

Interstate Medical Licensure Compact

A faster pathway to medical licensure

FY 2018 ANNUAL REPORT

**Submitted by the Interstate Medical Licensure
Compact Commission**

Ian Marquand, Communications Committee Chair

Marschall Smith, Executive Director

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SUMMARY OF ACTIVITY, JULY 2017-JUNE 2018

The period between July 1, 2017 and June 30, 2018 (Fiscal Year 2018) could be called momentous for the Interstate Medical Licensure Compact Commission. New states joined the Compact, new Commissioners were appointed, the Commission's first executive director was hired, hundreds of Physicians qualified for expedited licensure and hundreds of licenses were issued by participating states.

Here are some of the specific events and activities of FY 2018:

NEW STATES JOIN THE COMPACT.

As of July 1, 2018, the Compact included 21 states, the District of Columbia and Guam. The new states and jurisdictions joining the Compact between July 2017 and June 2018 were:

District of Columbia	Guam	Maine	Maryland
Nebraska	Vermont	Washington	

Of those, D.C., Guam and Vermont had not yet named Commissioners as of June 30, 2018.

EXECUTIVE DIRECTOR HIRED.

The IMLCC hired its first Executive Director in October 2017. Marschall Smith, a former executive of the Colorado Medical Board, assumed the IMLCC Executive Director position on a part-time basis, following approval by the IMLCC Personnel and Executive Committees. Mr. Smith established an office for the IMLCC in Aurora, Colorado.

2017 ANNUAL MEETING.

The IMLCC held its second annual meeting in Phoenix, Arizona on November 17, 2017. The Commission elected Mark Bowden of Iowa as its Chairperson for the coming 12 months. Diana Shepard of West Virginia was elected Vice-chair and Blake Maresh of Washington was elected Treasurer. No Secretary was elected as the new Executive Director assumed that role as per terms of the Compact. Minutes of all IMLCC meetings are available at www.imlcc.org.

OTHER IMLCC MEETINGS.

The IMLCC held three other meetings via conference call during FY 2018: February 16, May 18 and August 17. Minutes of those meetings are available at www.imlcc.org.

RULEMAKING AND POLICY DEVELOPMENT.

The Commission made the following decisions regarding rules and policy development during FY 2018:

- Adopted new rules re: State of Principal Licensure, November 2017.
- Amended rules re: Expedited Licensure, November 2017.
- Adopted a policy on the Annual Report, March 2018.
- Adopted a policy on IMLCC Reserve Funds, May 2018.

The Commission also issued a letter to the Arizona Medical Board in May 2018 clarifying the requirements for ACGME-approved fellowship requirements.

All FY 2018 rule and policy documents noted above are included in this report.

All IMLCC rules, policies and advisory opinions can be found at www.imlcc.org.

EXPEDITED LICENSURE ACTIVITY.

The first Physician license issued via the Interstate Medical Licensure Compact was recorded in April 2017. During FY 2018 (July 1, 2017 through June 30, 2018), the Commission recorded the following:

- Applications for Letters of Qualification: 1,259
- Licenses Issued: 2,220
- Licenses Renewed: 271

Here is a report of activity by month:

<u>MONTH</u>	<u>LOQ APPLICATIONS</u>	<u>LICENSES ISSUED</u>	<u>RENEWALS</u>
July	32	59	0
August	49	78	0
September	91	149	10
October	74	139	3
November	80	110	23
December	83	132	0
January	99	133	15
February	121	140	1
March	152	283	3
April	146	259	22
May	163	398	95
June	169	343	99

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

November 17, 2017

MEETING MINUTES

Call to Order

Chairman Thomas (MN)

The Interstate Medical Licensure Compact Commission convened at approximately 10:00 AM, EST was called to order by Chairman Thomas (MN). Participation in the meeting was also available via teleconference.

Roll Call

Secretary Shepard (WV)

The roll was called, and a quorum was established.

Approval of agenda

Secretary Shepard (WV)

The agenda was presented by Secretary Shepard (WV) for approval.

MOTION

MOVED BY COMMISSIONER BOWDEN (IA), SECONDED BY COMMISSIONER LANDAU (AZ), TO APPROVE THE AGENDA FOR THE NOVEMBER 17, 2017 IMLCC FULL COMMISSION MEETING.

MOTION PASSED

UNANIMOUS

Welcome to new commissioners

Chairman Thomas (MN)

The chair welcomed the new commissioners. The new commissioners were provided the opportunity to introduce themselves to the other commissioners.

Welcome to new executive director

Chairman Thomas (MN)

The chair welcomed the new executive director, Marschall Smith, who was unable to attend the meeting.

Approval of the minutes

Secretary Shepard (WV)

The minutes from September 13, 2017 meeting was provided to the members prior to the meeting for their consideration.

MOTION

MOVED BY COMMISSIONER BOWDEN (IA), SECONDED BY COMMISSIONER MARTINEZ (MN), TO APPROVE THE IMLCC COMMISSIONER MEETING MINUTES FROM SEPTEMBER 13, 2017.

MOTION PASSED

UNANIMOUS

Chair Report

Chairman Thomas (MN)

- The chair provided a presentation regarding the growth of the IMLCC from processing the first application and issuing the first license in April to the present day. The successful launch demonstrated that the proof of concept worked. Now is the time to create a standardized process and make a regular business model.
- The FBI issue has been actively addressed by the various board with a variety of results. The FBI issued a new letter, dated September 28, 2017, which was provided to the IMLCC and distributed to the commissioners as part of the meeting packet.
- Hawaii invited the chair to present at a telehealth conference along with HRSA regarding license portability. The FSMB funded the trip as the purpose of the travel was advocacy of license portability.
- The chair traveled to Michigan and testified before the legislature regarding license portability and the IMLCC. The FSMB funded

the trip as the purpose of the travel was advocacy of license portability.

Limit funding of travel to IMLCC funds
Secretary Shepard (WV)

After the chair report a motion was made from the floor that travel regarding advocacy of license portability should be restricted to IMLCC funds and offers to fund the travel by the FSMB or any other vendor should not be accepted.

