



# Legislative Committee Meeting

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Virginia Board of Medicine

January 14, 2022

8:30 a.m.

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**AGENDA**  
**Legislative Committee**  
 Virginia Board of Medicine  
 Friday, January 14, 2022, 8:30 a.m.

Page

**Call to Order** – David Archer, MD – Vice-President, Chair

**Egress Instructions**

**Roll Call**

**Approval of Minutes of May 21, 2021** .....1

**Adoption of Agenda**

**Public Comment on Agenda Items - 5 minutes per speaker**

**DHP Director’s Report**..... 9

**New Business**

- 1. Report from the 2022 Session of the General Assembly – Ms. Yeatts ..... 10
- 2. Consideration of Reciprocity with Maryland and the District of Columbia – Dr. Harp ..... 11
- 3. Joint Commission on Health Care “Review of the Interstate Medical Licensure Compact – Dr. Harp ..... 88

**Announcements**

**Next Meeting:** May 6, 2022

**Adjournment**



**VIRGINIA BOARD OF MEDICINE**  
**LEGISLATIVE COMMITTEE MINUTES – Virtual Meeting**

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Friday, May 21, 2021                      Department of Health Professions                      Henrico, VA

**CALL TO ORDER:**                      Mr. Marchese called the meeting of the Legislative Committee to order at 8:37 a.m.

**ROLL CALL:**                              Ms. Opher called the roll; a quorum was established.

**MEMBERS PRESENT:**                      Blanton Marchese, Vice-President, Chair  
Lori Conklin, MD, President  
James Arnold, DPM  
Amanda Barner, MD  
Joel Silverman, MD

**MEMBERS ABSENT:**                      Ray Tuck, DC  
Ryan Williams, MD

**STAFF PRESENT:**                      William L. Harp, MD, Executive Director  
Jennifer Deschenes, JD, Deputy Director for Discipline  
Colanthia Morton Opher, Deputy Director for Administration  
Michael Sobowale, LLM, Deputy Director for Licensing  
Barbara Matusiak, MD, Medical Review Coordinator  
David Brown, DHP Director  
Elaine Yeatts, DHP Senior Policy Analyst  
Erin Barrett, JD, Assistant Attorney General

**OTHERS PRESENT:**                      Karin Addison  
Mark Hickman  
Cal Whitehead  
Dora Muhammad  
Tierra Langley  
Galina Varchena  
Abbot Granoff, MD  
Kassie Schroth  
Ali Faruk  
Jerry Canaan, JD  
Jamie Lockhart  
Graham McMahon, MD  
Michael Keverline, MD  
Frank Cotter, MD  
Christopher West  
Michaela she/her  
Valentina Vega, MSV

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Richard Grossman  
Kimberly Dyke-Harsley  
Ben Traynham, JD  
Scott Castro, MSV

**EMERGENCY EGRESS INSTRUCTIONS**

Mr. Marchese provided the emergency egress instructions.

**APPROVAL OF MINUTES OF JANUARY 15, 2021**

Dr. Arnold moved to approve the meeting minutes of January 15, 2021 as presented. The motion was seconded by Dr. Conklin and carried unanimously.

**ADOPTION OF AGENDA**

Dr. Barner moved to accept the agenda as presented. The motion was seconded by Dr. Arnold and carried unanimously.

**PUBLIC COMMENT**

Frank Cotter, MD, Chairman of the Virginia Ambulatory Surgery Association, spoke in favor of the Board establishing an ad hoc committee to study the standard of care for eye surgeries in ambulatory surgery centers and physicians' offices.

Michael Keverline, MD, President, Virginia Society of Eye Physicians & Surgeons - spoke in favor of the Board establishing an ad hoc committee to study the standard of care for eye surgeries in ambulatory surgery centers and physicians' offices.

Abbot Granoff, MD – spoke in favor of the Board developing a guidance document on the prescribing of benzodiazepines.

Dora Muhammad, Congregation Engagement Director and Health Equity Program Manager for the Virginia Interfaith Center for Public Policy - spoke in favor of legislation, regulation, or a guidance document to require implicit bias training for all Board of Medicine licensees.

Tierra Langle, Member of the Task Force with Virginia Interfaith Center for Public Policy - spoke in favor of legislation, regulation, or a guidance document to require implicit bias training for all Board of Medicine licensees.

Ali Faruk, Director of Public Policy with Families Forward Virginia, spoke in favor of legislation, regulation, or a guidance document to require implicit bias training for all Board of Medicine licensees.

Galina Varchena, Policy Director NARAL Pro-Choice Virginia, spoke in favor of legislation, regulation, or a guidance document to require implicit bias training for all Board of Medicine licensees.

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Kimberly Dyke-Harsley spoke in favor of legislation, regulation, or a guidance document to require implicit bias training for all Board of Medicine licensees and evaluation after the training.

Graham McMahon, MD, President, Accreditation Council for Continuing Medical Education, offered a brief synopsis of the continuing education tracking service ACCME can provide to the Board and its licensees.

The floor closed for Public Comment at 9:17 a.m.

**DHP DIRECTOR'S REPORT**

Dr. Brown provided an update on the efforts to address COVID-19, vaccine numbers and changes in mask requirements. He also provided an overview of the work accomplished by the state and the agency on DEI and anticipates that DEI will be part of the next in-person Board member training.

Dr. Conklin asked Dr. Brown if the Department of Health could be encouraged to wait before reporting a positive COVID result to the CDC until a follow-up second test result has been completed. Dr. Brown asked for a summary addressing the issue, and he will forward it to the right people.

**EXECUTIVE DIRECTOR'S REPORT**

Dr. Harp announced the appointment of Madge Ellis, MD, a general surgeon from the 9<sup>th</sup> Congressional District, who is replacing Ken Walker MD. Additionally, he said that the Full Board meeting and all hearings scheduled for June 24<sup>th</sup> & 25<sup>th</sup> will be in-person.

**NEW BUSINESS**

**1. Regulatory Actions in Process**

Ms. Yeatts reviewed the Board's regulatory actions in process for the Board. This report was for information only and did not require any action.

**2. Regulatory/Policy Actions from the 2021 General Assembly**

Ms. Yeatts reviewed the regulatory/policy actions of the 2021 Session that require action by the Board.

**Department of Health Professions  
Regulatory/Policy Actions – 2021 General Assembly  
Board on Medicine**

**EMERGENCY REGULATIONS:**

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment

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SB1189	Occupational therapy compact	Medicine	8/6/21	By 12/23/21
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**EXEMPT REGULATORY ACTIONS**

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1737	Revise autonomous practice reg consistent with 2 years	Nursing & Medicine	N – 7/20/21 M – 8/6/21	
HB1747	Licensure of CNS as nurse practitioners – Amend Chapters 30 and 40 Delete sections of Chapter 20 with reference to registration of CNS	Nursing & Medicine	N – 7/20/21 M – 8/6/21	
HB1817	Autonomous practice for CNMs with 1,000 hours	Nursing & Medicine	N – 7/20/21 M – 8/6/21	
HB2039	Conform PA regs to Code	Medicine	10/14/21	
HB2220	Change registration of surgical technologists to certification	Medicine	10/14/21	
SB1178	Delete reference to conscience clause in regs for genetic counselors	Medicine	10/14/21	

**APA REGULATORY ACTIONS**

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1953	Licensure of certified midwives	Nursing & Medicine	NOIRA Nursing – 7/20/21 Medicine – 8/6/21	Unknown

**NON-REGULATORY ACTIONS**

Legislative source	Affected agency	Action needed	Due date
HB793 (2018)	Medicine & Nursing	To report data on the number of nurse practitioners who have been authorized to practice without a practice agreement, the geographic and specialty areas in which nurse practitioners are practicing without a practice agreement, and any complaints or disciplinary actions taken against such nurse practitioners, along with any recommended modifications to the requirements of this act including any modifications to the clinical experience requirements for practicing without a practice agreement	November 1, 2021
HB1987	Boards with prescriptive authority	Revise guidance documents with references to 54.1-3303	As boards meet after July 1
HB2079	Pharmacy (with Medicine & VDH)	To establish protocols for the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment available over-the-counter by pharmacists in accordance with § 54.1-3303.1. Such protocols shall address training and continuing education for pharmacists regarding the initiation of treatment with and	Concurrent with emergency regulations



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		dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment.	
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3. Request from the Virginia Society of Eye Physicians and Surgeons and the Virginia Ambulatory Surgery Association

Mr. Marchese reminded the members of the public comments from Dr. Cotter and Dr. Keeverline at the top of the meeting.

The members briefly discussed whether consideration had been given to establishing an ad hoc to review the practice of other office surgeries. Dr. Harp confirmed that in 2009-2011, the Board did look at the practice of office-based plastic surgery but did not move forward with regulations.

**MOTION:** After further discussion, Dr. Conklin moved that an ad hoc committee not be established at this time. The motion was seconded by Dr. Arnold and passed 4-0-1 with one abstention.

4. Request for a Guidance Document on Benzodiazepines

Mr. Marchese referred to the information in the packet and comments provided by Dr. Granoff.

Dr. Silverman acknowledged the legitimate role that benzodiazepines have in treating anxiety, withdrawal states, insomnia, and agitation. He also pointed out that benzodiazepine overdoses have risen between 500-600% since 2010. He said there is evidence that deaths have also tragically increased. Evidence also shows that some practitioners are not properly assessing their patients to determine if indications for the use of benzodiazepines exist. Virginia physicians have full latitude to use these medications within the standard of care as their judgment determines. Therefore, he does not recommend the establishment of an ad hoc to develop a guidance document for benzodiazepines.

Dr. Conklin stated that the CDC guidelines don't prevent a physician from prescribing any medication necessary for patient care. Unfortunately, the prescribing pendulum has swung in the opposite direction due to fear of coming before the Board for improper prescribing of controlled substances. She does not feel that a guidance document on benzodiazepines will alleviate prescribers' concerns. She is not sure how to change the physicians' perception of the Board and prescribing. It may be more productive for the state societies to address this issue with their membership.

**MOTION:** With no further discussion, Dr. Barner moved that a guidance document not be developed at this time. The motion was seconded by Dr. Silverman and passed unanimously.

Request from the Virginia Interfaith Center for Public Policy

Mr. Marchese referred to the public comment and email communications provided in the agenda packet on this topic. He acknowledged the importance of this issue and the efforts

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being made by the Governor and state agencies to address inequities. He noted that the only mandated specific Continuing Education requirement is the 2 hours on the proper prescribing of opioids.

Dr. Conklin reminded the members of a previous meeting at which a request to mandate continuing education in human trafficking was discussed. She recalled that the Board did not have the authority to require it; to require it would take an action of the General Assembly.

Erin Barrett, JD confirmed that the Board doesn't prescribe specific continuing medical education hours unless they are required by statute. There is also a policy issue to consider in that there are many subjects that would be beneficial for licensees. The Board can't make them all a requirement; however, it can encourage licensees to obtain specific training.

Ms. Yeatts advised that Pharmacy is the only board that has legislation that authorizes it to annually determine a specific topic for continuing education. In order for the Board of Medicine be able to exercise that authority, the regulations would need to be amended. Ms. Yeatts noted that, as an alternative, the Board could provide links to implicit bias training in its Board Briefs.

Dr. Silverman supports pursuing the issue. To say that physicians understand what training they need does not apply in this area. If bias is unconscious, then to believe that a physician would think that he/she needs training is unreasonable. Second, because bias effects the health of such a large population of patients, implicit bias training becomes a broader and more generic issue. Simply suggesting implicit bias training in the Board Briefs is very unlikely to have any impact. Finding an avenue to pursue this as a requirement would be beneficial.

Dr. Barner agreed with Dr. Silverman and stated that the increased rate of maternal mortality in Black women across the nation, but especially in Virginia, is close to her heart. She supports anything that the Board decides to proceed with to address these biases such as adding topics or links to free CME to the website, publishing them in the Board Briefs, or even incentivizing obtaining continuing education on this topic.

Dr. Brown added that the issues being raised around maternal mortality are a top priority for the Governor. Dr. Brown also agreed that making requirements in response to specific legislation is a slow process. Because the Board of Medicine gets requests regularly, if interested, it should seek authority similar to the Board of Pharmacy. He also stated that he very much supports the issue of addressing implicit bias, and what he's learned is that we all have it. It's how we're wired. The best thing to do is to become aware of that fact.

**MOTION:** With no additional discussion, Dr. Silverman moved that Board staff compile a list of continuing education on this topic to be included in the next Board Briefs. He added that the matter should be on the agenda of the next Full Board meeting to get clear guidance on the law and identify potential options for implementation. The motion was seconded by Dr. Barner and passed unanimously.

Accreditation Council for Continuing Medical Education Project

Mr. Marchese referred to the comments received from Dr. McMahon and the information in the packet describing the ACCME process for collecting and tracking CME's.

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During the discussion, the Committee was unable to identify a need for joining the project at this time.

Dr. Harp stated that MD audits require the submission of multiple printed certificates from 300+ physicians. Manual processing is quite burdensome for the staff. In 2008, the idea was floated that the Physician Profile system could house a space for physicians to record their CE, which would allow a 100% audit. That approach was not pursued because it was seen as a burden to practitioners. The difference between what the Board has considered in the past and what was presented at this meeting is that joining the ACCME would not incur expense to the Board or the practitioner. All the practitioner would have to do is provide minimal information at the time of a CME event/activity. The CME provider would report the credit hours to ACCME. Board staff would then have access to the stored data.

Mr. Marchese asked about the risk and clarified that if the Board voted to join the ACCME project, would it be the sole source of verification that licensees have to provide evidence of their CE hours.

Dr. Arnold voiced some concern about the idea that this will be at no cost to anyone as someone has to get paid for entering the data. There is also the possibility of not all data being entered.

Dr. Brown said that it was a good discussion to hear, but it is important to recognize this is an administrative decision. With Dr. Harp being tasked with performing an audit, it is up to him how to carry it out. It's important to separate out administrative decisions from policies that the Board should determine. Secondly, auditing of continuing education is not an issue unique to the Board of Medicine. In trying to find a way to streamline the auditing process, it would be preferable to find a solution that is standardized to help all boards in DHP.

Dr. Harp stated that the ACCME project does have possibilities for the audit function and provides a convenient response to the Board for licensees who choose to use it.

**MOTION:** After the discussion, Dr. Conklin moved to send the ACCME Project to the Full Board for consideration. The motion was seconded by Dr. Arnold and passed unanimously.

Request for Comment on Physician Assistant Licensure Compact

Mr. Marchese said that the Federation of State Medical Boards is requesting comment on the draft language of the Physician Assistant Licensure Compact. He noted that clarity would need to be provided regarding discipline information that is to be shared and also the requirement for a criminal background check (CBC), which Medicine does not currently require in Virginia.

Ms. Barrett stated that the language is set up similarly to the nurse compact. The only issues she noticed from a legal standpoint, in addition to what Mr. Marchese pointed out, are joint investigations which will require a Code change in 2400.2 – Confidentiality statute. Aside from that, this actually gives the licensees a compact privilege and allows movement between states without obtaining a license from each state. Ms. Yeatts agreed with Ms. Barrett's statements.

Dr. Arnold also pointed out that the Board could be assessed an open-ended fee.

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**ACTION:** Mr. Marchese noted that comments are due to FSMB by June 14<sup>th</sup>. The Committee unanimously agreed that Dr. Harp, along with the appropriate staff, develop talking points capturing the issues communicated during the discussion for Mr. Marchese's signature and submission to FSMB.

**ANNOUNCEMENTS**

No Announcements.

**NEXT MEETING**

September 3, 2021

**ADJOURNEMENT**

With no other business to conduct, the meeting adjourned at 10:32 a.m.

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Blanton Marchese  
Vice-President, Chair

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William L. Harp, MD  
Executive Director

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Colanthia Morton Opher  
Recording Secretary

**Agenda Item:** DHP Director's Report – David Brown, DC

**Staff Note:** Dr. Brown will present issues relevant to DHP and the Board of Medicine.

**Action:** Discussion as appropriate.

**Agenda Item:** Report from the 2022 Session of the General Assembly

**Staff Note:** Ms. Yeatts will present bills pertinent to the Board of Medicine

**Action:** Discussion as appropriate.

**Agenda Item:** Consideration of reciprocity with Maryland and the District of Columbia

**Staff Note:** There is growing interest among medical providers, medical associations, medical boards and members of the General Assembly in facilitating practice across jurisdictional lines with Maryland and DC. The executive directors have been discussing how an agreement for licensing reciprocity could be implemented among the 3 jurisdictions. The process has reached the point where all 3 jurisdictions appear to have the statutory foundation and are in favor of such an agreement. Maryland, DC and Virginia execs will meet on January 28<sup>th</sup> to hammer out the details of what the reciprocity agreement will look like. As an entity of the Board, the Legislative Committee can provide a sense of what may be acceptable to the full Board in advance of the meeting on the 28<sup>th</sup>. In the following pages, you will find an enthusiastic article published by the Medical Society of the District of Columbia, a list of the requirements for each jurisdiction followed by the “character, fitness and competency” questions for each jurisdiction, and provided for your reference are the instructions and applications for the jurisdictions, if you need clarification of a particular requirement.

**Action:** No vote anticipated, but a robust discussion about the requirements, with attention to the “character, fitness and competency” questions to give Board staff some guidance for the meeting on the 28<sup>th</sup>.

# MSDC

## DC Board of Medicine Takes Next Step For Regional Reciprocity

December 15, 2021

Written by MSDC Staff

At its Wednesday meeting, the DC Board of Medicine took a step that the physician community is applauding for helping medicine in DC, Maryland, and Virginia.

The DC Board voted to recognize that the physician license requirements for the states of Maryland and Virginia are "substantially equivalent" to the District's requirements. Under DC code, the District can create a reciprocity agreement with another state if the other state's license requirements are substantially equivalent and admitted health professionals are licensed "in a like manner". Maryland and Virginia are currently working on a new regional reciprocity agreement and the District needed to adopt this position to continue conversations with those two states.

Reciprocity in this case would not mean one license for all three states. Rather, it likely will mean that a physician in good standing in Virginia or Maryland who wants a DC license will have an expedited process to apply. While they would still have to pay the full fee, their application could contain fewer documents or proofs of practice by simply indicating they are already licensed in a reciprocal state.

This has been a major priority of the Medical Society due to the tri-state nature of so many practices and physicians. Prior to the meeting, the Medical Society sent the below letter to the Board of Medicine:



# MSDC

899 North Capitol Street NE, 6th Floor  
Washington, DC 20002

Dear Dr. Anderson,

The Medical Society of DC is the largest medical organization representing metropolitan Washington physicians in the District. We advocate on behalf of all 12,000 plus licensed physicians in the District and seek to make the District “the best place to practice medicine”.

MSDC is pleased the Board is considering a reciprocity agreement with Maryland and Virginia for medical licenses. The Society feels strongly that a regional solution is needed to ensure efficient licensing of physicians already licensed and in good standing in our neighboring states. The pandemic has shown that regional borders do not matter in solving the major health issues facing the District.

Talking to our colleagues in Maryland and Virginia, the local medical community is united in the need for regional reciprocity. Since the Maryland and Virginia Boards determined that requirements for medical licenses in all three states are substantially equivalent, we urge the DC Board to make the same determination. Doing so will allow all three states to continue working towards the shared goal of a tri-state area reciprocity.

Please reach out to the Society if we can assist in this important process.

Sincerely,

Kirstiaan Nevin, MD  
President, Medical Society of the District of Columbia

# MSDC

1455 Pennsylvania Ave NW, Suite 400  
Washington, DC 20004  
Phone: (202) 466-1800

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## **DC Requirements**

Name

DOB

SSN

Degree

Mailing address

Passport photos - 2

Copy of current government issued photo

Criminal background check

Documentation of COVID-19 vaccination

3 Character reference forms – from MD or DO in good standing in a US jurisdiction

Name change documentation

Transcripts from schools – primary source

Verification letters from postgraduate programs – primary source

Last 5 years of work experience

State verifications from all jurisdictions in which licenses have been held – primary source

Specialty area

Board certification -

Screening questions – under penalty of law

AMA/AOA profile – primary source

Exam scores – primary source

ECFMG – primary source

Malpractice claims forms – separate form and relevant court documentation for all filed cases

NPDB – primary source

Select DEA schedules – must have a DC business address

Register for the Prescription Drug Monitoring Program

Please answer questions 1 through 15 by placing an "X" in the appropriate boxes. If you answer "Yes" to any question, you must provide full information and complete details on a separate sheet of paper, as well as attach copies of all relevant documents such as final court orders. Failure to provide relevant information will delay the application processing time.

