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## Interstate Medical Licensure Compact IMLCC Rules

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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.

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29 **1.3 Rule adoption.**

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All rule actions shall be adopted by a majority vote.

#### **1.4 Rulemaking.**

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

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

(1) Any Commissioner may submit a proposed rule action for referral to the Bylaws and Rules Committee during a meeting of the IMLC Commission. The proposed rule action must be made in the form of a motion and approved by a majority vote.

(2) A standing committee of the IMLC Commission may propose a rule action anytime by a majority vote of that committee.

(b) The Bylaws and Rules Committee shall prepare drafts of all proposed rule actions and provide the draft to all IMLC Commissioners for review and comments. All written comments received by the Bylaws and Rules Committee on proposed rule actions shall be posted on the IMLC Commission's website upon receipt. After considering comments received, the Bylaws and Rules Committee shall prepare a final draft of the proposed rule action for consideration by the IMLC Commission not later than the next the next scheduled meeting of the IMLC Commission.

(c) Prior to adoption of a rule action by the IMLC Commission, the text of the proposed rule action shall be published by the Bylaws and Rules Committee not later than thirty days prior to the meeting at which the vote is scheduled, on the IMLC Commission's website and in any other official publication that may be designated by the IMLC Commission for the publication of its rules and rule actions. In addition to the text of the proposed rule action, the reason for the proposed rule action shall be provided.

(d) Each proposed rule action shall state:

(1) The place, time, and date of the scheduled public hearing;

(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 (1) Eligibility for expedited licensure through the Compact;
- 159 (2) Full legal name;
- 160 (3) Other name(s) used, previously or currently;
- 161 (4) Gender;
- 162 (5) Date of birth;
- 163 (6) National Provider Identifier Number;
- 164 (7) Social security number;
- 165 (8) Address of record;
- 166 (9) Telephone number of record;
- 167 (10) E-mail address delegated by applicant to receive correspondence;
- 168 (11) Medical degree conferred;
- 169 (12) Medical school, including year of completion, and verification of  
170 accreditation;
- 171 (13) Residency program, including year of completion, and verification of  
172 accreditation;
- 173 (14) Specialty board certification, including date of issue and expiration date,  
174 if any;
- 175 (15) The license number, date of issue, and expiration date of the full,  
176 unrestricted medical license issued by state of principal license;
- 177 (16) The license number, date of issue, and expiration date of the expedited  
178 license issued by a member state;
- 179 (17) The license number, date of issue, and expiration date of the license  
180 renewed by a member state.

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

"*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 processes set forth in the Compact and its administrative rules.

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

- (1) The core data set is collected from the applicant by the state of principal license through the expedited licensure process set forth in administrative rule 5.5.
  - (a) The state of principal license shall submit an applicant's core data set to the Interstate Commission when the state of principal license issues a letter of qualification, verifying or denying the applicant's eligibility for expedited licensure through the compact.
  - (b) The Interstate Commission shall maintain an applicant's core data set in a coordinated information system established and maintained by the Interstate Commission.
  - (c) The Interstate Commission shall distribute an applicant's core data set to all member states that issue an expedited license to the applicant.
  - (d) The Interstate Commission shall make available to any member state the core data set of an applicant for a letter of qualification or a physician who is issued an expedited license through the Compact.
- (2) A member state, using a form provided by the Interstate Commission, shall collect, verify and provide to the Interstate Commission the following information for inclusion in the core data set for each physician who is issued an expedited license by the member state:
  - (a) The license number, date of issue, and expiration date of the full, unrestricted medical license issued by the member state.

### **2.4 Maintenance of core data set**

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**  
293

294       "*Letter of qualification*" means a notification issued by a state of principal license that  
295       expresses an applicant's eligibility or ineligibility for expedited licensure through  
296       the process set forth in the Compact.  
297

298       "*License fee*" means the fee a member board establishes for an expedited license  
299       issued through the Compact.  
300

301       "*Service fee*" means fees that may be assessed by the Interstate Commission, or a  
302       member state, or both, to handle and process an application for a letter of  
303       qualification, or the issuance of a license through the Compact, or the renewal of  
304       a license through the Compact. A service fee is not a license fee for the issuance  
305       of a license or the renewal of a license.  
306

307       **3.3 Delegation of collection and disbursement of fees**  
308

309               (1)     Member states are deemed to have delegated and assigned to the  
310               Interstate Commission the following responsibilities in collection and  
311               disbursement of service fees and licensure fees paid by applicants  
312               seeking expedited licensure through the compact:  
313

314                     (a)     The Interstate Commission shall provide and administer a  
315                     process to collect service fees and licensure fees from the  
316                     applicant and remit these fees to the member boards and the  
317                     Interstate Commission.  
318

319                     (b)     Service fees and licensure fees collected by the Interstate  
320                     Commission shall be disbursed to member boards no less  
321                     frequently than once every 30 days.  
322

323 **3.4 Service Fees**

324

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

328

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

331

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

334

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 • Section 4.4 was amended by the Interstate Commission on November 16, 2018  
385 by adding subparagraph 4.4(4)
- 386 • Section 4.5 was removed by the Interstate Commission on November 19, 2019

387  
388 **4.1 Authority**

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

393  
394 **4.2 Definitions**

395  
396 As used in this chapter:

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

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

405

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

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

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

418

#### 419 **4.3 Designation of state of principal license**

420

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

425

426 (1) The state of primary residence for the physician, or

427

428 (2) The state where at least twenty-five percent of the practice of  
429 medicine occurs, or

430

431 (3) The location of the physician’s employer, or

432

433 (4) If no state qualifies under subparagraph (1), subparagraph (2), or  
434 subparagraph (3), the state designated as state of residence for  
435 purposes of federal income tax.

436

437 The physician must meet one of the state of principal license’s eligibility requirements  
438 when the application for a letter of qualification is reviewed by the designated state of  
439 principal license’s medical board. Member boards shall apply these requirements  
440 contemporaneously to determine if a physician has appropriately designated a state of  
441 principal license.