MOTION

MOVED BY COMMISSIONER ZACHARIAH (IL), SECONDED BY COMMISSIONER HANSEN (SD), TO REQUIRE THAT TRAVEL BY IMLCC COMMISSIONERS AND STAFF BE PAID EXCLUSIVELY FROM IMLCC FUNDS.

MOTION FAILED

BY MAJORITY VOICE VOTE

Executive Director Report
Chairman Thomas (MN)

The executive director provided a written report that was provided to the commissioners as part of the meeting packet.

Executive Director Memo
Project Manager Bowling

The commissioners considered the memo from the executive director regarding how member states clarify information. A general discussion was held about processing applications and the importance of the “core data set” to the process, which now includes a correction sheet for identifying errors and providing the correct information. It was agreed that the SPL is key to the process and ensuring that the information provided is accurate and eligibility has been established. After the discussion, it was determined that the matter should be referred to the executive director to prepare a draft policy for consideration by the executive committee.

2018 IMLCC meeting schedule
Chairman Thomas (MN)

A draft calendar was provided for the meetings of the full commission and executive committee meetings. It was discussed that the travel budget has been expended for the current fiscal year and states will be requested to pay for commissioner travel to future IMLCC meetings. The calendar of meetings was approved, and Phoenix was selected as the site for the November 2018 meeting by acclamation.

Bylaws and Rules Committee Meeting schedule
Commissioner Bowden (IA)

- A discussion was held about the process that was necessary for the IMLCC to adopt rules.
- It was determined that the committee will meet on the 2nd Wednesday at 1 PM Eastern monthly in 2018.

MOTION

MOVED BY COMMISSIONER MARX (UT), SECONDED BY COMMISSIONER BOWDEN (IA), TO ESTABLISH A REGULAR MONTHLY MEETING OF THE BYLAWS AND RULES COMMITTEE AND THAT MEETING SHALL TAKE PLACE ON THE 2ND TUESDAY OF EACH MONTH COMMENCING AT 1:00 PM EASTERN TIME.

MOTION PASSED

UNANIMOUS

Conflict of Interest Statements
Chairman Thomas (MN)

- A request was made to include a statement that a commissioner has no conflict on future forms.
- The secretary noted that not all commissioners signed the conflict of interest for 2017. Therefore, some commissioners will be receiving two forms - one for 2017 and one for 2018.

- Commissioners who did not complete and sign the form at the meet were requested to sign and return the form as soon as possible when they have returned to their office.

Rulemaking Hearing
Commissioner Bowden (IA)

- Two motions from the Bylaws and Rules were presented to the Commissioners. Specifically, an original draft Chapter 4 and an amended Chapter 5.
- Each item of the proposed changes was presented and discussed.
- A request was made by the members to create a process where new language and changes are clearly identified.
- A question was raised regarding incorporating the forms into the rules. It was discussed that historically, the commission has not included forms in the rules, instead allowing the development of forms to be an administrative function.
- A specific discussion was held regarding the effective date of the terminate of license as outlined in section 4.5, specifically the timeframe and effective date of the termination.
- A discussion regarding confusion regarding the language and intention of Item 4. Amended subrule 5.4(1)"c". After discussion an amendment to the language was proposed.

FIRST MOTION

MOVED BY BYLAWS AND RULES COMMITTEE, A MOTION BY THE COMMITTEE DOES NOT REQUIRE A SECOND, TO ADOPT THE PROPOSED IMLCC RULE CHAPTER 4 AS PRESENTED.

MOTION PASSED

BY VOICE VOTE WITH ONE OPPOSED

SECOND MOTION

MOVED BY COMMISSIONER LANDAU (AZ), SECONDED BY COMMISSIONER COOK (UT), TO AMEND THE PROPOSED LANGUAGE IN SUBRULE 5.4(1)"c".

MOTION PASSED

UNANIMOUS

THIRD MOTION

MOVED BY BYLAWS AND RULES COMMITTEE, A MOTION BY THE COMMITTEE DOES NOT REQUIRE A SECOND, TO ADOPT THE PROPOSED IMLCC RULE AMENDMENTS TO CHAPTER 5 AS AMENDED.

MOTION PASSED

UNANIMOUS

Budget Committee
Chairman Thomas (MN)

- When the IMLCC was formed an initial problem was how to create a viable funding model. It was decided initially not to assess the costs to the states, which is allowed in the Compact statute. The IMLCC should be independent from the FSMB regarding funding.
- It was the intention of the IMLCC that the applicants should provide the money to fund the process.
- Initial funding came from a \$25,000 FSMB Foundation grant.
- The FSMB obtained and has managed a \$750,000 HRSA grant to be expended over 3 years, which the IMLCC has utilized.
- The IMLCC passed a resolution that working with the FSMB is not a conflict of interest.
- Next big goals are to 1) implement a data base and 2) move from cash based to accrual-based accounting.
- Discussed each item from the budget spreadsheet that was distributed to the commissioners prior to the meeting.
- Information regarding the expenses related to the HRSA grant was presented and questions answered.

- A general discussion was held regarding establishing a budget for future years and creating a viable organization.

Communications Committee
Commissioner Shepard (WV)

- Presented a "Fact Sheet" for review and approval of the commission.
- Presented a "Frequently Asked Questions" document for review and approval of the commission.

MOTION

MOVED BY COMMUNICATIONS COMMITTEE, A MOTION BY THE COMMITTEE DOES NOT REQUIRE A SECOND, TO ADOPT THE PROPOSED FACT SHEET.

MOTION PASSED

UNANIMOUS

MOTION

MOVED BY COMMUNICATIONS COMMITTEE, A MOTION BY THE COMMITTEE DOES NOT REQUIRE A SECOND, TO ADOPT THE PROPOSED FREQUENTLY ASKED QUESTIONS DOCUMENT.

MOTION PASSED

UNANIMOUS

FSMB Report
Chairman Thomas (MN)

No items

Personnel Committee
Commissioner McSorley (AZ)

Completed primary task of hiring a new executive director.

Technology Committee
Commissioner Bohnenblust (WY)

- Reported on the progress regarding the selection of a data management system.
- Renewal process has been implemented and is coming online effectively.
- Lead a discussion about system security and data integrity as it relates to finding a new system.