1.	Have you ever been arrested, charged, convicted, pled guilty to, or pled no contest to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor, including driving under the influence or while impaired, but excluding minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been a defendant or respondent to a claim for damages or a malpractice action? If you answer "Yes", please complete the Malpractice Claims Form and submit it along with all relevant court documents (e.g., Complaint, Answer, and Final Order/Decision). A separate Malpractice Claims Form MUST be completed for each malpractice case.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever voluntarily surrendered a license or registration certificate, or allowed it to lapse, after formal charges had been brought against you or while you were under investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever surrendered your clinical privileges, voluntarily or involuntarily, or had your clinical privileges denied, revoked, or suspended at any hospital or health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been terminated or resigned, voluntarily or involuntarily, from a clinical or professional training program for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has any licensing authority, in any healthcare field, taken adverse action against your license or privileges or informed you of any pending charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has any licensing authority, health facility, or peer review board, in any healthcare field, informed you of any pending charge(s) or investigation(s) against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you presently now, or have you ever been, under a corrective action plan imposed by an employer, medical facility or educational program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you have a medical condition or have you become aware of any medical condition that impairs or limits your ability to practice your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever engaged in any conduct that either indicated an impairment, or actually impaired, your ability to practice your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever entered into a monitoring program for purposes of monitoring your abuse of alcohol, drugs, or other controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever entered into a monitoring program for purposes of monitoring your professional behavior including recordkeeping, billing, boundaries, quality of care or any other matter related to the practice of your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Within the last ten (10) years have you voluntarily resigned, been asked to resign, terminated, or disciplined by any employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Have you ever withdrawn a license application or have you been denied a license or denied the privilege of taking a license examination by any professional licensing board or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you ever been excluded from any federal or state run insurance program, including Medicare and/or Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## **Maryland Requirements**

Name

DOB

SSN

Public address

Non-public address

Passport photo

Criminal background check

Chronology of professional activity

Verification of professional education - primary source

Oral and written competency in English - copy accepted

Postgraduate training - primary source

Exam scores - primary source

Step failure x 3 - no discipline, 2 years of postgraduate training & 5 years of domestic practice or board certification

State verifications for all jurisdictions in which a license has been held - primary source

Character and fitness questions

License expires in 120 days

**16. Character and Fitness Questions (Check either YES or NO) Please answer questions "a" through "q" on pages 7 and 8.**

- |    | YES                      | NO                       |   |
|----|--------------------------|--------------------------|---|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | Has a state licensing or disciplinary board (including Maryland), a comparable body in the armed services, or the Veterans Administration, ever denied your application for licensure, reinstatement, or renewal?   |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Has a state licensing or disciplinary board (including Maryland), a comparable body in the armed services, or the Veterans Administration, ever taken action against your license? Such actions include, but are not limited to, limitations of practice, required education admonishment or reprimand, suspension, probation or revocation.        |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Has any licensing or disciplinary board in any jurisdiction (including Maryland), a comparable body in the armed services, or the Veterans Administration, ever filed any complaints or charges against you or investigated you for any reason?   |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever withdrawn your application for a medical license or other health professional license?  |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Has a hospital, related health care institution, HMO, or alternative health care system ever investigated you or ever brought charges against you?  |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Has a hospital, related health care facility, HMO, or alternative health care system ever denied your application; failed to renew your privileges, including your privileges as a resident; or limited, restricted, suspended, or revoked your privileges in any way?  |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever pleaded guilty or <i>nolo contendere</i> to any criminal charge, been convicted of a crime, or received probation before judgment because of a criminal charge?   |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed an offense involving alcohol or controlled dangerous substances to which you pled guilty or <i>nolo contendere</i> , or for which you were convicted or received probation before judgment? Such offenses include, but are not limited to, driving while under the influence of alcohol or controlled dangerous substances. |
| i. | <input type="checkbox"/> | <input type="checkbox"/> | Are there any charges pending against you in any court of law, are you currently under arrest, released pending trial with or without bond, or is there an outstanding warrant for your arrest?   |
| j. | <input type="checkbox"/> | <input type="checkbox"/> | Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a physical, mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice your profession in a safe, competent, ethical, and professional manner?                                      |
| k. | <input type="checkbox"/> | <input type="checkbox"/> | Have any malpractice claims or other claims for money damages ever been filed against you? Include past claims as well as any claim that is now pending, has been dismissed, has been settled, or which has resulted in a damages award against you or your medical practice.   |
| l. | <input type="checkbox"/> | <input type="checkbox"/> | Are you in default of a service obligation that you incurred by receiving State or Federal funds for your medical education?  |

**If you answered "YES" to any question, on a separate sheet of paper, please provide a signed and dated detailed explanation and attach appropriate supporting documents. Failure to provide documentation and a signed and dated explanation will delay the processing of your application.**

**16a. Character and Fitness Questions (Continued)** (Check either YES or NO) Please answer questions "m" through "q."

- |    | YES                      | NO                       |   |
|----|--------------------------|--------------------------|---|
| m. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever failed to make arrangements to satisfy State or Federal loans that financed your medical education?   |
| n. | <input type="checkbox"/> | <input type="checkbox"/> | Has your employment or contractual relationship with any hospital, HMO, other health care facility, health care provider, institution, armed services, or the Veterans Administration ever been terminated for disciplinary reasons?                                      |
| o. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever voluntarily resigned or terminated a contract with any hospital, HMO, other health care facility, health care provider, institution, armed services, or the Veterans Administration while under investigation by that institution for disciplinary reasons? |
| p. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever surrendered your license or allowed it to lapse while you were under investigation by any licensing or disciplinary board of any jurisdiction, any entity of the armed services, or the Veterans Administration?  |
| q. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been dishonorably discharged from any military service of the U.S. Government? Attach a copy of your military discharge documentation that includes type of service, date of discharge, and type of discharge.  |

If you answered "YES" to any question, on a separate sheet of paper, please provide a signed and dated detailed explanation and attach appropriate supporting documents. Failure to provide documentation and a signed and dated explanation will delay the processing of your application.

**17. SPEX/COMVEX Examinations:** Please check all that apply. If none apply, please make N/A here. \_\_\_\_\_

- a. The last time I passed a medical licensing exam was more than 15 years before \*submitting this application for initial medical licensure.
- b. I have never had a specialty board certification.
- c. During the 10 years preceding the \*submission of this application for initial medical licensure, I did not pass a specialty board certification or recertification examination give by the American Board of Medical Specialties or the American Osteopathic Association Bureau of Osteopathic Specialists.
- d. I have not had a full, unrestricted medical license in at least one state of the United States, its territories, or Canada within the 10-year period before \*submitting this application for initial medical licensure.
- e. I have not actively practiced clinical medicine in the United States, its territories, or Canada for a least 7 of the 10 years before \*submitting this application for initial medical licensure.

*\*The date the application is signed will be used for date of submission.*

If you checked all of the statements listed above, the Board will require you to pass the Special Purpose Examination (SPEX) or the Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX). The SPEX is administered by the Federation of State Medical Boards (FSMB), and the COMVEX is administered by the National Board of Osteopathic Medical Examiners (NBOME). If you are required to take the SPEX, contact the FSMB at [http://www.fsmb.org/licensure/spex\\_plas/](http://www.fsmb.org/licensure/spex_plas/). If you are required to take the COMVEX, contact the NBOME—Client Services Department at [clientservices@nbome.org](mailto:clientservices@nbome.org) or (866) 479-6828. The Website address is <http://www.nbome.org/comvex.asp>.

## **Virginia Requirements**

Name

DOB

Public address

Board communications address

SSN or DMV control number

Degree

Chronology of professional activity

Professional school transcripts – primary source

Postgraduate training programs – primary source x 5 years, thereafter copy of certificate

Exam scores – primary source

State license verifications – primary source, now only 1 required

NPDB report – primary source

ECFMG – primary source

Name change documents

Documents/comments in response to YES answers for any of the fitness and competency questions

Documents for malpractice paid claims in the last 10 years



3. Do you intend to engage in the active practice of medicine in the Commonwealth of Virginia?  Yes  No

If Yes, give location \_\_\_\_\_

4. List all jurisdictions in which you have been issued a license to practice medicine: include all active, inactive, expired, suspended or revoked licenses. Indicate number and date issued.

Jurisdiction	Number Issued	Active/Inactive/Expired

5. Which of the following have you taken:  National Board Examination  USMLE 1  USMLE 2  USMLE 3  
 FLEX  LMCC  State Equivalency  COMLEX

**QUESTIONS MUST BE ANSWERED.** If any of the following questions (6-18) is answered Yes, explain and substantiate with documentation.

Yes No

6. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any testing entity or licensing authority?  Yes  No
7. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state, or local statute, or regulation or ordinance, or entered into an plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) **Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.**  Yes  No
8. Have you ever been denied privileges or voluntarily surrendered your clinical privileges for any reason?  Yes  No
9. Have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or requested to withdraw from any professional school, training program, hospital, etc?  Yes  No
10. Have you ever been terminated from employment or resigned in lieu of termination from any training program, hospital, healthcare facility, healthcare provider, provider network or malpractice insurance carrier?  Yes  No
11. Do you have any pending disciplinary actions against your professional license/certification/permit/registration related to your practice of medicine?  Yes  No
12. Have you voluntarily withdrawn from any professional society while under investigation?  Yes  No
13. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?  Yes  No
14. Within the past five years, have you been disciplined by any entity?  Yes  No
15. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the Obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.  Yes  No
16. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.  Yes  No
17. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.  Yes  No

Yes No

- 18. Within the past five years, have you any condition or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?
- 19. Have you requested a certification report from ECFMG?
- 20. Have you requested a current report (Self Query) from NPDB?

**Malpractice Information**

- 21. Have you had any malpractice paid claims in the past ten (10) years, or do you have any pending malpractice suits? If so, please provide a narrative for each paid claim or pending case during this time period.

**Military Service:**

- 22. Are you a spouse of someone who is on a federal active duty orders pursuant to Title 10 of the U.S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state of the District of Columbia?
- 23. Are you active duty military?

**24. AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice medicine and surgery or osteopathic surgery in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available at [www.dhp.virginia.gov](http://www.dhp.virginia.gov) and I understand that fees submitted as part of the application process shall not be refunded.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

[LOGIN](#)[HOME \(/DCHEALTHRENEWALS/S/\)](#)[Existing User Login](#)[New User Registration](#)[Non SSN Registration](#)

Please read the instructions below before you begin your new health professional license application

We welcome your interest in becoming a licensed Health Professional in the District of Columbia and look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. Any application not completed in accordance with these instructions will be placed on hold.

### **General Information**

- Please read the instructions carefully before starting the online application form. Any missing information will delay your registration.

- The way information is submitted within the application is how your certificate of registration will read.
- You will receive your license via the email address provided at registration..
- You will receive a pdf payment receipt via the e-mail address provided.
- This process should take between 30-60 minutes to complete. Please allow yourself enough time to complete the entire application if possible.
- All applicants must complete every section of this application and submit all required supporting documents.
- Upload of supporting documents will be required if you answer “Yes” during the following sections of the application.
  - Screening questions.
  - Continuing Education.
  - Clean Hands.
  - Name Change.
  - Failure to provide relevant information will delay the application processing time. You must upload your documents during the application process.

- Please select “Save and Continue” at the bottom of each page to save all data entered on the page.
- After application submission, you may return to your profile and upload any additional documents requested as applicable..
- False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2405.

### **NON-SSN Applicants**

- Non-SSN Applicants will have to submit a Notarized Affidavit along with the application.
- The applicant has to provide SSN within 90 days to the board.
- They will not be able to renew their license until they have provided valid Social Security Number to the Board.

### **Registration (only if a first - time user) Guide for first time registrants**

(<https://dohenterprise.my.salesforce.com/sfc/p/#t0000000Cmnq/a/t0000001Nkku/tx57tEpf3ike15iFbrsclicmGxRVKF5R79c6doQqES0>)

- In order to renew a licensee, you will need to first register in the new licensure system

- All applicants must be at least 18 years of age.
- Click on the “Sign Up” link at the bottom of the login screen.
- This will take you to a registration portal where you will need to enter:
  - First Name
  - Last Name
  - E-mail Address
  - SSN
  - DOB
- Enter your legal name exactly as it should appear on the license.
- The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided, your application will be placed on hold.
- This email is for account creation purposes and used for all Board communication only.
- Click Next

- A confirmation email will be sent to the email address provided with an Applicant ID that will be used to log in.
- At the Sign-up
  - Enter Applicant ID
  - Create a password
    - The password must at least 8 characters long, mix numbers, upper case and lowercase letters.
- When all steps are complete, hit “Submit” to create your account.
- Once your account has been created you can access the Licensing Portal to login.

### **Login (existing users)**

- Enter E-mail address
- Enter Password
- Contact support if you need assistance with either your email address or password.

### **DC Health Attestation**

- Read and agree or disagree to the Clean Hands, Criminal Background Check and Health Professional Attestation.

- By Agreeing you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

### **Licensing Board**

- Select from the drop down the name of the Licensing Board of which you are applying.

### **Type of License**

- Select from the drop down the license type for which you are applying.

### **Applicant Type (if applicable)**

- Select from the drop down the Applicant type for which you are applying.

### **Applicant/Demographic Information**

- Enter your legal name exactly as it should appear on the license.
  - The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided, your application will be placed on hold.

### **Other Name(s) Used**



- FirstName, Last Name, DOB and SSN # are prepopulated.
- Acceptable documents are marriage certificates, divorce decrees, court orders, and spouse death certificate.
- Enter responses for all mandatory fields which are designated with an asterick beside it.

### **Applicant Address**

- Preferred Mailing Address
  - Select the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing Board communications.
- Home Address / Business Address
  - A P.O. Box may NOT be used for an address.
  - Home address information will NOT be made available to the public.
  - Business Address will be made available to the public.
- Include both your home and business addresses in the sections provided.
- Include the Control Substance Practice Location (if applicable).

### **Professional Training and Practice (if applicable)**

- List all experience since medical/professional school graduation. Include letters from employing facilities, internships, residencies, fellowships or employment.
- List experience in reverse chronological order, beginning with the most recent at the top. Note: If other description is selected, please attach a typed explanation to this application.
- If you were unemployed or self-employed for any period of two months or more, please upload a written statement to that effect. All letters attached with this application should include beginning and ending dates.

### **DC Training Institutions (if applicable)**

- Select the DC Training Institution where your post-graduate education is taking place.

### **Professional Schools Attended**

- List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

### **Work Experience**

- List **ALL** work experience covering the five (5) year period prior to the submission of the application. Explain all gaps greater than three (3) months.

- Explain all gaps greater than three (3) months. Please upload a written explanation to that effect.

### **Licenses in Other States/Jurisdictions**

- List all states and jurisdictions in which you have ever held a professional license. You must request verification of licensure for all of these licenses, past and/or present.

### **Controlled Substance (if applicable)**

- You must have a DC Business address
- A P.O. Box may NOT be used for an address. Business address information WILL be made available to the public.
- Schedule Selections Description
  - The following Professionals can select any combinations of Schedules II, IIN, III, IIIN, IV and V.
    - Medicine
    - Physician Assistant
    - Veterinarian
    - Nurse Practitioner
    - Podiatrist

- **Schedule I:** The drug or other substance has a high potential for abuse; and has no currently accepted medical use in treatment in the United States or the District of Columbia or a lack of accepted safety for use of the drug or other substance under medical supervision.
- **Schedule II:** The drug or other substance has a high potential for abuse; has a currently accepted medical use in treatment in the United States or the District of Columbia or a currently accepted medical use with severe restrictions; and abuse of the drug or other substances may lead to severe psychological or physical dependence.
- **Schedule IIN:** The drug or other substance has a high potential for abuse; has a currently accepted medical use in treatment in the United States or the District of Columbia or a currently accepted medical use with severe restrictions; and abuse of the drug or other substances may lead to severe psychological or physical dependence.

- **Schedule III:** The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence. Naturopathic Physicians are limited to schedule III only
- **Schedule IIIN:** The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.
- **Schedule IV:** The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule III; has a currently accepted medical use in treatment in the United States or the

District of Columbia; and abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III.

- **Schedule V:** (Naturopathic Physicians are limited to schedule III only) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule IV; has a currently accepted medical use in treatment in the United States or the District of Columbia.; and abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule IV.

Continuing Education (CE's): Please review your Boards' website for specific requirements pertaining to CE at DC Health Licensing Boards.

### Screening Questions

- Review each question in detail before answering "yes" or "no".
- If you answer "yes" to any of the screening questions, you will need to provide a description in the box

provided and upload a written/typed explanation, as well as upload relevant documents.

- Please note that each document uploaded is limited to 5MB in size; however, you may upload multiple documents.
- False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

### **Prescription Drug Monitoring Program**

- Register for Prescription Drug Monitoring Program after you complete your application, a registration link will be provided. (if applicable)

### **Application Submission**

- Please agree to the Applicant Affidavit in the application by selecting “Agree”
- I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

- Upon submission and processing of payment an e-mail will be sent with a PDF copy of the application.

### **Supporting Documents Required**

- Please upload any supporting documents where applicable. All other supporting documents should be requested to be sent to the Board which you are applying. Keep a photocopy of all supporting documents for your records.
- Refer to the Board for which you are applying for additional guidance.
- Upload the following documents:
  - 1 Passport Picture
  - One (1) photocopy of a current government issued photo ID

### **Last Page**

- Please return to your profile to complete any of the following actions:
  - Upload additional documents.
  - Renew additional licenses as applicable.
  - Review your application before submission.
  - Complete your DC Health Professional Profile

### **Payment**

- Payments are handled through a third-party processor.



- Follow the instructions and enter the required information to have the payment processed.
- Once the payment is processed, a confirmation email will be sent to the email address provided at the payment site.
- This confirmation email will contain a payment receipt.

### **Application Submission**

- Upon submission and processing of a payment, an e-mail will be sent with a PDF copy of the application.

### **Additional Authority (if applicable)**

- Navigate to the DC Health Licensing Portal landing page by clicking on the home button.
- Initiate an application for an Additional Authority or a Yellow Fever permit.
- Refer to steps outlined in this document for instructions.

**PHYSICIAN MEDICINE AND OSTEOPATHY (MD/DO)**  
**NEW LICENSE APPLICATION**

All applicants must complete every section of this application and submit the original application and all required supporting documents. If more space is needed to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to **DC Code 22-2405. YOU MUST INITIAL EACH PAGE OF THE APPLICATION.**

If you have any questions, call HRLA Customer Service at **(877) 672-2174, Monday through Friday, 8:30AM to 4:00PM EST.**

**SECTION 1: LICENSE TYPE & FEE**

**Professional Designation:**

- Medicine & Surgery (MD)  
 Osteopathy & Surgery (DO)

**Graduate Type:**

- U.S./Canada  
 International

**Application Type:**

- License by Examination (\$805.00)

**SECTION 2: APPLICANT INFORMATION**

**First Name:**

**MI:**

**Last Name:**

**Date of Birth:**

**SSN:**

**Gender:**

- Male  Female

**Degree(s) Held:**

- MD  DO  MBBS  MBA  MPH  PHD  Other:

**Race & Ethnicity (Optional):**

- American Indian/Alaskan Native  Asian/South Asian  
 Black/African American  Caucasian/White  
 Native Hawaiian or Other Pacific Islander  Hispanic or Latino  
 Choose Not to Disclose  Other: \_\_\_\_\_

**Language(s) Spoken (Other than English):**

- Spanish  Vietnamese  French  
 Tagalog  Amharic  Mandarin  
 Cantonese  Russian  German  
 Korean  Other: \_\_\_\_\_

**SECTION 3: OTHER NAME(S) USED**

If your name has changed at any point since you have taken any exams or attended college or university, you must provide a copy of a legal name change document for each time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, court orders, copies of social security cards or a passport.

**First Name:**

**MI:**

**Last Name:**

**First Name:**

**MI:**

**Last Name:**

**First Name:**

**MI:**

**Last Name:**

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

- HOME ADDRESS  BUSINESS ADDRESS

**SECTION 6 HOME ADDRESS**

A P.O. Box may NOT be used for an address. Home address information will NOT be made available to the public.

**Current Home Address:**

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>Phone Number:</b>	<b>Email Address:</b>
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**SECTION 7 BUSINESS ADDRESS**

A P.O. Box may NOT be used for an address. Business address information WILL be made available to the public.

**Current Business Address #1:**

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>Phone Number:</b>	<b>Email Address:</b>
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**Current Business Address #2:**

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>Phone Number:</b>	<b>Email Address:</b>
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**IMPORTANT MESSAGE RE UPDATING CONTACT INFORMATION**

Physicians are required to update changes to their name, home address or business address within thirty (30) days of the change. Failure to do so may result in disciplinary action. It is imperative that you update your information in writing, either via mail or email, to the point of contact listed below:

**Attn.: District of Columbia Board of Medicine**  
**899 N. Capitol St. NE, 2nd Floor**  
**Washington, DC 20002**  
**E: [dcbomed@dc.gov](mailto:dcbomed@dc.gov)**

**SECTION 8 MEDICAL SCHOOLS ATTENDED**

List all medical schools attended, in reverse chronological order, beginning with the most recent at the top. Transcripts should be provided in a sealed envelope from the issuing institution for each school that you attended and listed below. Use additional sheets if necessary.

<b>School #1 Name:</b>	<b>Graduation Date:</b>	<b>Degree/Certificate Awarded:</b>
<b>City:</b>	<b>State:</b>	<b>Country (If not the United States):</b>
<b>School #2 Name:</b>	<b>Graduation Date:</b>	<b>Degree/Certificate Awarded:</b>
<b>City:</b>	<b>State:</b>	<b>Country (If not the United States):</b>

List all post-graduate medical training you attended, regardless of whether you completed the program. Include both accredited and non-accredited internships, residencies and fellowships. Also include verification letters from your training programs. For "Type of Position", use the letter key code below. List experience in reverse chronological order, beginning with the most recent. Explain all gaps greater than three (3) months. Use additional sheets if necessary.

**Position Key Code:**

**A. Fellowship | B. Internship | C. Residency | D. Other**

<b>Program #1 Name:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Type of Position:</b>
<b>City:</b>	<b>State:</b>		<b>Country (if not the United States):</b>
<b>Program #2 Name:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Type of Position:</b>
<b>City:</b>	<b>State:</b>		<b>Country (if not the United States):</b>
<b>Program #3 Name:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Type of Position:</b>
<b>City:</b>	<b>State:</b>		<b>Country (if not the United States):</b>
<b>Program #4 Name:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Type of Position:</b>
<b>City:</b>	<b>State:</b>		<b>Country (if not the United States):</b>
<b>Program #5 Name:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Type of Position:</b>
<b>City:</b>	<b>State:</b>		<b>Country (if not the United States):</b>
<b>Program #6 Name:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Type of Position:</b>
<b>City:</b>	<b>State:</b>		<b>Country (if not the United States):</b>

List ALL work experience covering the five (5) year period prior to the submission of the application. Explain all gaps greater than three (3) months. Use additional sheets if necessary.

<b>Employer #1 Name:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Reason for Leaving:</b>
<b>City:</b>	<b>State:</b>		<b>Country (if not the United States):</b>
<b>Employer #2 Name:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Reason for Leaving:</b>
<b>City:</b>	<b>State:</b>		<b>Country (if not the United States):</b>
<b>Employer #3 Name:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Reason for Leaving:</b>
<b>City:</b>	<b>State:</b>		<b>Country (if not the United States):</b>
<b>Employer #4 Name:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Reason for Leaving:</b>
<b>City:</b>	<b>State:</b>		<b>Country (if not the United States):</b>

**SECTION 2: OTHER MEDICAL LICENSES**

List all states and jurisdictions in which you have EVER held a medical license, regardless of status. Verifications should be provided from the issuing jurisdiction(s) for each license. For license type, indicate whether it was a full license, a temporary license, a training license, or any other type of license issued to you. Use additional sheets if necessary.

