

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

RULE ON EXPEDITED LICENSURE

ADOPTED: OCTOBER 3, 2016

EFFECTIVE: OCTOBER 3, 2016

REVIEWED:

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

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

1. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on February 22, 2017, in an emergency rule-making action pursuant to administrative rule Chapter 1.
2. Section 5.2 (ee) was amended by the Interstate Commission on May 22, 2017.
3. Section 5.8 was adopted by the Interstate Commission on May 22, 2017.
4. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on June 27, 2017, through the regular rule-making process pursuant to administrative rule Chapter 1.
5. Sections 5.2, 5.4(1)(c) and 5.5(1) were amended by the Interstate Commission on November 17, 2017.
6. Section 5.9 was adopted by the Interstate Commission on May 12, 2020, in an emergency rule-making action pursuant to administrative rule Chapter 1.
7. Section 5.10 was adopted by the Interstate Commission on September 15, 2020, through the regular rule-making process pursuant to administrative rule Chapter 1.
8. Section 5.9 was deleted as it was no longer applicable and Section 5.10 was renumbered to 5.9, through an administrative rulemaking process on November 14, 2023.

Chapter 5 - Expedited licensure

5.1 Authority

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

5.2 Definitions.

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

- (a) *“Accreditation Council for Graduate Medical Education (ACGME)”* means the non-governmental organization responsible for the accreditation of graduate medical education (GME) programs within the jurisdiction of the United States of America and its territories and

possessions.

- (b) *“Action related to nonpayment of fees related to a license”* means adverse action taken against a physician seeking licensure through the Compact by a medical licensing agency in any state, federal, or foreign jurisdiction due to late payment or non-payment of a medical license fee.
- (c) *“Active investigation”* means an investigation related to a physician seeking licensure through the Compact by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction for issues that have not been resolved.
- (d) *“American Board of Medical Specialties (ABMS)”* means a non-profit organization comprising 24 certifying boards that develop and implement professional standards for the certification of physicians in their declared medical/surgical specialty.
- (e) *“American Osteopathic Association (AOA)”* means the representative organization for osteopathic physicians (DOs) in the United States. AOA is the accrediting body for educational programs at osteopathic medical schools and postgraduate training for graduates of osteopathic medical schools in the United States. AOA is also the umbrella organization for osteopathic medical specialty boards in the United States.
- (f) *“American Osteopathic Association’s Bureau of Osteopathic Specialists”* means the certifying body for the approved specialty boards of the American Osteopathic Association, which certifies osteopathic physicians in their various specialties or fields of practice.
- (g) *“Applicant”* means a physician who seeks expedited licensure through the Interstate Medical Licensure Compact.
- (h) *“Compact”* means the Interstate Medical Licensure Compact.
- (i) *“Commission on Osteopathic College Accreditation (COCA)”* means a commission of the AOA that establishes, maintains, and applies accreditation standards and procedures for COMs.
- (j) *“Comprehensive Osteopathic Medical Licensing Examination (COMLEX)”* means the examination series administered by the National Board of Osteopathic Medical Examiners that assesses the medical knowledge and clinical skills of osteopathic physicians.
- (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.

- (l) *“Coordinated information system”* means the database established and maintained by the Interstate Commission as set forth in the Compact.
- (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.
- (n) *“Criminal background check”* means a state and federal criminal background investigation of an applicant for expedited licensure by means of fingerprinting or other biometric data checks. The completed report and information shall be obtained prior to licensure of the applicant. The applicant shall pay for the background check.
- (o) *“Criminal offense”* means a violation of a law with possible penalties of a term in jail or prison, and/or a fine.
- (p) *“Discipline by a licensing agency in any state, federal, or foreign jurisdiction”* means discipline reportable to the National Practitioner Data Bank.
- (q) *“Education Commission for Foreign Medical Graduates (ECFMG)”* means the entity that certifies international medical graduates for entry into U.S. graduate medical education.
- (r) *“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. Expedited does not refer to the speed of the process by which the state of principal license qualifies an applicant for expedited licensure.
- (s) *“Federation of State Medical Boards’ Federation Credentials Verification Service (FCVS)”* means a centralized, uniform system operated by the Federation of State Medical Boards for state medical boards to obtain a verified, primary-source record of a physician's core medical credentials.
- (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.