442

#### 443 **4.4 Redesignation of the state of principal license**

444

445 (a) The physician may redesignate a member state as the state of principal license  
446 at any time, as long as the physician meets the requirements in paragraph “a” of  
447 Section 4 of the Compact, following this process:

- 448  
449 (1) The physician shall complete a state of principal license form at the  
450 Interstate Commission's website, [www.imlcc.org](http://www.imlcc.org)  
451  
452 (2) Upon receipt of the completed form, the Interstate Commission shall  
453 notify the new state of principal license and existing state of  
454 principal license.  
455  
456 (3) Physician information collected by the Interstate Commission  
457 during the process to redesignate a state of principal license shall  
458 be distributed to all member boards.  
459  
460 (4) The redesignated member state of principal license shall be  
461 responsible for ensuring that the physician meets the requirements  
462 of paragraph 4.3(a) at the time of the application for redesignation  
463 of the state of principal license. The redesignated member state  
464 shall notify the Interstate Commission of its findings  
465 contemporaneously.  
466

#### 467 ~~4.5 Maintaining a state of principal license~~

468  
469 ~~If a physician licensed through the Compact no longer meets any requirement under~~  
470 ~~Compact Section 4 to designate a state of principal license, then all licenses issued~~  
471 ~~through the Compact to the physician shall be terminated pursuant to Section 5(f) of the~~  
472 ~~Compact.~~  
473

#### 474 Chapter 5 - Expedited licensure

475  
476 ADOPTED: OCTOBER 3, 2016  
477

478 EFFECTIVE: OCTOBER 3, 2016  
479

480 AMENDED: FEBRUARY 22, 2017, MAY 22, 2017, JUNE 27, 2017, NOVEMBER 17, 2017, MAY 12,  
481 2020, SEPTEMBER 15, 2020  
482

483 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):  
484

- 485 **1. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on February 22, 2017, in an**  
486 **emergency rule-making action pursuant to administrative rule Chapter 1.**
- 487 **2. Section 5.2 (ee) was amended by the Interstate Commission on May 22, 2017.**
- 488 **3. Section 5.8 was adopted by the Interstate Commission on May 22, 2017.**
- 489 **4. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on June 27, 2017, through the**  
490 **regular rule-making process pursuant to administrative rule Chapter 1.**

- 491 **5. Sections 5.2, 5.4(1)(c) and 5.5(1) were amended by the Interstate Commission on November 17,**  
492 **2017.**  
493 **6. Section 5.9 was adopted by the Interstate Commission on May 12, 2020, in an emergency rule-**  
494 **making action pursuant to administrative rule Chapter 1.**  
495 **7. Section 5.10 was adopted by the Interstate Commission on September 15, 2020, through the**  
496 **regular rule-making process pursuant to administrative rule Chapter 1.**

497  
498 **5.1 Authority**

499  
500 This chapter is promulgated by the Interstate Commission pursuant to the Interstate Medical  
501 Licensure Compact. The rule shall become effective upon adoption by the Interstate  
502 Commission.

503  
504 **5.2 Definitions.**

505  
506 In addition to the definitions set forth in the Interstate Medical Licensure Compact, as used in  
507 these rules, the following definitions will apply:

- 508  
509 (a) *“Accreditation Council for Graduate Medical Education (ACGME)” means the*  
510 *non-governmental organization responsible for the accreditation of graduate*  
511 *medical education (GME) programs within the jurisdiction of the United States*  
512 *of America and its territories and possessions.*  
513  
514 (b) *“Action related to nonpayment of fees related to a license” means adverse action*  
515 *taken against a physician seeking licensure through the Compact by a medical*  
516 *licensing agency in any state, federal, or foreign jurisdiction due to late payment*  
517 *or non-payment of a medical license fee.*  
518  
519 (c) *“Active investigation” means an investigation related to a physician seeking*  
520 *licensure through the Compact by a licensing agency or law enforcement*  
521 *authority in any state, federal, or foreign jurisdiction for issues that have not*  
522 *been resolved.*  
523  
524 (d) *“American Board of Medical Specialties (ABMS)” means a non-profit organization*  
525 *comprising 24 certifying boards that develop and implement professional*  
526 *standards for the certification of physicians in their declared medical/surgical*  
527 *specialty.*  
528  
529 (e) *“American Osteopathic Association (AOA)” means the representative*  
530 *organization for osteopathic physicians (DOs) in the United States. AOA is the*  
531 *accrediting body for educational programs at osteopathic medical schools and*  
532 *postgraduate training for graduates of osteopathic medical schools in the United*  
533 *States. AOA is also the umbrella organization for osteopathic medical specialty*  
534 *boards in the United States.*  
535  
536 (f) *“American Osteopathic Association’s Bureau of Osteopathic Specialists” means*

- 537 the certifying body for the approved specialty boards of the American  
538 Osteopathic Association, which certifies osteopathic physicians in their various  
539 specialties or fields of practice.
- 540
- 541 (g) *“Applicant” means a physician who seeks expedited licensure through the*  
542 *Interstate Medical Licensure Compact.*
- 543
- 544 (h) *“Compact” means the Interstate Medical Licensure Compact.*
- 545
- 546 (i) *“Commission on Osteopathic College Accreditation (COCA)” means a*  
547 *commission of the AOA that establishes, maintains, and applies accreditation*  
548 *standards and procedures for COMs.*
- 549
- 550 (j) *“Comprehensive Osteopathic Medical Licensing Examination (COMLEX)”*  
551 *means the examination series administered by the National Board of*  
552 *Osteopathic Medical Examiners that assesses the medical knowledge and*  
553 *clinical skills of osteopathic physicians.*
- 554
- 555 (k) *“Conviction” means a finding by a court that an individual is guilty of a*  
556 *criminal offense through adjudication, or entry of a plea of guilty or no*  
557 *contest to the charge by the offender. Evidence of an entry of a conviction*  
558 *of a criminal offense by the court shall be considered final for purposes of*  
559 *disciplinary action by a member board. Conviction means a plea of guilty or*  
560 *nolo contendere, finding of guilt, jury verdict, or entry of judgment or*  
561 *sentencing, including, but not limited to, convictions, preceding sentences*  
562 *of supervision, conditional discharge, or first offender probation, under the*  
563 *laws of any jurisdiction of the United States of any crime that is a felony.*
- 564
- 565 (l) *“Coordinated information system” means the database established and*  
566 *maintained by the Interstate Commission as set forth in the Compact.*
- 567
- 568 (m) *“Crime of moral turpitude” means an act, whether or not related to the practice*  
569 *of medicine, of baseness, vileness or the depravity contrary to accepted and*  
570 *customary rule, right, and duty between human beings.*
- 571
- 572 (n) *“Criminal background check” means a state and federal criminal background*  
573 *investigation of an applicant for expedited licensure by means of fingerprinting or*  
574 *other biometric data checks. The completed report and information shall be*  
575 *obtained prior to licensure of the applicant. The applicant shall pay for the*  
576 *background check.*
- 577
- 578 (o) *“Criminal offense” means a violation of a law with possible penalties of a term in*  
579 *jail or prison, and/or a fine.*
- 580
- 581 (p) *“Discipline by a licensing agency in any state, federal, or foreign jurisdiction”*  
582 *means discipline reportable to the National Practitioner Data Bank.*

