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Interstate Medical Licensure Compact IMLCC Rules

Chapter 1 Rule on Rulemaking Adopted – June 24, 2016	Chapter 2 Administrative Rule on Information Practices Amended – June 27, 2017
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1 **Chapter 1 - Rulemaking functions of the Interstate Medical Licensure Compact**
2 **Commission**

3
4 Pursuant to Section 15 of the Interstate Medical Licensure Compact (IMLC), the IMLC
5 Commission shall promulgate reasonable rules in order to effectively and efficiently
6 achieve the purposes of the IMLC. This rule shall become effective upon adoption by
7 the IMLC Commission.

8
9 ADOPTED: JUNE 24, 2016

10
11 EFFECTIVE: JUNE 24, 2016

12
13 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

- 14 • None

15
16 **1.1 Definition**

17
18 “*Rule*” means a written statement by the IMLC Commission promulgated pursuant to
19 Section 12 of the IMLC that is of general applicability, implements, interprets, or
20 prescribes a policy or provision of the compact, or an organizational, procedural, or
21 practice requirement of the IMLC Commission, and has the force and effect of
22 statutory law in a member state, and includes the amendment, repeal, or suspension
23 of an existing rule.

24
25 **1.2 Rule action**

26
27 The IMLC Commission may establish, amend, repeal or suspend a rule.

28
29 **1.3 Rule adoption.**

30
31 All rule actions shall be adopted by a majority vote.

32
33 **1.4 Rulemaking.**

34
35 Rules deemed appropriate for the operations of the IMLC Commission shall be made
36 pursuant to a rulemaking process that substantially conforms to the model state
37 administrative procedure act of 2010 and subsequent amendments thereto.

- 38
39 (a) Proposed rule action shall be submitted to the IMLC Commission Bylaws and
40 Rules Committee as follows:

- 42 (1) Any Commissioner may submit a proposed rule action for referral to the
43 Bylaws and Rules Committee during a meeting of the IMLC Commission.
44 The proposed rule action must be made in the form of a motion and
45 approved by a majority vote.
46
- 47 (2) A standing committee of the IMLC Commission may propose a rule
48 action anytime by a majority vote of that committee.
49
- 50 (b) The Bylaws and Rules Committee shall prepare drafts of all proposed rule
51 actions and provide the draft to all IMLC Commissioners for review and
52 comments. All written comments received by the Bylaws and Rules Committee
53 on proposed rule actions shall be posted on the IMLC Commission's website
54 upon receipt. After considering comments received, the Bylaws and Rules
55 Committee shall prepare a final draft of the proposed rule action for
56 consideration by the IMLC Commission not later than the next the next
57 scheduled meeting of the IMLC Commission.
58
- 59 (c) Prior to adoption of a rule action by the IMLC Commission, the text of the
60 proposed rule action shall be published by the Bylaws and Rules Committee not
61 later than thirty days prior to the meeting at which the vote is scheduled, on the
62 IMLC Commission's website and in any other official publication that may be
63 designated by the IMLC Commission for the publication of its rules and rule
64 actions. In addition to the text of the proposed rule action, the reason for the
65 proposed rule action shall be provided.
66
- 67 (d) Each proposed rule action shall state:
68
- 69 (1) The place, time, and date of the scheduled public hearing;
70
- 71 (2) The manner in which interested persons may submit notice to the IMLC
72 Commission of their intention to attend the public hearing and any written
73 comments; and
74
- 75 (3) The name, position, physical and electronic mail address, telephone, and
76 telefax number of the person to whom interested persons may respond with
77 notice of their attendance and written comments.
78
- 79 (e) Every public hearing shall be conducted in a manner guaranteeing each person
80 who wishes to comment a fair and reasonable opportunity to comment. No
81 transcript of the public hearing is required, unless a written request for a
82 transcript is made, which case the person or entity making the request shall pay
83 for the transcript. A recording may be made in lieu of a transcript under the

84 same terms and conditions as a transcript. This subrule shall not preclude the
85 IMLC Commission from making a transcript or recording of the public hearing if
86 it chooses to do so.