Election of Officers
Chairman Thomas (MN)

- A question was raised as to the commission is required to elect new officers on an annual based. It was determined that the Compact Statute requires an annual election of officers.
- Nomination and election of the Treasurer. The duties and requirements were reviewed prior to the opening of nominations.
- Commissioner Blake Maresh (WA) was nominated and elected by acclamation.
- Nomination and election of the Vice Chair. The duties and requirements were reviewed prior to the opening of nominations.
- Commissioner Diana Shepard (WV) was nominated and elected by acclamation.
- Nomination and election of the Chair. The duties and requirements were reviewed prior to the opening of nominations.
- Commissioner Mark Bowden (IA) was nominated and elected by acclamation.
- Immediate Past Chair Thomas (MN) was thanked by the commissioners for his efforts and leadership.
- Chairman Bowden thanked the commissioners for their support. The IMLCC is a committee driven organization and that process will continue and become even more important as the organization grows and expands. Commissioners were asked to indicate their committee preferences as soon as possible and committee chairs will be appointed shortly.

- A recommendation was made that the Bylaws and Rules Committee be expanded to 10 members.

Public Comments

*Immediate Past Chair Thomas
(MN)*

- Representatives from CompHealth expressed their appreciation for the work that the IMLCC does on behalf of physicians and implementing the expedited licensure process.
- A question was asked regarding the fees charged to physicians and will the current fees be evaluated at a future date. The cost issue is an ongoing question that is addressed by the Budget committee as part of their work. There was a general discussion regarding the costs and fees paid by the physicians to participate in the IMLCC process.

Final Commissioner Comments

*Immediate Past Chair Thomas
(MN)*

- The commissioners were provided an opportunity to make final comments. A general discussion was held, and most commissioners expressed their appreciation for the hard work that has been done in the past year.

Adjournment

*Immediate Past Chair Thomas
(MN)*

There being no further business, the meeting was adjourned at approximately 4:00 PM EST.

Interstate Medical Licensure Compact Commission

Roster of Commissioners

	<p>Commissioner Howard J. Falgout</p> <p><i>Budget Committee Member</i></p>	<p>Commissioner Karen Silas</p> <p><i>Audit Committee Member</i></p>
<p>ARIZONA</p> 	<p>Commissioner Jerry Landau</p> <p><i>Bylaws & Rules Committee Member</i></p>	<p>Commissioner Patricia McSorley</p> <p><i>Personnel Committee Chair</i></p>
<p>COLORADO</p> 	<p>Commissioner Karen McGovern</p> <p><i>Bylaws & Rules Committee Member</i></p>	<p>Commissioner Paula E. Martinez</p> <p><i>Technology Committee Member</i></p>
<p>IDAHO</p> 	<p>Commissioner Anne Lawler</p> <p><i>Technology Committee Member</i></p>	<p>Commissioner Erich W. Garland</p> <p><i>Bylaws & Rules Committee Member</i></p>
<p>ILLINOIS</p> 	<p>Commissioner Bryan Schneider</p> <p><i>Technology Committee Member</i></p>	<p>Commissioner Brian Zachariah</p> <p><i>Budget Committee Member</i></p>

Interstate Medical Licensure Compact Commission

Roster of Commissioners

<p style="text-align: center;">IOWA</p> 	<p style="text-align: center;">Commissioner Mark Bowden</p> <p style="text-align: center;"><i>IMLCC Chair and Bylaws & Rules Committee Member</i></p>	<p style="text-align: center;">Commissioner Mary Jo Romanco</p> <p style="text-align: center;"><i>Communications Committee Member</i></p>
<p style="text-align: center;">KANSAS</p> 	<p style="text-align: center;">Commissioner Kathleen Lippert</p> <p style="text-align: center;"><i>Personnel Committee Member</i></p>	<p style="text-align: center;">Commissioner Kim Templeton</p> <p style="text-align: center;"><i>Audit Committee Member</i></p>
<p style="text-align: center;">MAINE</p> 	<p style="text-align: center;">Commissioner Timothy (Tim) E. Terranova</p> <p style="text-align: center;"><i>Communications Committee Member</i></p>	<p style="text-align: center;">Commissioner Susan E. Strout</p> <p style="text-align: center;"><i>Personnel Committee Member</i></p>
<p style="text-align: center;">MARYLAND</p> 	<p style="text-align: center;">Commissioner Christine A. Farrelly</p> <p style="text-align: center;"><i>Bylaws & Rules Committee Member</i></p>	<p style="text-align: center;">Commissioner Ellen Douglas Smith</p> <p style="text-align: center;"><i>Budget Committee Member</i></p>

Interstate Medical Licensure Compact Commission

Roster of Commissioners

<p style="text-align: center;">MINNESOTA</p> 	<p style="text-align: center;">Commissioner Ruth Martinez</p> <p style="text-align: center;"><i>Bylaws & Rules Committee Chair</i></p>	<p style="text-align: center;">Commissioner Patrick Townley, MD</p> <p style="text-align: center;"><i>Bylaws & Rules Committee Member</i></p>
<p style="text-align: center;">MISSISSIPPI</p> 	<p style="text-align: center;">Commissioner Claude Brunson</p> <p style="text-align: center;"><i>Budget Committee Member</i></p>	<p style="text-align: center;">Commissioner Wm. David McClendon, Jr., MD</p> <p style="text-align: center;"><i>Personnel Committee Member</i></p>
<p style="text-align: center;">MONTANA</p> 	<p style="text-align: center;">Commissioner James Feist</p> <p style="text-align: center;"><i>Budget Committee Member</i></p>	<p style="text-align: center;">Commissioner Ian Marquand</p> <p style="text-align: center;"><i>Communications Committee Member</i></p>
<p style="text-align: center;">NEBRASKA</p> 	<p style="text-align: center;">Commissioner Kathie Lueke</p> <p style="text-align: center;"><i>Personnel Committee Member</i></p>	<p style="text-align: center;">Commissioner Todd Stull, MD</p> <p style="text-align: center;"><i>Communications Committee Member</i></p>
<p style="text-align: center;">NEW HAMPSHIRE</p> 	<p style="text-align: center;">Commissioner Michael Barr, MD</p> <p style="text-align: center;"><i>Technology Committee Member</i></p>	<p style="text-align: center;">Commissioner Sheri Walsh</p> <p style="text-align: center;"><i>Budget Committee Member</i></p>

