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Interstate Medical Licensure Compact
Advisory Opinions

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- 40 • **Compact Section 12c** – (The commission shall) Issue, upon the request of a
41 member state or member board, advisory opinions concerning the meaning or
42 interpretation of the compact, its bylaws, rules, and actions.
43
44 • **Compact Section 11k** -- ...The executive committee shall have the power to act
45 on behalf of the Interstate Commission, with the exception of rulemaking, during
46 periods when the Interstate Commission is not in session....
47

48 **ISSUE:** Graduate medical education required to be eligible for expedited licensure
49 through the Interstate Medical Licensure Compact.
50

- 51 • **Compact Section 2k(3)** – Requires that an eligible physician has successfully
52 completed graduate medical education approved by the Accreditation Council for
53 Graduate Medical Education (ACGME) or the American Osteopathic Association
54 (AOA).
55
56 • **Administrative Rule 5.4(1)c** – Requires that an eligible physician has
57 successfully completed graduate medical education approved by the ACGME or
58 AOA that achieves ABMS or AOA board eligibility status.
59

60 **QUESTION:** Does a one-year transitional internship meet requirements in Compact
61 Section 2k(3) and Rule 5.4(1)c?
62

63 **ADVISORY OPINION:** The graduate medical education requirements expressed in
64 Compact Section 2k(3) and Rule 5.4(1)c are intended to ensure that an eligible
65 physician is adequately trained by having successfully completed graduate medical
66 education in an ACGME- or AOA-approved specialty or sub-specialty program. A one-
67 year transitional internship or a one-year rotating internship does not qualify as graduate
68 medical education required in Compact Section 2k(3) and Rule 5.4(1)c.
69

70 **APPLICABILITY:** This opinion applies to all member states in their capacity as a state
71 of principal license in determining if an applicant is eligible for licensure through the
72 Compact.
73

74 **EFFECTIVE DATE:** This opinion is effective upon issuance by the Executive
75 Committee of the Interstate Medical Licensure Compact Commission (June 13, 2017).
76
77

78 **OPINION NO. 02-2017 – ADVISORY OPINION ON STATE OF PRINCIPAL LICENSE**
79 **ELIGIBILITY REQUIREMENTS FOR EXPEDITED LICENSURE THROUGH THE**
80 **COMPACT**

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State of principal license requirements – June 13, 2017

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.

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 possess 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.

122 **QUESTION:** Is a physician who resided or practiced medicine in a member state in the
123 past year, but is neither residing or practicing in that state at the time the physician
124 applies for a letter of qualification, eligible to designate that state as a state of principal
125 license, pursuant to **Section 4** of the Compact?
126

127 **ADVISORY OPINION:** An applicant for a letter of qualification for expedited licensure
128 through the Interstate Medical Licensure Compact must designate a Compact member
129 state as a state of principal license, pursuant to **Section 4** of the Compact. The
130 applicant must meet one of the state of principal license eligibility requirements when
131 the application for a letter of qualification is reviewed by the designated state of principal
132 license's medical board. Member boards shall apply these requirements
133 contemporaneously.
134

135 The state of principal license's medical board has the weighty responsibility to
136 determine if the applicant is eligible for licensure through the Compact. Consequently,
137 the state of principal license is expected to have active and meaningful connections to
138 the applicant for a letter of qualification for the purposes of local accountability. These
139 connections are expressed in the present tense in **Section 4a** of the Compact. When
140 an applicant applies for a letter of qualification, the applicant must attest that a
141 requirement identified in **Section 4a** is met at the time of the application is reviewed by
142 the designated state of principal license. The state of principal license may verify
143 through independent sources that the applicant's attestation is valid, or ask the
144 physician to provide appropriate documentation.
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146 **Section 4b** of the Compact asserts that a physician may re-designate a member state
147 as a state of principal license.
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149 **Section 4c** of the Compact grants the Interstate Commission authority to write rules to
150 facilitate re-designation of another member state as the state of principal license. This
151 implies that if the applicant is determined to be eligible for licensure through the
152 Compact and is licensed through the Compact, then the applicant must continuously
153 meet a requirement in **Section 4a** to maintain the state of principal license designated
154 at the time of the application for the letter of qualification. If the physician no longer can
155 lawfully designate a state as the state of principal license, then the physician must
156 designate another member state.
157

158 (It is possible that an applicant may no longer meet requirements to maintain the
159 designed member state as the state of principal license and the applicant is unable to
160 designate another member state. This circumstance – what it means if a physician
161 licensed through the Compact no longer has a state of principal license – could be
162 addressed through rulemaking, pursuant to **Section 4c** of the Compact.)
163

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

169
170 **APPLICABILITY:** This opinion applies to all member states in their capacity as a state
171 of principal license in determining if an applicant is eligible for licensure through the
172 Compact.

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