- 87
- 88 (f) Nothing in this rule shall be construed as requiring a separate hearing on
89 each rule. Rule actions may be grouped for the convenience of the IMLC
90 Commission at hearings required by this rule.
- 91
- 92 (g) Following the scheduled hearing date, or by the close of business on the
93 scheduled hearing date if the hearing was not held, the IMLC Commission
94 shall consider all written and oral comments received.
- 95
- 96 (h) The IMLC Commission shall, by a majority vote, take final action on the
97 proposed rule action and shall determine the effective date of the rule action, if
98 any, based on the rulemaking record and the full text of the rule action.
- 99
- 100 (i) Not later than thirty days after a rule is adopted, any interested person may file a
101 petition for judicial review of the rule in the United States district court of the
102 District of Columbia or in the federal district court where the IMLC Commission's
103 principal office is located. If the court finds that the IMLC Commission's action is
104 not supported by substantial evidence, as defined in the model state
105 administrative procedure act of 2010 and subsequent amendments thereto in the
106 rulemaking record, the court shall hold the rule unlawful and set it aside.
- 107
- 108 (j) Upon determination that an emergency exists, the IMLC Commission may
109 promulgate an emergency rule action that shall become effective immediately
110 upon adoption, provided that the usual rulemaking procedures provided in the
111 compact and in this rule shall be retroactively applied to the rule as soon as
112 reasonably possible, in no event later than ninety days after the effective date of
113 the rule. An emergency rule is one that must be made effective immediately in
114 order to:
- 115
- 116 (1) Meet an imminent threat to public health, safety, or welfare;
- 117
- 118 (2) Prevent a loss of federal or state funds;
- 119
- 120 (3) Meet a deadline for the promulgation of an administrative rule that is
121 established by federal law or rule.
- 122

123

124 **Chapter 2 - Information Practices**

125

126 ADOPTED: DECEMBER 14, 2016

127

128 EFFECTIVE: DECEMBER 14, 2016

129

130 AMENDED: FEBRUARY 22, 2017; JUNE 27, 2017

131

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

134

135 1. **Section 2.6, Federal criminal records check information was adopted by the**
136 **Interstate Commission on February 22, 2017, in an emergency rule-making**
137 **action pursuant to administrative rule Chapter 1.**

138 2. **Section 2.6, Federal criminal records check information, was adopted by the**
139 **Interstate Commission on June 27, 2017, through the regular rule-making**
140 **process pursuant to administrative rule Chapter 1.**

141

142 **2.1 Authority**

143

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

147

148 **2.2 Definitions**

149

150 "*Coordinated information system*" means the database established and maintained
151 by the Interstate Commission as set forth in the Compact.

152

153 "*Core data set*" means a set of information about an applicant for a letter of
154 qualification for expedited licensure through the Compact or a set of information
155 about a physician who is issued an expedited license through the Compact or
156 renews an expedited license through the Compact. The core data set shall
157 include:

158

159 (1) Eligibility for expedited licensure through the Compact;

160

161 (2) Full legal name;

162

163 (3) Other name(s) used, previously or currently;

164

165 (4) Gender;

166

167 (5) Date of birth;

- 168
169 (6) National Provider Identifier Number;
170
171 (7) Social security number;
172
173 (8) Address of record;
174
175 (9) Telephone number of record;
176
177 (10) E-mail address delegated by applicant to receive correspondence;
178
179 (11) Medical degree conferred;
180
181 (12) Medical school, including year of completion, and verification of
182 accreditation;
183
184 (13) Residency program, including year of completion, and verification of
185 accreditation;
186
187 (14) Specialty board certification, including date of issue and expiration date,
188 if any;
189
190 (15) The license number, date of issue, and expiration date of the full,
191 unrestricted medical license issued by state of principal license;
192
193 (16) The license number, date of issue, and expiration date of the expedited
194 license issued by a member state;
195
196 (17) The license number, date of issue, and expiration date of the license
197 renewed by a member state.
198

199 *"Expedited license"* means a full and unrestricted medical license promptly issued by
200 a member state to an eligible applicant through the process set forth in the
201 Compact and its administrative rules.
202

203 *"Letter of qualification"* means a notification issued by a state of principal license that
204 expresses an applicant's eligibility or ineligibility for expedited licensure through the
205 processes set forth in the Compact and its administrative rules.
206

207 **2.3 Collection and dissemination of core data set**

- 208
209 (1) The core data set is collected from the applicant by the state of principal

210 license through the expedited licensure process set forth in administrative
211 rule 5.5.