- 583  
584 (q) *“Education Commission for Foreign Medical Graduates (ECFMG)”* means the  
585 entity that certifies international medical graduates for entry into U.S. graduate  
586 medical education.  
587
- 588 (r) *“Expedited license”* means a full and unrestricted medical license promptly  
589 issued by a member state to an eligible applicant through the process set forth  
590 in the Compact. Expedited does not refer to the speed of the process by which  
591 the state of principal license qualifies an applicant for expedited licensure.  
592
- 593 (s) *“Federation of State Medical Boards’ Federation Credentials Verification  
594 Service (FCVS)”* means a centralized, uniform system operated by the  
595 Federation of State Medical Boards for state medical boards to obtain a  
596 verified, primary-source record of a physician's core medical credentials.  
597
- 598 (t) *“Felony”* means the category or description of a crime defined in the  
599 jurisdiction where the crime is committed. Where not otherwise defined in  
600 state statute, a felony is a charge which is punishable by a minimum  
601 penalty of 12 months of incarceration.  
602
- 603 (u) *“Graduate medical education”* means an ACGME- or AOA-approved  
604 specialty or subspecialty program that achieves ABMS or AOA board  
605 eligibility status. ACGME- or AOA-approved means the program is  
606 accredited by the ACGME or the AOA. A one-year transitional internship or  
607 a one-year rotating internship does not qualify as graduate medical  
608 education required in Compact Section 2(k)(3) or this chapter.  
609
- 610 (v) *“Gross misdemeanor”* means a category or description of a crime defined in the  
611 jurisdiction where the crime is committed. If the jurisdiction does not have a  
612 gross misdemeanor category or description, the crime is a charge which is  
613 punishable by a minimum penalty of 6 months of incarceration.  
614
- 615 (w) *“International Medical Education Directory”* means the World Directory of  
616 Medical Schools, a public database of worldwide medical schools. The directory  
617 is a collaborative product of the Foundation for Advancement of International  
618 Medical Education and Research and the World Federation for Medical  
619 Education.  
620
- 621 (x) *“Interstate Commission”* means the Interstate Medical Licensure Compact  
622 Commission.  
623
- 624 (y) *“Letter of qualification”* means a notification issued by a state of principal license  
625 that expresses an applicant’s eligibility or ineligibility for expedited licensure  
626 through the process set forth in the Compact.  
627
- 628 (z) *“Liaison Committee on Medical Education (LCME)”* means an entity that



- 629 provides accreditation to medical education programs in the United States and  
630 Canada as a voluntary, peer-reviewed process of quality assurance that  
631 determines whether the medical education program meets established  
632 standards.  
633
- 634 (aa) *“Member board”* means a state agency in a member state that acts in the  
635 sovereign interests of the state by protecting the public through licensure,  
636 regulation, and education of physicians as directed by the state government.  
637
- 638 (bb) *“Member state”* means a state that has enacted the Compact.  
639
- 640 (cc) *“Offense”* means a felony, gross misdemeanor, or crime of moral turpitude.  
641
- 642 (dd) *“Predecessor examination”* means a generally accepted national medical  
643 licensure examination issued prior to the administration of USMLE or COMLEX,  
644 combination examinations and state licensure board examinations administered  
645 prior to 1974.  
646
- 647 (ee) *“Primary source verification”* means verification of the authenticity of  
648 documents with the original source that issued the document or original source  
649 verification by another jurisdiction’s physician licensing agency or original  
650 source verification by an entity approved by the Interstate Commission including,  
651 but not limited to, FCVS, ECFMG, or the AOA profile.  
652
- 653 (ff) *“Service fee”* means fees that may be assessed by the Interstate  
654 Commission, or a member state, or both, to handle and process an  
655 application for a letter of qualification, or the issuance of a license through  
656 the Compact, or the renewal of a license through the Compact. A service  
657 fee is not a license fee for the issuance of a license or the renewal of a  
658 license.  
659
- 660 (gg) *“State of principal license”* means a member state where a physician  
661 holds a license to practice medicine and which has been designated as  
662 such by the physician for purposes of registration and participation in the  
663 Compact.  
664
- 665 (hh) *“United States Medical Licensing Examination (USMLE)”* means the  
666 examination series for medical licensure in the United States administered by  
667 the National Board of Medical Examiners.  
668

### 669 **5.3 Delegation of expedited licensure responsibilities**

- 670
- 671 (1) Member states are deemed to have delegated and assigned to the Interstate  
672 Commission the following responsibilities in the expedited licensure process:  
673

- 674 (a) The Interstate Commission shall provide member states an online  
675 application for use by applicants seeking expedited licensure through their  
676 designated state of principal license.  
677
- 678 (b) The Interstate Commission shall use information from a coordinated information  
679 system to facilitate an application for review by the applicant's designated state  
680 of principal license.  
681
- 682 (c) The Interstate Commission shall provide and administer a process to collect  
683 service fees and licensure fees from the applicant and remit these fees to the  
684 member boards and the Interstate Commission.  
685