<b>Jurisdiction #1:</b>	<b>License Type:</b>	<b>Issue Date:</b>	<b>Exp. Date:</b>	<b>License Number:</b>
<b>Jurisdiction #2:</b>	<b>License Type:</b>	<b>Issue Date:</b>	<b>Exp. Date:</b>	<b>License Number:</b>
<b>Jurisdiction #3:</b>	<b>License Type:</b>	<b>Issue Date:</b>	<b>Exp. Date:</b>	<b>License Number:</b>
<b>Jurisdiction #4:</b>	<b>License Type:</b>	<b>Issue Date:</b>	<b>Exp. Date:</b>	<b>License Number:</b>



If you practice in a specialty area, indicate your specialty in the boxes below. Use the specialty codes listed if applicable. If a specialty code is not listed, please write the full specialty in the boxes provided.

<b>AC</b> Academic Medicine	<b>MG</b> Medicine Genetics	<b>PMR</b> Physical Medicine & Rehabilitation
<b>ADM</b> Administrative Medicine	<b>NU</b> Nuclear Medicine	<b>PR</b> Preventive Medicine/Public Health
<b>AI</b> Allergy & Immunology	<b>OB</b> Obstetrics & Gynecology	<b>PSY</b> Psychiatry
<b>AN</b> Anesthesiology	<b>OC</b> Occupational Health	<b>RA</b> Radiology
<b>DE</b> Dermatology	<b>OP</b> Ophthalmology	<b>REM</b> Research Medicine
<b>EM</b> Emergency Medicine	<b>OMT</b> Osteopathic Manipulative Treatment	<b>SU</b> Surgery (General)
<b>FM</b> Family Medicine	<b>ENT</b> Otolaryngology	<b>SU</b> Surgery
<b>GE</b> Geriatrics	<b>PA</b> Pathology	<ul style="list-style-type: none"> <li>• <b>SU/BT</b> Burn/Trauma</li> <li>• <b>SU/CS</b> Cardiac Surgery</li> <li>• <b>SU/CO</b> Colon &amp; Rectal Surgery</li> <li>• <b>SU/GE</b> General Surgery</li> <li>• <b>SU/NE</b> Neurological Surgery</li> <li>• <b>SU/OR</b> Orthopedic Surgery</li> <li>• <b>SU/PL</b> Plastic Surgery</li> <li>• <b>SU/TH</b> Thoracic Surgery</li> <li>• <b>SU/TP</b> Transplant</li> <li>• <b>SU/UR</b> Urology</li> <li>• <b>SU/VA</b> Vascular</li> </ul>
<b>HOS</b> Hospitalist	<b>PED</b> Pediatrics (General)	
<b>IN</b> Internal Medicine (General)	<b>PED</b> Pediatrics	
<b>IN</b> Internal Medicine	<ul style="list-style-type: none"> <li>• <b>PED/AD</b> Adolescent Medicine</li> <li>• <b>PED/CA</b> Cardiology</li> <li>• <b>PED/EN</b> Endocrinology</li> <li>• <b>PED/GI</b> Gastroenterology</li> <li>• <b>PED/HEM</b> Hematology</li> <li>• <b>PED/NEO</b> Neonatology</li> <li>• <b>PED/NEP</b> Nephrology</li> <li>• <b>PED/NEU</b> Neurology</li> <li>• <b>PED/ONC</b> Oncology</li> <li>• <b>PED/PCC</b> Pulmon. Critical Care</li> <li>• <b>PED/PUD</b> Pulmon. Disease</li> <li>• <b>PED/RH</b> Rheumatology</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>IN/CA</b> Cardiology</li> <li>• <b>IN/EN</b> Endocrinology</li> <li>• <b>IN/GI</b> Gastroenterology</li> <li>• <b>IN/HEM</b> Hematology</li> <li>• <b>IN/ID</b> Infectious Disease</li> <li>• <b>IN/NEP</b> Nephrology</li> <li>• <b>IN/NEU</b> Neurology</li> <li>• <b>IN/ONC</b> Oncology</li> <li>• <b>IN/PCC</b> Pulmon. Critical Care</li> <li>• <b>IN/PUD</b> Pulmon. Disease</li> <li>• <b>IN/RH</b> Rheumatology</li> </ul>		

Specialty #1:

Specialty #2:

Specialty #3:

Specialty #4:

If you are Board Certified in a specialty, please list the specialty and the related certifying agency below.

Certifying Board #1:

Certifying Agency:

Certifying Board #2:

Certifying Agency:

Certifying Board #3:

Certifying Agency:

Certifying Board #4:

Certifying Agency:

Please answer questions 1 through 15 by placing an "X" in the appropriate boxes. If you answer "Yes" to any question, you must provide full information and complete details on a separate sheet of paper, as well as attach copies of all relevant documents such as final court orders. Failure to provide relevant information will delay the application processing time.

1.	Have you ever been arrested, charged, convicted, pled guilty to, or pled no contest to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor, including driving under the influence or while impaired, but excluding minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been a defendant or respondent to a claim for damages or a malpractice action? If you answer "Yes", please complete the Malpractice Claims Form and submit it along with all relevant court documents (e.g., Complaint, Answer, and Final Order/Decision). A separate Malpractice Claims Form MUST be completed for each malpractice case.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever voluntarily surrendered a license or registration certificate, or allowed it to lapse, after formal charges had been brought against you or while you were under investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever surrendered your clinical privileges, voluntarily or involuntarily, or had your clinical privileges denied, revoked, or suspended at any hospital or health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been terminated or resigned, voluntarily or involuntarily, from a clinical or professional training program for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has any licensing authority, in any healthcare field, taken adverse action against your license or privileges or informed you of any pending charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has any licensing authority, health facility, or peer review board, in any healthcare field, informed you of any pending charge(s) or investigation(s) against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you presently now, or have you ever been, under a corrective action plan imposed by an employer, medical facility or educational program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you have a medical condition or have you become aware of any medical condition that impairs or limits your ability to practice your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever engaged in any conduct that either indicated an impairment, or actually impaired, your ability to practice your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever entered into a monitoring program for purposes of monitoring your abuse of alcohol, drugs, or other controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever entered into a monitoring program for purposes of monitoring your professional behavior including recordkeeping, billing, boundaries, quality of care or any other matter related to the practice of your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Within the last ten (10) years have you voluntarily resigned, been asked to resign, terminated, or disciplined by any employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Have you ever withdrawn a license application or have you been denied a license or denied the privilege of taking a license examination by any professional licensing board or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you ever been excluded from any federal or state run insurance program, including Medicare and/or Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Clean Hands Before Receiving a License or Permit Act of 1996 Certification Requirement**

Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed to revoke your license or permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

**IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR NEW LICENSE APPLICATION BE DENIED.**

As of this date, do any of the below statements apply to you:

- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 31, Chapter 24 (The Compulsory/No-Fault Motor Vehicle Insurance Act of 1982);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 50, Chapter 3 (Department of For-Hire Vehicles Establishment Act of 1985);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 50, Chapter 15 (Registration of Motor Vehicles);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication Act of 1978);
- I owe more than \$100 in fines, penalties, or interest assessed by another jurisdiction; provided, that a reciprocity agreement is in effect between the jurisdiction and the District;
- I owe more than \$100 in past due taxes;
- I owe more than \$100 in any outstanding fines, penalties, or interest due to the District of Columbia;
- I owe any amount of past due District of Columbia Water and Sewer Authority service fees;
- I owe any amount of a vehicle conveyance fee pursuant to D.C. Official Code Title 50, Chapter 23;
- I owe any amount of past due fines, penalties, or past due restitution on behalf of an employee due to a violation of D.C. Official Code Title 32, Chapters 1A, 10, 13 or Title 2, Subchapter X-A; or
- I have failed to file required District tax returns.

Yes  No

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861, et seq.).



Please indicate the supporting documents you have included with this package or requested to be sent to the DC Board of Medicine. Please keep a photocopy of any submitted documents for your records, as they will not be returned.

- Authorization to Release Information Form**  
*The Board cannot discuss the status or details of your application with a third party, without a signed release from you authorizing the Board and its staff to communicate said matters.*
- Two (2) recent and identical passport type photos of the applicant's face (approx. 2" x 2") with the applicant's name printed on the back**  
*The photo must be original photos and cannot be computer-generated copies, or paper copies.*
- One (1) photocopy of a current government issued photo ID**
- Criminal Background Check (CBC)**  
*To access the CBC form and instructions, go to <https://dchealth.dc.gov/node/120532> or contact the CBC unit at (877) 783-4187.*
- Three (3) Character Reference Forms**  
*Must be completed by an MD or DO in good standing in a jurisdiction of the United States who has knowledge of the applicants abilities and qualifications to practice medicine. If you have completed your postgraduate training within three years of the date of this application, at least one (1) reference letter needs to come from the director of your post-graduate clinical training program and one(1) from a supervising physician of your post-graduate clinical training program.*
- AMA/AOA Profile**  
*The profile should be submitted from the issuing institution.*
- Verification(s) of Licensure**  
*Verifications should be provided from the issuing jurisdiction(s) for each license identified in Section 10 of the application.*
- Medical School Transcripts**  
*Transcripts should be provided in a sealed envelope from the issuing institution for each school listed in Section 7.*
- Verification of Post-Graduate Training**  
*Verifications should be provided in a sealed envelope from the post-graduate institution for each program identified in Section 8 of the application. Each verification should be signed by the training program director or someone with authority to verify the applicant's participation in the identified post-graduate training program.*
- Examination Scores**  
*Examination scores must be received from the examining body.*
- ECFMG Certificate (for foreign-trained applicants only)**
- Malpractice Claims Form (if responded "Yes" to screening question #2)**  
*Must submit all relevant court documentation (e.g., Complaint, Answer, and Final Order/Decision).*
- National Practitioner Databank (NPDB) Self Query Report**  
*The Self-Query Report must be requested from the NBDP (<https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>) no more than thirty (30) days prior to submission of the application.*

**SECTION 12. PAYMENT AND MAILING INFORMATION**

<p>Make your check or money order payable to "DC Treasurer".          A charge of sixty-five dollars (\$65.00) will be imposed for dishonored checks (Public Law 89-208).</p> <p><b>ALL FEES ARE NON-REIMBURSABLE.</b></p>	<p>Mail your completed application and check to:</p> <p><b>Board of Medicine – MD/DO New Application          HRLA 1          PO Box 37801          Washington, DC 20013</b></p>
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**SECTION 13. APPLICANT'S AFFIDAVIT**

*I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.*

SIGNATURE OF APPLICANT:	DATE:
-------------------------	-------

**REPORT FRAUD, WASTE, AND ABUSE:** To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711. For additional information, visit the Office of the Inspector General's website at <https://oig.dc.gov>.



## Maryland Board of Physicians

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**Licensing** ([licensure\\_licensing.aspx](#))

- **Physicians** ([licensure\\_phyapp.aspx](#))
- **Allied Health** ([licensure\\_ahapp.aspx](#))

[Renewals \(licensure\\_renewals.aspx\)](#)

[Edit Practitioner Profiles \(https://www.mbp.state.md.us/bpqapp\)](https://www.mbp.state.md.us/bpqapp)

[Verifications \(resource\\_information/res\\_con/resource\\_consumer\\_verification.aspx\)](#)

### Physician Licensure Information

[OVERVIEW](#)   [FEES](#)   [CHRC](#)   [NPO](#)   [FORMS](#)   [FAQS](#)

#### \* Important Information\*

##### \*\*New\*\* Initial License by Reciprocity

- Regulations Effective June 19, 2017- Click to read more on Initial Licensure by Reciprocity (physicians)  
(<http://www.dsd.state.md.us/comar/comarhtml/10/10.32.01.17.htm>)

**New Law effective 10/1/2017: Medical Liability Insurance**  
 (/forms/malpractice\_notice.pdf)

There will be a yes/no question on the 2017/2018 renewal about whether a physician maintains medical liability insurance. The answer will be posted on the Practitioner Profiles. Practitioners can also edit their yes/no question within their profile.

Physicians must use the following Board-supplied forms to comply with the new law's requirements:

- Notice to Individual Patients (/forms/notice\_indiv\_mal.pdf)
- Notice to All Patients (/forms/notice\_all\_mal.pdf)
- Informed Consent to the Patient (/forms/informed\_consent\_mal.pdf)

*The language in the documents was drafted and approved by the Board in compliance with Maryland Code Annotated, Health Occupations Article §14-508 (effective date October 1, 2017). Alteration of the language in the documents may result in non-compliance with the law.*

**Registration Deadline** - Practitioners who prescribe CDS must be registered with the PDMP in order to obtain a new or renewal CDS license. For more information, click [HERE](https://bha.health.maryland.gov/pdmp/Documents/PDMP%20Mandatory%20Registration%20Flyer-%20Finalv2%20(1).pdf) (https://bha.health.maryland.gov/pdmp/Documents/PDMP%20Mandatory%20Registration%20Flyer-%20Finalv2%20(1).pdf) or visit the PDMP/Crisp Registration (<http://crisphealth.org/services/prescription-drug-monitoring-program-pdmp/pdmp-registration/>) website.

## Laws of Interest

Licensure by Reciprocity (<http://www.dsd.state.md.us/comar/comarhtml/10/10.32.01.17.htm>)

Medical Liability Insurance (/forms/malpractice\_notice.pdf)

Self Referral Prohibitions (<http://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=gho&section=1-301&enactments=false>)

Disclosure of Medical Records (<http://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=4-302&enactments=false>)

Child Support Enforcement Mandate  
([resource\\_information/res\\_pro/resource\\_practitioner\\_mandates.aspx](resource_information/res_pro/resource_practitioner_mandates.aspx))

Maryland Board of Physicians | 4201 Patterson Avenue | Baltimore, MD 21215. 410.764.4777 | Toll Free  
800.492.6836



## Maryland Board of Physicians

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[Verifications \(resource\\_information/res\\_con/resource\\_consumer\\_verification.aspx\)](#)

### Physician Licensure Information

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All applicants are required to submit a Criminal History Records check (CHRC) as a qualification to licensure. Click [CHRC Instructions \(resource\\_information/res\\_pro/resource\\_practitioner\\_chrc.aspx\)](#) for more information.

Your application name must match your CHRC fingerprint request name. If there's a discrepancy, we **cannot match** the CHRC report to your license.

## Laws of Interest

Licensure by Reciprocity (<http://www.dsd.state.md.us/comar/comarhtml/10/10.32.01.17.htm>)

Medical Liability Insurance ([/forms/malpractice\\_notice.pdf](/forms/malpractice_notice.pdf))

Self Referral Prohibitions (<http://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=gho&section=1-301&enactments=false>)

Disclosure of Medical Records (<http://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=4-302&enactments=false>)

Child Support Enforcement Mandate  
([resource\\_information/res\\_pro/resource\\_practitioner\\_mandates.aspx](resource_information/res_pro/resource_practitioner_mandates.aspx))

Maryland Board of Physicians | 4201 Patterson Avenue | Baltimore, MD 21215. 410.764.4777 | Toll Free  
800.492.6836

# **ATTENTION!**

**Criminal History Record Checks (CHRC) are required for all applicants. The Board may not reinstate or issue a new license to any applicant, physician or allied health practitioner, if the Board has not received criminal history record information.**

**The Board recommends that you do not submit your fingerprints for a CHRC earlier than 6 weeks before the date you intend to submit your initial license or reinstatement application to the Board.**

**The Board is only authorized to retain CHRC information for 90 days. If the CHRC is over 90 days, the applicant will be required to complete a new CHRC.**

**For detailed instructions on submitting your fingerprints for a CHRC, please read and follow the attached instructions.**





# Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Damean W.E. Freas, D.O., Chair

## Notice: Criminal History Records Check Required

Dear Applicant for Initial License or Reinstatement of License:

A full Criminal History Records Check (CHRC) is a qualification of licensure. The Board may not reinstate or issue a new license to any applicant, physician, or allied health practitioner, if the Board has not received criminal history record information.

A CHRC will include both a State and national criminal history records check conducted by the Maryland Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) and will be maintained in the Maryland and FBI database for further identification purposes. Applicants have the right to challenge their records, which is discussed in more detail in the FBI NonCriminal Justice Applicant's Privacy Rights notice ([https://www.mbp.state.md.us/forms/fbi\\_privacy\\_rights.pdf](https://www.mbp.state.md.us/forms/fbi_privacy_rights.pdf)). An applicant for initial licensure or reinstatement shall apply to CJIS for a CHRC and the application shall include:

1. Two complete sets of legible fingerprints taken on forms approved by CJIS and the FBI; and
2. Payment of the required fees.

### Timing of CHRCs

The Board recommends that applicants do not submit fingerprints earlier than 6 weeks before the date the applicant/licensee intends to complete the initial license or reinstatement application. The Board is only authorized to retain CHRC information for 90 days. If the CHRC is over 90 days, the applicant will be required to complete a new CHRC.

### Fingerprints

#### A. For Initial Applicants and Reinstatements

All applicants for licensure in Maryland will be required to submit fingerprints for the CHRC. In order to be fingerprinted, the fingerprinting entity will need the following Board specific information:

- CJIS Authorization #: 1600000743
- FBI ORI #: MD 920522Z
- Reason Fingerprinted: Professional License
- Type of Check: Governmental Licensing/ Certification

1. Within Maryland

- a. Go to an authorized location to be fingerprinted prior to mailing in your application to the Board. For a list of electronic fingerprinting locations go to the following website: <https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>. The Board is not responsible for the list. If there are any concerns about a fingerprinting location, please contact CJIS directly.
- b. Provide the fingerprinting entity the CJIS Authorization number and FBI ORI # provided on page 1 of this letter.
- c. Pay the appropriate fee to the fingerprinting entity.

Once the Board receives the results of the CHRCs, the application process will be completed in accordance to Board regulations and policies.

2. Outside of Maryland

- a. Out of state applicants have the option of using a Maryland location for fingerprinting. If a Maryland location is used, follow the instructions above for applicants within Maryland. If a location outside of Maryland is used, follow the instructions below.
- b. Either:
  - i. Write to CJIS-Central Repository at P.O Box 32708, Pikesville, Maryland 21282-2708, or
  - ii. Call the Central Repository in Baltimore City at 410-764-4501 or toll free number 1-888-795-0011 to request fingerprint cards.
- c. Have CJIS Authorization and FBI ORI Board #'s available to complete your submission.
- d. Mail the fingerprint card and associated fee to CJIS-Central Repository, P.O Box 32708, Pikesville, Maryland 21282-2708, or overnight the fingerprint card to 6776 Reisterstown Road, Suite 102, Baltimore Maryland 21215.
- e. Please include a check or cashier's check made out to "CJIS Central Repository".

Once the Board received the results of the CHRCs, the application process will be completed in accordance to the Board regulations and policies.

**Timing of CHRCs**

The Board recommends that applicants do not submit fingerprints earlier than 6 weeks before the date the applicant/licensee intends to complete the initial license or reinstatement application. The Board is only authorized to retain CHRC information for 90 days. If the CHRC is over 90 days, the applicant will be required to complete a new CHRC.

**Fees:**

Fees are required for CJIS to process each criminal background record check request. All fees must be paid by credit card, check or cashier's check in United States currency. The Central Repository cannot accept cash.

Do not send any payment to the Board, as it does not conduct CHRCs. For additional information contact CJIS at 410-764-4501 or visit <https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>.

Questions?

Should you have any questions, concerns, or to check the status of a criminal history record information request, please contact the **CJIS Call Center** at **410-764-4501** or **1-888-795-0011**, Monday-Friday 8:00 a.m. - 5:00 p.m. The Board cannot assist you in this regard.

**\*Please do not contact the Board to verify receipt or submit receipts. The Board will receive the electronic CHRC notifications within 3 – 14 days.**

# MARYLAND BOARD OF PHYSICIANS

Baltimore, Maryland  
[www.mbp.state.md.us](http://www.mbp.state.md.us)

*Use this application only if you have never been licensed as a physician in Maryland.*

## APPLICATION FOR INITIAL MEDICAL LICENSURE

Dear Applicant:

Attached is an application packet for Initial Medical Licensure. The licensure fee for **American Medical Graduates** is \$790 and \$890 for **Foreign Medical Graduates**.

Please make your check or money order payable to: **Maryland Board of Physicians**. Mail your application and payment to:

**Maryland Board of Physicians**  
P.O. Box 37217  
Baltimore, MD 21297

Please **DO NOT** mail or hand deliver your application to the Board office or any other address except the address listed above. Applications mailed or hand delivered to the Board office will be forwarded to the above address. This will delay the processing of your application. **Please note: Federal Express (FedEx) and UPS do not deliver to post office boxes.**

Applications are processed in the order they are received. Board staff will make every effort to process your application as quickly as possible. Incomplete applications and/or failure to submit the required information will delay the processing of your application.

**The Board does not confirm receipt of the application and payment. Once the application has been reviewed, applicants will be notified via e-mail with the status of the application. Please do not call the Board to check on the status of your application, as constant interruptions slow down the process.**

Supporting documents must come directly from the source. For example, verification of education must come directly from your school.

The Board will keep your application open for 120 days from the original date of receipt. All requirements for licensure must be met within the 120-day period. If the requirements are not met, your application will be closed, and a new application and full licensure fee will be required.

The Board's Website is updated every 24 hours. You may wish to check the Website at [www.mbp.state.md.us](http://www.mbp.state.md.us) before calling the Board to learn if a license was issued to you. When you visit the Website, click on **Look up a Licensee**.

We look forward to receiving your completed application and will process it as quickly as possible.