212
213 (a) The state of principal license shall submit an applicant's core data set
214 to the Interstate Commission when the state of principal license
215 issues a letter of qualification, verifying or denying the applicant's
216 eligibility for expedited licensure through the compact.

217
218 (b) The Interstate Commission shall maintain an applicant's core data
219 set in a coordinated information system established and maintained
220 by the Interstate Commission.

221
222 (c) The Interstate Commission shall distribute an applicant's core data
223 set to all member states that issue an expedited license to the
224 applicant.

225
226 (d) The Interstate Commission shall make available to any member state
227 the core data set of an applicant for a letter of qualification or a
228 physician who is issued an expedited license through the Compact.

229
230 (2) A member state, using a form provided by the Interstate Commission, shall
231 collect, verify and provide to the Interstate Commission the following information
232 for inclusion in the core data set for each physician who is issued an expedited
233 license by the member state:

234
235 (a) The license number, date of issue, and expiration date of the full,
236 unrestricted medical license issued by the member state.

237
238 **2.4 Maintenance of core data set**

239
240 (1) The accuracy of information maintained in a core data set, to the extent it is
241 possible to achieve accuracy through the expedited licensure process and
242 licensure renewal process, shall be the responsibility of member states.

243
244 (a) A state of principal license or any member state shall verify and submit
245 to the Interstate Commission an amendment to correct a core data set
246 of an applicant for a letter of qualification or a physician who is issued
247 an expedited license through the Compact. Upon receipt of information
248 from a member state to correct data, the Interstate Commission shall
249 disseminate a notice to all member states that a core data set has been
250 amended.

251

252 **2.5 Availability of information in coordinated information system**

253

254 (1) The Interstate Commission is prohibited by the Compact from providing any
255 and all licensure, complaint, disciplinary and investigatory information
256 maintained in the coordinated information system, including a core data set,
257 to any individual, entity or organization other than a member state board.

258

259 **2.6 Federal criminal records check information**

260

261 (1) Communication between a member board and the Interstate Commission
262 and communication between member boards regarding verification of
263 physician eligibility for licensure through the Compact shall not include any
264 information received from the Federal Bureau of Investigation relating to a
265 federal criminal records check performed by a member board under Public
266 Law 92-544 pursuant to Section 1 of the Compact and rules 5.5(1)(c) and
267 5.5(2)(b) (2).

268

269 **Chapter 3 – Fees**

270

271 ADOPTED: DECEMBER 14, 2016

272

273 EFFECTIVE: DECEMBER 14, 2016

274

275 AMENDED: MAY 22, 2017

276

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

279

280 **1. Section 3.2 "service fee" was amended by the Interstate Commission on May 22,**
281 **2017.**

282 **2. Section 3.4 caption line was amended by the Interstate Commission on May 22,**
283 **2017.**

284 **3. Section 3.4(3) was adopted by the Interstate Commission on May 22, 2017**

285

286 **3.1 Authority**

287

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

291

292 **3.2 Definitions**

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"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.

"License fee" means the fee a member board establishes for an expedited license issued through the Compact.

"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.

3.3 Delegation of collection and disbursement of fees

(1) Member states are deemed to have delegated and assigned to the Interstate Commission the following responsibilities in collection and disbursement of service fees and licensure fees paid by applicants seeking expedited licensure through the compact:

(a) 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.

(b) Service fees and licensure fees collected by the Interstate Commission shall be disbursed to member boards no less frequently than once every 30 days.

3.4 Service Fees

(1) A non-refundable service fee of \$700.00 for an application for a letter of qualification shall be paid by the applicant at the time the application is submitted to the Interstate Commission.

(a) Payment shall be made by electronic means to the Interstate Commission.