#### 686 **5.4 Eligibility for expedited licensure**

687

- 688 (1) An applicant must meet the following requirements to receive an expedited license  
689 under the terms and provisions of the Compact:  
690
- 691 (a) Is a graduate of a medical school accredited by the LCME, the COCA, or  
692 a medical school listed in the international medical education directory or  
693 its equivalent.  
694
- 695 (b) Passed each component, level or step of the USMLE or COMLEX  
696 licensing examination within three attempts, or any of its predecessor  
697 examinations accepted by a state medical board as an equivalent  
698 examination for licensure purposes.  
699
- 700 (c) Successfully completed graduate medical education approved by the  
701 ACGME or the AOA. "Completed" means graduated from an ACGME- or  
702 AOA-approved specialty or subspecialty program that results in ABMS or  
703 AOA board eligibility status. ACGME- or AOA-approved means the  
704 program is accredited by the ACGME or the AOA. A one-year  
705 transitional internship or a one-year rotating internship does not qualify as  
706 graduate medical education required in Compact Section 2k(3) or this  
707 chapter.  
708
- 709 (d) Holds specialty certification or a time-unlimited specialty certificate  
710 recognized by the ABMS or the AOA's Bureau of Osteopathic Specialists.  
711 The specialty certification or a time-unlimited specialty certificate does not  
712 have to be maintained once a physician is initially determined to be  
713 eligible for expedited licensure through the Compact.  
714
- 715 (e) Possesses a full and unrestricted license to engage in the practice of  
716 medicine issued by a member board.  
717

- 718 (f) Has never been convicted, received adjudication, deferred adjudication,  
719 community supervision, or deferred disposition for any offense by a court  
720 of appropriate jurisdiction.  
721
- 722 (g) Has never held a license authorizing the practice of medicine subjected  
723 to discipline by a licensing agency in any state, federal, or foreign  
724 jurisdiction, excluding any action related to nonpayment of fees related to  
725 a license.  
726
- 727 (h) Has never had a controlled substance license or permit suspended or  
728 revoked by a state or the United States Drug Enforcement Administration.  
729
- 730 (i) Is not under active investigation by a licensing agency or law enforcement  
731 authority in any state, federal, or foreign jurisdiction.  
732

### 733 **5.5 Expedited licensure process**

- 734 (1) An applicant shall:
- 735
- 736 (a) Designate a state of principle license. The applicant must meet one of the state  
737 of principal license eligibility requirements in Compact Section 4 at the time the  
738 application for a letter of qualification is reviewed by the designated state of  
739 principal license's member board. A member board shall apply Compact Section  
740 4 requirements contemporaneously when evaluating an applicant's designation  
741 of a state of principal license.  
742
- 743 (b) Submit an online application to the designated state of principal license  
744 through the coordinated information system.  
745
- 746 (c) Submit to the state of principal license a completed fingerprint packet or other  
747 biometric data check sample approved by the state of principal license.  
748
- 749 (d) Submit to the state of principal license a sworn statement by the applicant  
750 attesting to the truthfulness and accuracy of all information provided by the  
751 applicant.  
752
- 753 (e) Pay the nonrefundable service fees required by the state of principal  
754 license and the Interstate Commission.  
755
- 756 (2) When an application is received by the state of principal license through the Interstate  
757 Commission:  
758
- 759 (a) The Interstate Commission shall use information from its database to facilitate  
760 the application, which shall be reviewed by the applicant's designated state of  
761 principal license.  
762  
763

- 764 (b) The designated state of principal license shall:  
765  
766 I. Evaluate the applicant's eligibility for expedited licensure;  
767  
768 II. Perform a criminal background check pursuant to Public Law 92-544 as  
769 required by terms and provisions of the Compact; and  
770  
771 III. Issue a letter of qualification to the applicant and the Interstate Commission,  
772 verifying or denying the applicant's eligibility.  
773
- 774 (3) Upon receipt of a letter verifying the applicant is eligible for expedited licensure, the  
775 applicant shall:  
776  
777 (a) Complete the registration process established by the Interstate Commission.  
778  
779 (b) Identify the member state(s) for which expedited licensure is requested.  
780  
781 (c) Pay the non-refundable licensure fee required by the member board(s) and any  
782 additional service fee required by the Interstate Commission.  
783
- 784 (4) Upon receipt of all licensure fees required, and receipt of the information from the  
785 application, including the letter of qualification, the member board(s) shall promptly issue  
786 a full and unrestricted license(s) to the applicant, and provide information regarding that  
787 license to the Interstate Commission to maintain in its coordinated information system.  
788
- 789 (a) An expedited license shall be valid for a period consistent with the licensure  
790 period in the member state and in the same manner as required for other  
791 physicians holding a full and unrestricted license within the member state.  
792

## 793 **5.6 Expedited licensure application cycle**

794

- 795 (1) An application for expedited licensure shall be considered open from the date  
796 the application form is received by the state of principal license.  
797
- 798 (a) If the applicant does not submit all requested materials within 60 days after the  
799 application is opened, then the application shall be deemed to have been  
800 withdrawn. The applicant must reapply and submit a new application, a new  
801 nonrefundable application service fees as determined by the state of principal  
802 license and the Interstate Commission.  
803
- 804 (b) A letter of qualification is valid for 365 days from its date of issuance to  
805 request expedited licensure in a member state. There shall be no waiver of  
806 this time limit.  
807

808 A physician who has been issued a letter of qualification by a state of principal license attesting  
809 the physician is qualified for expedited licensure through the Compact may apply for a new letter

810 of qualification after 365 days from issuance of the initial letter of qualification. Upon request for  
811 a new letter of qualification, a physician will not be required to demonstrate current specialty  
812 board certification.