Thank you,

The Licensure Division  
Maryland Board of Physicians

**MARYLAND BOARD OF PHYSICIANS**  
**P.O. Box 37217**  
**Baltimore, Maryland 21297**  
**Telephone: 410-764-4777 or 800-492-6836**  
***www.mbp.state.md.us***

**APPLICATION FOR INITIAL MEDICAL LICENSURE**  
**INSTRUCTIONS AND IMPORTANT INFORMATION**

*Fees: \$790 — American Medical Graduates*  
*\$890 — Foreign Medical Graduates*

1. **Name:** If the name on the application form differs from the name on any of your supporting documentation, you must submit a copy of a marriage license, divorce decree, or a court order authorizing the name change. The Board of Physicians (the Board) must be notified of any change in your name on a timely basis.
2. **Public Address:** The public (business) address is your address of record, available to the public, and will be posted on your Practitioner Profile on the Board's Website. **If you change your address prior to being licensed, immediately notify the Board in writing.**
3. **Non-Public Address:** The non-public (home) address will be the location to which the Board directs all correspondence. This address is confidential. Do not use your practice address. **If you change your address prior to being licensed, immediately notify the Board in writing.**
4. **Contact Information (Telephone Numbers and E-mail Address):** The Board will contact you using the information provided.
5. **Date of Birth:** Health Occupations Article §14-307(c), Annotated Code of Maryland, requires applicants to be at least 18 years old. Date of birth also will be used for identification and criminal background checks.
6. **Gender:** Disclosure of gender is not a requirement of licensure. The information provided will be used for identification purposes and for criminal background checks only.
7. **Race and Ethnicity:** Disclosure of race and ethnicity is not a requirement of licensure. The information provided will be used for identification purposes and for criminal background checks only.
8. **Social Security Number:** Maryland law requires the Board to collect U.S. social security numbers (SSN) from all persons applying for professional licenses or certificates. Disclosure of your SSN is mandatory. The Board is permitted by State or Federal law or regulation to use the SSN for the following purposes:
  - A. Verification of identity with respect to actions related to your license (COMAR 10.32.01);
  - B. Administration of the Child Support Enforcement Program (Family Law Article, §10-119.3);
  - C. Identification by the Department of Assessments and Taxation of new businesses in Maryland (Health Occupations Article, §1-210);
  - D. Verification by the Maryland Medicaid program of licensure and sanctions for providers participating in Medicaid [42 U.S.C. §1396a(a)(49); 42 U.S.C. §1396r-2; 42 U.S.C. §1320a-7].
9. **Federation Credentials Verification Service (FCVS):** The FCVS can assist applicants with the credentialing process. Maryland is one of many states that accepts credentials verified by FCVS. For further information, contact FCVS at 817-868-5000, 888-275-3287, or [www.fsmb.org](http://www.fsmb.org). Please be aware that **the FCVS profile does not include the Record of Scores from the National Board of Medical Examiners (NBME) or the verification of medical licenses in other states. Applicants who use FCVS will need to arrange for these verifications to be sent to the Board.** If you plan to use FCVS services, please begin the process at least two months prior to submitting your application to the Board and check the box in Item 9 on the application indicating that you are using the FCVS service.

**APPLICATION FOR INITIAL MEDICAL LICENSURE  
INSTRUCTIONS AND IMPORTANT INFORMATION (CONTINUED)**

- 10. Chronology of Activities:** Beginning with the date you completed medical school and continuing through the present, list chronologically all of your activities, including hospital privileges. Account for all periods of time including each postgraduate training program you attended, regardless of whether or not you completed the program; each job you held, regardless of whether or not it was medically related or you were compensated; and any period of unemployment.
- 11. Verification of Professional Education:** Complete Part 1 of the **Verification of Education and English Language Instruction form (IML 2)** and forward it to the institution which issued your medical degree. *The school must return the form directly to the Board at the address listed on the top of the form.*
- 12. Oral and Written Competency in English:** Demonstrate verbal and written competency in the English language by any of the following:
- Documentation of graduation from an English-speaking high school or undergraduate school after at least three years of enrollment;
  - Documentation of graduation from an English-speaking professional (medical) school;
  - Documentation of a passing score on the USMLE Step 2 Clinical Skills\* until January 2021;
  - Documentation of receiving a passing score of at least 26 on the "Speaking Section" and 79 on the written part of the Test of English as Foreign Language (TOEFL)\*;
  - Documentation of receiving a passing score of Advanced or higher on the Oral Proficiency Interview (OPI)\*.

**\*Information about TOEFL and OPI, and Clinical Skills**

**TOEFL:** To schedule the test or obtain score reports for the TOEFL, contact the Educational Testing Services at <http://www.ets.org/toefl/contact/region1>. You will be asked to provide a PDF copy of your score report.

**OPI:** For information about the OPI, contact Language Testing International (LTI) at [www.language-testing.com](http://www.language-testing.com) or at 914-963-7110. LTI will provide information, including how to make the payment for testing. LTI can schedule an interview within 24-72 hours after receiving payment. They will arrange a specific date and time for your telephone interview.

*Applicants must have an application on file with the Board before scheduling an interview with LTI.*

**Clinical Skills:** The Board **will only** accept **USMLE Step 2 Clinical Skills** as demonstration of oral and written competency in English. The Board **will not** accept the **Clinical Skills Assessment** administered by the ECFMG or the **USMLE Step 2 Clinical Knowledge** as demonstration of oral and written competency in English.

Please note: USMLE Step 2 CS Discontinued as of January 2021, however, the Board will continue to accept existing USMLE Step 2 CS scores.

- 13. Postgraduate Training:** Complete this section and complete Part 1 of the **Verification of Postgraduate Medical Education form (IML 3)** and send it to each postgraduate training program you attended. American Medical Graduates must have successfully completed at least one year of Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training or equivalent training as determined by the Board. Foreign Medical Graduates must have successfully completed at least two years of ACGME or AOA-accredited postgraduate training or equivalent training as determined by the Board.

**NOTE:** On a case by case basis, the Board may consider **full-time teaching in an LCME-accredited medical school in the United States** as an alternative to the accredited postgraduate clinical medical education required in the Code of Maryland Regulations (COMAR) 10.32.01.03E. Applicants who intend to request consideration of teaching experience as an alternative to accredited postgraduate clinical medical education should contact the Board's Licensure Unit for further information.

**APPLICATION FOR INITIAL MEDICAL LICENSURE  
INSTRUCTIONS AND IMPORTANT INFORMATION (CONTINUED)**

**14. Medical Licensing Examination:** Applicants applying for a medical license must provide documentation of having passed a medical licensing examination, e.g., USMLE, NBME, NBOME, COMLEX, FLEX, State Board, or LMCC. Written or electronic documentation of passing a medical licensing exam must be sent directly to the Board, by e-mail or mail, from the agency that administered the examination.

Mail documentation of passage to: *P.O. Box 2571, Baltimore, MD 21215*. (**Do Not** send your licensure application to this address.) Electronic verification of passage may be e-mailed to: [mdh.mbpcredentials@maryland.gov](mailto:mdh.mbpcredentials@maryland.gov)

Exam	Contact
USMLE, FLEX	Federation of State Medical Boards— <a href="http://www.fsmb.org">www.fsmb.org</a>
NBME	National Board of Medical Examiners— <a href="http://www.nbme.org">www.nbme.org</a>
NBOME/COMLEX	National Board of Osteopathic Medical Examiners— <a href="http://www.nbome.org">www.nbome.org</a>
LMCC	Medical Council of Canada— <a href="https://mcc.ca/services/file-transfer-and-access-service/">https://mcc.ca/services/file-transfer-and-access-service/</a>
State Board	Contact the appropriate state medical board

**Notice to Applicants Who Failed Any Part, Step, Level, or Component of an Exam Three or More Times**

An applicant who passes any of the required exams after having failed any part, step, level, or component three or more times must meet the requirements in numbers 1-3 or 4 below. If you meet the requirements in numbers 1-3, complete the **Verification of Clinical Practice form (IML 4)**. If you meet the requirements in number 4, the Board will verify your Board certification.

1. No disciplinary action pending and no disciplinary action taken against the applicant that would be grounds for discipline under Health Occupations Article, §14-404, Annotated Code of Maryland; **and**
2. Successful completion of 2 or more years of an ACGME or AOA-accredited residency or fellowship; **and**
3. A minimum of 5 years of clinical medicine experience in the U.S., its territories, or in Canada under a full unrestricted medical license with at least 3 of the 5 years having occurred within 5 years of the date\* of the application;  
**or**
4. Board certification.

*\* This is the date the Applicant signs the IML application.*

**15. Licensure in Other States:** If you have ever held a license to practice medicine as a physician in any state or jurisdiction, please request a license verification from the state in which you were licensed. All verifications can be sent electronically via VeriDoc to [mdh.mbpcredentials@maryland.gov](mailto:mdh.mbpcredentials@maryland.gov). **Please do not send copies of your licenses to the Board.**

**16. Character and Fitness Questions:** Answer the Character and Fitness questions “YES” or “NO.” If you answer “YES” to any question, on a separate sheet of paper, please provide a detailed explanation with any supporting documents. If you were dishonorably discharged from the military, please provide documentation that shows, including, but not limited to, the type of service, date and type of discharge, e.g. DD 214. *Failure to provide a detailed explanation of a “YES” response and the required supporting documentation will delay the application process.*



**APPLICATION FOR INITIAL MEDICAL LICENSURE  
INSTRUCTIONS AND IMPORTANT INFORMATION (CONTINUED)**

- 17. Special Purpose Exam (SPEX) or Comprehensive Osteopathic Medical Variable-Purpose Exam (COMVEX):** The Board will require an applicant to pass the SPEX or COMVEX if the applicant:
- a. Passed a medical licensing exam more than 15 years before submitting the application for licensure;
  - b. Never passed a specialty board certification exam or passed a specialty board certification exam given by a member board of the American Board of Medical Specialties or the AOA Bureau of Osteopathic Specialists more than ten years before submitting the application;
  - c. Has not had a full, unrestricted medical license in at least one state of the U.S., its territories, or Canada within the ten-year period before submitting the application; and
  - d. Has not actively practiced clinical medicine in the U.S., its territories, or Canada for at least seven of the ten years before submitting the application.

**Contact Information for the SPEX and COMVEX**

SPEX: Contact the Federation of State Medical Boards at [http://www.fsmb.org/licensure/spex\\_plas/](http://www.fsmb.org/licensure/spex_plas/).

COMVEX: Contact the National Board of Osteopathic Medical Examiners - Client Services Department at [clientservices@nbome.org](mailto:clientservices@nbome.org) or (866) 479-6828. The Website address is <http://www.nbome.org/comvex.asp>.

- 18. Release:** Sign and date the certification. You are giving the Board permission to request additional information to support your application for licensure.
- 19. Optional Third Party Release:** Board staff will not disclose the status of your application to any party unless you have completed the optional Third Party Release on Page 9 of the application. Please complete the third party release if you want the status of your application disclosed to another party, including family members, friends, and future employers, etc.
- 20. Cooperation in an Investigation:** You are expected to cooperate fully with any request for information related to your application for initial medical licensure.
- 21. Affidavit and Passport Quality Photo:** Sign and date the certification in the presence of a notary public after you have affixed a recent original passport quality (2" x 2") color photo to the application in the space provided. Both you and the notary should sign the application on the same day. Group photos and copies of photos are not acceptable.

**IMPORTANT: Criminal History Records Check (CHRC)**

By law, effective October 1, 2016, a full criminal history records check (CHRC) is a requirement for all applicants applying for licensure. There are **NO EXCEPTIONS**. A CHRC includes both State and FBI checks. The Department of Public Safety and Correction Services, Criminal Justice Information Services (CJIS), oversees CHRCs, which are conducted using fingerprints. **The Board cannot issue a license until the CHRC information has been received and reviewed.**

*Please refer to the information on CHRCs and fingerprinting at the front of this application package.*

*Please keep a copy of your application.*



**APPLICATION FOR INITIAL MEDICAL LICENSURE  
INSTRUCTIONS AND IMPORTANT INFORMATION (CONTINUED)**

**New Physician Orientation Education Program**

*Maryland Board of Physicians online New Physician Orientation Educational Program:* All newly licensed physicians are required to complete this program prior to the first renewal of the license. You may access this program on the Board's Website at <http://www.mbp.state.md.us/bpqqanpo/index.asp>.

**Controlled Dangerous Substances Registration**

For information regarding Controlled Dangerous Substances (CDS) Registration, you may contact the agencies listed below. You must obtain your CDS Registration from the Department of Health and Mental Hygiene, Office of Controlled Substances Administration prior to contacting the Drug Enforcement Administration.

**CDS Registration**

Office of Controlled Substances Administration  
Maryland Department of Health  
4201 Patterson Avenue  
Baltimore, Maryland 21215  
410-764-2890  
<https://health.maryland.gov/OCSA/Pages/home.ASPX>

**Drug Enforcement Administration**

Drug Enforcement Administration  
U.S. Department of Justice  
200 St. Paul Street, Suite 2222  
Baltimore, Maryland 21202  
410-244-3509  
<https://www.deadiversion.usdoj.gov/>

**LICENSES**

- ⇒ **Issuance:** Once you have met the requirements for licensure, the Board will issue a license to you.
- ⇒ **Expiration:** If your last name begins with the letters **A-L**, regardless of the date your license is issued, your license will expire on September 30 of the first even year following issuance of the license.  
  
If your last name begins with the letters **M-Z**, regardless of the date your license is issued, your license will expire on September 30 of the first odd year following issuance of the license.
- ⇒ **Renewal:** Approximately 60-90 days prior to the expiration date, you should receive a notice to renew your license. The notice will include the renewal fee. The renewal notice will be mailed/e-mailed to the address on file with the Board. *Please make sure that your mailing and email addresses current.*

*You are required to renew by September 30th of your renewal cycle year whether or not you receive the renewal notice. If you do not renew your license by September 30th of your renewal cycle year, your license will expire and you will be required to reinstate it if you wish to practice medicine in Maryland.*

**PRACTICING AS A PHYSICIAN:** A person may not practice, attempt to practice, or offer to practice as a physician in Maryland unless licensed to practice medicine by the Board. Individuals practicing without a license may be fined up to \$50,000.

**Statutes and Regulations**

The law governing the practice of medicine in Maryland (Health Occupations Article, Title 14, §§14-101 to 14-702) and the Board's regulations, Code of Maryland Regulations (COMAR) 10.32.01 *et seq.*, may be accessed at the Board's Website at [www.mbp.state.md.us](http://www.mbp.state.md.us).

**The Maryland Board of Physicians supports the Americans with Disabilities Act (ADA) and will provide this material in an alternative format to facilitate effective communication with sensory impaired individuals (for example, Braille, large print, audio tape). If you need such accommodation, please notify the Board's ADA designee, Rhonda Anderson, at 410-764-5972 or 1-800-492-6836. For the hearing impaired, please contact the Maryland Relay Services TTY/Voice number at 1-800-735-2258. If you have a complaint concerning the Board's compliance with the ADA, please contact Ms. Anderson.**



# Maryland Board of Physicians

Check One:

- Initial Licensure
- Reinstatement

Name of Profession: \_\_\_\_\_

## ATTENTION

If You Are a Veteran, Service Member or Military Spouse

PLEASE REVIEW AND COMPLETE BEFORE PROCEEDING

**“Veteran”** means a former service member who was discharged from active duty under circumstances other than dishonorable within one year before the date on which the application for license, certificate, or registration is submitted.

**“Veteran”** does not include an individual who has completed active duty and has been discharged for more than one year before the application for a license, certification, or registration is submitted.

**“Military Spouse”** means the spouse of a service member

**“Service Member”** means an individual who is an active duty member of:

or veteran,

**“Military Spouse”** includes a surviving spouse of:

- \* A veteran; or
- \* A service member who died within one year before the date on which the application for license, certification, or registration is submitted.

- \* The Armed Forces of The United States
- \* A reserve component of the Armed Forces of the United States; or
- \* The National Guards of any state

### Complete ONLY if You Meet the Following Criteria

Check the appropriate box.

- Service Member – Currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any state. **Provide supporting documentation.**
- Veteran – Discharged from active military duty under circumstances other than dishonorable within the one year of submitting the application. **Provide supporting documentation.**
- Military Spouse: **Check the appropriate box**
  - Spouse is a Veteran. **Provide supporting documentation.**
  - Spouse was a service member who died within one year before the date of submitting the application. **Provide supporting documentation.**
  - Spouse is a Service Member currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any state. **Provide supporting documentation.**

\_\_\_\_\_  
Name of Applicant (PRINT)

\_\_\_\_\_  
Military Branch



**10. Chronology of Activities: DO NOT ATTACH RESUME OR CURRICULUM VITAE**

Beginning with the date you completed medical school and continuing through the present, list chronologically all of your activities, including hospital privileges. Account for all periods of time including each post-graduate training program you attended, regardless of whether or not you completed the program; each job you held, regardless of whether or not it was medically related or you were compensated; and any period of unemployment.

Date Medical School was Completed:				month	year

**Activities after completing medical school:** Please type or print.

month	year	TO	month	year	Activity:
Address:					
month	year	TO	month	year	Activity:
Address:					
month	year	TO	month	year	Activity:
Address:					
month	year	TO	month	year	Activity:
Address:					
month	year	TO	month	year	Activity:
Address:					
month	year	TO	month	year	Activity:
Address:					
month	year	TO	month	year	Activity:
Address:					
month	year	TO	month	year	Activity:
Address:					

If you will need more space than page 2 allows, please photocopy page 2 for your use or attach a separate sheet. Please sign and date each sheet that you attach.

11. Medical Education: List all medical schools you have attended From: MM/YY To MM/YY

\_\_\_\_\_  
\_\_\_\_\_

Medical School From Which You Received Your Medical Degree: \_\_\_\_\_

Name of University Affiliation (if applicable): \* \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country of citizenship during medical education: \_\_\_\_\_

Language(s) of Instruction: \_\_\_\_\_

Type of Degree:  M.D.  D.O.  M.D./Ph.D.  M.B.B.S.  M.B.B.Ch.  Other: \_\_\_\_\_  
(specify)

\*Date Degree Was Conferred: The date you officially received your degree after all prerequisite obligations, required training, government service, etc. was satisfied.

Month   Day   Year

**GRADUATES OF FOREIGN MEDICAL SCHOOLS (Schools not in the U.S., its territories, or Canada) Attach the**

**following documents to this application:**

1. A copy of your valid ECFMG certificate or Fifth Pathway Certificate;
2. A copy of your medical school diploma and a certified translation;
3. If you listed an affiliation above (see \* in 11 above), the certificate must include your name, name of the medical school, name of the university, and a certified translation.

If your name is not written the same way on all documents, you must submit documentation to explain how and why your name differs and submit one of the following documents to support the name change: passport, ICE card, birth certificate, court document, marriage license, court decree.

12. Oral and Written Competency in English: Demonstrate verbal and written competency in the English language by any of the following. (Check one):

- a.  Documentation of graduation from an English-speaking high school or undergraduate school after at least three years of enrollment;
- b.  Documentation of graduation from an English-speaking professional (medical) school;
- c.  Documentation of a passing score on the USMLE Step 2 Clinical Skills\* until January 2021;
- d.  Documentation of receiving a passing score of at least 26 on the "Speaking Section" and 79 on the written part of the Test of English as Foreign Language (TOEFL)\*;
- e.  Documentation of receiving a passing score of Advanced or higher on the Oral Proficiency Interview (OPI)\*.

Are you claiming speech impairment?  NO  YES If "YES," please write or call the Board for additional information.

\*See item # 12 in the Instructions and Important Information for TOEFL and OPI testing instructions.

\*Clinical Skills: The Board **will only** accept **USMLE Step 2 Clinical Skills** as demonstration of oral and written competency in English. The Board **will not** accept the **Clinical Skills Assessment** administered by the ECFMG or the **USMLE Step 2 Clinical Knowledge** as demonstration of oral and written competency in English.



13. **POSTGRADUATE TRAINING.** (DO NOT ATTACH RESUME OR CURRICULUM VITAE.) List in chronological order **ALL** postgraduate training undertaken in the U.S., its territories, or Canada regardless of whether you did or did not complete the program, and regardless of whether you were or were not compensated.

**NOTE:** On a case by case basis, the Board may consider **full time teaching in an LCME-accredited medical school in the U.S.** as an alternative to the accredited postgraduate clinical medical education required in the Code of Maryland Regulations 10.32.01.03D. Applicants who intend to request consideration of teaching experience as an alternative to accredited postgraduate clinical medical education should contact the Board's licensure division for further information.

Applicants who have graduated from a medical school **NOT** in the U.S., its territories, or Canada are required to submit evidence acceptable to the Board of successful completion of 2 years of training in a U.S. postgraduate clinical medical education program accredited by an organization recognized by the Board (ACGME, AOA, or equivalent). If you have not met this requirement, **DO NOT** submit this application. Contact the Board if your postgraduate medical education is not ACGME or AOA-accredited and you are applying for equivalency.

A Fifth Pathway Program graduate must have been a U.S. citizen during the time of medical education and must have successfully completed two years of ACGME accredited postgraduate clinical medical education *after* successfully completing a Board approved Fifth Pathway Program. If you have not met these two requirements, **DO NOT SUBMIT THIS APPLICATION.**

**NOTE:** Postgraduate training program cycles usually run 12 consecutive months. If the dates of your postgraduate training fall short of the complete cycle, or extend beyond the usual cycle, please attach a complete explanation of why your training was "off-cycle."

A. During your years of postgraduate training, did you have a break in training? If "Yes," please provide an explanation.  YES  NO

B. Did you have any condition or impairment that affected your ability to practice medicine during your training? If "Yes," please provide an explanation.  YES  NO

C. During your years of postgraduate training, was any action taken against you by any training program, hospital, medical board, licensing authority, or court? Such actions include but are not limited to investigations, limitations of privileges or special conditions, requirements imposed for academic incompetence, disciplinary actions, probationary action, etc. If "Yes," please provide an explanation.  YES  NO

PG Year #s	Place of Training:	month	year	TO	month	year
	Address:	Specialty:		Accredited by: ACGME <input type="checkbox"/> AOA <input type="checkbox"/> RCPSC <input type="checkbox"/>		
PG Year #s	Place of Training:	month	year	TO	month	year
	Address:	Specialty:		Accredited by: ACGME <input type="checkbox"/> AOA <input type="checkbox"/> RCPSC <input type="checkbox"/>		
PG Year #s	Place of Training:	month	year	TO	month	year
	Address:	Specialty:		Accredited by: ACGME <input type="checkbox"/> AOA <input type="checkbox"/> RCPSC <input type="checkbox"/>		
PG Year #s	Place of Training:	month	year	TO	month	year
	Address:	Specialty:		Accredited by: ACGME <input type="checkbox"/> AOA <input type="checkbox"/> RCPSC <input type="checkbox"/>		
PG Year #s	Place of Training:	month	year	TO	month	year
	Address:	Specialty:		Accredited by: ACGME <input type="checkbox"/> AOA <input type="checkbox"/> RCPSC <input type="checkbox"/>		

(ATTACH A SEPARATE SIGNED AND DATED PAGE IF ADDITIONAL SPACE IS NEEDED)

**14. Medical Licensing Examinations.** (USMLE, NBME, NBOME, FLEX, FLEX-Weighted Average, Medical Council of Canada, and licensing exams given by individual states prior to January 1, 1985) **DO NOT SUBMIT THIS APPLICATION until you have received written verification of having passed all parts, steps, or components of your medical licensing examinations.**

Identify below ALL the medical licensing examinations that you have ever taken. Written or electronic documentation of passing a medical licensing exam must be sent directly to the Board, by e-mail or mail, from the agency that administered the examination. Mail documentation of passage to: *P.O. Box 2571, Baltimore, MD 21215.* (**Do Not** send your licensure application to this address.) Electronic verification of passage may be e-mailed to: [mdh.mbpcredentials@maryland.gov](mailto:mdh.mbpcredentials@maryland.gov).