(b) The Interstate Commission shall remit \$300.00 of this service fee to the applicant's state of principal license.

- 335 (c) The Interstate Commission shall remit \$400.00 of this service fee
336 to the Interstate Commission's general fund.
337
- 338 (2) A non-refundable service fee of \$100.00 shall be assessed to the
339 applicant each time the letter of qualification is disseminated to one or
340 more members states after the initial dissemination of the letter for
341 expedited license(s) in member states.
342
- 343 (a) Payment shall be made by electronic means to the Interstate
344 Commission. 100 percent of this service fee shall be deposited in
345 the Interstate Commission's general fund.
346
- 347 (3) A non-refundable service fee of \$25.00 shall be assessed to the
348 physician for each license renewed through the Compact.
349
- 350 (a) Payment shall be made by electronic means to the Interstate
351 Commission. 100 percent of this service fee shall be deposited in
352 the Interstate Commission's general fund.
353

354 **3.5 Licensure fee**

355

- 356 (1) An applicant who is qualified for expedited licensure through the
357 Compact shall pay to the Interstate Commission a non-refundable
358 licensure fee for each expedited license issued through the Compact to
359 the applicant by a member board.
360
- 361 (2) The member board shall establish the fee for an expedited license.
362
- 363 (3) The Interstate Commission shall remit to the member board no less
364 frequently than once every 30 days 100 percent of the licensure fee
365 collected by the Interstate Commission for an expedited license issued
366 through the Compact by that member board.
367

368 **3.6 Insufficient funds; failed payments**

369

- 370 (1) A non-refundable service fee of \$100.00 shall be imposed on an
371 individual who submits a payment to the Interstate Commission for
372 service or application fees without sufficient funds in the payer's
373 account. 100 percent of the fee shall be deposited in the Interstate
374 Commission's general fund to cover costs incurred in attempting to
375 process failed payment transaction(s).
376

377 **Chapter 4 - State of Principal License**

378

379 ADOPTED: NOVEMBER 17, 2017

380

381 EFFECTIVE: NOVEMBER 17, 2017

382

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

- 384 • NONE

385

386 **4.1 Authority**

387

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

391

392 **4.2 Definitions**

393

394 As used in this chapter:

395

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

399

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

403

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

409

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

412

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

416

417 **4.3 Designation of state of principal license**

418

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

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

430
431 The physician must meet one of the state of principal license's eligibility requirements
432 when the application for a letter of qualification is reviewed by the designated state of
433 principal license's medical board. Member boards shall apply these requirements
434 contemporaneously to determine if a physician has appropriately designated a state of
435 principal license.

440 **4.4 Redesignation of the state of principal license**

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

- 444 (1) The physician shall complete a state of principal license form at the
445 Interstate Commission's website, www.imlcc.org
- 446 (2) Upon receipt of the completed form, the Interstate Commission shall
447 notify the new state of principal license and existing state of
448 principal license.

449 Physician information collected by the Interstate Commission during the process to
450 redesignate a state of principal license shall be distributed to all member boards.

451 **4.5 Maintaining a state of principal license**

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

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

463
464 **Chapter 5 - Expedited licensure**

465
466 ADOPTED: OCTOBER 3, 2016

467
468 EFFECTIVE: OCTOBER 3, 2016

469
470 AMENDED: FEBRUARY 22, 2017, MAY 22, 2017, JUNE 27, 2017, NOVEMBER 17, 2017

471
472 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

- 473
474 **1. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on February 22, 2017, in an**
475 **emergency rule-making action pursuant to administrative rule Chapter 1.**
476 **2. Section 5.2 (ee) was amended by the Interstate Commission on May 22, 2017.**
477 **3. Section 5.8 was adopted by the Interstate Commission on May 22, 2017.**
478 **4. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on June 27, 2017, through the**
479 **regular rule-making process pursuant to administrative rule Chapter 1.**
480 **5. Sections 5.2, 5.4(1)(c) and 5.5(1) were amended by the Interstate Commission on November 17,**
481 **2017.**

482
483 **5.1 Authority**

484
485 This chapter is promulgated by the Interstate Commission pursuant to the Interstate Medical
486 Licensure Compact. The rule shall become effective upon adoption by the Interstate
487 Commission.

