



Interstate Medical Licensure Compact

A faster pathway to medical licensure

IMLCC

MINIMUM STANDARDS GUIDE

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TABLE OF CONTENTS

1. History and Authority..... 3

2. State of Principal License Minimum Standards..... 5

3. License Granting Member Board Minimum Standards 10

4. Renewal Minimum Standards (coming soon). XX

6. Redesignation of an SPL (coming soon)..... XX

7. Sample Forms and Member Board documents (coming soon) XX

DRAFT

HISTORY AND AUTHORITY

1. The Interstate Medical Licensure Compact (IMLC)

The IMLC is the organization that was created when a member state's governor signs the legislation for that state. Each member state appoints two (2) commissioners to serve as the governing body of the Interstate Medical Licensure Compact Commission. The legislation passed by each member state contains the same requirements and authorities. This creates a common obligation among all the member states and their respective member boards.

2. The Interstate Medical Licensure Compact Commission (IMLCC)

The IMLCC is the governing body of the organization, with rulemaking authority. The rules passed by the IMLCC are binding on all member states and create a legal obligation that each member board must follow. This authority is granted in the IMLCC Statutes, Section 15. Additionally, the IMLCC is obligated to organize itself and provide a common set of governing principals and these are outlined in the IMLCC Bylaws. This requirement is established in the IMLCC Statutes, Section 14.

The IMLCC uses policies and advisory opinions to clarify the meaning and purpose of the IMLCC Statute, IMLCC Bylaws and IMLCC Rules. The IMLCC executive director and staff are responsible for creating administrative procedures and process documents that provide instructions to member board staff on the functions of the IMLCC's system and processes.

3. The IMLCC Minimum Standards Guide

The IMLCC executive director is offering this document with the intention of providing a common set of instructions regarding how a member board should review and process applications. The goal of this document is to provide member boards a training tool to be used for staff. The Guide is divided into two parts:

- When acting as a State of Principal License (SPL), and
- When acting as a license granting state.

A member board that determines that it will not follow these instructions can provide a request to the IMLCC executive director outlining the modifications

DRAFT

that will be taken by that member board and how those modifications meet the obligations established by the IMLCC Statute and Rules. A copy of those modifications will be maintained by the IMLCC executive director and will be shared with other member boards as requested.

4. Statutory Requirements

- IMLCC Statutes, Section 5 – Application and Issuance of Expedited Licensure
 - Section 5(b) – require a member board to “...evaluate whether the physician is eligible for expedited licensure and issue and letter of qualification, verifying or denying the physician’s eligibility, to the Interstate Commission.”
 - Section 5(b)(1) – states that the “Static qualifications” as established by IMLCC rules “...shall not be subject to additional primary source verification where already primary source verified...”
 - Section 5(b)(2) – require that the SPL perform a criminal background check
 - Section 5(d) – states a member board must issue a license upon receipt of the verification of eligibility by the SPL – the Letter of Qualification (LOQ) and the payment of fees
 - Section 5(g) – permits the IMLCC to develop rules regarding the application process, the payment of fees and the issuance of the license

5. Rule Requirements

- IMLCC Rules, Chapter 4 – Rule on State of Principal License
 - Paragraph 4.3(a) – outlines the requirements that the applicant must meet in order to designate an SPL
 - Paragraph 4.3(b) – requires that the SPL review and determine that the applicant meets the eligibility requirements to designate them as the SPL
- IMLCC Rules, Chapter 5 – Rule on Expedited Licensure
 - Paragraph 5.2 defines the terms used in the rule
 - Paragraph 5.3(1)(a) authorizes the IMLCC to develop the online application to be used by all applicants – a single application process
 - Paragraph 5.3(1)(b) authorizes the IMLCC to create the system used by member boards to review and process the applications
 - Paragraph 5.4 outlines the requirements that the applicant must meet in order to qualify
 - Paragraph 5.5 outlines the licensure process

DRAFT

- Paragraph 5.5(1)(a) requires the SPL to evaluate that they can act as the SPL
- Paragraph 5.5(1)(b) to (e) outline the items that must be submitted as part of the application packet
- Paragraph 5.5(2) authorizes the SPL to use the information in its database to review the application and requires that an evaluation be conducted by the SPL to determine the applicant's eligibility to use the IMLCC process

STATE OF PRINCIPAL LICENSE – MINIMUM STANDARDS

1. General requirements

- A review of the items provided by the applicant must be compared to the information held by the SPL. If the information provided on the application is different than the information held by the SPL, action must be taken to resolve the discrepancy.
- Changes to information provided on the application must be noted as part of the application process on the "Core Data Correction Sheet" to ensure that all member boards involved in the process are supplied with accurate information that they will use to generate a license from their state.
- The IMLCC Statutes allow the SPL to rely on the information contained in their system. The IMLCC would encourage an SPL that notes a discrepancy between the application and their system confirm the accurate information through a review of the primary source documents that were used to input the information into their system, i.e. medical school transcripts for date of graduation, copies of driver's licenses for address and name confirmation, etc.
- The IMLCC issued Advisory Opinion 02-2017 on the requirements for an SPL
- The IMLCC issued Operational Bulletin #3, which discusses the verification expectations of an SPL