Interstate Medical Licensure Compact Commission

Roster of Commissioners

<p style="text-align: center;">NEVADA</p> 	<p style="text-align: center;">Commissioner Edward Cousineau</p> <p style="text-align: center;"><i>Bylaws & Rules Committee Member</i></p>	<p style="text-align: center;">Commissioner Sandy Reed</p> <p style="text-align: center;"><i>Personnel Committee Member</i></p>
<p style="text-align: center;">SOUTH DAKOTA</p> 	<p style="text-align: center;">Commissioner Margaret Hansen</p> <p style="text-align: center;"><i>Bylaws & Rules Committee Member</i></p>	<p style="text-align: center;">Commissioner Elmo J. Rosario</p> <p style="text-align: center;"><i>Audit Committee Member</i></p>
<p style="text-align: center;">UTAH</p> 	<p style="text-align: center;">Commissioner Larry Marx</p> <p style="text-align: center;"><i>Bylaws & Rules Committee Member</i></p>	<p style="text-align: center;">Commissioner David A. Cook, MD</p> <p style="text-align: center;"><i>Communications Committee Member</i></p>

Interstate Medical Licensure Compact Commission

Roster of Commissioners

<p>WASHINGTON</p> 	<p>Commissioner Melanie deLeon</p> <p><i>Audit Committee Member</i></p>	<p>Commissioner Blake Maresh</p> <p><i>Treasurer and Budget Committee Chair</i></p>
<p>WEST VIRGINIA</p> 	<p>Commissioner Diana Shepard</p> <p><i>IMLCC Vice Chair and Communications Committee Chair</i></p>	<p>Commissioner Mark A. Spangler</p> <p><i>Communications Committee Member</i></p>
<p>WISCONSIN</p> 	<p>Commissioner Kenneth Simons</p> <p><i>Audit Committee Chair</i></p>	<p>Commissioner Robert H. Zondag</p> <p><i>Technology Committee Member</i></p>
<p>WYOMING</p> 	<p>Commissioner Kevin Bohnenblust</p> <p><i>Technology Committee Chair</i></p>	<p>Commissioner Anne MacGuire</p> <p>a</p> <p><i>Audit Committee Member</i></p>

IMLCC - FY2018

Unaudited Budget Report of Revenue and Expenses

Category	FY2018 Operating - Estimated	FY2018 HRSA Grant - Actual	FY2018 - FSMB Foundation - Actual	FY2018 - Member board pass through fees - Actual
Total Revenue	\$509,245.88	\$254,580.00	\$20,548.68	\$1,288,462.70
Total Expense	\$149,689.14	\$191,576.41	\$14,792.50	\$941,552.00
Net	\$342,683.54	\$63,003.59	\$5,756.18	\$346,910.70

NOTES: The table above represents the IMLCC's FY 2018 Budget. This report has not been subject to an audit.

The column headed "FY2018 Operating - Estimated" represents the IMLCC's budget as approved by the IMLCC.

The column headed "FY2018 HRSA Grant - Actual" represents grant money awarded to the Federation of State Medical Boards by the federal Health Resources and Services Administration (HRSA) for support of the IMLCC's activities. The grant was awarded in 2016 for three years. FY2018 thus represents the second year of the grant. The expense amount shown in this column was paid by the FSMB on the IMLCC's behalf. As the grantee, the FSMB is responsible for reporting all grant-related activity to the federal government.

The column headed "FY2018 - FSMB Foundation - Actual" represents income and expenses re: a grant from the Federation of State Medical Boards Foundation to the IMLCC. That grant of \$25,000 was awarded shortly after the IMLCC was created in 2015. The \$20,548.68 represents what was available to the IMLCC at the start of FY2018.

The column headed "FY2018 - Member board pass through fees - Actual" represents income received from Physicians in application fees and state licensure fees collected by the IMLCC. The \$941,552 in "Total Expense" represents payments to states by the IMLCC of licensure fees collected on the states' behalf. The "Net" represents IMLCC application and other fees collected from Physicians that remain with the IMLCC.

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

RULE ON STATE OF PRINCIPAL LICENSE

ADOPTED: NOVEMBER 17, 2017

EFFECTIVE: NOVEMBER 17, 2017

AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

Chapter 4 - State of Principal License

4.1 Authority

This chapter is promulgated by the Interstate Commission pursuant to the Interstate Medical Licensure Compact Section 4. The rule shall become effective upon adoption by the Interstate Commission.

4.2 Definitions

As used in this chapter:

“Employer” means a person, business or organization located in a physician’s designated state of principal license that employs or contracts with a physician to practice medicine.

“Member board” means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.

“Practice of medicine” means the clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in compliance with the medical practice act of a member state. The practice of medicine occurs where the patient is located at the time of the physician-patient encounter.

“Primary residence” means the dwelling where a person usually lives. A person can only have one primary residence at any given time.

“State of principal license” means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.

4.3 Designation of state of principal license

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

- (1) The state of primary residence for the physician, or
- (2) The state where at least twenty-five percent of the practice of medicine occurs, or
- (3) The location of the physician's employer, or
- (4) If no state qualifies under subparagraph (1), subparagraph (2), or subparagraph (3), the state designated as state of residence for purposes of federal income tax.

(b) The physician must meet one of the state of principal license's eligibility requirements when the application for a letter of qualification is reviewed by the designated state of principal license's medical board. Member boards shall apply these requirements contemporaneously to determine if a physician has appropriately designated a state of principal license.

4.4 Redesignation of the state of principal license

(a) The physician may redesignate a member state as the state of principal license at any time, as long as the physician meets the requirements in paragraph "a" of Section 4 of the Compact, following this process:

- (1) The physician shall complete a state of principal license form at the Interstate Commission's website, www.imlcc.org
- (2) Upon receipt of the completed form, the Interstate Commission shall notify the new state of principal license and existing state of principal license.
- (3) Physician information collected by the Interstate Commission during the process to redesignate a state of principal license shall be distributed to all member boards.