**Failing the Exam three or more times**—If you have failed any medical licensing exam (part, step, component, or level), you may qualify for a license only if you meet the requirements in numbers 1-3 or 4. If you meet the requirements in numbers 1-3, complete the attached **IML 4 Verification of Clinical Practice**. If you meet the requirements in number 4, the Board will verify your Board certification. Please check either 1-3 or 4.

1.  No disciplinary action pending and no disciplinary action taken against the applicant that would be grounds for discipline under Health Occupations Article, §14-404, Annotated Code of Maryland; **and**
2.  Successful completion of 2 or more years of an ACGME or AOA accredited residency or fellowship; **and**
3.  A minimum of 5 years of clinical medicine experience in the United States, its territories, or Canada under a full unrestricted medical license, with at least 3 of the 5 years having occurred within 5 years of the date\* of the application; **or**
4.  Board-certification.

If you have not met this requirement, you are not eligible for licensure in Maryland at this time. **DO NOT** submit this application until you have fulfilled this requirement.

*\* This is the date the Applicant signs this application.*

a. **State Board Examination List state(s):** \_\_\_\_\_

State Board Exams were licensing exams given by individual states and do not include USMLE Step 3, oral exams, interviews or jurisprudence exams. State Board Exams taken after December 31, 1984 are not accepted for licensure in Maryland. Send a copy of the **IML 7 State Board Licensure and Examination Certification** form to the state(s) that administered your licensing exam and ask the state(s) to send your exam results directly to the Board of Physicians. **NOTE: This section does not relate to National Board Certification.**

**USMLE, FLEX-Weighted Average, and FLEX Components 1 & 2 Exams.** (See Page 6 if you took a combination of these exams or combined either with the NBME exams) **If you took any of the exams below, contact the Federation of State Medical Boards at [www.fsmb.org](http://www.fsmb.org).**

- b.  USMLE Steps 1, 2 and 3
- c.  FLEX-Weighted Average: All FLEX-Weighted exams must have been taken prior to 1985 and in one sitting with a passing score of 75; or if taken in more than one sitting, must have a passing score of 75 and be currently certified by a member board of the American Board of Medical Specialties.
- d.  FLEX Components 1 and 2: **Passing score is 75 on each component.**

- e.  **National Board of Medical Examiners (NBME)** (See Page 6 if you combined this examination with FLEX or USMLE exams) Ask the NBME to send to the Board both the Endorsement of Certification **and** the Record of Scores. If you took NBME exams but were not certified, or you took NBME as part of hybrid exams, ask NBME to send only your Record of Scores. Contact the NBME at [www.nbme.org](http://www.nbme.org)

- f.  **National Board of Osteopathic Medical Examiners** Certifications issued before January 1, 1971 are not accepted for licensure in Maryland. Contact the NBOME at [www.nbome.org](http://www.nbome.org)

- g.  **Medical Council of Canada (MCC)**—Licentiate of the Medical Council of Canada. Contact the MCC at <http://mcc.ca/about/lmcc/>

**CONTINUED ON PAGE 6**

**HYBRID EXAMINATIONS**

The following combinations are the only hybrid examinations accepted by the Maryland Board of Physicians. **ALL HYBRID EXAMINATIONS MUST HAVE BEEN COMPLETED BEFORE JANUARY 1, 2000.**

h. <input type="checkbox"/> USMLE 1 + NBME II + NBME III i. <input type="checkbox"/> USMLE 1 + USMLE 2 + NBME III j. <input type="checkbox"/> USMLE 1 + NBME II + USMLE 3 k. <input type="checkbox"/> NBME I + USMLE 2 + USMLE 3 l. <input type="checkbox"/> NBME I + USMLE 2 + NBME III m. <input type="checkbox"/> NBME I + NBME II + USMLE 3	n. <input type="checkbox"/> FLEX 1 + USMLE 3 o. <input type="checkbox"/> FLEX 2 + USMLE 1 + NBME II p. <input type="checkbox"/> FLEX 2 + USMLE 1 + USMLE 2 q. <input type="checkbox"/> FLEX 2 + NBME I + USMLE 2 r. <input type="checkbox"/> FLEX 2 + NBME I + NBME II s. <input type="checkbox"/> NBOME + USMLE
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- If your hybrid exams included any part of the NBME examination, contact the NBME at [www.nbme.org](http://www.nbme.org) and request to have your Endorsement of Certification and your Record of Scores sent directly to the Board of Physicians.
- If your hybrid exams included only FLEX and USMLE examinations, request your transcript from the Federation of State Medical Boards at [www.fsmb.org](http://www.fsmb.org).
- If your hybrid exams included any part of the NBOME, ask NBOME to send the verification of certification and the complete history of your medical examinations to the Board. Contact the NBOME at [www.nbome.org](http://www.nbome.org).

**15. Licensure in Other States: Please complete all that apply.**

- a.  I have never been licensed (including training licenses) in the U.S., its territories, or Canada.
- b.  I have an application for license (including a training license) pending in the following states: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
- c. Including training licenses, please list below all licenses ever issued to you by a U.S. state/territory, or Canada.
- d. Has any disciplinary action ever been taken against your license?  Yes  No If "Yes," please enclose an explanation.

STATE <small>(Or its territories, or Canadian Province)</small>	LICENSE NUMBER or Registration Number	CURRENT STATUS					
		Active	Inactive	Expired / Lapsed	Surrendered in good standing	Surrendered / Suspended	Revoked

(If more space is needed, please attach an additional signed and dated sheet.)



**16. Character and Fitness Questions (Check either YES or NO) Please answer questions "a" through "q" on pages 7 and 8.**

- |    | YES                      | NO                       |   |
|----|--------------------------|--------------------------|---|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | Has a state licensing or disciplinary board (including Maryland), a comparable body in the armed services, or the Veterans Administration, ever denied your application for licensure, reinstatement, or renewal?   |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Has a state licensing or disciplinary board (including Maryland), a comparable body in the armed services, or the Veterans Administration, ever taken action against your license? Such actions include, but are not limited to, limitations of practice, required education admonishment or reprimand, suspension, probation or revocation.        |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Has any licensing or disciplinary board in any jurisdiction (including Maryland), a comparable body in the armed services, or the Veterans Administration, ever filed any complaints or charges against you or investigated you for any reason?   |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever withdrawn your application for a medical license or other health professional license?  |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Has a hospital, related health care institution, HMO, or alternative health care system ever investigated you or ever brought charges against you?  |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Has a hospital, related health care facility, HMO, or alternative health care system ever denied your application; failed to renew your privileges, including your privileges as a resident; or limited, restricted, suspended, or revoked your privileges in any way?  |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever pleaded guilty or <i>nolo contendere</i> to any criminal charge, been convicted of a crime, or received probation before judgment because of a criminal charge?   |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed an offense involving alcohol or controlled dangerous substances to which you pled guilty or <i>nolo contendere</i> , or for which you were convicted or received probation before judgment? Such offenses include, but are not limited to, driving while under the influence of alcohol or controlled dangerous substances. |
| i. | <input type="checkbox"/> | <input type="checkbox"/> | Are there any charges pending against you in any court of law, are you currently under arrest, released pending trial with or without bond, or is there an outstanding warrant for your arrest?   |
| j. | <input type="checkbox"/> | <input type="checkbox"/> | Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a physical, mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice your profession in a safe, competent, ethical, and professional manner?                                      |
| k. | <input type="checkbox"/> | <input type="checkbox"/> | Have any malpractice claims or other claims for money damages ever been filed against you? Include past claims as well as any claim that is now pending, has been dismissed, has been settled, or which has resulted in a damages award against you or your medical practice.   |
| l. | <input type="checkbox"/> | <input type="checkbox"/> | Are you in default of a service obligation that you incurred by receiving State or Federal funds for your medical education?  |

If you answered "YES" to any question, on a separate sheet of paper, please provide a signed and dated detailed explanation and attach appropriate supporting documents. Failure to provide documentation and a signed and dated explanation will delay the processing of your application.

**16a. Character and Fitness Questions (Continued)** (Check either YES or NO) Please answer questions "m" through "q."

- |    | YES                      | NO                       |   |
|----|--------------------------|--------------------------|---|
| m. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever failed to make arrangements to satisfy State or Federal loans that financed your medical education?   |
| n. | <input type="checkbox"/> | <input type="checkbox"/> | Has your employment or contractual relationship with any hospital, HMO, other health care facility, health care provider, institution, armed services, or the Veterans Administration ever been terminated for disciplinary reasons?                                      |
| o. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever voluntarily resigned or terminated a contract with any hospital, HMO, other health care facility, health care provider, institution, armed services, or the Veterans Administration while under investigation by that institution for disciplinary reasons? |
| p. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever surrendered your license or allowed it to lapse while you were under investigation by any licensing or disciplinary board of any jurisdiction, any entity of the armed services, or the Veterans Administration?  |
| q. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been dishonorably discharged from any military service of the U.S. Government? Attach a copy of your military discharge documentation that includes type of service, date of discharge, and type of discharge.  |

If you answered "YES" to any question, on a separate sheet of paper, please provide a signed and dated detailed explanation and attach appropriate supporting documents. Failure to provide documentation and a signed and dated explanation will delay the processing of your application.

**17. SPEX/COMVEX Examinations:** Please check all that apply. If none apply, please make N/A here. \_\_\_\_\_

- a. The last time I passed a medical licensing exam was more than 15 years before \*submitting this application for initial medical licensure.
- b. I have never had a specialty board certification.
- c. During the 10 years preceding the \*submission of this application for initial medical licensure, I did not pass a specialty board certification or recertification examination give by the American Board of Medical Specialties or the American Osteopathic Association Bureau of Osteopathic Specialists.
- d. I have not had a full, unrestricted medical license in at least one state of the United States, its territories, or Canada within the 10-year period before \*submitting this application for initial medical licensure.
- e. I have not actively practiced clinical medicine in the United States, its territories, or Canada for a least 7 of the 10 years before \*submitting this application for initial medical licensure.

*\*The date the application is signed will be used for date of submission.*

If you checked all of the statements listed above, the Board will require you to pass the Special Purpose Examination (SPEX) or the Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX). The SPEX is administered by the Federation of State Medical Boards (FSMB), and the COMVEX is administered by the National Board of Osteopathic Medical Examiners (NBOME). If you are required to take the SPEX, contact the FSMB at [http://www.fsmb.org/licensure/spex\\_plas/](http://www.fsmb.org/licensure/spex_plas/). If you are required to take the COMVEX, contact the NBOME—Client Services Department at [clientservices@nbome.org](mailto:clientservices@nbome.org) or (866) 479-6828. The Website address is <http://www.nbome.org/comvex.asp>.

# RELEASE AND CERTIFICATION

**18. Release:** I agree that the Maryland Board of Physicians (the Board) may request any information necessary to process my application for medical licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual physicians, government agencies, the National Practitioner Data Bank, the Federation of State Medical Boards, hospitals and other licensing bodies. I also agree to sign any subsequent release for information that may be requested by the Board.

Applicant's Name (Printed) \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**19. (OPTIONAL) Third Party Release:** The Board encourages you to complete all aspects of your application on your own. If you plan to use an intermediary to receive information about the status of your application, please complete this release.

I agree that the Maryland Board of Physicians may release any information pertaining to the status of my application to the following person:  
**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_

**20. Cooperation in an Investigation:** I agree that I will cooperate fully with any request for information or with any investigation related to my medical practice as a licensed physician in Maryland, including the subpoena of documents or records or the inspection of my medical practice.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under Md. Code Ann., Health Occ. § 14-404.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**21. Certification:** To be completed by the applicant in the presence of a notary public after the applicant's picture has been attached below.

**I certify that I have personally reviewed all the responses to items 1-20 of this application and that the information I have given is true and accurate to the best of my knowledge. I understand and agree that I may not practice, attempt to practice, or offer to practice medicine in Maryland unless licensed by the Board. I also certify that I am thoroughly familiar with the Statute (Title 14) and Code of Maryland Regulations (COMAR) 10.32.01 et seq. which govern the practice of medicine in Maryland.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_, CITY/COUNTY OF \_\_\_\_\_, I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public of the State and City/County aforesaid, personally appeared the Applicant, \_\_\_\_\_, whose likeness is identifiable as that of the individual in the photograph attached to this application and who has made oath in due form of law to be the individual referenced in the above application for license to practice medicine and surgery in Maryland, and to have stated the truth in all statements made in this application.

AS WITNESS my hand and notarial seal. \_\_\_\_\_  
Notary Public

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

**SEAL**

*The date the applicant and the notary sign the application must be the same.*

**APPLICANT:**  
PASTE YOUR PASSPORT-  
QUALITY PHOTO HERE  
BEFORE NOTARIZING  
  
COPIES OF PHOTOS OR  
GROUP PHOTOS ARE NOT  
ACCEPTABLE



**INITIAL MEDICAL  
LICENSURE APPLICATION**

**Supplemental Forms**

**IML 2—Verification of Education and English  
Language Instruction**

**IML 3—Verification of Postgraduate  
Medical Education**

**IML 4—Verification of Clinical Practice  
Instructions and Form**

**IML 7—State Board Licensure and  
Examination Certification**

**VERIFICATION OF EDUCATION AND ENGLISH LANGUAGE INSTRUCTION**

**Part 1**

**APPLICANT:** Complete Part 1 and send this form to the institution which issued your medical degree. If you satisfied Maryland's English language competency requirements somewhere other than your medical school, also send a copy of this form to that institution and ask the institution to return the completed form directly to the Board.

**Name:** \_\_\_\_\_  
Print last name and generational indicator (Jr., Sr., II, III, etc.)      First name      Middle name

**Date of Birth:**

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 / 

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 / 

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**Social Security Number:**

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**School Attended** \_\_\_\_\_  
Only medical school, undergraduate school, or high school

**Affiliated with** (if applicable): \_\_\_\_\_  
Name of institution that conferred your degree, if different from medical college attended

**Attended from:** \_\_\_\_\_ **to** \_\_\_\_\_    **Date of Graduation:** \_\_\_\_\_

**Part 2**

**REGISTRAR, DEAN, PRINCIPAL or OTHER AUTHORIZED OFFICIAL:** Please complete this form and mail it to the above address.

**I hereby certify that the above-named individual attended this institution during the inclusive dates from**

--	--

 / 

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 / 

--	--

**to**

--	--

 / 

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 / 

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; that all academic studies were taught in the language(s) of \_\_\_\_\_ ; that all clinical clerkships were taught in the language(s) of \_\_\_\_\_ ; and that he/she was conferred the degree of

M.D.     D.O.     M.D./Ph.D.     M.B.B.S.     M.B.B.Ch     Other: \_\_\_\_\_  
(specify)

on 

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 / 

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 / 

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 after he/she had satisfied all prerequisite obligations.

\_\_\_\_\_  
Printed Name of Authorized Official      Name of Institution

\_\_\_\_\_  
Title of Authorized Official      Telephone Number      Fax Number

\_\_\_\_\_  
Signature of Authorized Official      Date

**SEAL  
 OF THE  
 INSTITUTION**

VERIFICATION OF POSTGRADUATE MEDICAL EDUCATION

Part 1

APPLICANT: Complete Part 1 and sign where indicated in the Part 2 instructions. Print your name on top of the reverse page, and send a form to the director of each postgraduate training program you attended. Be sure to copy both sides.

a. Applicant's Name:

\_\_\_\_\_ Last Name and Generational Indicator (Jr., Sr., II, III, etc.) First Name Middle Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_\_

b. Name of Institution:

\_\_\_\_\_

Department and Area of Training: \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_  
Month Year Month Year

Part 2

POSTGRADUATE TRAINING AUTHORIZED OFFICIAL: Please complete Part 2 according to the records available and send directly to the Maryland Board of Physicians at the above address. Please do not send original or copies to the applicant.

Applicant's Signature: \_\_\_\_\_

1. Did the applicant participate in postgraduate training in your department during the period listed above?\*

YES  NO If "No," please enter exact dates: \_\_\_\_\_ to \_\_\_\_\_

Program Specialty: \_\_\_\_\_

\*If training was part-time, please explain the training schedule after item 8 of this form.

2. During the time of the applicant's participation, was the postgraduate training program accredited?  YES  NO

Accredited by:  ACGME: Program # \_\_\_\_\_  AOA: ID #: \_\_\_\_\_  RCPS

3. Did the applicant participate in all of the components of the training as required by the accrediting body?

YES  NO Comments (attach signed and dated additions as needed): \_\_\_\_\_

4. Did the applicant successfully complete all requirements of each year of training?

YES  NO Comments (attach signed and dated additions as needed): \_\_\_\_\_

(Continued on next page)



Applicant's Name (print): \_\_\_\_\_

5. During the applicant's year(s) of training, did the applicant have any break in training?

YES  NO Comments (attach signed and dated additions as needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Did the applicant have any condition or impairment that affected the applicant's ability to practice medicine during the period of training?

YES  NO If "Yes," please give a detailed explanation\* \_\_\_\_\_

\_\_\_\_\_

7. During the period of training, was any action taken against the applicant by any training program, hospital, medical board, licensing authority, or court? Such actions include, but are not limited to investigations, limitations of privileges or special conditions, requirements imposed for academic incompetence, disciplinary actions, probationary actions, etc.

YES  NO If "Yes," please give a detailed explanation\* \_\_\_\_\_

\_\_\_\_\_

8. In each year of training, did the applicant demonstrate sufficient academic and clinical ability to qualify for advancement without conditional or probationary status to the next year and next progressive level of responsibility in a designated specialty program?

YES  NO Comments:\*

\* If the space is not sufficient, please attach an additional signed and dated sheet.

**Attestation:** I attest that the information I have provided regarding the applicant is true, accurate, and complete according to all available records.

\_\_\_\_\_  
Printed Name of Authorized Official

\_\_\_\_\_  
Title of Authorized Official

\_\_\_\_\_  
Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
Department

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

Initial Medical Licensure  
Supplemental Form  
MBP IML 4  
03/2021 INT

Maryland Board of Physicians  
P.O. Box 2571  
Baltimore, Maryland 21215  
Telephone: (410) 764-4777 or 800-492-6836  
E-mail: [mbpmail@rcn.com](mailto:mbpmail@rcn.com)

**Application for Initial Medical Licensure  
VERIFICATION OF CLINICAL PRACTICE**

**General Instructions and Important Information**

The Verification of Clinical Practice form is required if an otherwise qualified applicant passes the examination required for licensure, after having failed any part, step, level, or component three or more times. Under these circumstances, in accordance with Health Occupations Article, §14-307(g), Annotated Code of Maryland and Code of Maryland Regulations (COMAR) 10.32.01.03G(3), the Board may consider clinical practice experience.

Complete this form only if you have passed any of the required exams after having failed it three or more times and meet the requirements below.

1. No disciplinary action pending and no disciplinary action taken against the applicant that would be grounds for discipline under Health Occupations Article, §14-404, Annotated Code of Maryland; **and**
2. Successful completion of 2 or more years of an ACGME or AOA-accredited residency or fellowship; **and**
3. A minimum of 5 years of clinical medicine experience in the United States, its territories, or in Canada under a full unrestricted medical license, with at least 3 of the 5 years having occurred within 5 years of the date of the application.

**Instructions for the Applicant:**

1. Complete Part I.
2. Parts II, III, and signature section must be completed by an employer/former employer, Departmental Chair, Chief Medical Officer, supervising physician, or professional colleague with knowledge of your clinical practice. Upon completion, the forms must be sent directly to the Board.

**NOTE:** You may send copies of the form with Section I completed to all individuals necessary to verify that you have a minimum of 5 years clinical practice with at least 3 of the 5 years having occurred within 5 years of the date of the application. The date\* in Section I is the date of the application.

**Instructions for the Person Completing Parts II, III, and signature section:**

1. Parts II and III must be completed by the employer/former employer, Departmental Chair, Chief Medical Officer, supervising physician, or professional colleague with personal knowledge of the applicant's clinical practice.
2. The person completing Parts II and III must send the completed form directly to:

Maryland Board of Physicians  
Licensure Unit  
P.O. Box 2571  
Baltimore, MD 21215

3. ***Do not return the form to the applicant.***



VERIFICATION OF CLINICAL PRACTICE FORM

**Part 1** **APPLICANT:** Complete Part 1. Send the form to the employer, former employer, Departmental Chair, Chief Medical Officer, or supervising physician with personal knowledge of the applicant's clinical practice to complete Parts 2 and 3 and the signature section.

Applicant's Name: \_\_\_\_\_  
Last Name and Generational Indicator (Jr., Sr., II, III, etc.)      First Name      Middle Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: 

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2** **CLINICAL PRACTICE VERIFICATION:** To be completed by the current/former employer, Departmental Chair, Chief Medical Officer, or supervising physician with personal knowledge of the applicant's clinical practice.

Name of Practice or Employer: \_\_\_\_\_

Practice/Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Practice or Employment Dates: From: \_\_\_\_\_ to: \_\_\_\_\_

Job Title/Position Held: \_\_\_\_\_

Check the box that applies:  Clinical Practice  Non-clinical practice

If clinical practice is checked, complete Part 3.

**Part 3** **DATES OF CLINICAL PRACTICE AND SIGNATURE:** To be completed by the current/former employer, Departmental Chair, Chief Medical Officer, or supervising physician with personal knowledge of the applicant's clinical practice.

Did the applicant have 5 years of clinical practice of medicine?  YES  NO Dates: From: \_\_\_\_\_ to: \_\_\_\_\_

Was the clinical practice of medicine in the United States, its territories or Canada?  YES  NO

Did at least 3 years of the clinical practice of medicine occur within 5 years of the date\* of the application?  YES  NO

Dates of 3 years of clinical practice of medicine occurring within 5 years of the date\* of the application? Dates: From: \_\_\_\_\_ to: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\* This is the date the Applicant signs the IML application, not this form.

