 2150-7.140(5)	Reentering PAs must hold a valid NCCPA certificate.
MT	PA	—	—	—	—	—		
	Physician	X	X	X	X	X	30 Miss. Code R. 2615-1.12 Mo. Ann. Stat. tit. XXII ch. 32 § 334.002	Any licensee allowing their license to become inactive may within 5 years return to active status by notifying the Board in advance of such intention, paying the appropriate fees, and meeting all established licensure requirements of the Board, excluding the licensing examination, as a condition of reinstatement
	PA	—	—	—	—	—		Reentering PAs inactive for up to 5 years "may be reinstated upon completion of a reinstatement form and payment of the arrearage and the renewal fee for the current year."
	Physician	X	X	X	X	X	Mont. Admin. R. 24.156.618	Licensees inactive for 2 years or longer must complete reentry requirements.

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
NC	Physician	X	X	—	X	—	21 N.C. Admin. Code <u>32B.1370</u>	An applicant for licensure who has not actively practiced or who has not maintained continued competency for the 2-year period immediately preceding the filing of an application for a license shall complete a reentry agreement as a condition of licensure.
	PA	X	—	—	X*	—	21 N.C. Admin. Code <u>32S.0206 &amp; .0207</u>	Reentering PAs may be required to appear for an interview. *CME requirements can be waived if reentering PA has a valid NCCPA certification.
ND	Physician	—	X	X	X	X	N.D. Cent. Code <u>§ 43-17-26.1</u>	A physician whose license lapsed more than 3 years must submit a new application for licensure, whether or not they have practiced medicine in the state.
	PA	X	—	—	—	—	N.D. Admin. Code <u>50-03-01-16</u>	Reentering PAs with 3 years or more of inactivity "shall submit a new application for licensure."
NE	Physician	X	X	X	X	X	Neb. Rev. Stat. <u>§ 38-2026.01</u>	Licenses inactive for 2 years or longer must complete reentry requirements.
	PA	X	—	—	—	X	172 NAC <u>10.007</u>	"To reinstate a credential, an individual must... have met the continuing competency requirements."
NH	Physician	—	X	—	X	X	N.H. Rev. Stat Ann. <u>§ 329:16-h</u> OPIC Reentry Application	

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
N.M.	PA	X	X	—	—	—	<u>N.H. Rev. Stat. Ann. § 328-D:5a</u>	Reentering PAs must "show evidence of professional competence as the Board may reasonably require"
	Physician	X	X	X	X	X	<u>N.J. Rev. Stat. § 45:9-6.1</u>	Licensees inactive for 5 years or longer must complete reentry requirements.
N.V.M.	PA	X	X	X	X	X	<u>N.J. Admin. Code § 13:35-2B.15</u>	"If a Board review of an application... concludes that there may be practice deficiencies... the Board may require the applicant to... pass an examination or an assessment of skills, a refresher course, or other requirements as determined by the Board prior to reactivation of the license"
	Physician	X	X	X	X	X	<u>N.M. Code R. § 16.10.7.16-18</u> <u>N.M. Code R. § 16.17.6.8</u>	Varying reentry requirements based on whether licenses was inactive more or less than 2 years.
N.V.M.	PA	X	X	—	X	—	<u>N.M. Code R. § 16.10.15.18</u>	Reentering PAs with inactivity less than 2 years must hold a valid NCCPA certificate. Inactivity greater than 2 years may necessitate an interview with the Board in addition to the active certificate.
	Physician	X	X	X	—	X	<u>Nev. Rev. Stat. § 630.257</u>	If a licensee does not engage in the practice of medicine for more than 24 consecutive months, the Board may require the same examination to test medical competency as that given to applicants for a license.