4.5 Maintaining a state of principal license

If a physician licensed through the Compact no longer meets any requirement under Compact Section 4 to designate a state of principal license, then all licenses issued

through the Compact to the physician shall be terminated pursuant to Section 5(f) of the Compact.

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

RULE ON EXPEDITED LICENSURE

ADOPTED: OCTOBER 3, 2016

EFFECTIVE: OCTOBER 3, 2016

AMENDED: FEBRUARY 22, 2017, MAY 22, 2017, JUNE 27, 2017, NOVEMBER 17, 2017

AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

- 1. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on February 22, 2017, in an emergency rule-making action pursuant to administrative rule Chapter 1.**
- 2. Section 5.2 (ee) was amended by the Interstate Commission on May 22, 2017.**
- 3. Section 5.8 was adopted by the Interstate Commission on May 22, 2017.**
- 4. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on June 27, 2017, through the regular rule-making process pursuant to administrative rule Chapter 1.**
- 5. Sections 5.2, 5.4(1)(c) and 5.5(1) were amended by the Interstate Commission on November 17, 2017.**

Chapter 5 - Expedited licensure

5.1 Authority

This chapter is promulgated by the Interstate Commission pursuant to the Interstate Medical Licensure Compact. The rule shall become effective upon adoption by the Interstate Commission.

5.2 Definitions.

In addition to the definitions set forth in the Interstate Medical Licensure Compact, as used in these rules, the following definitions will apply:

- (a) *“Accreditation Council for Graduate Medical Education (ACGME)”* means the non-governmental organization responsible for the accreditation of graduate medical education (GME) programs within the jurisdiction of the United States of America and its territories and possessions.
- (b) *“Action related to nonpayment of fees related to a license”* means adverse action taken against a physician seeking licensure through the Compact by a medical licensing agency in any state, federal, or foreign jurisdiction due to late payment or non-payment of a medical license fee.
- (c) *“Active investigation”* means an investigation related to a physician seeking licensure through the Compact by a licensing agency or law

enforcement authority in any state, federal, or foreign jurisdiction for issues that have not been resolved.

- (d) *“American Board of Medical Specialties (ABMS)”* means a non-profit organization comprising 24 certifying boards that develop and implement professional standards for the certification of physicians in their declared medical/surgical specialty.
- (e) *“American Osteopathic Association (AOA)”* means the representative organization for osteopathic physicians (DOs) in the United States. AOA is the accrediting body for educational programs at osteopathic medical schools and postgraduate training for graduates of osteopathic medical schools in the United States. AOA is also the umbrella organization for osteopathic medical specialty boards in the United States.
- (f) *“American Osteopathic Association’s Bureau of Osteopathic Specialists”* means the certifying body for the approved specialty boards of the American Osteopathic Association, which certifies osteopathic physicians in their various specialties or fields of practice.
- (g) *“Applicant”* means a physician who seeks expedited licensure through the Interstate Medical Licensure Compact.
- (h) *“Compact”* means the Interstate Medical Licensure Compact.
- (i) *“Commission on Osteopathic College Accreditation (COCA)”* means a commission of the AOA that establishes, maintains, and applies accreditation standards and procedures for COMs.
- (j) *“Comprehensive Osteopathic Medical Licensing Examination (COMLEX)”* means the examination series administered by the National Board of Osteopathic Medical Examiners that assesses the medical knowledge and clinical skills of osteopathic physicians.
- (k) *“Conviction”* means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilty or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board. Conviction means a plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, including, but not limited to, convictions, preceding sentences of supervision, conditional discharge, or first offender probation, under the laws of any jurisdiction of the United States of any crime that is a felony.
- (l) *“Coordinated information system”* means the database established and

maintained by the Interstate Commission as set forth in the Compact.

- (m) *“Crime of moral turpitude”* means an act, whether or not related to the practice of medicine, of baseness, vileness or the depravity contrary to accepted and customary rule, right, and duty between human beings.
- (n) *“Criminal background check”* means a state and federal criminal background investigation of an applicant for expedited licensure by means of fingerprinting or other biometric data checks. The completed report and information shall be obtained prior to licensure of the applicant. The applicant shall pay for the background check.
- (o) *“Criminal offense”* means a violation of a law with possible penalties of a term in jail or prison, and/or a fine.
- (p) *“Discipline by a licensing agency in any state, federal, or foreign jurisdiction”* means discipline reportable to the National Practitioner Data Bank.
- (q) *“Education Commission for Foreign Medical Graduates (ECFMG)”* means the entity that certifies international medical graduates for entry into U.S. graduate medical education.
- (r) *“Expedited license”* means a full and unrestricted medical license promptly issued by a member state to an eligible applicant through the process set forth in the Compact. Expedited does not refer to the speed of the process by which the state of principal license qualifies an applicant for expedited licensure.
- (s) *“Federation of State Medical Boards’ Federation Credentials Verification Service (FCVS)”* means a centralized, uniform system operated by the Federation of State Medical Boards for state medical boards to obtain a verified, primary-source record of a physician's core medical credentials.
- (t) *“Felony”* means the category or description of a crime defined in the jurisdiction where the crime is committed. Where not otherwise defined in state statute, a felony is a charge which is punishable by a minimum penalty of 12 months of incarceration.
- (u) *“Graduate medical education”* means an ACGME- or AOA-approved specialty or subspecialty program that achieves ABMS or AOA board eligibility status. ACGME- or AOA-approved means the program is accredited by the ACGME or the AOA. A one-year transitional internship or a one-year rotating internship does not qualify as graduate medical education required in Compact Section 2(k)(3) or this chapter.