Print Name:	Title:
Capacity in which you worked with the applicant:	E-mail address:
Signature:	Date:





# CHECKLIST



## CHECKLIST

Please review the checklist before signing page 9. A few minutes spent in review now may save days or weeks of delay in the processing your application.

- I have provided all the personal information requested on this application. (See page 1)
- My chronology of activities after graduating medical school is legible, and there are no gaps in time. (See page 2)
- (if applicable) I have enclosed additional sheets for my chronology.
- I have provided all the information about my medical education. (See Item 11 on page 3)
- I have indicated how I have met Maryland's requirement for English proficiency. (See Item 12 on page 3)

### Graduates of Foreign Medical School

- My English proficiency requirements were satisfied somewhere other than medical school, so I have requested that documentation of both written and oral proficiency be sent to the Board. (See Item 12 on page 3)

I have also enclosed the following documents:

- A copy of my valid ECFMG certificate.
- A copy of my medical school diploma and a certified translation.
- If applicable, a certificate indicating the name of the medical school, the name of the affiliated university; and a certified translation. (See page 3)

- I have completed Part 1 of the **IML 2 Verification of Education and English Language Instruction** form and sent a copy to the institution from which I received my medical degree, and, if different, to the institution at which I received English instruction that meets the Maryland requirements.
- I have listed all postgraduate training I have undertaken in the U.S., its territories, or Canada (page 4); completed Part 1 of the **IML 3 Verification of Postgraduate Medical Education** form; signed Part 2; printed my name on side B; and sent a form **IML 3** to the authorized official of each program in which I participated.
- I have listed all medical licensing examinations I have ever taken (page 6) and requested transcripts from the appropriate administering authority of each exam (See instructions after exams listed on page 6).
- I have listed every license/registration I have ever been issued in the U.S., its territories, or Canada (page 6). I will request verification from any state where I was licensed.
- I do not have to take the Special Purpose Exam. (page 8)  I must take the SPEX and have made arrangements to do so.
- I have answered all character and fitness questions (pages 7 and 8), explained all "Yes" answers and, if applicable, enclosed all supporting documents (copies of all complaints, malpractice claims, adverse or disciplinary actions, arrests, pleadings, judgments, final orders, etc.).
- I have attached a 2"x 2" passport quality, color photograph to the last page (page 9) of this application.
- I have read the statements on page 9 of this application; signed and dated items 18,19 (if applicable), 20, and 21.
- I have enclosed my check/money order made out to "Maryland Board of Physicians" (or "MBP") in the amount of either \$790.00 (Graduates of LCME-accredited American and Canadian medical schools) or \$890.00 (Graduates of International Medical Schools).
- I have attached the following number of pages of documentation to support this application: \_\_\_\_\_.
- I have signed the application in the presence of a notary and had the application notarized.
- I have applied for a Criminal History Records Check.

**STOP! Completed application and check/money order must be mailed to: Maryland Board of Physicians;  
P.O. Box 37217; Baltimore, Maryland 21297.**

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE MEDICINE IN VIRGINIA FOR GRADUATES OF ALLOPATHIC MEDICAL SCHOOLS AND OSTEOPATHIC MEDICAL SCHOOLS**

**APPLICATION FEES ARE NONREFUNDABLE**

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

**NOTE**

**AN APPLICATION THAT IS NOT COMPLETE EXPIRES ONE YEAR AFTER IT IS SUBMITTED TO THE BOARD. IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT ALL NECESSARY SUPPORTING DOCUMENTS ARRIVE AT THE BOARD PRIOR TO THE EXPIRATION DATE. IF THE ORIGINAL APPLICATION EXPIRES, THE APPLICANT MUST SUBMIT ANOTHER APPLICATION, PAY THE APPLICATION FEE AGAIN AND ENSURE THAT NEW SUPPORTING DOCUMENTS ALSO GET TO THE BOARD.**

This is not the application for a training license to practice as a resident or fellow. This application is for a full and unrestricted MD or DO license to practice medicine in Virginia.

This is the application for a full and unrestricted license to practice as an MD or DO in Virginia.

You should familiarize yourself with the qualifications required for a full license by reviewing the laws and regulations governing the practice of allopathic medicine and osteopathic medicine in Virginia. They can be found at: [https://www.dhp.virginia.gov/medicine/medicine\\_laws\\_regs.htm](https://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. You should not expect the process to take less than 2-3 months, so plan accordingly if you are pursuing a practice position in Virginia.

A completed application must be returned to this office along with the fee of \$302.00. Applications and fees must be received together. Only checks or money orders are accepted. Please make your payment instrument payable to the "Treasurer of Virginia."

The phone number to the Virginia Board of Medicine is 804-367-4600. The Board's email address for MD license applicants is [med-medbd@dhp.virginia.gov](mailto:med-medbd@dhp.virginia.gov). The Board's email address for DO license applicants is [do-medbd@dhp.virginia.gov](mailto:do-medbd@dhp.virginia.gov)

**Mailing Address**

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

The Board of Medicine discourages the use of the United States Postal Service to send documents. The Board is unable to trace documents not delivered by courier/overnight mail. If you wish to send your documents by overnight mail, please use FED EX or UPS. If requested in the instructions below, you may have your documents sent by electronic mail pdf attachment to [med-medbd@dhp.virginia.gov](mailto:med-medbd@dhp.virginia.gov) or facsimile to (804) 527-4426. The Board's email address for DO license applicants is [do-medbd@dhp.virginia.gov](mailto:do-medbd@dhp.virginia.gov)

**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.**

1. **Application and Fee** – The completed four (4) page application should be returned with the required fee of \$302.00. Applications submitted without the application fee will be returned. Checks should be made payable to the “Treasurer of Virginia.” This document **should not** be faxed.

2. **Examination Scores** – If you took all three steps of the USMLE examination or the FLEX examination, contact the Federation of State Medical Boards (FSMB) at (817) 868-4000 or [www.fsmb.org](http://www.fsmb.org) to have your scores submitted to the Board. Scores MAY NOT be faxed and MUST come directly from the FSMB. If using the FCVS credentialing service, scores will be included.

If you took the National Board of Osteopathic Medical Examinations or the COMLEX you may request copies of your transcripts at <http://www.nbome.org/transcript-request.asp> or by calling (866) 479-6828. Scores MAY NOT be faxed and MUST come directly from the National Board. If using the FCVS credentialing service, scores will be included.

If you took the National Board of Medical Examiners or a combination of the USMLE examination, contact the National Board of Medical Examiners at (215) 590-9500 or [www.nbme.org](http://www.nbme.org) to have your scores submitted to the Board. Scores MAY NOT be faxed and MUST come directly from the National Board. If using the FCVS credentialing service, scores will be included.

If you took the LMCC examination, contact the Medical Council of Canada (MCC) at (613) 521-6012. Scores MAY NOT be faxed and MUST come directly from the MCC. If using the FCVS credentialing service, scores will be included.

If you took a state examination, contact the state agency or licensure board to have your scores submitted to the Board. Scores MAY NOT be faxed and MUST come directly from the agency maintaining your score. If using the FCVS credentialing service, scores will be included.

3. **Transcripts** – Official medical school transcripts must be received by the Virginia Board of Medicine. Medical school transcripts must be official and bear the school seal. Transcripts will only be accepted if they come directly from the medical school to the Board or if sent to the Board by the applicant in the same unopened envelope in which they were received. If using the FCVS credentialing service, transcripts will be included. Official school transcript can be emailed directly from the school to [med-medbd@dhp.virginia.gov](mailto:med-medbd@dhp.virginia.gov) . For Osteopathic physician school transcript, this document can be emailed to [do-medbd@dhp.virginia.gov](mailto:do-medbd@dhp.virginia.gov)

4. **Postgraduate Training** - A completion certificate or program director's letter of completion must be received directly from the postgraduate training institution for the internships, residencies, and fellowships completed within the past 5 years. If your postgraduate training occurred more than 5 years ago, you may fulfill this requirement by sending a copy of your letter or certificate of completion. A PDF attachment of the letter of completion or copy of certificate may be emailed to [med-medbd@dhp.virginia.gov](mailto:med-medbd@dhp.virginia.gov) , faxed to (804) 527-4426, or mailed to the Board. DO postgraduate training verification can be emailed to [do-medbd@dhp.virginia.gov](mailto:do-medbd@dhp.virginia.gov) .

5. **Employment Activity** – 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. If more space is needed to record your activities, follow this link to obtain and submit a supplemental form with your application:  
**Supplemental Form:** <https://www.dhp.virginia.gov/media/dhpweb/docs/med/forms/SupplementalForm.pdf>

6. **Verification of professional licenses** from a jurisdiction within the United States, its territories and possessions or Canada in which you have been issued a full license must be received by the Board. Please contact the jurisdiction where you have been issued a license to inquire about having official license verification forwarded to the Virginia Board of Medicine. Verification must come from the jurisdiction and maybe sent by email to [med-medbd@dhp.virginia.gov](mailto:med-medbd@dhp.virginia.gov), faxed to (804) 527-4426, or mailed. DO license verification can be emailed to [do-medbd@dhp.virginia.gov](mailto:do-medbd@dhp.virginia.gov)

7. NPDB Self Query – Complete the online Place a Self-Query Order form at <https://www.npdb.hrsa.gov/>. 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.

**Please note that the Board will accept a digitally-certified electronic copy of the NPDB report that is emailed to the Board, in lieu of a mailed report.**

Should you choose to mail your 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.**

8. **For graduates of medical schools outside of the U.S. and Canada. - ECFMG Certification:** To request your ECFMG certification Status Report follow this link <https://cvsonline2.ecfmg.org/> . ECFMG will deliver your requested report to the Board.

9. Copies of documentation supporting any name change.

10. If you answer “yes” to any question in #6-18, provide documentation to the Board in addition to providing a narrative explaining your answer. Please provide court documentation for any convictions.

**Please note:**

\*Please be aware that 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. This notice is to reiterate that the Board of Medicine will allow the Board address of record to be a Post Office Box or practice location.

\*Applications will be acknowledged after receipt if items are missing.

\*Applications not completed within 12 months will expire and may be purged without notice from the board.

\*Additional information may be requested after review by Board representatives.

**\*Application fees are non-refundable.**

\* Do not begin practice until you have been notified of approval. 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.

\*Certain forms may be faxed to 804-527-4426.



**Board of Medicine**  
 9960 Mayland Drive, Suite 300 Phone: (804) 367-4600  
 Henrico, Virginia 23233-1463 Fax: (804) 527-4426  
 Email: [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov)

**Application for a license To Practice Medicine and Surgery OR Osteopathy and Surgery**

To the Board of Medicine of Virginia: I hereby make application for a license to practice as an (please circle one) MD or a DO in the Commonwealth of Virginia and submit the following statements:

**1. Name in Full (Please Print or Type)**

Last	First	Middle
Date of Birth  _____ MO DAY YEAR	Social Security No. or VA Control No.*	Maiden Name if applicable
Public Address: This address will be public information:	House No. Street or PO Box	City State and Zip
Board Address: This address will be used for Board Correspondence and may be the same or different from the public address.	House No. Street or PO Box	City State and Zip
Work Phone Number	Home/Cell Phone Number	Email Address
Professional School Name and Location	Professional School Graduation Date	Professional School Degree

Please submit address changes in writing immediately to [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov)

Please attach check or money order payable to the Treasurer of Virginia for \$302.00. Applications will not be processed without the fee. Do not submit fee without an application. **IT WILL BE RETURNED.**

**APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY**

APPROVED BY: \_\_\_\_\_ Date \_\_\_\_\_

LICENSE NUMBER	PROCESSING NUMBER	FEE
MD- 0101-		\$302.00
DO – 0102-		\$302.00

\*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number\*\* issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. **NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.**

\*\*In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.





3. Do you intend to engage in the active practice of medicine in the Commonwealth of Virginia?  Yes  No

If Yes, give location \_\_\_\_\_

4. List all jurisdictions in which you have been issued a license to practice medicine: include all active, inactive, expired, suspended or revoked licenses. Indicate number and date issued.

Jurisdiction	Number Issued	Active/Inactive/Expired

5. Which of the following have you taken:  National Board Examination  USMLE 1  USMLE 2  USMLE 3  
 FLEX  LMCC  State Equivalency  COMLEX

**QUESTIONS MUST BE ANSWERED.** If any of the following questions (6-18) is answered Yes, explain and Substantiate with documentation. Yes No

- 6. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any testing entity or licensing authority?
- 7. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state, or local statute, or regulation or ordinance, or entered into an plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) **Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.**
- 8. Have you ever been denied privileges or voluntarily surrendered your clinical privileges for any reason?
- 9. Have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or requested to withdraw from any professional school, training program, hospital, etc?
- 10. Have you ever been terminated from employment or resigned in lieu of termination from any training program, hospital, healthcare facility, healthcare provider, provider network or malpractice insurance carrier?
- 11. Do you have any pending disciplinary actions against your professional license/certification/permit/registration related to your practice of medicine?
- 12. Have you voluntarily withdrawn from any professional society while under investigation?
- 13. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?
- 14. Within the past five years, have you been disciplined by any entity?
- 15. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the Obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.
- 16. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.
- 17. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.

Yes No

- 18. Within the past five years, have you any condition or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?
- 19. Have you requested a certification report from ECFMG?
- 20. Have you requested a current report (Self Query) from NPDB?

**Malpractice Information**

- 21. Have you had any malpractice paid claims in the past ten (10) years, or do you have any pending malpractice suits? If so, please provide a narrative for each paid claim or pending case during this time period.

**Military Service:**

- 22. Are you a spouse of someone who is on a federal active duty orders pursuant to Title 10 of the U.S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state of the District of Columbia?
- 23. Are you active duty military?

**24. AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice medicine and surgery or osteopathic surgery in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available at [www.dhp.virginia.gov](http://www.dhp.virginia.gov) and I understand that fees submitted as part of the application process shall not be refunded.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Agenda Item:** Joint Commission on Health Care “Review of the Interstate Medical Licensure Compact”

**Staff Note:** In the 2021 Session of the General Assembly, Delegate Dan Helmer put forth HJ531 for the Joint Commission on Healthcare to study the advisability of Virginia joining the Interstate Medical Licensure Compact. On August 2, 2021, Barbara Allison-Bryan, MD, Blanton Marchese, Michael Sobowale, Colanthia Morton and Bill Harp met with Jeff Lunardi, Executive Director for the Joint Commission, and Ashley Williams who was assisting with the study. In the following pages, you will find HJ531 and the report that was sent to the Joint Commission members on December 9, 2021.

The report is from the Joint Commission staff and is unalterable. It is included on the agenda for 2 reasons. The first is that Mr. Lunardi would like it to be shared with the Legislative Committee. The second is that the Legislative Committee has done the lion’s share of work on the Compact, first in May of 2016 led by Dr. Allison-Bryan and again in January of 2021 with Blanton Marchese.

**Action:** For information only and discussion as appropriate.

2021 SESSION  
21102370D

**HOUSE JOINT RESOLUTION NO. 531**

Offered January 13, 2021

Prefiled January 9, 2021

*Directing the Joint Commission on Health Care to study the advisability of the Commonwealth's joining the Interstate Medical Licensure Compact. Report.*

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Patron-- Helmer

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Referred to Committee on Rules  
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WHEREAS, to practice medicine in the Commonwealth, a person must hold a valid, current license to practice medicine or osteopathy issued by Board of Medicine; and

WHEREAS, physicians licensed in other states who do not hold a valid, current license issued by the Board of Medicine cannot practice medicine in the Commonwealth unless a specific exception to the Commonwealth's licensure requirements apply; and

WHEREAS, the Interstate Medical Licensure Compact, developed in 2014 by a group of state medical board executives and administrators with assistance from the Federation of State Medical Boards, offers a process for streamlining the licensing process for physicians who want to practice in multiple states; and

WHEREAS, the current participants in the Interstate Medical Licensure Compact, which became operational in 2017, comprise 29 states, the District of Columbia, and the Territory of Guam; and

WHEREAS, participation in the Interstate Medical Licensure Compact may increase the availability of and access to health care services in the Commonwealth, particularly in underserved and rural parts of the Commonwealth; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be directed to study the advisability of the Commonwealth's joining the Interstate Medical Licensure Compact.

In conducting its study, the Joint Commission on Health Care shall (i) study the legal effects of the Commonwealth's joining the Interstate Medical Licensure Compact in the Commonwealth and possible positive and negative outcomes resulting from the adoption of the Interstate Medical Licensure Compact, including impacts on the availability of and access to health care, and (ii) develop recommendations as to whether the Commonwealth should join the Interstate Medical Licensure Compact.

Technical assistance shall be provided to the Joint Commission on Health Care by the Department of Health Professions. All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care for this study, upon request.

The Joint Commission on Health Care shall complete its meetings by November 30, 2021, and the chairman shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than the first day of the 2022 Regular Session of the General Assembly. The executive summary shall state whether the Joint Commission on Health Care intends to submit to the General Assembly and the Governor a report of its findings and recommendations for publication as a House or Senate document. The executive summary and report shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.



## JOINT COMMISSION ON HEALTH CARE

*Delegate Patrick A. Hope, Chair*

*Senator George L. Barker, Vice Chair*

TO: JCHC Members  
FROM: Jeff Lunardi, Executive Director  
DATE: December 8, 2021  
RE: Review of the Interstate Medical Licensure Compact

House Joint Resolution 531 (Helmer, 2021) was referred to the Joint Commission on Health Care (JCHC) for consideration. The resolution asked the JCHC to review the advantages and disadvantages of Virginia potentially joining the Interstate Medical Licensure Compact (IMLC). The IMLC is an interstate compact that provides an additional pathway for physicians to be licensed in states that are IMLC members (member states). The goals for the IMLC are to increase access to health care by making it easier for physicians to get licensed in multiple states. The JCHC Executive Subcommittee directed staff to conduct research on the topic and provide a memo to Members and the patron.

### Summary

The primary beneficiaries of the IMLC are physicians who want to be licensed in multiple states at the same time. This commonly occurs in large telehealth practices, particularly for psychiatry, radiology, and other services amenable to telehealth. The IMLC enables physicians to complete one application to apply for a medical license in as many IMLC member states as they choose simultaneously. There is limited benefit for physicians who only want to apply for licensure in one additional state, but if the IMLC is not beneficial to a physician, he or she can choose to apply through any state's regular licensing processes.

If Virginia joins the IMLC, it will likely see a modest increase in the number of physicians licensed to practice in the state, but the impact on access to care will depend on those physicians' specialties and the extent to which they choose to actively practice in Virginia. Joining the IMLC would require new processes and administrative resources at the Board of Medicine (Board). The Board would receive additional revenue from the IMLC to offset at least some of these administrative costs. There are also discrepancies between the IMLC disciplinary process for physicians and Virginia's disciplinary process that may need to be reconciled if Virginia joins the IMLC.

### What is the IMLC?

The IMLC is a multistate agreement that provides an additional, voluntary medical licensure pathway for physicians. The IMLC is an expedited process to obtain a medical license from IMLC member states, however the IMLC does not issue any medical licenses. Through the IMLC, a physician that is already licensed in a member state can complete one application to apply for licenses in any number of other member states. This is different from traditional "reciprocal" compacts, such as the Nursing Licensure Compact, that enables a nurse who is licensed in one member state to automatically practice in any other member state.

There are currently 30 states plus Washington, DC and the Territory of Guam in the IMLC (as of November, 2021). States join the IMLC by passing and signing into law the IMLC model legislation (Attachment 1). The model legislation must be passed without any substantive amendments for the state to successfully join the IMLC

(technical amendments are permitted if approved by IMLC staff). Once a state joins the IMLC, the state board of medicine administers the IMLC process, as follows (see Attachment 1, Section 5 for the full process in the IMLC model legislation):

- The physician must be licensed through a member state, referred to as the “State of Principle License”;
- The physician may then apply for licensure in any other member state through the IMLC application;
- The physician must pay an IMLC administrative fee and the licensing fee for each state where they want to be licensed;
- The board of medicine in the State of Principle License determines if the applicant meets IMLC requirements;
- The board then issues a Letter of Qualification (LOQ) and sends it to the other states on the IMLC application;
- The other IMLC member states are required by law to issue the applicant a full, unrestricted medical license in their state. (Note that the applicants are not receiving a national or IMLC-specific license; they are receiving a medical license from another IMLC member state through the IMLC application process.)

### **What is the current process to obtain a medical license in Virginia?**

Virginia currently has two pathways for physicians to apply for a medical license: the traditional pathway and licensure by endorsement. The traditional pathway allows a physician to apply for a Virginia medical license by providing documentation that they meet all of the state’s requirements to be a physician. Licensure by endorsement, which became operational in October 2018, is an expedited process for experienced physicians who are already licensed in another state and also want to hold a license in Virginia.

There are slightly different licensure requirements for physicians to apply through the traditional pathway and the endorsement pathway. The IMLC would establish a third pathway, with requirements that are closer to the endorsement pathway. The traditional pathway is available to all physicians that have graduated medical school and completed one year of postgraduate training (Attachment 2). In contrast, both licensure by endorsement and the IMLC require that an applicant has finished residency training and is board certified in a specialty. Licensure by endorsement has the added requirement that the physician has held a full, unrestricted license in a state for 5 years and has been in active practice for 5 years prior to application.

The Board considered whether or not to propose that Virginia join the IMLC twice, most recently in 2021. Both times, the Board decided not to endorse joining the IMLC based on concerns about the confidentiality of complaints against physicians and the cost of the process. Additional information about these issues is included in this memo.