488
489 **5.2 Definitions.**

490
491 In addition to the definitions set forth in the Interstate Medical Licensure Compact, as used in
492 these rules, the following definitions will apply:

- 493
494 (a) *“Accreditation Council for Graduate Medical Education (ACGME)”* means the
495 non-governmental organization responsible for the accreditation of graduate
496 medical education (GME) programs within the jurisdiction of the United States
497 of America and its territories and possessions.
498
499 (b) *“Action related to nonpayment of fees related to a license”* means adverse action
500 taken against a physician seeking licensure through the Compact by a medical
501 licensing agency in any state, federal, or foreign jurisdiction due to late payment
502 or non-payment of a medical license fee.
503
504 (c) *“Active investigation”* means an investigation related to a physician seeking
505 licensure through the Compact by a licensing agency or law enforcement

- 506 authority in any state, federal, or foreign jurisdiction for issues that have not
507 been resolved.
- 508
- 509 (d) *“American Board of Medical Specialties (ABMS)”* means a non-profit organization
510 comprising 24 certifying boards that develop and implement professional
511 standards for the certification of physicians in their declared medical/surgical
512 specialty.
- 513
- 514 (e) *“American Osteopathic Association (AOA)”* means the representative
515 organization for osteopathic physicians (DOs) in the United States. AOA is the
516 accrediting body for educational programs at osteopathic medical schools and
517 postgraduate training for graduates of osteopathic medical schools in the United
518 States. AOA is also the umbrella organization for osteopathic medical specialty
519 boards in the United States.
- 520
- 521 (f) *“American Osteopathic Association’s Bureau of Osteopathic Specialists”* means
522 the certifying body for the approved specialty boards of the American
523 Osteopathic Association, which certifies osteopathic physicians in their various
524 specialties or fields of practice.
- 525
- 526 (g) *“Applicant”* means a physician who seeks expedited licensure through the
527 Interstate Medical Licensure Compact.
- 528
- 529 (h) *“Compact”* means the Interstate Medical Licensure Compact.
- 530
- 531 (i) *“Commission on Osteopathic College Accreditation (COCA)”* means a
532 commission of the AOA that establishes, maintains, and applies accreditation
533 standards and procedures for COMs.
- 534
- 535 (j) *“Comprehensive Osteopathic Medical Licensing Examination (COMLEX)”*
536 means the examination series administered by the National Board of
537 Osteopathic Medical Examiners that assesses the medical knowledge and
538 clinical skills of osteopathic physicians.
- 539
- 540 (k) *“Conviction”* means a finding by a court that an individual is guilty of a
541 criminal offense through adjudication, or entry of a plea of guilty or no
542 contest to the charge by the offender. Evidence of an entry of a conviction
543 of a criminal offense by the court shall be considered final for purposes of
544 disciplinary action by a member board. Conviction means a plea of guilty or
545 nolo contendere, finding of guilt, jury verdict, or entry of judgment or
546 sentencing, including, but not limited to, convictions, preceding sentences
547 of supervision, conditional discharge, or first offender probation, under the
548 laws of any jurisdiction of the United States of any crime that is a felony.
- 549
- 550 (l) *“Coordinated information system”* means the database established and
551 maintained by the Interstate Commission as set forth in the Compact.