- (v) *“Gross misdemeanor” means* a category or description of a crime defined in the jurisdiction where the crime is committed. If the jurisdiction does not have a gross misdemeanor category or description, the crime is a charge which is punishable by a minimum penalty of 6 months of incarceration.
- (w) *“International Medical Education Directory” means* the World Directory of Medical Schools, a public database of worldwide medical schools. The directory is a collaborative product of the Foundation for Advancement of International Medical Education and Research and the World Federation for Medical Education.
- (x) *“Interstate Commission” means* the Interstate Medical Licensure Compact Commission.
- (y) *“Letter of qualification” means* a notification issued by a state of principal license that expresses an applicant’s eligibility or ineligibility for expedited licensure through the process set forth in the Compact.
- (z) *“Liaison Committee on Medical Education (LCME)” means* an entity that provides accreditation to medical education programs in the United States and Canada as a voluntary, peer-reviewed process of quality assurance that determines whether the medical education program meets established standards.
- (aa) *“Member board” means* a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.
- (bb) *“Member state” means* a state that has enacted the Compact.
- (cc) *“Offense” means* a felony, gross misdemeanor, or crime of moral turpitude.
- (dd) *“Predecessor examination” means* a generally accepted national medical licensure examination issued prior to the administration of USMLE or COMLEX, combination examinations and state licensure board examinations administered prior to 1974.
- (ee) *“Primary source verification” means* verification of the authenticity of documents with the original source that issued the document or original source verification by another jurisdiction’s physician licensing agency or original source verification by an entity approved by the Interstate Commission including, but not limited to, FCVS, ECFMG, or the AOA profile.

- (ff) “*Service fee*” means fees that may be assessed by the Interstate Commission, or a member state, or both, to handle and process an application for a letter of qualification, or the issuance of a license through the Compact, or the renewal of a license through the Compact. A service fee is not a license fee for the issuance of a license or the renewal of a license.
- (gg) “*State of principal license*” means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.
- (hh) “*United States Medical Licensing Examination (USMLE)*” means the examination series for medical licensure in the United States administered by the National Board of Medical Examiners.

5.3 Delegation of expedited licensure responsibilities

- (1) Member states are deemed to have delegated and assigned to the Interstate Commission the following responsibilities in the expedited licensure process:
 - (a) The Interstate Commission shall provide member states an online application for use by applicants seeking expedited licensure through their designated state of principal license.
 - (b) The Interstate Commission shall use information from a coordinated information system to facilitate an application for review by the applicant’s designated state of principal license.
 - (c) The Interstate Commission shall provide and administer a process to collect service fees and licensure fees from the applicant and remit these fees to the member boards and the Interstate Commission.

5.4 Eligibility for expedited licensure

- (1) An applicant must meet the following requirements to receive an expedited license under the terms and provisions of the Compact:
 - (a) Is a graduate of a medical school accredited by the LCME, the COCA, or a medical school listed in the international medical education directory or its equivalent.
 - (b) Passed each component, level or step of the USMLE or COMLEX licensing examination within three attempts, or any of its

predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes.

- (c) Successfully completed graduate medical education approved by the ACGME or the AOA. "Completed" means graduated from an ACGME- or AOA-approved specialty or subspecialty program that results in ABMS or AOA board eligibility status. ACGME- or AOA-approved means the program is accredited by the ACGME or the AOA. A one-year transitional internship or a one-year rotating internship does not qualify as graduate medical education required in Compact Section 2k(3) or this chapter.
- (d) Holds specialty certification or a time-unlimited specialty certificate recognized by the ABMS or the AOA's Bureau of Osteopathic Specialists. The specialty certification or a time-unlimited specialty certificate does not have to be maintained once a physician is initially determined to be eligible for expedited licensure through the Compact.
- (e) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board.
- (f) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction.
- (g) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license.
- (h) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.
- (i) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

5.5 Expedited licensure process

(1) An applicant shall:

- (a) Designate a state of principle license. The applicant must meet one of the state of principal license eligibility requirements in Compact Section 4 at the time the application for a letter of qualification is reviewed by the designated state of principal license's member board. A member board

shall apply Compact Section 4 requirements contemporaneously when evaluating an applicant's designation of a state of principal license.

- (b) Submit an online application to the designated state of principal license through the coordinated information system.
- (c) Submit to the state of principal license a completed fingerprint packet or other biometric data check sample approved by the state of principal license.
- (d) Submit to the state of principal license a sworn statement by the applicant attesting to the truthfulness and accuracy of all information provided by the applicant.
- (e) Pay the nonrefundable service fees required by the state of principal license and the Interstate Commission.

(2) When an application is received by the state of principal license through the Interstate Commission:

- (a) The Interstate Commission shall use information from its database to facilitate the application, which shall be reviewed by the applicant's designated state of principal license.
- (b) The designated state of principal license shall:
 - I. Evaluate the applicant's eligibility for expedited licensure;
 - II. Perform a criminal background check pursuant to Public Law 92-544 as required by terms and provisions of the Compact; and
 - III. Issue a letter of qualification to the applicant and the Interstate Commission, verifying or denying the applicant's eligibility.

(3) Upon receipt of a letter verifying the applicant is eligible for expedited licensure, the applicant shall:

- (a) Complete the registration process established by the Interstate Commission.
- (b) Identify the member state(s) for which expedited licensure is requested.
- (c) Pay the non-refundable licensure fee required by the member board(s) and any additional service fee required by the Interstate Commission.

- (4) Upon receipt of all licensure fees required, and receipt of the information from the application, including the letter of qualification, the member board(s) shall promptly issue a full and unrestricted license(s) to the applicant, and provide information regarding that license to the Interstate Commission to maintain in its coordinated information system.
 - (a) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

5.6 Expedited licensure application cycle

- (1) An application for expedited licensure shall be considered open from the date the application form is received by the state of principal license.
 - (a) If the applicant does not submit all requested materials within 60 days after the application is opened, then the application shall be deemed to have been withdrawn. The applicant must reapply and submit a new application, a new nonrefundable application service fees as determined by the state of principal license and the Interstate Commission.
 - (b) A letter of qualification is valid for 365 days from its date of issuance to request expedited licensure in a member state. There shall be no waiver of this time limit.
 - (c) A physician who has been issued a letter of qualification by a state of principal license attesting the physician is qualified for expedited licensure through the Compact may apply for a new letter of qualification after 365 days from issuance of the initial letter of qualification. Upon request for a new letter of qualification, a physician will not be required to demonstrate current specialty board certification.

5.7 Appeal of the determination of eligibility

- (1) The applicant may appeal a determination of eligibility for licensure within 30 days of issuance of the letter of qualification to the member state where the application was filed and shall be subject to the law of that state.