<sup>7</sup> New Jersey PAs are licensed and regulated by the Physician Assistant Advisory Committee

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
OH	PA	X	X	X	X	—	<u>Nev. Rev. Stat. Ann. § 630.255 &amp; 257</u>	Reentering PAs must "satisfy the Board of his or her competence to practice as a physician assistant." Inactivity over 2 years may require the same examination required of new applicants
	Physician	—	X	X	X	X	<u>Nev. Rev. Stat. § 633.491</u>	For inactivity of 3 years or more, reentering physicians must reapply like new applicants. For shorter periods of inactivity, applicants must show proof or pay fine for lack of credits.
NY	PA	—	—	—	—	—	<u>Nev. Rev. Stat. Ann. § 633.481 &amp; 491</u>	
	Physician	—	X	X	X	X		
OH	PA	X	X	X	X	X	<u>Ohio Rev. Code Ann. § 4730.28</u>	Licensees inactive for 2 years or longer must complete reentry requirements.
	Physician	—	X	X	X	X	<u>Ohio Rev. Code § 4731.281(c)</u> <u>Ohio Rev. Code § 4731.222</u>	



SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
OK-M	Physician	X	X	X	X	X	Okla. Stat. tit. 59, § 59-495(h) OK Board of Med Guidelines on Re-Entry	
OK-M	PA	X	X	—	—	—	Okla. Admin. Code § 435:15-3-1	"Clinically inactive" defined as 24+ months of inactivity (Okla. Admin. Code § 435:15-1-1.1(a)). Reentering, inactive PAs must "Complete a reentry plan approved by the Board"
OK-O	Physician	—	X	X	X	X	Okla. Stat. tit. 59, § 59-642(b)	
OR	Physician	X	X	X	X	X	Or. Admin. R. 847-001-0045; 847-020-0183	If an applicant has ceased the practice of medicine for a period of 12 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to demonstrate clinical competency.
OR	PA	X	X	—	X	—	Or. Stat. Ann. § 677.175 Or. Admin. R. 847-050-0043	If PA has been inactive longer than 12 months, "the Board in its discretion may require the person to prove to its satisfaction that the licensee has maintained competence" and hold a valid NCCPA certificate and pass a certifying exam. Inactivity longer than 24 months may require a Board-mandated re-entry plan.
PA-M	Physician	X	X	X	X	X	63 Pa. Stat. § 422.43 49 Pa. Code § 16.15	

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
	PA	X	X	—	—	—	<u>49 Pa. Code § 16.15</u>	Inactivity of 4 years or more may require an interview with the Board "to ascertain the physical and mental fitness of the applicant."
PA=O	Physician	—	X	—	X	—	<u>49 Pa. Code § 25.271</u>	
PR	Physician	—	—	—	—	—		
	PA	X	—	—	—	—	<u>Article 9. Inactive License (Law No. 71-2017)</u>	"A PA who applies to reactivate their license shall pay renewal fees and shall meet the criteria for renewal under this Act."
Ri#	Physician	X	X	—	X	—	<u>Rules And Regulations For The Licensure And Discipline Of Physicians § 9.1.1</u>	At the discretion of the Board, the applicant may be required to appear before the Board for an interview.
	PA	X	X	—	X	X	<u>216 R.I. Code R. § 40-05-24 (24.6)</u>	PAs reentering after 2 years or more must have a valid NCCPA certificate and may be required to establish competency in a number of ways.

<sup>8</sup> Rhode Island PAs are licensed and regulated by the Physician Assistant Advisory Committee

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
SD	Physician	—	X	—	—	—	S. D. Cod. Laws § 36-4-24.2 & § 36-4-31.4	The reissuance of any license, resident license, or certificate may be made in such manner and form and under conditions as the Board may require.
	PA	—	X	—	—	—	South Dakota § 36-4A-33	Reactivation after more than one year requires "specific approval by the Board" in addition to fees.
TN-MP	Physician	X	X	X	X	X	Tenn. Code Ann. § 63-6-210 Tenn. Comm. R. & Reqs. 0880-02-10(3)	
	PA	X	X	—	X	—	Tennessee Rule § 1130-01-.09 BME Lapsed License Policy	"Renewal and reinstatement decisions... are subject to Committee and Board review"
SC	Physician	X	—	—	X	—	S.C. Code Ann. § 40-47-40 & 42 Board Policy on Retired Physicians	Reactivation of license after 4 years or more may require specialty Board certification, completion of a residency, passing an examination (SPEX/COMVEX), or completing a clinical skills assessment program.
	PA	—	—	—	—	—	S.C. Code Ann. § 40-47-910 et al.	

