

(IMLCC LETTERHEAD)

This is a letter to be sent with the notice of LOQ approval.

(DATE)

Dear Dr. _____ :

(I believe addressing the Physician directly is best rather than using a generic greeting such as "Dear LOQ Holder".)

Congratulations on your qualification for participation in the Interstate Medical Licensure Compact (IMLC). Enclosed is a copy of your Letter of Qualification from **(STATE)**, your designated state of principal license, authorizing you to apply for expedited licenses in IMLC member states.

You must maintain a license in your designated state of principal license in order to renew licenses issued through the IMLC.

Failure to maintain a license in your designated state of principal license will result in termination of all licenses issued by member states, as required by the IMLC law.

You may redesignate an IMLC member state as the state of principal license and maintain additional licenses issued through the IMLC if you possess and maintain a full and unrestricted license in that state and satisfy the following criteria:

- The state is your state of principal residence, or
- The state is where at least 25% of your practice of medicine occurs, or
- The state is where your employer is located, or
- The state is designated as your state of residence for federal income tax purposes

For further information about your participation in the Interstate Medical Licensure Compact, please visit the Interstate Medical Licensure Compact Commission website at:

www.imlcc.org

If you have questions about this notice or your participation in the IMLC process, please contact:

(Name

(Title)

(Contact Info)