813

#### 814 **5.7 Appeal of the determination of eligibility**

815

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

819

#### 820 **5.8 Renewal and continued participation**

821

822 (1) Not less than 90 days prior to the expiration of a license issued through the Compact,  
823 the member board that issued the license shall notify the physician by e-mail of the  
824 pending expiration of the license and provide information on the process to renew the  
825 license, and a link to the Interstate Commission's web page to start the renewal process.  
826 The e-mail notice shall be sent to the address specified in rule 2.2. The physician is  
827 responsible for renewing the license prior to its expiration. Failure of the physician to  
828 receive a renewal notice does not relieve the physician of responsibility for renewing the  
829 license through the Interstate Commission. The physician shall update the information  
830 provided on the online renewal application within 30 days of any change of information  
831 provided on the application.

832

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

836

837 (3) The Interstate Commission may collect a service fee from the physician for renewal of a  
838 license issued through the Compact. The Interstate Commission shall retain 100 percent  
839 of this service fee for renewal of a license.

840

841 (4) The Interstate Commission shall collect any renewal fees charged for the renewal of a  
842 license and distribute the fees to the applicable member board during a member state's  
843 licensing renewal period.

844

845 (5) Upon receipt of any renewal fees collected in rule 5.8(4), a member board shall renew  
846 the physician's license.

847

848 (6) After the license is renewed the member board may collect and act upon additional  
849 information from the physician related to that state's specific requirements for license  
850 renewal.

851

852 (7) Physician information collected by the Interstate Commission during the renewal process  
853 will be distributed to all member boards.

854

855 (8) A physician who seeks to renew a license issued through the Compact after its  
856 expiration date may be subject to any and all penalties, terms and conditions for  
857 licensure renewal established by the member state that issued the license.  
858

859 **5.9 Emergency Rule Regarding COVID-19 State of Emergency Rule Waiver of Timeframes**

860 (1) This rule is effective retroactive to the March 9, 2020, declaration of a national  
861 emergency by the President of the United States in response to the COVID-19  
862 pandemic. At such time, each Board or Executive Committee of the Commission  
863 has the authority to temporarily waive enforcement of the timeframes of the  
864 Commission's rules which are not statutorily required.

865  
866 (2) Such waiver would be justified based upon:

867  
868 (a) The degree of disruption of procedures or timeframes regulating the  
869 movement of physicians under the applicable provisions of the Compact,  
870 which is the basis for the waiver;

871  
872 (b) The degree of benefit (or detriment) of such waiver to the physician and/or  
873 public health; and  
874

875 (c) The anticipated duration of the emergency.  
876

877 (3) The length of any waiver would be subject to the length of the national/state  
878 emergency declaration or one hundred and eighty (180) days from the date of  
879 promulgation, subject to one extension of equal length, or preemptively  
880 concluded by a majority vote of the Commission, whichever first occurs.  
881

882 **5.10 State of Emergency Rule – Waiver of Timeframes**

883 (1) This rule is effective upon a declaration of a national emergency by the President  
884 of the United States and/or the declaration of emergency by one or more  
885 Governors of the compact member states in response to Force Majeure such as  
886 a pandemic, hurricane, tornado, earthquake or other natural disaster. At such  
887 time, each Board or the Executive Committee of the Commission has the  
888 authority to temporarily waive enforcement of the timeframes of the  
889 Commission's rules which are not statutorily required.

890  
891 (2) Such waiver would be justified based upon:  
892

- 893 (a) The degree of disruption of procedures or timeframes regulating the  
894 movement of physicians under the applicable provisions of the Compact,  
895 which is the basis for the waiver;  
896  
897 (b) The degree of benefit (or detriment) of such waiver to the physician and/or  
898 public health; and  
899  
900 (c) The anticipated duration of the emergency.  
901  
902 (3) The length of any waiver would be subject to the length of the national/state  
903 emergency declaration or preemptively concluded by majority vote of the  
904 Commission, whichever first occurs.  
905  
906

## 907 **CHAPTER 6 – COORDINATED INFORMATION SYSTEM, JOINT INVESTIGATIONS**

908  
909 ADOPTED: November 16, 2018

910  
911 EFFECTIVE: November 16, 2018

912  
913 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

- 914 • None

### 915 916 **6.1 Authority**

917  
918 This chapter is promulgated by the Interstate Commission pursuant to the Interstate  
919 Medical Licensure Compact Sections 8, 9, 10 and 15. The rule shall become effective  
920 upon adoption by the Interstate Commission.  
921

### 922 **6.2 Definitions**

923  
924 In addition to the definitions set forth in the Interstate Medical Licensure Compact, as  
925 used in these rules, the following definitions apply:  
926

927 “*Applicant*” means a physician who seeks expedited licensure through the Interstate  
928 Medical Licensure Compact. See Rule 5.2(g).  
929

930 “*Confidential and filed under seal*” means all information and documents shared shall  
931 be sent in an envelope or sent through an encrypted service and may not be

932 discoverable in civil litigation, re-disclosed voluntarily or pursuant to a Freedom of  
933 Information Act or Public Information Act, produced pursuant to civil or criminal  
934 subpoena, except that such information may be used for the purpose of investigating  
935 and taking disciplinary action and may be disclosed as part of any public disciplinary  
936 action resulting from the investigation.

937  
938 “*Compact physician*” means a physician who has obtained a license through the  
939 Compact.

940  
941 “*Coordinated information system*” means the database established and maintained by  
942 the Interstate Commission as set forth in the Compact. See Rule 2.2.

943  
944 “*Disciplining Board*” means a member Board that imposes discipline upon a Compact  
945 physician.

946  
947 “*Investigative, litigation or compliance materials*” means licensure records, disciplinary  
948 records, litigation records, application records, and compliance records for a Compact  
949 physician, but does not mean criminal history record information in accordance with  
950 Rule 2.6.

951  
952 “*Joint investigation*” means an investigation involving multiple member Boards.

953  
954 “*Lead investigative Board*” means a member Board chosen to coordinate a joint  
955 Investigation.

956  
957 “*Medical Practice Act*” means a member state’s practice act governing the practice of  
958 medicine.

959  
960 “*Member Board*” means a state that has enacted the Compact. See Rule 5.2(bb).