### **How would joining the IMLC impact physicians?**

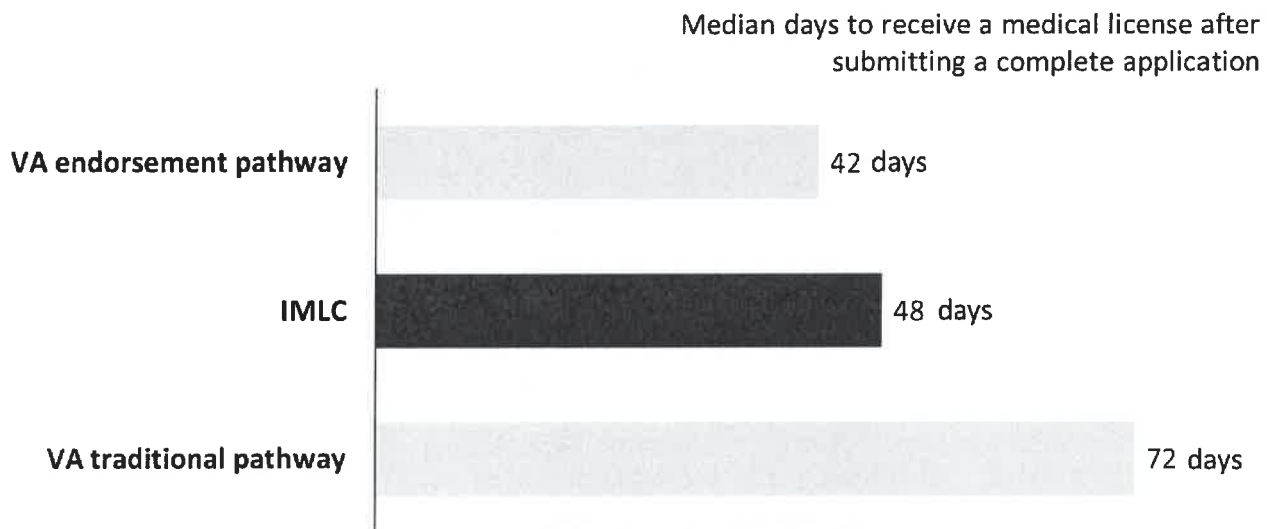
The primary benefit of the IMLC is that it enables physicians to apply for medical licenses in multiple states through one application. This helps large telehealth practices and hospital systems that may also be considered “Centers of Excellence,” such as John Hopkins in Maryland and the Mayo Clinic in Minnesota. Staff from IMLC member states and the IMLC indicated that tele-psychiatry and tele-radiology practices are some of the largest users of the process. For Virginia, this would mean that out of state telehealth practices could use the IMLC to license their physicians in Virginia (simultaneously with other states), and it would enable Virginia-based telehealth practices to license their physicians in multiple states using one application. The Medical Society of Virginia expressed concern that one potential downside of this is that an increase in out-of-state physicians providing telehealth services in Virginia would increase competition for Virginia-based physicians. Hospital Centers of Excellence that treat a large number of patients from other states also benefit because they can get their physicians licensed in multiple other states more efficiently, enabling them to actively participate in their patients’ care after discharge.

Another benefit of using the IMLC process is that in some cases, it is faster than other states’ traditional licensing process. This will likely be true in Virginia, however the length of the IMLC process is slightly longer than Virginia’s current expedited process – licensure by endorsement. In FY 2021, Virginia’s traditional licensing



process took a median of 72 days, and the endorsement process was typically completed in 42 days. The median length of the IMLC process was 48 days, with most of this time (41 days) for the State of Principle License to verify that the physician meets the requirements and issue the Letter of Qualification (FIGURE 1). So for Virginia physicians wishing to obtain a license in other states, joining the IMLC may make it faster for them to do so. For physicians from other states who want to obtain a Virginia license, joining the IMLC will only make the process faster if they do not already qualify for the endorsement process.

**FIGURE 1: The typical length of the IMLC licensing process is faster than Virginia’s traditional pathway, slower than licensure by endorsement (2021)**



SOURCE: JCHC staff analysis of data from the Department of Health Professions and the IMLC.

Using the IMLC process is more expensive for physicians but less time consuming. There is a \$700 administrative fee in addition to the licensing fee for each state that a physician applies to. The fee covers the IMLC staff administrative costs (\$400 goes to the IMLC) and the administrative costs for the State of Principle License to issue the Letter of Qualification (\$300 is sent to the state). For physicians wishing to obtain licenses in multiple states simultaneously this additional cost is offset by the administrative time that is saved by completing one application instead of many. However for a physician wishing to be licensed in just one other state, there is little benefit for this additional cost. In these cases physicians can apply through the traditional or endorsement pathways.

### **How would joining the IMLC impact the availability of physicians in Virginia?**

It is likely that Virginia would experience at least a moderate increase in the number of physicians licensed to practice in the state, but the impact on access to care is unclear. Staff from the IMLC indicated that new member states see an increase in licenses issued of about 10% during the first full year of operation. This is consistent with data from four states that was publicly available, which shows an increase in total licenses of between 9% and 27% during the first full year of operation. The increase in annual new licenses has stayed consistent in the IMLC states for which data is available. It is important to note that for most IMLC member states, the vast majority of license applications still come through their traditional licensing pathway.

Virginia experienced a similar increase in the issuance of licenses following the implementation of its licensure by endorsement process. In FY 2020, the first full year of operation for licensure by endorsement, the number of physician licenses issued by the Board increased 18% over the prior year. The number of licenses issued fell slightly in FY2021 but still remained significantly higher than historical trends. It is possible that Virginia would



experience another increase in license applications if it joined the IMLC, but the increase could be muted due to the licensure by endorsement process being already available to many experienced physicians, who could otherwise apply through the IMLC.

The impact on access to care would depend on the specialties of these physicians and where they choose to practice. Based on other states' experiences, if the majority of newly licensed physicians are through telehealth and practice in radiology and psychiatry, then it could increase access to tele-psychiatry, which is a significant area of need in Virginia. Health systems that use tele-radiology services may also benefit from an increase in available radiologists.

### **How would joining the IMLC impact the Board of Medicine?**

Joining the IMLC would require the Board of Medicine to establish a process to review eligibility and issue Letters of Qualification, and to review incoming applications through the IMLC and issue licenses. These new processes may require new staff, depending on the volume of IMLC applications. There would be a corresponding increase in revenue of \$300 for every Letter of Qualification that Virginia issues, but it is unknown if the increased revenue would be less than or greater than the increased administrative costs. This would depend on whether more physicians from other member states would apply for a Virginia license through the IMLC (requiring additional work that does not increase revenue), or whether more Virginia physicians would apply for licenses in other states, bringing in \$300 per application.

### **Legal concerns with joining the IMLC**

Staff from the Board of Medicine and the Office of the Attorney General expressed concern about differences between the IMLC disciplinary processes and Virginia's current process. These would need to be reconciled if Virginia joins the IMLC. If they are not reconciled, the Board of Medicine may have to follow two slightly different disciplinary processes for physicians licensed through the IMLC process versus physicians licensed through Virginia's regular processes. The General Assembly can make technical amendments to address these issues if they introduce the IMLC legislation. Any amendments would need to be reviewed by the IMLC staff to determine if they are consistent with the intent of the IMLC.

#### ***Disciplinary process when a physician faces discipline in another state***

The primary difference may occur in the case of a physician who is licensed in Virginia and another state, and who receives a disciplinary action from the other state's medical board (such as a license suspension). Under current Virginia law, the Director of the Department of Health Professions automatically suspends the physician's license to practice in Virginia. If the physician applies for reinstatement, it triggers a formal review, where the burden of proof is on the physician to demonstrate that they are safe and competent to resume the practice of medicine. After the information is gathered, it is reviewed for a decision by the Board of Medicine at its next meeting (the full Board meets three times per year). In contrast, in the same situation under the IMLC, the Board is required to complete the process within 90 days (Virginia's formal investigative and review process typically takes longer than 90 days) and the burden of proof shifts to the Board of Medicine to gather information and make a decision on the status of the physician's license.

It may be possible to amend the IMLC legislation so that Virginia can still follow its current mandatory suspension process. This could be done by inserting "*Unless a disciplinary process is otherwise authorized in a member state to strengthen consumer protection,*" after (d) on Line 227 (Attachment 1). The goal of Virginia's current law and the IMLC process is to protect consumers, so maintaining Virginia's process through this amendment could be considered a non-substantive change to the IMLC legislation.

#### ***Confidentiality of complaints against physicians***

Another concern raised by the Office of the Attorney General is that the IMLC language could be interpreted to require Virginia's Board of Medicine to share any complaints made against a physician with other member states, even if they are unsubstantiated. Under Virginia law, complaints are currently protected from disclosure and 87%

of complaints made against physicians are determined to be unsubstantiated following the Board of Medicine's investigation (sanctions ordered by the Board for substantiated complaints are available to the public).

The IMLC legislation is unclear, but IMLC rules (which are similar to state regulations and further elaborate on the model legislation) clarify that the intent is for non-public complaints to remain confidential. The rules state that non-public information does not have to be shared by member states, unless it is requested by another member state. It further states that if non-public information is requested, that it will be shared "under seal."

This concern could be addressed by inserting "public" before the word "complaints" on Line 179 of the IMLC legislation. This would clarify that only public complaints would have to be shared with Member states. The change would have to be reviewed by IMLC staff, who informally confirmed that the change is consistent with the intent of the legislation and the IMLC rules.

### **Are there other strategies to accomplish the same goal as joining the IMLC?**

The Virginia General Assembly and the Board of Medicine have been working to develop policies to make it easier for physicians to be licensed in Virginia, thereby increasing the number of physicians and improving access to care. Implementing the licensure by endorsement process was a significant part of these efforts. Additionally, since 2020, the Board of Medicine has been exploring reciprocity agreements with Virginia's neighboring states, and is currently in discussions with the Boards of Medicine in Maryland and the District of Columbia.

If Virginia enters into reciprocity agreements with Maryland and the District of Columbia, the jurisdictions would issue a license to a physician licensed in the other jurisdiction based on consensus criteria. This would simplify the licensing process for Virginia physicians who wish to practice in Maryland and the District of Columbia, and vice versa. The Board of Medicine from all three jurisdictions are working to develop an agreement, and any such agreement would have to be formally approved by all Boards before taking effect. The next step in the process is for representatives from all three Boards to meet in early 2022 to discuss and determine the details of the agreement, including eligibility requirements and application materials.

Board of Medicine staff also indicated that they are working to streamline the licensing process through both the traditional and endorsement pathways. The goal of this effort is to make the application process as fast and efficient as possible for physicians.

# INDEX

Interstate Medical Licensure Compact  
(October 27, 2015)

<b>Section 1</b> Purpose	<b>Section 13</b> Financial Powers
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<b>Section 12</b> Powers and duties of the Interstate Commission	<b>Section 24</b> Binding effect of Compact and other laws

1 **INTERSTATE MEDICAL LICENSURE COMPACT**

2 **SECTION 1. PURPOSE**

3 In order to strengthen access to health care, and in recognition of the advances in the  
4 delivery of health care, the member states of the Interstate Medical Licensure Compact  
5 have allied in common purpose to develop a comprehensive process that complements  
6 the existing licensing and regulatory authority of state medical boards, provides a  
7 streamlined process that allows physicians to become licensed in multiple states,  
8 thereby enhancing the portability of a medical license and ensuring the safety of  
9 patients. The Compact creates another pathway for licensure and does not otherwise  
10 change a state's existing Medical Practice Act. The Compact also adopts the prevailing  
11 standard for licensure and affirms that the practice of medicine occurs where the patient  
12 is located at the time of the physician-patient encounter, and therefore, requires the  
13 physician to be under the jurisdiction of the state medical board where the patient is  
14 located. State medical boards that participate in the Compact retain the jurisdiction to  
15 impose an adverse action against a license to practice medicine in that state issued to a  
16 physician through the procedures in the Compact.

17 **SECTION 2. DEFINITIONS**

18 In this compact:

19 (a) "Bylaws" means those bylaws established by the Interstate Commission  
20 pursuant to Section 11.

21 (b) "Commissioner" means the voting representative appointed by each  
22 member board pursuant to Section 11.

23 (c) "Conviction" means a finding by a court that an individual is guilty of a  
24 criminal offense through adjudication, or entry of a plea of guilt or no contest to the

25 charge by the offender. Evidence of an entry of a conviction of a criminal offense by the  
26 court shall be considered final for purposes of disciplinary action by a member board.

27 (d) "Expedited License" means a full and unrestricted medical license granted  
28 by a member state to an eligible physician through the process set forth in the Compact.

29 (e) "Interstate Commission" means the interstate commission created  
30 pursuant to Section 11.

31 (f) "License" means authorization by a member state for a physician to  
32 engage in the practice of medicine, which would be unlawful without authorization.

33 (g) "Medical Practice Act" means laws and regulations governing the practice  
34 of allopathic and osteopathic medicine within a member state.

35 (h) "Member Board" means a state agency in a member state that acts in the  
36 sovereign interests of the state by protecting the public through licensure, regulation,  
37 and education of physicians as directed by the state government.

38 (i) "Member State" means a state that has enacted the Compact.

39 (j) "Practice of Medicine" means that clinical prevention, diagnosis, or  
40 treatment of human disease, injury, or condition requiring a physician to obtain and  
41 maintain a license in compliance with the Medical Practice Act of a member state.

42 (k) "Physician" means any person who:

43 1) Is a graduate of a medical school accredited by the Liaison  
44 Committee on Medical Education, the Commission on Osteopathic College  
45 Accreditation, or a medical school listed in the International Medical Education Directory  
46 or its equivalent;

47 2) Passed each component of the United State Medical Licensing  
48 Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing  
49 Examination (COMLEX-USA) within three attempts, or any of its predecessor

50 examinations accepted by a state medical board as an equivalent examination for  
51 licensure purposes;

52           3)     Successfully completed graduate medical education approved by  
53 the Accreditation Council for Graduate Medical Education or the American Osteopathic  
54 Association;

55           4)     Holds specialty certification or a time-unlimited specialty certificate  
56 recognized by the American Board of Medical Specialties or the American Osteopathic  
57 Association's Bureau of Osteopathic Specialists;

58           5)     Possesses a full and unrestricted license to engage in the practice  
59 of medicine issued by a member board;

60           6)     Has never been convicted, received adjudication, deferred  
61 adjudication, community supervision, or deferred disposition for any offense by a court  
62 of appropriate jurisdiction;

63           7)     Has never held a license authorizing the practice of medicine  
64 subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction,  
65 excluding any action related to non-payment of fees related to a license;

66           8)     Has never had a controlled substance license or permit suspended  
67 or revoked by a state or the United States Drug Enforcement Administration; and

68           9)     Is not under active investigation by a licensing agency or law  
69 enforcement authority in any state, federal, or foreign jurisdiction.

70           (l)     "Offense" means a felony, gross misdemeanor, or crime of moral  
71 turpitude.

72           (m)     "Rule" means a written statement by the Interstate Commission  
73 promulgated pursuant to Section 12 of the Compact that is of general applicability,  
74 implements, interprets, or prescribes a policy or provision of the Compact, or an  
75 organizational, procedural, or practice requirement of the Interstate Commission, and

76 has the force and effect of statutory law in a member state, and includes the  
77 amendment, repeal, or suspension of an existing rule.

78 (n) "State" means any state, commonwealth, district, or territory of the United  
79 States.

80 (o) "State of Principal License" means a member state where a physician  
81 holds a license to practice medicine and which has been designated as such by the  
82 physician for purposes of registration and participation in the Compact.

### 83 **SECTION 3. ELIGIBILITY**

84 (a) A physician must meet the eligibility requirements as defined in Section  
85 2(k) to receive an expedited license under the terms and provisions of the Compact.

86 (b) A physician who does not meet the requirements of Section 2(k) may  
87 obtain a license to practice medicine in a member state if the individual complies with all  
88 laws and requirements, other than the Compact, relating to the issuance of a license to  
89 practice medicine in that state.

### 90 **SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE**

91 (a) A physician shall designate a member state as the state of principal  
92 license for purposes of registration for expedited licensure through the Compact if the  
93 physician possesses a full and unrestricted license to practice medicine in that state,  
94 and the state is:

- 95 1) The state of principal residence for the physician, or
- 96 2) The state where at least 25% of the practice of medicine occurs, or
- 97 3) The location of the physician's employer, or
- 98 4) If no state qualifies under subsection (1), subsection (2), or
- 99 subsection (3), the state designated as state of residence for purpose of federal income  
100 tax.

101 (b) A physician may redesignate a member state as state of principal license  
102 at any time, as long as the state meets the requirements of subsection (a).

103 (c) The Interstate Commission is authorized to develop rules to facilitate  
104 redesignation of another member state as the state of principal license.

## 105 SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

106 (a) A physician seeking licensure through the Compact shall file an  
107 application for an expedited license with the member board of the state selected by the  
108 physician as the state of principal license.

109 (b) Upon receipt of an application for an expedited license, the member board  
110 within the state selected as the state of principal license shall evaluate whether the  
111 physician is eligible for expedited licensure and issue a letter of qualification, verifying or  
112 denying the physician's eligibility, to the Interstate Commission.

113 1) Static qualifications, which include verification of medical education,  
114 graduate medical education, results of any medical or licensing examination, and other  
115 qualifications as determined by the Interstate Commission through rule, shall not be  
116 subject to additional primary source verification where already primary source verified  
117 by the state of principal license.

118 2) The member board within the state selected as the state of  
119 principal license shall, in the course of verifying eligibility, perform a criminal background  
120 check of an applicant, including the use of the results of fingerprint or other biometric  
121 data checks compliant with the requirements of the Federal Bureau of Investigation,  
122 with the exception of federal employees who have suitability determination in  
123 accordance with 5 C.F.R. §731.202.

124 3) Appeal on the determination of eligibility shall be made to the  
125 member state where the application was filed and shall be subject to the law of that  
126 state.



127 (c) Upon verification in subsection (b), physicians eligible for an expedited  
128 license shall complete the registration process established by the Interstate  
129 Commission to receive a license in a member state selected pursuant to subsection (a),  
130 including the payment of any applicable fees.

131 (d) After receiving verification of eligibility under subsection (b) and any fees  
132 under subsection (c), a member board shall issue an expedited license to the physician.  
133 This license shall authorize the physician to practice medicine in the issuing state  
134 consistent with the Medical Practice Act and all applicable laws and regulations of the  
135 issuing member board and member state.

136 (e) An expedited license shall be valid for a period consistent with the  
137 licensure period in the member state and in the same manner as required for other  
138 physicians holding a full and unrestricted license within the member state.

139 (f) An expedited license obtained through the Compact shall be terminated if  
140 a physician fails to maintain a license in the state of principal licensure for a non-  
141 disciplinary reason, without redesignation of a new state of principal licensure.

142 (g) The Interstate Commission is authorized to develop rules regarding the  
143 application process, including payment of any applicable fees, and the issuance of an  
144 expedited license.

145 **SECTION 6. FEES FOR EXPEDITED LICENSURE**

146 (a) A member state issuing an expedited license authorizing the practice of  
147 medicine in that state may impose a fee for a license issued or renewed through the  
148 Compact.

149 (b) The Interstate Commission is authorized to develop rules regarding fees  
150 for expedited licenses.

151 **SECTION 7. RENEWAL AND CONTINUED PARTICIPATION**

152 (a) A physician seeking to renew an expedited license granted in a member  
153 state shall complete a renewal process with the Interstate Commission if the physician:

154 1) Maintains a full and unrestricted license in a state of principal  
155 license;

156 2) Has not been convicted, received adjudication, deferred  
157 adjudication, community supervision, or deferred disposition for any offense by a court  
158 of appropriate jurisdiction;

159 3) Has not had a license authorizing the practice of medicine subject  
160 to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding  
161 any action related to non-payment of fees related to a license; and

162 4) Has not had a controlled substance license or permit suspended or  
163 revoked by a state or the United States Drug Enforcement Administration.

164 (b) Physicians shall comply with all continuing professional development or  
165 continuing medical education requirements for renewal of a license issued by a member  
166 state.

167 (c) The Interstate Commission shall collect any renewal fees charged for the  
168 renewal of a license and distribute the fees to the applicable member board.

169 (d) Upon receipt of any renewal fees collected in subsection (c), a member  
170 board shall renew the physician's license.

171 (e) Physician information collected by the Interstate Commission during the  
172 renewal process will be distributed to all member boards.

173 (f) The Interstate Commission is authorized to develop rules to address  
174 renewal of licenses obtained through the Compact.

175 **SECTION 8. COORDINATED INFORMATION SYSTEM**

176 (a) The Interstate Commission shall establish a database of all physicians  
177 licensed, or who have applied for licensure, under Section 5.

178 (b) Notwithstanding any other provision of law, member boards shall report to  
179 the Interstate Commission any public action or complaints against a licensed physician  
180 who has applied or received an expedited license through the Compact.

181 (c) Member boards shall report disciplinary or investigatory information  
182 determined as necessary and proper by rule of the Interstate Commission.

183 (d) Member boards may report any non-public complaint, disciplinary, or  
184 investigatory information not required by subsection (c) to the Interstate Commission.

185 (e) Member boards shall share complaint or disciplinary information about a  
186 physician upon request of another member board.

187 (f) All information provided to the Interstate Commission or distributed by  
188 member boards shall be confidential, filed under seal, and used only for investigatory or  
189 disciplinary matters.

190 (g) The Interstate Commission is authorized to develop rules for mandated or  
191 discretionary sharing of information by member boards.

192 **SECTION 9. JOINT INVESTIGATIONS**

193 (a) Licensure and disciplinary records of physicians are deemed investigative.

194 (b) In addition to the authority granted to a member board by its respective  
195 Medical Practice Act or other applicable state law, a member board may participate with  
196 other member boards in joint investigations of physicians licensed by the member  
197 boards.

198 (c) A subpoena issued by a member state shall be enforceable in other  
199 member states.

200 (d) Member boards may share any investigative, litigation, or compliance  
201 materials in furtherance of any joint or individual investigation initiate under the  
202 Compact.

203 (e) Any member state may investigate actual or alleged violations of the  
204 statutes authorizing the practice of medicine in any other member state in which a  
205 physician holds a license to practice medicine.

206 **SECTION 10. DISCIPLINARY ACTIONS**

207 (a) Any disciplinary action taken by any member board against a physician  
208 licensed through the Compact shall be deemed unprofessional conduct which may be  
209 subject to discipline by other member boards, in addition to any violation of the Medical  
210 Practice Act or regulations in that state.

211 (b) If a license granted to a physician by the member board in the state of  
212 principal license is revoked, surrendered or relinquished in lieu of discipline, or  
213 suspended, then all licenses issued to the physician by member boards shall  
214 automatically be placed, without further action necessary by any member board, on the  
215 same status. If the member board in the state of principal license subsequently  
216 reinstates the physician's license, a license issued to the physician by any other  
217 member board shall remain encumbered until that respective member board takes  
218 action to reinstate the license in a manner consistent with the Medical Practice Act of  
219 that state.