2. Specific requirements

- Qualifications Application –
 - Item #3 – Confirm that the license number on the application is an exact match to the license number issued by your board. The most common errors are the prefix or suffix information - i.e. the applicant provides just the numbers of their license "123" but the

DRAFT

official number states “MED 1234”

- Item #4(a) – Primary residence – Confirm that the address provided on the application matches the official information in the SPL system. The best source of official information is a copy of the applicant’s drivers license. Special note should be taken regarding apartment numbers. If the information in the SPL system is different, it should be used and a Core Data Correction Sheet entry made.
- Item #4(b) – 25% of practice – The SPL should develop a document to consistently gather this information. The IMLCC Rules require that the evaluation be done contemporaneously – which means that it must be based on historical information not projected. The calculation of the “25% Rule” should be based on information from the prior 12 months and the member board should consistently use a calculation that is proven through verifiable documentation. It is recommended that the member board use one of two factors:
 - Number of patient contacts for patients located in the SPL state divided by the total number of patient contacts during the preceding 12-month period.
 - Number of hours practicing medicine in the SPL state divided by the total hours practicing medicine during the preceding 12-month period.
- Item #4(c) – Employer located in SPL – The IMLCC Rules have a clear definition of employer as a person, business or organization which authorizes the practice of medicine. A physical office must be located in the SPL state and must be the place from which the physician is contracted or employed to practice medicine. The physical location of the physician or the place from which the patient care is provided can be from the employer’s location but it is not required. Operational Bulletins #1 and #2 also provide information about the definition of an employer. Generally, Locum Tenens organizations are not considered employers. The SPL must have documentation supporting the verification of employment, which are best when provided through the signed statement from the employer or a pay document, such as a w-2 or 1099 form.
- Item #4(d) – State designated as state of residence for U.S. federal income tax purposes. The SPL should obtain a copy of the applicant’s federal tax return.
- Item #5, #6, #7, #8 – Ensure that the Yes box is checked for each question. If a No box is checked for any of the questions but the applicant claims that was checked in error or if the SPL’s information indicates that the answer should be Yes, then the SPL

DRAFT

must take active steps to resolve the discrepancy. A change from a No to a Yes must be documented on the Core Data Correction Sheet. The documentation used by the SPL to support the change must be maintained by the SPL.

- Item #9, #10, #11, #12 – Ensure that all the No box is checked for each question. If a Yes box is checked for any of the questions but the applicant claims that it was checked in error or if the SPL's information indicates that the answer should be No, then the SPL must take active steps to resolve the discrepancy. A change from a Yes to a No must be documented on the Core Data Correction Sheet. The documentation used by the SPL to support the change must be maintained by the SPL.
 - Item #9 – A physician whose fingerprint-based background check has conviction information requires that the SPL resolve the information provided on the CHRI information. Not all convictions will result in a physician being found to be ineligible and the categorization of the conviction is based on the state where the conviction was made. For example, a misdemeanor conviction that is not defined as a “gross misdemeanor” or if the state does not have a definition of moral turpitude, the conviction by itself may not disqualify an applicant. The definition of conviction and the determination is found in IMLCC Rule Chapter 5, specifically paragraph 5.4(1)(f) -which states (highlighted words have their definition shown below): "(1) An applicant must meet the following requirements to receive an expedited license under the terms and provisions of the Compact: ...(f) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction."
 - Terms in that paragraph which are defined in IMLCC Chapter 5, Section 5.2-Definitions are:
 - (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.

DRAFT

- (o) “Criminal offense” means a violation of a law with possible penalties of a term in jail or prison, and/or a fine.
 - (cc) “Offense” means a felony, gross misdemeanor, or crime of moral turpitude.
 - (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.
 - (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.
 - (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.
- Item #10 – The SPL must obtain a current report from the National Practitioner Data Bank and keep a copy of the report on file.
 - Item #11 – The SPL must verify through the sources available to it that no action has been taken. These sources can include the state’s prescribing database, the DEA’s Diversion Control Division’s webpage, etc.
 - Item #12 – The SPL must ensure that it does not have an active investigation and that it is not aware of any other active investigation.
- Physician’s Core Data Sheet – All discrepancies noted on this form must be corrected and that corrected information recorded on the Core Data Correction Sheet. The SPL should verify with the applicant if the information in its system or the information on the application is current. Then document the decision, keeping a copy of the verified information in the applicant’s file.
 - Full Legal Name – Confirm that the name on the application is an exact match to the name on the license issued by your board. The most common errors to look for are nicknames (i.e. Jon for Jonathan), suffix (Jr. vs. II), and middle name.
 - Other Names – Same actions as for Full Legal Name