961  
962 “*Necessary and proper disciplinary and investigatory information*” means:

- 963       1. The type of action:
- 964           a. complaint;
- 965           b. charge;
- 966           c. non-final public action;
- 967           d. final public action; or
- 968           e. non-public action;



- 969 2. Date action was taken;
- 970 3. Whether the action results in the removal of the physician’s Compact license,
- 971 such as a suspension, revocation, surrender or relinquishment in lieu of
- 972 discipline;
- 973 4. Whether the action is to initiate a joint investigation;
- 974 5. Name of Board, Agency, or Entity that took the action specified in this report;
- 975 And
- 976 6. Current Status and changes in status of any action:
  - 977 a. investigation continuing;
  - 978 b. charges issued, but no final action taken;
  - 979 c. final action issued pending appeal;
  - 980 d. final action with all judicial remedies exhausted;
  - 981 e. closed without resulting discipline.

982  
983 *“Nonpublic complaint”* means allegations that a physician violated a state’s Medical  
984 Practice Act that have not been made public.

985  
986 *“Nonpublic complaint resolution”* means a non-disciplinary board action, advisory letter,  
987 letter of education, letter of concern, nonpublic disposition agreement, nonpublic  
988 consent order, corrective action agreement, or any other type of nonpublic actions taken  
989 by a member Board.

990  
991 *“Public action”* means disciplinary actions, disciplinary fines, reprimands, probations,  
992 conditions or restrictions on a licensee, suspensions, summary suspensions, cease and  
993 desist orders, revocations, denials of licensure, or any other type of action taken by a  
994 member Board that is public.

995  
996 *“Public complaint”* means a public charging document or allegations that a physician  
997 violated a state’s Medical Practice Act that have been made public by a member Board.

998  
999 *“Share information”* means that a member Board shall disclose the relevant information  
1000 to the Interstate Commission or other member Board.

1001  
1002 *“State of principal license”* means a member state where a physician holds a license to  
1003 practice medicine and which has been designated as such by the physician for  
1004 purposes of registration and participation in the Compact. See Rule 5.2(gg).

1005  
1006 **6.3 Coordinated Information System**

- 1007  
1008 a. The Interstate Commission shall establish a database of all applicants and  
1009 Compact physicians. The database will contain the core data set and necessary  
1010 and proper disciplinary or investigatory information. The database will be  
1011 available for all member Boards to report and query information, as appropriate.  
1012  
1013 b. Each member Board shall report the name, NPI number, and all necessary and  
1014 proper disciplinary or investigatory information of a public complaint or public  
1015 action on a form provided by the Interstate Commission to the Interstate  
1016 Commission as soon as reasonably possible, but no later than 10 business days  
1017 after a public complaint or public action against an applicant or Compact  
1018 physician has been entered. The member Board shall attach a copy of the public  
1019 complaint or public action.  
1020  
1021 c. Each member Board shall submit an updated report to the Interstate Commission  
1022 upon changes to the status of any reported action.  
1023  
1024 d. When the Commission receives notice of a final public action by a member  
1025 Board, the Commission shall notify the member Boards for all other member  
1026 states where the disciplined Compact physician is licensed.  
1027  
1028 e. Each member Board may disclose any nonpublic complaint or nonpublic  
1029 complaint resolution to the Interstate Commission.  
1030  
1031 f. On request of another member Board, each member Board shall share the  
1032 requested information from an investigative file as soon as reasonably possible,  
1033 and that information shall be confidential and filed under seal.  
1034  
1035 g. All information provided to the Coordinated Information System and documents  
1036 obtained or shared through Compact Sections 8 or 9 or Rule 6.3(e) are  
1037 confidential and filed under seal and may only be used by member Boards for  
1038 investigations or during disciplinary processes and may be made public in  
1039 disciplinary actions but may not be redisclosed to any person or non-member  
1040 Board.  
1041

1042 **6.4 Joint Investigations**

- 1043  
1044 a. A member Board may participate with other member Boards in joint  
1045 investigations of a Compact physician or applicant.  
1046  
1047 b. Upon initiating a joint investigation, the lead investigative Board shall notify the

1048 Interstate Commission of the joint investigation and inform the Interstate  
1049 Commission which member Boards are part of the joint investigation. The  
1050 Interstate Commission shall notify any other member Boards where the Compact  
1051 physician is licensed of the identity of the individual under investigation and the  
1052 contact information for the lead investigative Board.

1053

1054 c. In a joint investigation, the lead investigative Board may be the member Board in  
1055 the member state where the alleged conduct occurred, the state that initiated the  
1056 joint investigation, or any member Board chosen by the participating member  
1057 Boards to be the lead investigative Board.

1058

1059 d. The lead investigative Board shall direct the investigation and update the  
1060 participating member Boards upon any significant developments in the  
1061 investigation.

1062

1063 e. The lead investigative Board may request the other member Boards participating  
1064 in the joint investigation to conduct investigatory tasks in their own states.

1065

1066 f. A non-lead investigative Board may continue its own investigation but shall keep  
1067 the lead investigative Board apprised of its investigatory actions and shall  
1068 coordinate its actions with the lead investigative Board.

1069

1070 g. A subpoena issued by a member Board shall be enforceable in other member  
1071 states, whether or not the subpoena concerns a Compact physician or applicant.

1072

1073 h. Should an individual or entity refuse to comply with the enforceable subpoena,  
1074 the member Board that issued the subpoena may request the local member  
1075 Board to issue a subpoena on the investigating member Board's behalf. The  
1076 local member Board shall issue such a subpoena and shall share the resulting  
1077 information with the investigating member Board.

1078

1079 i. All member Boards participating in a joint investigation shall share investigative  
1080 information, litigation, or compliance materials upon request of any member  
1081 Board where the Compact physician under investigation is licensed.

1082

1083 j. Any member Board may investigate actual or alleged violations of a statute  
1084 authorizing the practice of medicine in any other member state in which a  
1085 physician holds a license to practice medicine. The investigating member Board  
1086 shall contact the other member Board and inform them about the investigation  
1087 prior to initiating the investigation in that state. Upon conclusion of the  
1088 investigation, the investigating member Board shall inform the other member

1089 Board about the results of the investigation.

1090

1091 k. The final outcome or disposition of any joint investigation shall be reported to the  
1092 Interstate Commission by the lead investigative Board.