220 (c) If disciplinary action is taken against a physician by a member board not in  
221 the state of principal license, any other member board may deem the action conclusive  
222 as to matter of law and fact decided, and:

223 1) Impose the same or lesser sanction(s) against the physician so  
224 long as such sanctions are consistent with the Medical Practice Act of that state; or

225 2) Pursue separate disciplinary action against the physician under its  
226 respective Medical Practice Act, regardless of the action taken in other member states.

227 (d) If a license granted to a physician by a member board is revoked,  
228 surrendered or relinquished in lieu of discipline, or suspended, then any license(s)

229 issued to the physician by any other member board(s) shall be suspended,  
230 automatically and immediately without further action necessary by the other member  
231 board(s), for ninety (90) days upon entry of the order by the disciplining board, to permit  
232 the member board(s) to investigate the basis for the action under the Medical Practice  
233 Act of that state. A member board may terminate the automatic suspension of the  
234 license it issued prior to the completion of the ninety (90) day suspension period in a  
235 manner consistent with the Medical Practice Act of that state.

236 **SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION**

237 (a) The member states hereby create the "Interstate Medical Licensure  
238 Compact Commission".

239 (b) The purpose of the Interstate Commission is the administration of the  
240 Interstate Medical Licensure Compact, which is a discretionary state function.

241 (c) The Interstate Commission shall be a body corporate and joint agency of  
242 the member states and shall have all the responsibilities, powers, and duties set forth in  
243 the Compact, and such additional powers as may be conferred upon it by a subsequent  
244 concurrent action of the respective legislatures of the member states in accordance with  
245 the terms of the Compact.

246 (d) The Interstate Commission shall consist of two voting representatives  
247 appointed by each member state who shall serve as Commissioners. In states where  
248 allopathic and osteopathic physicians are regulated by separate member boards, or if  
249 the licensing and disciplinary authority is split between separate member boards, or if  
250 the licensing and disciplinary authority is split between multiple member boards within a  
251 member state, the member state shall appoint one representative from each member  
252 board. A Commissioner shall be a(n):

253 1) Allopathic or osteopathic physician appointed to a member board;

254                   2)     Executive director, executive secretary, or similar executive of a  
255 member board; or

256                   3)     Member of the public appointed to a member board.

257           (e)     The Interstate Commission shall meet at least once each calendar year.  
258 A portion of this meeting shall be a business meeting to address such matters as may  
259 properly come before the Commission, including the election of officers. The  
260 chairperson may call additional meetings and shall call for a meeting upon the request  
261 of a majority of the member states.

262           (f)     The bylaws may provide for meetings of the Interstate Commission to be  
263 conducted by telecommunication or electronic communication.

264           (g)     Each Commissioner participating at a meeting of the Interstate  
265 Commission is entitled to one vote. A majority of Commissioners shall constitute a  
266 quorum for the transaction of business, unless a larger quorum is required by the  
267 bylaws of the Interstate Commission. A Commissioner shall not delegate a vote to  
268 another Commissioner. In the absence of its Commissioner, a member state may  
269 delegate voting authority for a specified meeting to another person from that state who  
270 shall meet the requirements of subsection (d).

271           (h)     The Interstate Commission shall provide public notice of all meetings and  
272 all meetings shall be open to the public. The Interstate Commission may close a  
273 meeting, in full or in portion, where it determines by a two-thirds vote of the  
274 Commissioners present that an open meeting would be likely to:

275                   1)     Relate solely to the internal personnel practice and procedures of  
276 the Interstate Commission;

277                   2)     Discuss matters specifically exempted from disclosure by federal  
278 statute;

279                   3)     Discuss trade secrets, commercial, or financial information that is  
280 privileged or confidential;

281                   4)     Involve accusing a person of a crime, or formally censuring a  
282 person;

283                   5)     Discuss information of a personal nature where disclosure would  
284 constitute a clearly unwarranted invasion of personal privacy;

285                   6)     Discuss investigative records compiled for law enforcement  
286 purposes; or

287                   7)     Specifically relate to the participation in a civil action or other legal  
288 proceeding.

289           (i)     The Interstate Commission shall keep minutes which shall fully describe  
290 all matters discussed in a meeting and shall provide a full and accurate summary of  
291 actions taken, including record of any roll call votes.

292           (j)     The Interstate Commission shall make its information and official records,  
293 to the extent not otherwise designated in the Compact or by its rules, available to the  
294 public for inspection.

295           (k)     The Interstate Commission shall establish an executive committee, which  
296 shall include officers, members, and others as determined by the bylaws. The  
297 executive committee shall have the power to act on behalf of the Interstate Commission,  
298 with the exception of rulemaking, during periods when the Interstate Commission is not  
299 in session. When acting on behalf of the Interstate Commission, the executive  
300 committee shall oversee the administration of the Compact including enforcement and  
301 compliance with the provisions of the Compact, its bylaws and rules, and other such  
302 duties as necessary.

303           (l)     The Interstate Commission shall establish other committees for  
304 governance and administration of the Compact.



305           **SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION**

306           (a)    Oversee and maintain the administration of the Compact;

307           (b)    Promulgate rules which shall be binding to the extent and in the manner  
308 provided for in the Compact;

309           (c)    Issue, upon the request of a member state or member board, advisory  
310 opinions concerning the meaning or interpretation of the Compact, its bylaws, rules, and  
311 actions;

312           (d)    Enforce compliance with Compact provisions, the rules promulgated by  
313 the Interstate Commission, and the bylaws, using all necessary and proper means,  
314 including but not limited to the use of judicial process;

315           (e)    Establish and appoint committees including, but not limited to, an  
316 executive committee as required by Section 11, which shall have the power to act on  
317 behalf of the Interstate Commission in carrying out its powers and duties;

318           (f)    Pay, or provide for the payment of the expenses related to the  
319 establishment, organization, and ongoing activities of the Interstate Commission;

320           (g)    Establish and maintain one or more offices;

321           (h)    Borrow, accept, hire, or contract for services of personnel;

322           (i)    Purchase and maintain insurance and bonds;

323           (j)    Employ an executive director who shall have such powers to employ,  
324 select or appoint employees, agents, or consultants, and to determine their  
325 qualifications, define their duties, and fix their compensation;

326           (k)    Establish personnel policies and programs relating to conflicts of interest,  
327 rates of compensation, and qualifications of personnel;

328           (l)    Accept donations and grants of money, equipment, supplies, materials,  
329 and services and to receive, utilize, and dispose of it in a manner consistent with the  
330 conflict of interest policies established by the Interstate Commission;

331 (m) Lease, purchase, accept contributions or donations of, or otherwise to  
332 own, hold, improve or use, any property, real, personal, or mixed;

333 (n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise  
334 dispose of any property, real, personal, or mixed;

335 (o) Establish a budget and make expenditures;

336 (p) Adopt a seal and bylaws governing the management and operation of the  
337 Interstate Commission;

338 (q) Report annually to the legislatures and governors of the member states  
339 concerning the activities of the Interstate Commission during the preceding year. Such  
340 reports shall also include reports of financial audits and any recommendations that may  
341 have been adopted by the Interstate Commission;

342 (r) Coordinate education, training, and public awareness regarding the  
343 Compact, its implementation, and its operation;

344 (s) Maintain records in accordance with the bylaws;

345 (t) Seek and obtain trademarks, copyrights, and patents; and

346 (u) Perform such functions as may be necessary or appropriate to achieve the  
347 purpose of the Compact.

348 **SECTION 13. FINANCE POWERS**

349 (a) The Interstate Commission may levy on and collect an annual assessment  
350 from each member state to cover the cost of the operations and activities of the  
351 Interstate Commission and its staff. The total assessment must be sufficient to cover  
352 the annual budget approved each year for which revenue is not provided by other  
353 sources. The aggregate annual assessment amount shall be allocated upon a formula  
354 to be determined by the Interstate Commission, which shall promulgate a rule binding  
355 upon all member states.

356 (b) The Interstate Commission shall not incur obligations of any kind prior to  
357 securing the funds adequate to meet the same.

358 (c) The Interstate Commission shall not pledge the credit of any of the  
359 member states, except by, and with the authority of, the member state.

360 (d) The Interstate Commission shall be subject to a yearly financial audit  
361 conducted by a certified or licensed accountant and the report of the audit shall be  
362 included in the annual report of the Interstate Commission.

363 **SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE**

364 **COMMISSION**

365 (a) The Interstate Commission shall, by a majority of Commissioners present  
366 and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to  
367 carry out the purposes of the Compact within twelve (12) months of the first Interstate  
368 Commission meeting.

369 (b) The Interstate Commission shall elect or appoint annually from among its  
370 Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall  
371 have such authority and duties as may be specified in the bylaws. The chairperson, or  
372 in the chairperson's absence or disability, the vice-chairperson, shall preside at all  
373 meetings of the Interstate Commission.

374 (c) Officers selected in subsection (b) shall serve without remuneration for the  
375 Interstate Commission.

376 (d) The officers and employees of the Interstate Commission shall be immune  
377 from suit and liability, either personally or in their official capacity, for a claim for damage  
378 to or loss of property or personal injury or other civil liability caused or arising out of, or  
379 relating to, an actual or alleged act, error, or omission that occurred, or that such person  
380 had a reasonable basis for believing occurred, within the scope of Interstate  
381 Commission employment, duties, or responsibilities; provided that such person shall not

382 be protected from suit or liability for damage, loss, injury, or liability caused by the  
383 intentional or willful and wanton misconduct of such person.

384 (e) The liability of the executive director and employees of the Interstate  
385 Commission or representatives of the Interstate Commission, acting within the scope of  
386 such person's employment or duties for acts, errors, or omissions occurring within such  
387 person's state, may not exceed the limits of liability set forth under the constitution and  
388 laws of that state for state officials, employees, and agents. The Interstate Commission  
389 is considered to be an instrumentality of the states for the purpose of any such action.  
390 Nothing in this subsection shall be construed to protect such person from suit or liability  
391 for damage, loss, injury, or liability caused by the intentional or willful and wanton  
392 misconduct of such person.

393 (f) The Interstate Commission shall defend the executive director, its  
394 employees, and subject to the approval of the attorney general or other appropriate  
395 legal counsel of the member state represented by an Interstate Commission  
396 representative, shall defend such Interstate Commission representative in any civil  
397 action seeking to impose liability arising out of an actual or alleged act, error or omission  
398 that occurred within the scope of Interstate Commission employment, duties or  
399 responsibilities, or that the defendant had a reasonable basis for believing occurred  
400 within the scope of Interstate Commission employment, duties, or responsibilities,  
401 provided that the actual or alleged act, error, or omission did not result from intentional  
402 or willful and wanton misconduct on the part of such person.

403 (g) To the extent not covered by the state involved, member state, or the  
404 Interstate Commission, the representatives or employees of the Interstate Commission  
405 shall be held harmless in the amount of a settlement or judgement, including attorney's  
406 fees and costs, obtained against such persons arising out of an actual or alleged act,  
407 error, or omission that occurred within the scope of the Interstate Commission

408 employment, duties, or responsibilities, or that such persons had a reasonable basis for  
409 believing occurred within the scope of Interstate Commission employment, duties, or  
410 responsibilities, provided that the actual or alleged act, error, or omission did not result  
411 from intentional or willful and wanton misconduct on the part of such person.

412 **SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE**

413 **COMMISSION**

414 (a) The Interstate Commission shall promulgate reasonable rules in order to  
415 effectively and efficiently achieve the purpose of the Compact. Notwithstanding the  
416 foregoing, in the event the Interstate Commission exercises its rulemaking authority in a  
417 manner that is beyond the scope of the purposes of the Compact, or the powers  
418 granted hereunder, then such an action by the Interstate Commission shall be invalid  
419 and have no force or effect.

420 (b) Rules deemed appropriate for the operations of the Interstate Commission  
421 shall be made pursuant to a rulemaking process that substantially conforms to the  
422 "Model State Administrative Procedure Act" of 2010, and subsequent amendments  
423 thereto.

424 (c) Not later than thirty (30) days after a rule is promulgated, any person may  
425 file a petition for judicial review of the rule in the United States District Court for the  
426 District of Columbia or the federal district where the Interstate Commission has its  
427 principal offices, provided that the filing of such a petition shall not stay or otherwise  
428 prevent the rule from becoming effective unless the court finds that the petitioner has a  
429 substantial likelihood of success. The court shall give deference to the actions of the  
430 Interstate Commission consistent with applicable law and shall not find the rule to be  
431 unlawful if the rule represents a reasonable exercise of the authority granted to the  
432 Interstate Commission.

433 **SECTION 16. OVERSIGHT OF INTERSTATE COMPACT**

434 (a) The executive, legislative, and judicial branches of state government in  
435 each member state shall enforce the Compact and shall take all actions necessary and  
436 appropriate to effectuate the Compact's purposes and intent. The provisions of the  
437 Compact and the rules promulgated hereunder shall have standing as statutory law but  
438 shall not override existing state authority to regulate the practice of medicine.

439 (b) All courts shall take judicial notice of the Compact and the rules in any  
440 judicial or administrative proceeding in a member state pertaining to the subject matter  
441 of the Compact which may affect the powers, responsibilities or actions of the Interstate  
442 Commission.

443 (c) The Interstate Commission shall be entitled to receive all services of  
444 process in any such proceeding, and shall have standing to intervene in the proceeding  
445 for all purposes. Failure to provide service of process to the Interstate Commission  
446 shall render a judgment or order void as to the Interstate Commission, the Compact, or  
447 promulgated rules.

#### 448 **SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT**

449 (a) The Interstate Commission, in the reasonable exercise of its discretion,  
450 shall enforce the provisions and rules of the Compact.

451 (b) The Interstate Commission may, by majority vote of the Commissioners,  
452 initiate legal action in the United States Court for the District of Columbia, or, at the  
453 discretion of the Interstate Commission, in the federal district where the Interstate  
454 Commission has its principal offices, to enforce compliance with the provisions of the  
455 Compact, and its promulgated rules and bylaws, against a member state in default. The  
456 relief sought may including both injunctive relief and damages. In the event judicial  
457 enforcement is necessary, the prevailing party shall be awarded all costs of such  
458 litigation including reasonable attorney's fees.

459 (c) The remedies herein shall not be the exclusive remedies of the Interstate  
460 Commission. The Interstate Commission may avail itself of any other remedies  
461 available under state law or regulation of a profession.

462 **SECTION 18. DEFAULT PROCEDURES**

463 (a) The grounds for default include, but are not limited to, failure of a member  
464 state to perform such obligations or responsibilities imposed upon it by the Compact, or  
465 the rules and bylaws of the Interstate Commission promulgated under the Compact.

466 (b) If the Interstate Commission determines that a member state has  
467 defaulted in the performance of its obligations or responsibilities under the Compact, or  
468 the bylaws or promulgated rules, the Interstate Commission shall:

469 1) Provide written notice to the defaulting state and other member  
470 states, of the nature of the default, the means of curing the default, and any action taken  
471 by the Interstate Commission. The Interstate Commission shall specify the conditions  
472 by which the defaulting state must cure its default; and

473 2) Provide remedial training and specific technical assistance  
474 regarding the default.

475 (c) If the defaulting state fails to cure the default, the defaulting state shall be  
476 terminated from the Compact upon an affirmative vote of a majority of the  
477 Commissioners and all rights, privileges, and benefits conferred by the Compact shall  
478 terminate on the effective date of termination. A cure of the default does not relieve the  
479 offending state of obligations or liabilities incurred during the period of the default.

480 (d) Termination of membership in the Compact shall be imposed only after all  
481 other means of securing compliance have been exhausted. Notice of intent to terminate  
482 shall be given by the Interstate Commission to the governor, the majority and minority  
483 leaders of the defaulting state's legislature, and each of the member states.



484 (e) The Interstate Commission shall establish rules and procedures to  
485 address licenses and physicians that are materially impacted by the termination of a  
486 member state, or the withdrawal of a member state.

487 (f) The member state which has been terminated is responsible for all due,  
488 obligations, and liabilities incurred through the effective date of termination including  
489 obligations, the performance of which extends beyond the effective date of termination.

490 (g) The Interstate Commission shall not bear any costs relating to any state  
491 that has been found to be in default or which has been terminated from the Compact,  
492 unless otherwise mutually agreed upon in writing between the Interstate Commission  
493 and the defaulting state.

494 (h) The defaulting state may appeal the action of the Interstate Commission  
495 by petitioning the United States District Court for the District of Columbia or the federal  
496 district where the Interstate Commission has its principal offices. The prevailing party  
497 shall be awarded all costs of such litigation including reasonable attorney's fees.

498 **SECTION 19. DISPUTE RESOLUTION**

499 (a) The Interstate Commission shall attempt, upon the request of a member  
500 state, to resolve disputes which are subject to the Compact and which may arise among  
501 member states or member boards.

502 (b) The Interstate Commission shall promulgate rules providing for both  
503 mediation and binding dispute resolution as appropriate.

504 **SECTION 20. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT**

505 (a) Any state is eligible to become a member of the Compact.

506 (b) The Compact shall become effective and binding upon legislative  
507 enactment of the Compact into law by no less than seven (7) states. Thereafter, it shall  
508 become effective and binding on a state upon enactment of the Compact into law by  
509 that state.

510 (c) The governors of non-member states, or their designees, shall be invited  
511 to participate in the activities of the Interstate Commission on a non-voting basis prior to  
512 adoption of the Compact by all states.

513 (d) The Interstate Commission may propose amendments to the Compact for  
514 enactment by the member states. No amendment shall become effective and binding  
515 upon the Interstate Commission and the member states unless and until it is enacted  
516 into law by unanimous consent of the member states.

517 **SECTION 21. WITHDRAWAL**

518 (a) Once effective, the Compact shall continue in force and remain binding  
519 upon each and every member state; provided that a member state may withdraw from  
520 the Compact by specifically repealing the statute which enacted the Compact into law.

521 (b) Withdrawal from the Compact shall be by the enactment of a statute  
522 repealing the same, but shall not take effect until one (1) year after the effective date of  
523 such statute and until written notice of the withdrawal has been given by the  
524 withdrawing state to the governor of each other member state.

525 (c) The withdrawing state shall immediately notify the chairperson of the  
526 Interstate Commission in writing upon the introduction of legislation repealing the  
527 Compact in the withdrawing state.

528 (d) The Interstate Commission shall notify the other member states of the  
529 withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice  
530 provided under subsection (c).

531 (e) The withdrawing state is responsible for all dues, obligations and liabilities  
532 incurred through the effective date of withdrawal, including obligations, the performance  
533 of which extend beyond the effective date of withdrawal.

534 (f) Reinstatement following withdrawal of a member state shall occur upon  
535 the withdrawing date reenacting the Compact or upon such later date as determined by  
536 the Interstate Commission.

537 (g) The Interstate Commission is authorized to develop rules to address the  
538 impact of the withdrawal of a member state on licenses granted in other member states  
539 to physicians who designated the withdrawing member state as the state of principal  
540 license.

541 **SECTION 22. DISSOLUTION**

542 (a) The Compact shall dissolve effective upon the date of the withdrawal or  
543 default of the member state which reduces the membership of the Compact to one (1)  
544 member state.

545 (b) Upon the dissolution of the Compact, the Compact becomes null and void  
546 and shall be of no further force or effect, and the business and affairs of the Interstate  
547 Commission shall be concluded, and surplus funds shall be distributed in accordance  
548 with the bylaws.

549 **SECTION 23. SEVERABILITY AND CONSTRUCTION**

550 (a) The provisions of the Compact shall be severable, and if any phrase,  
551 clause, sentence, or provision is deemed unenforceable, the remaining provisions of the  
552 Compact shall be enforceable.

553 (b) The provisions of the Compact shall be liberally construed to effectuate its  
554 purposes.

555 (c) Nothing in the Compact shall be construed to prohibit the applicability of  
556 other interstate compacts to which the member states are members.

557 **SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS**

558 (a) Nothing herein prevents the enforcement of any other law of a member  
559 state that is not inconsistent with the Compact.

560 (b) All laws in a member state in conflict with the Compact are superseded to  
561 the extent of the conflict.

562 (c) All lawful actions of the Interstate Commission, including all rules and  
563 bylaws promulgated by the Commission, are binding upon the member states.

564 (d) All agreements between the Interstate Commission and the member  
565 states are binding in accordance with their terms.

566 (e) In the event any provision of the Compact exceeds the constitutional limits  
567 imposed on the legislature of any member state, such provision shall be ineffective to  
568 the extent of the conflict with the constitutional provision in question in that member  
569 state.

## **ATTACHMENT 2: Primary requirements for licensure through Virginia's current pathways and the IMLC**

There are slightly different licensure requirements for physicians to obtain a Virginia medical license through the traditional pathway and the endorsement pathway. The IMLC would establish a third pathway, with requirements that are closer to the endorsement pathway, but without the requirement to be actively practicing in another state for at least five years prior to application. These are the primary requirements, and do not include all of the documentation required to verify the information, or additional information that is needed by the Board of Medicine to complete the review and issue a medical license (such as documentation of practice history).

### **Virginia traditional licensure pathway:**

- Graduate from an accredited medical school
- Complete one year of postgraduate training
- Pass an exam equivalent to the Virginia Board of Medicine examination
- Pass a background check

### **Virginia licensure by endorsement:**

- Graduate from an accredited medical school
- Pass an exam equivalent to the Virginia Board of Medicine examination
- Pass a background check
- Hold a current certification in a medical specialty
- Hold at least one current, unrestricted license in a US jurisdiction or Canada for the five years immediately preceding application to the board and verify that all current licenses are in good standing
- Have been engaged in active practice (defined as an average of 20 hours per week or 640 hours per year) for five years after postgraduate training and immediately preceding application
- Have no grounds for denial based on incidents of unprofessional conduct as defined in Virginia law

### **Interstate Medical Licensure Compact:**

- Graduate from an accredited medical school
- Complete an accredited graduate medical education (residency)
- Pass an exam equivalent to the Virginia Board of Medicine examination
- Hold a full, unrestricted medical license in a member state (State of Principal License)
- Hold a current certification in a medical specialty
- Not have any history of disciplinary actions toward their medical license(s)
- Not have any criminal history
- Not have any history of controlled substance actions toward their medical license(s)
- Not currently be under investigation by another state medical board

Next Meeting Date of the Legislative Committee is

May 6, 2022



Please check your calendars and advise staff of any known conflicts that may affect your attendance.



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). If you submit your reimbursement after the 30 day deadline, please provide a justification for the late submission.

In order for the agency to be in compliance with the travel regulations, please submit your request for today’s meeting no later than

**February 14, 2022**