DRAFT

- Mailing address – Confirm that the address on the application is an exact match for the address on the license issued by your board.
- Office address - Confirm that the address on the application is an exact match for the address on the license issued by your board.
- Date of Birth – Confirm that the application matches.
- Telephone – Confirm that the application matches.
- Cell Phone – Confirm that the application matches.
- Email address – This is one of the most common corrections. The application asks for an “Email address delegated by the applicant to receive correspondence.” The physician’s direct or personal email address is not required. However, some member boards have historically held up the issuance of a license until a personal email address is provided by the physician. Please note that a member board can not refuse to issue the license without a personal email address.
- SSN – Confirm that the application matches
- Medical degree – Make sure that MD or DO marked on the application matches your records. This is a common mistake, especially if the physician has assistance in completing the application.
- Medical school – The school must be accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation or listed in the equivalent of the International Medical Education Directory – the World Directory of Medical Schools. Verify that the MM/DD/YYYY provided on the application matches the primary source information contained in the SPL’s system. The documentation used to confirm this information should be a part of the applicant’s records.
- Graduate medical education – The education must be approved by the ACGME or the AOA. There are no exceptions. Verify that the MM/DD/YYYY provided on the application matches the primary source information contained in the SPL’s system. There are IMLCC Advisory Opinions to guide the SPL’s verification of the information, specifically, Advisory Opinion 01-2017 and IMLCC Letter to the Arizona Medical Board dated May 16, 2018. GME approved by the Royal College of Physicians and Surgeons of Canada does not qualify.
- Qualifying Licensing Exam – Ensure that the type of exam marked on the application and the number of attempts exactly matches the SPL’s records. This is one of the areas where errors occur. Check that a DO has marked COMLEX and an MD has marked USMLE. If a prior exam was used, like FLEX, make sure that the correct box is marked and the correct line is used. If USMLE is marked verify

DRAFT

that the application has the number of attempts on the correct line. Also, if the physician took the USMLE or COMLEX prior to Step 2 being divided into 2 parts, make sure that for USMLE only Step 2 CS has information in it and Step 2 CK is blank and for COMLEX Step 2 PE has information and Step 2 CE is blank.

- Specialty Board Certification – Verify that the board certification matches. If the physician was licensed by your board prior to becoming board certified or your board does not require this information, the SPL must obtain the documentation either from the applicant or the certifying board. Only ABMS or AOABOS board certification qualifies. Verify if the certification is Lifetime or if time limited, that the information on the application matches the information provided by the certifying board. Verify that the MM/DD/YYYY provided on the application matches the primary source information contained in the SPL's system and that the certification has not expired prior the LOQ being issued.
- License number, date of original license, expiration date and status – Verify that this information is an exact match.

To recap - All SPLs are required to verify the attestations and information provided by the applicant. The data and information contained in the SPL's system, if from primary source verification, does not require reverification. Discrepancies between the information on the application and the SPL's system must be resolved and the corrections noted on the Core Data Correction Sheet. Remember that other member boards are using this information to build a record for their system so that a license can be issued.

LICENSE GRANTING MEMBER – MINIMUM STANDARDS

1. General requirements

- A member board that has received a Letter of Qualification (LOQ), the core data items, and the fees for the license, are required to issue a license.
- The IMLCC Statute and IMLCC Rules do not have provisions for a member board to challenge an SPL's decision regarding issuing a LOQ. Should a member board have a concern about an LOQ or information contained in the core data, contact the IMLCC executive director at imlccexecutivedirector@imlcc.net The IMLCC will contact the SPL about the challenge to the LOQ and provide notice to all member boards involved in the application any changes or corrections. The decision to issue an LOQ rests with the SPL.
- Member boards may not delay the issuance of a license in order to obtain

DRAFT

primary source documentation that is provided in the core data and that was used to issue the LOQ.

- Member boards may not delay the issuance of a license in order to obtain information beyond the core data items.
- Member boards may not create additional state specific requirements or require that the applicant complete state specific forms prior to the issuance of a license.
- The license issued by the member board must be a full, unrestricted license, with the same authority as a license issued by that member board to an applicant who used the traditional application method. Member boards can use unique identifiers in their licensing processes and numbering sequences, but such decision must also provide a clear notice to the physician and the public that the license is a full, unrestricted license.

2. Specific requirements

- The reasons that a member board can decline to issue a license are limited to:
 - The physician currently holds an active license issued by the member board, or
 - The physician previously held a license issued by the member board and that license must be reinstated.
- A member board may not use the “Ineligible” option in the IMLCC system (DocuSign) when a determination has been made that a license cannot be issued. This action voids the entire application and prevents other member boards from issuing a license.
 - If a member board determines that a license will not be issued, it should complete the DocuSign application, noting in the field for “Member Board License Number” the license number held by that physician and the words “Previously Issued”, with the date issued and expired reflecting the information in the member board’s system for that license.
 - The member board should then approve the application.