1093

1094 **6.5 Disciplinary Actions**

1095

1096 a. Any disciplinary action by a disciplining Board shall be considered unprofessional  
1097 conduct and is subject to discipline by other member Boards. This shall include  
1098 any action that does not have a corresponding ground by the other member  
1099 Board's Medical Practice Act or in addition to any other specific violation of the  
1100 Medical Practice Act in the other member state.

1101

1102 b. Any member Board, including the state of principal license, may:

1103

1104 (1) Administratively take reciprocal action against a compact physician who  
1105 was disciplined by a disciplining Board. The administrative reciprocal  
1106 action of the disciplinary Board is deemed conclusive as to matters of law  
1107 and fact and a member Board may impose the same or lesser sanction  
1108 that is consistent with the Medical Practice Act of the member Board state;

1109

1110 (2) Pursue disciplinary action in accordance with the member Board's Medical  
1111 Practice Act against a Compact physician who was disciplined by a  
1112 disciplining Board. The action of the disciplinary Board is deemed  
1113 conclusive as to matters of law and fact and a member Board may impose  
1114 a more severe sanction; or

1115

1116 (3) Take no action.

1117

1118 c. If a license issued by a member state through the Compact is revoked,  
1119 surrendered, suspended or relinquished in lieu of discipline, then the member  
1120 Board shall notify the Interstate Commission as soon as reasonably possible, but  
1121 no later than 5 business days from the date of the action and shall send a copy of  
1122 the action to the Interstate Commission.

1123

1124 d. The Interstate Commission shall immediately notify all other member Boards that  
1125 have licensed the physician and shall send a copy of the action to the other  
1126 member Boards.

1127

- 1128 e. Upon receipt of notice from the Interstate Commission of an action taken by the  
1129 state of principal license, the other member Boards shall immediately place the  
1130 Compact physician on the same status as the state of principal license.  
1131
- 1132 f. If the state of principal license reinstates the disciplined Compact physician's  
1133 license, it shall notify the Interstate Commission that the suspension has been  
1134 terminated as soon as reasonably possible, but no later than 5 business days  
1135 after the suspension has ended. The Interstate Commission shall immediately  
1136 notify the other member Boards. Those member Boards shall reinstate the  
1137 license in accordance with the Medical Practice Act of that state.  
1138
- 1139 g. Upon receipt of notice from the Interstate Commission of an action taken by a  
1140 non-state of principal license, the other member Boards shall suspend the  
1141 Compact physician for 90 calendar days on entry of the order of the disciplining  
1142 Board to permit the member Board to investigate under the Medical Practice Act  
1143 of that state.  
1144
- 1145 h. After an investigation has been completed, but within 90 calendar days of the  
1146 suspension, one of the following may occur:  
1147
- 1148 (1) a state of principal license may terminate the suspension of the license;
  - 1149
  - 1150 (2) a non-state of principal license may terminate the suspension if the state  
1151 of principal license has already terminated the suspension;
  - 1152
  - 1153 (3) any member Board may impose reciprocal discipline or pursue reciprocal  
1154 discipline pursuant to Rule 6.5(b) or (c); or
  - 1155
  - 1156 (4) any member Board may continue the suspension until the member Board  
1157 that initially took the action has taken a final action.  
1158

1159 **Chapter 7 – Compliance and Enforcement**

1160  
1161 **ADOPTED: November 16, 2018**

1162  
1163 **EFFECTIVE: November 16, 2018**

1164  
1165 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):**

1166 • NONE

1167

1168 **7.1 Authority**

1169

1170 This chapter is promulgated by the Interstate Commission pursuant to the Interstate  
1171 Medical Licensure Compact section 19. The rule shall become effective upon adoption  
1172 by the Interstate Commission.

1173

1174 **7.2 Dispute resolution**

1175

1176 a. Any disputes between member states on compliance and enforcement issues  
1177 shall be presented to and mediated by the Executive Committee.

1178

1179 b. Before submitting a complaint to the Executive Committee, the complaining  
1180 member Board and the responding member Board shall attempt to resolve the  
1181 issues without intervention by the Interstate Commission.

1182

1183 c. If the parties are unable to resolve the issue, the complaining member state shall  
1184 provide the Executive Committee a written statement, not to exceed five pages,  
1185 which will be sent to the responding member state. The responding member  
1186 state may submit a written response to the complaining member state and the  
1187 Executive Committee, not to exceed five pages, within 30 calendar days.

1188

1189 d. The member state representatives may appear telephonically before the  
1190 Interstate Commission at a time and place as designated by the Executive  
1191 Committee of the Interstate Commission for mediation.

1192

1193 e. The Executive Committee of the Interstate Commission shall make a  
1194 recommendation to the parties to resolve the issue.

1195

1196 **Chapter 8 – Notice to Licensees Upon a Withdrawal or Termination of**  
1197 **Membership in the Compact**

1198

1199 **ADOPTED: November 19, 2019**

1200

1201 **EFFECTIVE: November 19, 2019**

1202

1203 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):**

1204 • NONE

1205  
1206

## **8.1 Authority**

1207

1208 This chapter is promulgated by the Interstate Commission pursuant to the Interstate  
1209 Medical Licensure Compact sections 12, 14, 15, 18, and 21. The rule shall become  
1210 effective upon adoption by the Interstate Commission.

1211

## **8.2 Definitions**

1212

1213  
1214 “Defaulting state” means a state that has defaulted under Section 18 of the  
1215 Compact.

1216

1217 “State of principal license” means a member state where a physician holds a  
1218 license to practice medicine and which has been designated as such by the  
1219 physician for purposes of registration and participation in the Compact.

1220

1221 “Termination of membership in the Compact” means the Commission’s expulsion  
1222 of a defaulting state from the Compact under the procedures set forth in Section  
1223 18 of the Compact.

