

# INDEX

## Interstate Medical Licensure Compact Advisory Opinions (UPDATED JUNE 13, 2017)

### UNNUMBERED

**December 18, 2015 - Maintaining board certification.** The American Medical Association asked if a physician must maintain specialty board certification after the physician is determined to be eligible for expedited licensure through the Compact. Motion was made by Commissioner Hansen (SD) and seconded by Commissioner Lawler (ID) to answer the AMA by stating the IMLC currently has no requirement for board certification upon renewal of a license issued through the Compact. Specialty board certification by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) is required to be eligible for initial licensure through the Compact. The motion unanimously passed by voice vote. The AOA requested the same written response be sent to their organization recognizing Osteopathic Continued Certification as only being required at initial licensure through the Compact. (See **December 18, 2015, minutes of the Interstate Commission.**)

### 01-2017

**June 13, 2017 - Graduate medical education requirements.** The graduate medical education requirements expressed in Compact Section 2k(3) and Rule 5.4(1)c are intended to ensure that an eligible physician is adequately trained by having successfully completed graduate medical education in an ACGME- or AOA-approved specialty or sub-specialty program. A one-year transitional internship or a one-year rotating internship does not qualify as graduate medical education required in Compact Section 2k(3) and Rule 5.4(1)c.

### 02 -2017

**June 13, 2017 - State of principal license requirements.** An applicant for a letter of qualification for expedited licensure through the Interstate Medical Licensure Compact must designate a Compact member state as a state of principal license, pursuant to Section 4 of the Compact. The applicant must meet one of the state of principal license 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.



June 13, 2017

**ADVISORY OPINION ON GRADUATE MEDICAL EDUCATION REQUIREMENT  
FOR EXPEDITED LICENSURE THROUGH THE COMPACT**

**OPINION NO. 01-2017**

**AUTHORITY:** The Executive Committee issues this advisory opinion under authority of the Interstate Medical Licensure Compact Commission.

- **Compact Section 12c** - (The commission shall) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the compact, its bylaws, rules, and actions.
- **Compact Section 11k** - ... 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. ....

**ISSUE:** Graduate medical education required to be eligible for expedited licensure through the Interstate Medical Licensure Compact.

- **Compact Section 2k(3)** - Requires that an eligible physician has successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).
- **Administrative Rule 5.4(1)c** - Requires that an eligible physician has successfully completed graduate medical education approved by the ACGME or AOA that achieves ABMS or AOA board eligibility status.

**QUESTION:** Does a one-year transitional internship meet requirements in Compact Section 2k(3) and Rule 5.4(1)c?

**ADVISORY OPINION:** The graduate medical education requirements expressed in Compact Section 2k(3) and Rule 5.4(1)c are intended to ensure that an eligible physician is adequately trained by having successfully completed graduate medical education in an ACGME- or AOA-approved specialty or sub-specialty program. A one-year transitional internship or a one-year rotating internship does not qualify as graduate medical education required in Compact Section 2k(3) and Rule 5.4(1)c.

**APPLICABILITY:** This opinion applies to all member states in their capacity as a state of principal license in determining if an applicant is eligible for licensure through the Compact.

**EFFECTIVE DATE:** This opinion is effective upon issuance by the Executive Committee of the Interstate Medical Licensure Compact Commission (June 13, 2017).



June 13, 2017

**ADVISORY OPINION ON STATE OF PRINCIPAL LICENSE ELIGIBILITY  
REQUIREMENTS FOR EXPEDITED LICENSURE THROUGH THE COMPACT**

**OPINION NO. 02-2017**

**AUTHORITY:** The Executive Committee issues this advisory opinion under authority of the Interstate Medical Licensure Compact Commission.

- **Compact Section 12c** - "(The commission shall) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the compact, its bylaws, rules, and actions."
- **Compact Section 11k** - "... 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. ...."

**ISSUE:** Requirements for designating a state of principal license for the purposes of registration for expedited licensure through the Interstate Medical Licensure Compact.

- **Compact Section 4a** - Requires that a physician possesses a full and unrestricted license to practice in the state the physician designates as the state of principal license at the time the physician applies for a letter of qualification. In addition, the physician must be able to demonstrate one of the following conditions:
  - **Compact Section 4a(1)** - the state is the primary residence of the physician;
  - **Compact Section 4a(2)** - the state is where at least 25 percent of the physician's practice of medicine occurs;
  - **Compact Section 4a(3)** - the state is the location of the physician's employer;
  - **Compact Section 4a(4)** - the state is the physician's residence for purposes of federal income tax.

**QUESTION:** Is a physician who resided or practiced medicine in a member state in the past year, but is neither residing or practicing in that state at the time the physician applies for a letter of qualification, eligible to designate that state as the state of principal license, pursuant to **Section 4** of the Compact?

**ADVISORY OPINION:** An applicant for a letter of qualification for expedited licensure through the Interstate Medical Licensure Compact must designate a Compact member state as a state of principal license, pursuant to **Section 4** of the Compact. The applicant must meet one of the state of principal license 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.

The state of principal license's medical board has the weighty responsibility to determine if the applicant is eligible for licensure through the Compact. Consequently, the state of principal license is expected to have active and meaningful connections to the applicant for a letter of qualification for the purposes of local accountability. These connections are expressed in the present tense in **Section 4a** of the Compact. When an applicant applies for a letter of qualification, the applicant must attest that a requirement identified in **Section 4a** is met at the time of the application is reviewed by the designated state of principal license. The state of principal license may verify through independent sources that the applicant's attestation is valid, or ask the physician to provide appropriate documentation.

**Section 4b** of the Compact asserts that a physician may re-designate a member state as a state of principal license.

**Section 4c** of the Compact grants the Interstate Commission authority to write rules to facilitate re-designation of another member state as the state of principal license. This implies that if the applicant is determined to be eligible for licensure through the Compact and is licensed through the Compact, then the applicant must continuously meet a requirement in **Section 4a** to maintain the state of principal license designated at the time of the application for the letter of qualification. If the physician no longer can lawfully designate a state as the state of principal license, then the physician must designate another member state.

(It is possible that an applicant may no longer meet requirements to maintain the designed member state as the state of principal license and the applicant is unable to designate another member state. This circumstance -- what it means if a physician licensed through the compact no longer has a state of principal license -- could be addressed through rulemaking, pursuant to **Section 4c** of the Compact.)

Regarding the requirement expressed in **Section 4a(2)**, the physician's attestation may be verified by the state medical board of the designated state of principal license to ascertain that at least 25 percent of the physician's practice is in the designated state of principal license at the time that the letter of qualification application is reviewed by the designated state of principal license.

**APPLICABILITY:** This opinion applies to all member states in their capacity as a state of principal license in determining if an applicant is eligible for licensure through the Compact.

**EFFECTIVE DATE:** This opinion is effective upon issuance by the Executive Committee of the Interstate Medical Licensure Compact Commission (June 13, 2017).