- 552
553 (m) *“Crime of moral turpitude”* means an act, whether or not related to the practice
554 of medicine, of baseness, vileness or the depravity contrary to accepted and
555 customary rule, right, and duty between human beings.
556
- 557 (n) *“Criminal background check”* means a state and federal criminal background
558 investigation of an applicant for expedited licensure by means of fingerprinting or
559 other biometric data checks. The completed report and information shall be
560 obtained prior to licensure of the applicant. The applicant shall pay for the
561 background check.
562
- 563 (o) *“Criminal offense”* means a violation of a law with possible penalties of a term in
564 jail or prison, and/or a fine.
565
- 566 (p) *“Discipline by a licensing agency in any state, federal, or foreign jurisdiction”*
567 means discipline reportable to the National Practitioner Data Bank.
568
- 569 (q) *“Education Commission for Foreign Medical Graduates (ECFMG)”* means the
570 entity that certifies international medical graduates for entry into U.S. graduate
571 medical education.
572
- 573 (r) *“Expedited license”* means a full and unrestricted medical license promptly
574 issued by a member state to an eligible applicant through the process set forth
575 in the Compact. Expedited does not refer to the speed of the process by which
576 the state of principal license qualifies an applicant for expedited licensure.
577
- 578 (s) *“Federation of State Medical Boards’ Federation Credentials Verification*
579 *Service (FCVS)”* means a centralized, uniform system operated by the
580 Federation of State Medical Boards for state medical boards to obtain a
581 verified, primary-source record of a physician's core medical credentials.
582
- 583 (t) *“Felony”* means the category or description of a crime defined in the
584 jurisdiction where the crime is committed. Where not otherwise defined in
585 state statute, a felony is a charge which is punishable by a minimum
586 penalty of 12 months of incarceration.
587
- 588 (u) *“Graduate medical education”* means an ACGME- or AOA-approved
589 specialty or subspecialty program that achieves ABMS or AOA board
590 eligibility status. ACGME- or AOA-approved means the program is
591 accredited by the ACGME or the AOA. A one-year transitional internship or
592 a one-year rotating internship does not qualify as graduate medical
593 education required in Compact Section 2(k)(3) or this chapter.
594
- 595 (v) *“Gross misdemeanor”* means a category or description of a crime defined in the
596 jurisdiction where the crime is committed. If the jurisdiction does not have a
597 gross misdemeanor category or description, the crime is a charge which is

- 598 punishable by a minimum penalty of 6 months of incarceration.
599
- 600 (w) *“International Medical Education Directory”* means the World Directory of
601 Medical Schools, a public database of worldwide medical schools. The directory
602 is a collaborative product of the Foundation for Advancement of International
603 Medical Education and Research and the World Federation for Medical
604 Education.
605
- 606 (x) *“Interstate Commission”* means the Interstate Medical Licensure Compact
607 Commission.
608
- 609 (y) *“Letter of qualification”* means a notification issued by a state of principal license
610 that expresses an applicant’s eligibility or ineligibility for expedited licensure
611 through the process set forth in the Compact.
612
- 613 (z) *“Liaison Committee on Medical Education (LCME)”* means an entity that
614 provides accreditation to medical education programs in the United States and
615 Canada as a voluntary, peer-reviewed process of quality assurance that
616 determines whether the medical education program meets established
617 standards.
618
- 619 (aa) *“Member board”* means a state agency in a member state that acts in the
620 sovereign interests of the state by protecting the public through licensure,
621 regulation, and education of physicians as directed by the state government.
622
- 623 (bb) *“Member state”* means a state that has enacted the Compact.
624
- 625 (cc) *“Offense”* means a felony, gross misdemeanor, or crime of moral turpitude.
626
- 627 (dd) *“Predecessor examination”* means a generally accepted national medical
628 licensure examination issued prior to the administration of USMLE or COMLEX,
629 combination examinations and state licensure board examinations administered
630 prior to 1974.
631
- 632 (ee) *“Primary source verification”* means verification of the authenticity of
633 documents with the original source that issued the document or original source
634 verification by another jurisdiction’s physician licensing agency or original
635 source verification by an entity approved by the Interstate Commission including,
636 but not limited to, FCVS, ECFMG, or the AOA profile.
637
- 638 (ff) *“Service fee”* means fees that may be assessed by the Interstate
639 Commission, or a member state, or both, to handle and process an
640 application for a letter of qualification, or the issuance of a license through
641 the Compact, or the renewal of a license through the Compact. A service

642 fee is not a license fee for the issuance of a license or the renewal of a
643 license.