1224

1225 “Withdrawing state” means a state that has, in accordance with Section 21 of the  
1226 Compact, repealed the Compact.

1227

## **8.3 Notice from Withdrawing State**

1228

1229  
1230 a) Within 90 days from enactment of a statute withdrawing a member state from the  
1231 Compact, the withdrawing state shall send notices, pursuant to this rule, to  
1232 licensees who have been licensed in the withdrawing state through the compact  
1233 and licensees who list the withdrawing state as their state of principal of license.

1234

1235 b) The notice from the withdrawing state to licensees who have been licensed  
1236 through the Compact in the withdrawing state, shall inform the licensees that they  
1237 will not be able to renew their withdrawing state’s license through the Compact.  
1238 The notice shall provide information concerning other methods to apply for  
1239 licensure and/or renewal in the withdrawing state.

1240

1241 c) The notice to licensees whose state of principal license is the withdrawing state

1242 shall inform licensees that they must maintain a state of principal license through  
1243 the compact under Compact Rule 4.5. The notice shall inform the licensees that  
1244 they will not be able to renew their license in any state through the compact if  
1245 they have not redesignated their state of principal license prior to the withdrawing  
1246 state's exit from the Compact. The notice shall include instructions, created by  
1247 the Commission in accordance with Compact Rule 4.4, regarding how licensees  
1248 may redesignate their state of principal license.

1249  
1250 d) Upon notice from the withdrawing state of the enactment of a statute withdrawing  
1251 a member state from the Compact, the Commission shall update its website to  
1252 notify all applicants of the withdrawing state's withdrawal from the Commission.  
1253 The website shall provide notice to applicants that the licenses will terminate  
1254 upon the effective date of withdrawal and shall list the effective date of  
1255 withdrawal.

1256  
1257 **8.4 Immunity from Suit and Liability for Withdrawal**  
1258

1259 A withdrawing state that withdraws from the compact pursuant to the laws and rules of  
1260 the Interstate Medical Licensure Compact and has complied with the rules regarding  
1261 notice provided in this section shall be immune from suit and liability from a physician or  
1262 entity claiming injury based on the withdrawing state's withdrawal from the compact.  
1263

1264 **8.5 Notice after Termination of Membership in the Compact**  
1265

1266 a) Within 90 days from the vote by the Commission to terminate membership in the  
1267 Compact of a defaulting state, the defaulting state shall send notices, pursuant to  
1268 this rule, to licensees who have been licensed in the defaulting state through the  
1269 Compact and licensees who list the defaulting state as their state of principal of  
1270 license.

1271  
1272 b) The notice from the defaulting state to licensees who have been licensed through  
1273 the Compact in the defaulting state shall inform the licensees that they will not be  
1274 able to renew their defaulting state's license through the Compact. The notice  
1275 shall provide information concerning other methods to apply for licensure and/or  
1276 renewal in the defaulting state.

1277  
1278 c) The notice to licensees whose state of principal license is the defaulting state  
1279 shall inform licensees that they must maintain a state of principal license through



1280 the compact under Compact Rule 4.5. The notice shall inform the licensees that  
1281 they will not be able to renew their license in any state through the compact if  
1282 they have not redesignated their state of principal license prior to the defaulting  
1283 state's exit from the Compact. The notice shall include instructions, created by  
1284 the Commission in accordance with Compact Rule 4.4, regarding how licensees  
1285 may redesignate their state of principal license.

1286  
1287 d) Immediately following the vote to terminate membership in the Compact of a  
1288 defaulting state, the Commission shall update its website to notify all applicants  
1289 of the defaulting state's termination from the Commission. The website shall  
1290 provide notice to applicants that the licenses will terminate upon the effective  
1291 date of termination and shall list the effective date of termination.

1292  
1293 e) The effective date of termination of membership in the Compact shall be no  
1294 earlier than six months following the full Commission's vote to terminate.

1295  
1296 **8.6 Immunity from Suit and Liability for Termination**

1297  
1298 A defaulting state that is terminated from the compact pursuant to the laws and rules of  
1299 the Interstate Medical Licensure Compact and has complied with the rules regarding  
1300 notice provided in this section shall be immune from suit and liability from a physician or  
1301 entity claiming injury based on the defaulting state's termination from the compact.  
1302

1303 **Chapter 9 – Exemption from Disclosure of Records**

1304  
1305 **ADOPTED: November 19, 2019**

1306  
1307 **EFFECTIVE: November 19, 2019**

1308  
1309 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):**

- 1310 • NONE

1311  
1312 **9.1 Authority**

1313  
1314 This chapter is promulgated by the Interstate Commission pursuant to the Interstate  
1315 Medical Licensure Compact sections 11, 12, and 15. The rule shall become effective  
1316 upon adoption by the Interstate Commission.

1317

1318

## 9.2 Exemption from disclosure or inspection of Commission Records

1319

- a) The following Commission records shall be exempt from public inspection or Disclosure:

1320

1321

1322

- 1) The following physician information:

1323

i) personal identifying information;

1324

ii) personal contact information;

1325

iii) answers to criminal or disciplinary questions;

1326

iv) fiscal or payment information;

1327

v) disciplinary records; and

1328

vi) test scores and test results.

1329

1330

- 2) The following internal Commission records:

1331

i) personal records of Commission staff;

1332

ii) commission personnel practice and procedures;

1333

iii) matters specifically exempted from disclosure by federal statute

1334

iv) trade secrets, commercial, or financial information that is privileged or confidential;

1335

1336

v) censures and accusations of a crime;

1337

vi) personal information where disclosure would constitute and unwarranted invasion of personal privacy;

1338

1339

vii) investigative records compiled for law enforcement purposes;

1340

viii) that specifically relate to a civil action or other legal proceeding;

1341

ix) closed session records related to any of the above topics

1342

x) records that contain legal advice or attorney-client communications or attorney work product; and

1343

1344

xi) confidential mediation or arbitration documents.

1345

1346

- b) After consultation with counsel, the full Commission may designate records not designated exempt under section (a) to be confidential and not available to the public for inspection.

1347

1348