5.8 Renewal and continued participation

- (1) Not less than 90 days prior to the expiration of a license issued through the Compact, the member board that issued the license shall notify the physician by e-mail of the pending expiration of the license and provide information on the process to renew the license, and a link to the Interstate Commission's web page to start the renewal process. The e-mail notice shall be sent to the address

specified in rule 2.2. The physician is responsible for renewing the license prior to its expiration. Failure of the physician to receive a renewal notice does not relieve the physician of responsibility for renewing the license through the Interstate Commission. The physician shall update the information provided on the online renewal application within 30 days of any change of information provided on the application.

- (2) The physician shall complete an online renewal application on a form provided by the Interstate Commission which shall include collection of information required in Section 7 of the Compact and such other information as required by the Interstate Commission.
- (3) The Interstate Commission may collect a service fee from the physician for renewal of a license issued through the Compact. The Interstate Commission shall retain 100 percent of this service fee for renewal of a license.
- (4) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board during a member state's licensing renewal period.
- (5) Upon receipt of any renewal fees collected in rule 5.8(4), a member board shall renew the physician's license.
- (6) After the license is renewed the member board may collect and act upon additional information from the physician related to that state's specific requirements for license renewal.
- (7) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.
- (8) A physician who seeks to renew a license issued through the Compact after its expiration date may be subject to any and all penalties, terms and conditions for licensure renewal established by the member state that issued the license.

INTERSTATE MEDICAL LICENSURE COMPACT

#4 – Policy on Annual Report

ADOPTED: MARCH 20, 2018

EFFECTIVE: MARCH 20, 2018

AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

- None

I. Policy Statement

The Interstate Medical Licensure Compact (IMLC) Statute Section 12, paragraph “q” states that the Interstate Commission shall report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the preceding year.

II. PURPOSE

The purpose of this policy is to:

- A. Assign to the Communications Committee the responsibility for creation, production, and distribution of the annual report.
- B. Establish the date the annual report shall be released.
- C. Identify the mandatory content of the annual report.

III. DEFINITIONS

Year – The annual report shall cover the activities of the Interstate Commission during the established fiscal year which is the period of time between July 1 of a given year to June 30 of the following year.

IV. DEVELOPMENT

Proposed policy actions shall be presented in a format that includes:

- A. The Communications Committee shall be responsible for the creation, production and distribution of the annual report. The committee may delegate responsibilities to the executive director.
- B. The annual report shall be release not later than 120 days after the end of the fiscal year. The 2017 Annual Report will be considered a transition report as the

reporting cycle moves from a calendar year reporting cycle to a fiscal year cycle. The result is that the 2017 Annual Report will reflect the activities of the Interstate Commission from January 1, 2017 to June 30, 2017.

C. Content of the annual report shall be determined by the Communications Committee, which will include as a minimum:

1. Reports of financial audits and any recommendations that may have been adopted by the Interstate Commission;
2. A report of the budget;
3. A summary of policies, amendments to the bylaws, amendments to the rules, and advisory opinions that were issued or renewed by the Interstate Commission;
4. Information on licenses issued, including renewals, through the Compact;
5. Information on compliance actions through the Compact;
6. A Roster of Compact member boards and their appointed commissioners;
7. A summary of committee activities; and
8. A report from the executive director.

V. RESPONSIBILITY

The executive committee shall be responsible for administering this policy and ensuring that this policy is current, compliant with all statutory requirements and case law, and consistent with other applicable standards. The executive committee may approve the publication of the annual report as presented by the Communications Committee. The executive committee may delegate administration and maintenance of this policy to the executive director.

INTERSTATE MEDICAL LICENSURE COMPACT

#5 – Policy on IMLCC Reserve Funds

ADOPTED: MAY 18, 2018

EFFECTIVE: JULY 1, 2018

AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

- None

I. Policy Statement

The Interstate Medical Licensure Compact (IMLC) Statute Section 13 establishes the Interstate Commission with financial powers, including the establishment of an annual budget. IMLC Bylaws, Article VIII, establishes the fiscal years and covers matters of IMLCC finance. The IMLCC budget intends to establish reserve funds to provide for contingency funding and large item purchase funding. These reserve funds are necessary to ensure that financial resources are sufficient and available to prevent the creation of debt obligations.

II. PURPOSE

The purpose of this policy is to:

- A. Define the types of reserve funds to be developed and maintained.
- B. Define how the reserve fund amount(s) are to be determined.
- C. Define the authorization required to use the cash fund.
- D. Define how unexpended reserve funds are to be handled.

III. DEFINITIONS

Cash – Money that is held in an account, including certificates of deposit and other secured financial instruments, owned and controlled by the IMLCC at a Federal Deposit Insurance Corporation (FDIC) member bank.

Reserve Fund – An amount of cash set aside to meet future liability.

IV. DEVELOPMENT

The IMLCC can create multiple reserve funds. The creation of a reserve fund is initiated as a motion from the Budget Committee, reviewed by the Executive Committee,

and requires the approval of a majority of IMLC commissioners present during a regularly scheduled IMLCC meeting. The reserve funds may be built during a single fiscal year or may be built over multiple fiscal years. These funds include:

- A. General Reserve Fund – A specific amount of cash held in anticipation to meet unforeseen financial obligations or budget shortfalls. Expenditures from this fund require a motion from an IMLCC committee and requires the approval of a 2/3rd majority of the IMLC commissioners present during a regularly scheduled meeting.
- B. IT Reserve Fund – An amount of cash to be established as part of the budget development process of the Budget Committee. A specific IT project must be identified, such as to reserve funds to pay for the replacement or upgrade the current Data Management System, and the funds are only available to pay for that identified project. There can be more than one IT Reserve Fund created and maintained. Expenditures from this fund require the approval of the Executive Committee. Funds that are not used shall revert to the IMLCC General Reserve Fund.
- C. Capital Project Reserve Fund – An amount of cash to be established as part of the budget development process of the Budget Committee. A specific project must be identified, and funds are only available to pay for that identified project. There can be more than one Capital Project Reserve Fund created and maintained. Expenditures from this fund require the approval of the Executive Committee. Funds that are not used shall revert to the IMLCC General Reserve Fund.
- D. Special Project Reserve Fund – An amount of cash to be established as part of the budget development process of the Budget Committee. A specific project must be identified, and funds are only available to pay for that identified project. There can be more than one Special Project Reserve Fund created and maintained. Expenditures from this fund require the approval of the Executive Committee. Funds that are not used shall revert to the IMLCC General Reserve Fund.