644
645 (gg) *“State of principal license” means a member state where a physician*
646 *holds a license to practice medicine and which has been designated as*
647 *such by the physician for purposes of registration and participation in the*
648 *Compact.*

649
650 (hh) *“United States Medical Licensing Examination (USMLE)” means the*
651 *examination series for medical licensure in the United States administered by*
652 *the National Board of Medical Examiners.*

653

654 **5.3 Delegation of expedited licensure responsibilities**

655

656 (1) Member states are deemed to have delegated and assigned to the Interstate
657 Commission the following responsibilities in the expedited licensure process:

658

659 (a) The Interstate Commission shall provide member states an online
660 application for use by applicants seeking expedited licensure through their
661 designated state of principal license.

662

663 (b) The Interstate Commission shall use information from a coordinated information
664 system to facilitate an application for review by the applicant’s designated state
665 of principal license.

666

667 (c) The Interstate Commission shall provide and administer a process to collect
668 service fees and licensure fees from the applicant and remit these fees to the
669 member boards and the Interstate Commission.

670

671 **5.4 Eligibility for expedited licensure**

672

673 (1) An applicant must meet the following requirements to receive an expedited license
674 under the terms and provisions of the Compact:

675

676 (a) Is a graduate of a medical school accredited by the LCME, the COCA, or
677 a medical school listed in the international medical education directory or
678 its equivalent.

679

680 (b) Passed each component, level or step of the USMLE or COMLEX
681 licensing examination within three attempts, or any of its predecessor
682 examinations accepted by a state medical board as an equivalent
683 examination for licensure purposes.

684

685 (c) Successfully completed graduate medical education approved by the
686 ACGME or the AOA. “Completed” means graduated from an ACGME- or

687 AOA-approved specialty or subspecialty program that results in ABMS or
688 AOA board eligibility status. ACGME- or AOA-approved means the
689 program is accredited by the ACGME or the AOA. A one-year
690 transitional internship or a one-year rotating internship does not qualify as
691 graduate medical education required in Compact Section 2k(3) or this
692 chapter.

693
694 (d) Holds specialty certification or a time-unlimited specialty certificate
695 recognized by the ABMS or the AOA's Bureau of Osteopathic Specialists.
696 The specialty certification or a time-unlimited specialty certificate does not
697 have to be maintained once a physician is initially determined to be
698 eligible for expedited licensure through the Compact.

699
700 (e) Possesses a full and unrestricted license to engage in the practice of
701 medicine issued by a member board.

702
703 (f) Has never been convicted, received adjudication, deferred adjudication,
704 community supervision, or deferred disposition for any offense by a court
705 of appropriate jurisdiction.

706
707 (g) Has never held a license authorizing the practice of medicine subjected
708 to discipline by a licensing agency in any state, federal, or foreign
709 jurisdiction, excluding any action related to nonpayment of fees related to
710 a license.

711
712 (h) Has never had a controlled substance license or permit suspended or
713 revoked by a state or the United States Drug Enforcement Administration.

714
715 (i) Is not under active investigation by a licensing agency or law enforcement
716 authority in any state, federal, or foreign jurisdiction.

717
718 **5.5 Expedited licensure process**

719
720 (1) An applicant shall:

721
722 (a) Designate a state of principle license. The applicant must meet one of the state
723 of principal license eligibility requirements in Compact Section 4 at the time the
724 application for a letter of qualification is reviewed by the designated state of
725 principal license's member board. A member board shall apply Compact Section
726 4 requirements contemporaneously when evaluating an applicant's designation
727 of a state of principal license.

728
729 (b) Submit an online application to the designated state of principal license
730 through the coordinated information system.