<sup>9</sup> Tennessee PAs are licensed and regulated by the Board of Physician Assistants

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-Practice Evaluation	Citation	Additional Comments
TN-O	Physician	X	—	X	X	—	Tenn. Comp. R. & Revis. 1050-02-.07 &.08	If a physician has been on official retired status for 2 years or longer, the request must be reviewed by the Licensure Committee of the Board. If the request is granted, it may be granted without conditions or subject to such conditions which the Board determines are necessary to adequately protect the public. Requests are reviewed on a case by case basis.
TX <sup>10</sup>	Physician	X	X	X	X	X	22 Tex. Admin. Code Part 9 § 163.10 Board Guidelines re: Physician License Retirement Options	Reentering PAS must have valid NCCPA certificate, submit a National Practitioner Data Bank/Health Integrity and Protection Data Bank (NPDB-HIPDB) report, and submit professional evaluations from each employment held after the license was placed on inactive status
	PA	X	X	—	X	X	22 Tex. Admin. Code 185.8	
UT-M <sup>11</sup>	Physician	—	X	X	X	X	Utah Admin. Code r. 156-67-302(d)(2) (initial requirements) Utah Admin. Code r. 156-1-308g (reinstatement)	After 2 years of more of inactivity, applicants to reinstate their licenses must reapply as if it is an initial application.
	PA	X	—	—	X	X	Utah Admin. Code r. 156-70a-303	Reentering PAS must have a valid NCCPA certificate, meet with the Board to evaluate their ability to safely and competently practice, and comply with requirements recommended by the Board, such as collaboration with or practicing under supervision.
UT-O	Physician	—	X	X	X	X	Utah Admin. Code r. 156-1-308(g)	

<sup>10</sup> Texas PAs are licensed and regulated by the Physician Assistant Board  
<sup>11</sup> Utah PAs are licensed and regulated by the Physician Assistant Licensing Board

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
VT-M	Physician	—	X	—	X	—	Vt. Stat. Ann. Tit. 26, § 1400(a) Vt. Rules of the Board of Medical Practice § 9.0	Varying reentry requirements based on whether licenses was inactive more or less than 1 year.
VT-M	PA	X	X	—	—	—	Vt. Stat. Ann. tit. 26, § 1734b 13 141 001 Vt. Code R. § 8.0 9.0 30.0	Inactivity of 3 years or more may require the licensee to update the licensee's knowledge and skills as defined by Board rules.
VT-O	Physician	X	X	X	X	X	04-220 Code Vt. R. 04-030-220-X § 3.4	
VI	Physician	—	—	—	—	—		
VI	PA	X	—	—	—	—	V.I. Code Ann. § 50e	Board is empowered to set requirements for reentering PAs.
VA	Physician	X	X	X	X	X	Va. Code Ann. § 54.1-2904 18 Va. Admin. Code § 85-20-240	Varying reentry requirements based on whether licenses was inactive for 2 years or 4 years or more.
VA	PA	X	X	—	—	—	Va Code Ann. § 54.1-2904 18 Va. Admin. Code § 85-50-58	Reentering PAs must have a valid NCCPA certificate and submit "evidence satisfactory to the Board that they are prepared to resume practice in a competent manner"

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
WVA-M	Physician	X	X	X	X	—	Wash. Admin. Code § 246-12-040 Wash. Admin. Code § 246-919-475 Wash. Med. Qual. Assurance Comm. Interpretative Statement; Guideline	Varying reentry requirements based on whether licenses was inactive for less than 3 years (WAC § 246-12-040) or more than 3 years (initial application requirements per RCW 18.71.050)
	PA	X	—	—	X	—	Wash. Admin. Code § 246-12-040 Wash. Admin. Code § 246-918-180	Reentering PAs must have a valid NCCPA certificate; those with inactivity of 3 years or more may need to "satisfy other competency requirements of the regulatory entity"
	Physician	X	X	X	X	X	Wash. Admin. Code § 246-853-245	Licenseses inactive for 2 years or longer must complete reentry requirements.
WV-M	Physician	X	X	X	X	X	W. Va. Code § 30-3-12	Varying reentry requirements based on whether licenses was inactive for 1 year or more, if the latter, applicant must apply for a new license.
	PA	X	—	X	X	—	W. Va. Code R. § 11-1B-Z	Reentering after one year or less requires completing CME, if reentering after more than one year "licensee shall apply anew for licensure"
WV-O	Physician	X	X	X	X	X	W. Va. Code § 30-14-10	