V. RESPONSIBILITY

The executive committee shall be responsible for administering this policy and ensuring that this policy is current, compliant with all statutory requirements and case law, and consistent with other applicable standards. The executive committee may delegate administration and maintenance of this policy to the executive director.



Interstate Medical Licensure Compact

May 16, 2018

Sent via e-mail: patricia.mcsorley@azmd.gov

**Patricia McSorley, Executive Director
Arizona Medical Board**

RE: Request for clarification of requirements for expedited licensure through the Compact

On March 21, 2018, the Arizona Medical Board (Arizona Board), asked the Executive Committee of the Interstate Medical Licensure Compact Commission (Interstate Commission) to provide clarification of the graduate medical education and the board certification requirements needed for a physician to achieve eligibility status for expedited licensure through the Compact.

Under Section 12c of the Compact, the Interstate Commission can issue, upon the request of a member state or member board, an advisory opinion concerning the meaning or interpretation of the Compact, its bylaws, Rules and actions. Under Section 12(k) of the Compact, the Executive Committee shall have the power to act on behalf of the Interstate Commission, with the exception of Rulemaking, during periods when the Interstate Commission is not in session.

The Arizona Board, in an e-mail from its executive director, Patricia McSorley, asked the Executive Committee if an applicant's successful completion of a fellowship and the applicant's subsequent certification in a radiology subspecialty satisfy the expedited licensure eligibility requirements expressed in Sections 2k(3) and 2k(4) of the Compact.

At a teleconference meeting of the Executive Committee on April 3, 2018, Commission Chair Bowden of Iowa appointed an ad hoc committee consisting of Commission Vice Chair Shepard of West Virginia and Commissioners Martinez of Minnesota and Simons of Wisconsin to review the issue and to prepare a response.

FACTUAL BACKGROUND:

Documents presented to the ad hoc committee provide the following facts concerning an applicant for expedited licensure:

1. Applicant successfully completed a radiology-diagnostic residency from July 1, 2001, to June 30, 2006, at McGill University, Montreal, Canada, and achieved certification in diagnostic radiology. The residency was accredited by Royal College of Physicians and Surgeons of Canada.
2. Applicant subsequently successfully completed a fellowship in radiology/abdominal imaging and intervention from July 1, 2006 to June 30, 2007, at Brigham and Women's Hospital in Boston, Massachusetts, and achieved subspecialty certification in radiology/abdominal imaging and intervention. The fellowship was accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the certification is by the American Board of Radiology, which is a member of the American Board of Medical Specialties (ABMS).

RELEVANT ELIGIBILITY REQUIREMENTS

Sections of the Compact and corresponding administrative rules of the Interstate Commission describe the graduate medical education requirement for expedited licensure through the Compact:

Compact Section 2k(3) – Successfully completed graduate medical education approved by the accreditation council for graduate medical education or the American Osteopathic Association.

Compact Section 2k(4) – Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's (AOA) Bureau of Osteopathic Specialists.

Administrative Rule 5.2u – “*Graduate medical education*” means an ACGME- or AOA-approved specialty or subspecialty program that achieves ABMS or AOA board eligibility status. ACGME- or AOA-approved means the program is accredited by the ACGME or the AOA. A one-year transitional internship or a one-year rotating internship does not qualify as graduate medical education required in Compact Section 2k(3) or this chapter.

Administrative Rule 5.4(1)c – Successfully completed graduate medical education approved by the ACGME or the AOA. “Completed” means graduated from an ACGME- or AOA-approved specialty or subspecialty program that results in ABMS or AOA board eligibility status. ACGME- or AOA-approved means the program is accredited by the ACGME or the AOA. A one-year transitional internship or a one-year rotating internship does not qualify as graduate medical education required in Compact Section 2k(3) or this chapter.

Administrative Rule 5.4(1)d – Holds specialty certification or a time-unlimited specialty certificate recognized by the ABMS or the AOA's Bureau of Osteopathic Specialists. The specialty certification or a time-unlimited specialty certificate does not have to be maintained once a physician is initially determined to be eligible for expedited licensure through the Compact.

DISCUSSION

Sections of the Compact and corresponding administrative rules of the Interstate Commission convey that graduate medical education and board certification are required for physicians who would be eligible for expedited licensure through the Compact:

- The graduate medical education must be accredited by the American Council for Graduate Medical Education or the American Osteopathic Association.
- The certification must be recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists.

The graduate medical education requirements expressed in Compact Section 2k(3) and Administrative Rule 5.4(1)c are intended to ensure that an eligible physician is adequately trained by having successfully completed graduate medical education.

FINDINGS AND RECOMMENDED ACTION

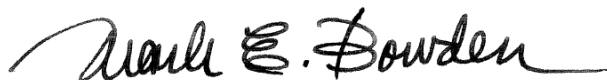
The applicant for expedited licensure considered by the Arizona Board in its capacity as the state of principal license for the applicant, has completed an ACGME-approved fellowship, which satisfies Compact Section 2k(3) and Administrative Rule 5.4(1)c. The applicant received specialty certification by the American Board of Radiology, which is a member of the ABMS.

The ad-hoc committee does not believe an advisory opinion as envisioned in Section 12c is necessary, as the applicant clearly satisfies the requirements concerning ACGME- or AOA-approved graduate medical education and specialty certification recognized by ABMS or AOA. The ad-hoc committee recommends the Interstate Commission continue its efforts to provide education for member boards, physicians and other stakeholders concerning the eligibility requirements for expedited licensure through the Compact.

The Executive Committee on May 15, 2018, accepted the ad-hoc committee's findings and recommendations.

This letter concludes the Executive Committee's review of the Arizona Board's request for clarification of the graduate medical education and the board certification requirements needed for a physician to achieve eligibility status for expedited licensure through the Compact.

Sincerely,



Mark Bowden, Chairman
Interstate Medical Licensure Compact Commission

CC: Executive Committee, Marschall Smith, Rick Masters