731

- 732 (c) Submit to the state of principal license a completed fingerprint packet or other
733 biometric data check sample approved by the state of principal license.
734
- 735 (d) Submit to the state of principal license a sworn statement by the applicant
736 attesting to the truthfulness and accuracy of all information provided by the
737 applicant.
738
- 739 (e) Pay the nonrefundable service fees required by the state of principal
740 license and the Interstate Commission.
741
- 742 (2) When an application is received by the state of principal license through the Interstate
743 Commission:
744
- 745 (a) The Interstate Commission shall use information from its database to facilitate
746 the application, which shall be reviewed by the applicant's designated state of
747 principal license.
748
- 749 (b) The designated state of principal license shall:
750
- 751 I. Evaluate the applicant's eligibility for expedited licensure;
752
- 753 II. Perform a criminal background check pursuant to Public Law 92-544 as
754 required by terms and provisions of the Compact; and
755
- 756 III. Issue a letter of qualification to the applicant and the Interstate Commission,
757 verifying or denying the applicant's eligibility.
758
- 759 (3) Upon receipt of a letter verifying the applicant is eligible for expedited licensure, the
760 applicant shall:
761
- 762 (a) Complete the registration process established by the Interstate Commission.
763
- 764 (b) Identify the member state(s) for which expedited licensure is requested.
765
- 766 (c) Pay the non-refundable licensure fee required by the member board(s) and any
767 additional service fee required by the Interstate Commission.
768
- 769 (4) Upon receipt of all licensure fees required, and receipt of the information from the
770 application, including the letter of qualification, the member board(s) shall promptly issue
771 a full and unrestricted license(s) to the applicant, and provide information regarding that
772 license to the Interstate Commission to maintain in its coordinated information system.
773
- 774 (a) An expedited license shall be valid for a period consistent with the licensure
775 period in the member state and in the same manner as required for other
776 physicians holding a full and unrestricted license within the member state.
777

778 **5.6 Expedited licensure application cycle**

779

780 (1) An application for expedited licensure shall be considered open from the date
781 the application form is received by the state of principal license.

782

783 (a) If the applicant does not submit all requested materials within 60 days after the
784 application is opened, then the application shall be deemed to have been
785 withdrawn. The applicant must reapply and submit a new application, a new
786 nonrefundable application service fees as determined by the state of principal
787 license and the Interstate Commission.

788

789 (b) A letter of qualification is valid for 365 days from its date of issuance to
790 request expedited licensure in a member state. There shall be no waiver of
791 this time limit.

792

793 A physician who has been issued a letter of qualification by a state of principal license attesting
794 the physician is qualified for expedited licensure through the Compact may apply for a new letter
795 of qualification after 365 days from issuance of the initial letter of qualification. Upon request for
796 a new letter of qualification, a physician will not be required to demonstrate current specialty
797 board certification.

798

799 **5.7 Appeal of the determination of eligibility**

800

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

804

805 **5.8 Renewal and continued participation**

806

807 (1) Not less than 90 days prior to the expiration of a license issued through the Compact,
808 the member board that issued the license shall notify the physician by e-mail of the
809 pending expiration of the license and provide information on the process to renew the
810 license, and a link to the Interstate Commission's web page to start the renewal process.
811 The e-mail notice shall be sent to the address specified in rule 2.2. The physician is
812 responsible for renewing the license prior to its expiration. Failure of the physician to
813 receive a renewal notice does not relieve the physician of responsibility for renewing the
814 license through the Interstate Commission. The physician shall update the information
815 provided on the online renewal application within 30 days of any change of information
816 provided on the application.

817

818 (2) The physician shall complete an online renewal application on a form provided by the
819 Interstate Commission which shall include collection of information required in Section 7
820 of the Compact and such other information as required by the Interstate Commission.

821

- 822 (3) The Interstate Commission may collect a service fee from the physician for renewal of a
823 license issued through the Compact. The Interstate Commission shall retain 100 percent
824 of this service fee for renewal of a license.
825
- 826 (4) The Interstate Commission shall collect any renewal fees charged for the renewal of a
827 license and distribute the fees to the applicable member board during a member state's
828 licensing renewal period.
829
- 830 (5) Upon receipt of any renewal fees collected in rule 5.8(4), a member board shall renew
831 the physician's license.
832
- 833 (6) After the license is renewed the member board may collect and act upon additional
834 information from the physician related to that state's specific requirements for license
835 renewal.
836
- 837 (7) Physician information collected by the Interstate Commission during the renewal process
838 will be distributed to all member boards.
839
- 840 (8) A physician who seeks to renew a license issued through the Compact after its
841 expiration date may be subject to any and all penalties, terms and conditions for
842 licensure renewal established by the member state that issued the license.
843
844