SMB	Profession	Board has policy on reentry	Decide on case-by-case basis	Examination	CME	Fitness-to-practice Evaluation	Citation	Additional Comments
WI	PA	X	—	X	X	—	<u>W. Va. Code Ann. § 30-3E-7</u>	
	Physician	—	X	—	X	X	<u>Med 14.06</u>	Varying reentry requirements based on whether licenses was inactive more or less than 5 years.
	PA	X	X	—	—	—	<u>Wis. Admin. Code PA § 2.05</u>	For up to 5 years of inactivity, reentering PAs need only pay a renewal fee. For inactivity of over 5 years, "the Board shall make an inquiry to determine whether the applicant is competent to practice"
WV	Physician	X	X	X	X	X	<u>Wvo. Stat Ann. § 33-26-305</u> <u>Wvo. Board of Med. Rules &amp; Revs § 11-12</u>	
	PA	X	X	X	X	X	<u>052-0001-5, Wvo. Code R. § 11</u>	Reentering PAs may be issued temporary licenses prior to interviewing with the Board.

For informational purposes only. This document is not intended as a comprehensive statement of the law on this topic, nor to be relied upon as authoritative. Non-cited laws, regulation, and/or policy could impact analysis on a case-by-case or state-by-state basis. All information should be verified independently.

Questions, comments, or corrections? Please contact us! ([advocacy@tsmb.org](mailto:advocacy@tsmb.org))

**18VAC85-20-240. Reinstatement of an inactive or lapsed license.**

A. A practitioner whose license has been lapsed for two successive years or more and who requests reinstatement of licensure shall:

1. File a completed application for reinstatement;
2. Pay the reinstatement fee prescribed in 18VAC85-20-22; and
3. Provide documentation of having completed continued competency hours equal to the requirement for the number of years, not to exceed four years, in which the license has been lapsed.

B. An inactive licensee may reactivate his license upon submission of the required application, payment of the difference between the current renewal fee for inactive licensure and the current renewal fee for active licensure, and documentation of having completed continued competency hours equal to the requirement for the number of years, not to exceed four years, in which the license has been inactive.

C. If a practitioner has not engaged in active practice in his profession for more than four years and wishes to reinstate or reactivate his license, the board may require the practitioner to pass one of the following examinations. For the purpose of determining active practice, the practitioner shall provide evidence of at least 640 hours of clinical practice within the four years immediately preceding his application for reinstatement or reactivation.

1. The Special Purpose Examination (SPEX) given by the Federation of State Medical Boards.
2. The Comprehensive Osteopathic Medical Variable Purpose Examination—USA (COMVEXUSA) given by the National Board of Osteopathic Examiners.
3. The Special Purposes Examination for Chiropractic (SPEC) given by the National Board of Chiropractic Examiners.
4. A special purpose examination or other evidence of continuing competency to practice podiatric medicine as acceptable to the board.



## **Agenda Item:** Reinstatement CE Requirements

**Staff Comments:** Currently the Board's regulations for the renewal of a license require attestation to having obtained the specified number of continuing education hours in the last 2 years since the previous renewal. The same is true for elevating an Inactive license to Active; only an attestation is required. For reinstatement, the regulations require submission of documentation or evidence of having obtained the required continuing education hours for up to 4 years. Should reinstatement CE be treated as renewal CE is treated? This would require a regulatory action for some professions.

**Action:** Keep the current requirement or recommend that it be amended to an attestation for reinstatement.



The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher within 30 days after completion of their trip”. (CAPP Topic 20335, State Travel Regulations, p.7). Vouchers submitted after the 30-day deadline cannot be approved.

In order for the agency to be in compliance with the state travel regulations, please submit your request for today’s meeting on or before

**October 18, 2024**