- (u) *“Graduate medical education”* means an ACGME- or AOA-approved specialty or subspecialty program that achieves ABMS or AOA board eligibility status. ACGME- or AOA-approved means the program is accredited by the ACGME or the AOA. A one-year transitional internship or a one-year rotating internship does not qualify as graduate medical education required in Compact Section 2(k)(3) or this chapter.
- (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.
- (w) *“International Medical Education Directory”* means the World Directory of Medical Schools, a public database of worldwide medical schools. The directory is a collaborative product of the Foundation for Advancement of International Medical Education and Research and the World Federation for Medical Education.
- (x) *“Interstate Commission”* means the Interstate Medical Licensure Compact Commission.
- (y) *“Letter of qualification”* means a notification issued by a state of principal license that expresses an applicant’s eligibility or ineligibility for expedited licensure through the process set forth in the Compact.
- (z) *“Liaison Committee on Medical Education (LCME)”* means an entity that provides accreditation to medical education programs in the United States and Canada as a voluntary, peer-reviewed process of quality assurance that determines whether the medical education program meets established standards.
- (aa) *“Member board”* means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.
- (bb) *“Member state”* means a state that has enacted the Compact.
- (cc) *“Offense”* means a felony, gross misdemeanor, or crime of moral turpitude.
- (dd) *“Predecessor examination”* means a generally accepted national medical licensure examination issued prior to the administration of USMLE or

COMLEX, combination examinations and state licensure board examinations administered prior to 1974.

- (ee) *“Primary source verification”* means verification of the authenticity of documents with the original source that issued the document or original source verification by another jurisdiction’s physician licensing agency or original source verification by an entity approved by the Interstate Commission including, but not limited to, FCVS, ECFMG, or the AOA profile.
- (ff) *“Service fee”* means fees that may be assessed by the Interstate Commission, or a member state, or both, to handle and process an application for a letter of qualification, or the issuance of a license through the Compact, or the renewal of a license through the Compact. A service fee is not a license fee for the issuance of a license or the renewal of a license.
- (gg) *“State of principal license”* means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.
- (hh) *“United States Medical Licensing Examination (USMLE)”* means the examination series for medical licensure in the United States administered by the National Board of Medical Examiners.

5.3 Delegation of expedited licensure responsibilities

- (1) Member states are deemed to have delegated and assigned to the Interstate Commission the following responsibilities in the expedited licensure process:
 - (a) The Interstate Commission shall provide member states an online application for use by applicants seeking expedited licensure through their designated state of principal license.
 - (b) The Interstate Commission shall use information from a coordinated information system to facilitate an application for review by the applicant’s designated state of principal license.
 - (c) The Interstate Commission shall provide and administer a process to collect service fees and licensure fees from the applicant and remit these fees to the member boards and the Interstate Commission.

5.4 Eligibility for expedited licensure

- (1) An applicant must meet the following requirements to receive an expedited license under the terms and provisions of the Compact:
- (a) Is a graduate of a medical school accredited by the LCME, the COCA, or a medical school listed in the international medical education directory or its equivalent.
 - (b) Passed each component, level or step of the USMLE or COMLEX licensing examination within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes.
 - (c) Successfully completed graduate medical education approved by the ACGME or the AOA. "Completed" means graduated from an ACGME- or AOA-approved specialty or subspecialty program that results in ABMS or AOA board eligibility status. ACGME- or AOA-approved means the program is accredited by the ACGME or the AOA. A one-year transitional internship or a one-year rotating internship does not qualify as graduate medical education required in Compact Section 2k(3) or this chapter.
 - (d) Holds specialty certification or a time-unlimited specialty certificate recognized by the ABMS or the AOA's Bureau of Osteopathic Specialists. The specialty certification or a time-unlimited specialty certificate does not have to be maintained once a physician is initially determined to be eligible for expedited licensure through the Compact.
 - (e) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board.
 - (f) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction.
 - (g) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license.
 - (h) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.
 - (i) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

5.5 Expedited licensure process

- (1) An applicant shall:
 - (a) Designate a state of principle license. The applicant must meet one of the state of principal license eligibility requirements in Compact Section 4 at the time the application for a letter of qualification is reviewed by the designated state of principal license's member board. A member board shall apply Compact Section 4 requirements contemporaneously when evaluating an applicant's designation of a state of principal license.
 - (b) Submit an online application to the designated state of principal license through the coordinated information system.
 - (c) Submit to the state of principal license a completed fingerprint packet or other biometric data check sample approved by the state of principal license.
 - (d) Submit to the state of principal license a sworn statement by the applicant attesting to the truthfulness and accuracy of all information provided by the applicant.
 - (e) Pay the nonrefundable service fees required by the state of principal license and the Interstate Commission.
- (2) When an application is received by the state of principal license through the Interstate Commission:
 - (a) The Interstate Commission shall use information from its database to facilitate the application, which shall be reviewed by the applicant's designated state of principal license.
 - (b) The designated state of principal license shall:
 - I. Evaluate the applicant's eligibility for expedited licensure;
 - II. Perform a criminal background check pursuant to Public Law 92-544 as required by terms and provisions of the Compact; and
 - III. Issue a letter of qualification to the applicant and the Interstate Commission, verifying or denying the applicant's eligibility.
- (3) Upon receipt of a letter verifying the applicant is eligible for expedited licensure, the applicant shall:

- (a) Complete the registration process established by the Interstate Commission.
 - (b) Identify the member state(s) for which expedited licensure is requested.
 - (c) Pay the non-refundable licensure fee required by the member board(s) and any additional service fee required by the Interstate Commission.
- (4) Upon receipt of all licensure fees required, and receipt of the information from the application, including the letter of qualification, the member board(s) shall promptly issue a full and unrestricted license(s) to the applicant, and provide information regarding that license to the Interstate Commission to maintain in its coordinated information system.
- (a) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

5.6 Expedited licensure application cycle

- (1) An application for expedited licensure shall be considered open from the date the application form is received by the state of principal license.
- (a) If the applicant does not submit all requested materials within 60 days after the application is opened, then the application shall be deemed to have been withdrawn. The applicant must reapply and submit a new application, a new nonrefundable application service fees as determined by the state of principal license and the Interstate Commission.
 - (b) A letter of qualification is valid for 365 days from its date of issuance to request expedited licensure in a member state. There shall be no waiver of this time limit.
 - (c) A physician who has been issued a letter of qualification by a state of principal license attesting the physician is qualified for expedited licensure through the Compact may apply for a new letter of qualification after 365 days from issuance of the initial letter of qualification. Upon request for a new letter of qualification, a physician will not be required to demonstrate current specialty board certification.

5.7 Appeal of the determination of eligibility

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

5.8 Renewal and continued participation

- (1) Not less than 90 days prior to the expiration of a license issued through the Compact, the member board that issued the license shall notify the physician by e-mail of the pending expiration of the license and provide information on the process to renew the license, and a link to the Interstate Commission's web page to start the renewal process. The e-mail notice shall be sent to the address specified in rule 2.2. The physician is responsible for renewing the license prior to its expiration. Failure of the physician to receive a renewal notice does not relieve the physician of responsibility for renewing the license through the Interstate Commission. The physician shall update the information provided on the online renewal application within 30 days of any change of information provided on the application.
- (2) The physician shall complete an online renewal application on a form provided by the Interstate Commission which shall include collection of information required in Section 7 of the Compact and such other information as required by the Interstate Commission.
- (3) The Interstate Commission may collect a service fee from the physician for renewal of a license issued through the Compact. The Interstate Commission shall retain 100 percent of this service fee for renewal of a license.
- (4) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board during a member state's licensing renewal period.
- (5) Upon receipt of any renewal fees collected in rule 5.8(4), a member board shall renew the physician's license.
- (6) After the license is renewed the member board may collect and act upon additional information from the physician related to that state's specific requirements for license renewal.
- (7) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.
- (8) A physician who seeks to renew a license issued through the Compact after its expiration date may be subject to any and all penalties, terms and conditions for licensure renewal established by the member state that issued the license.

~~5.9 Emergency Rule Regarding COVID-19 State of Emergency Rule Waiver of Timeframes~~

- ~~(1) This rule is effective retroactive to the March 9, 2020, declaration of a national emergency by the President of the United States in response to the COVID-19 pandemic. At such time, each Board or Executive Committee of the Commission has the authority to temporarily waive enforcement of the timeframes of the Commission's rules which are not statutorily required.~~
- ~~(2) Such waiver would be justified based upon:~~
- ~~(a) The degree of disruption of procedures or timeframes regulating the movement of physicians under the applicable provisions of the Compact, which is the basis for the waiver;~~
 - ~~(b) The degree of benefit (or detriment) of such waiver to the physician and/or public health; and~~
 - ~~(c) The anticipated duration of the emergency.~~
- ~~(3) The length of any waiver would be subject to the length of the national/state emergency declaration or one hundred and eighty (180) days from the date of promulgation, subject to one extension of equal length, or preemptively concluded by a majority vote of the Commission, whichever first occurs.~~

5.105.9 State of Emergency Rule – Waiver of Timeframes

- (1) This rule is effective upon a declaration of a national emergency by the President of the United States and/or the declaration of emergency by one or more Governors of the compact member states in response to Force Majeure such as a pandemic, hurricane, tornado, earthquake or other natural disaster. At such time, each Board or the Executive Committee of the Commission has the authority to temporarily waive enforcement of the timeframes of the Commission's rules which are not statutorily required.
- (2) Such waiver would be justified based upon:
- (a) The degree of disruption of procedures or timeframes regulating the movement of physicians under the applicable provisions of the Compact, which is the basis for the waiver;
 - (b) The degree of benefit (or detriment) of such waiver to the physician and/or public health; and
 - (c) The anticipated duration of the emergency.
- (3) The length of any waiver would be subject to the length of the national/state emergency declaration or preemptively concluded by majority vote of the Commission, whichever first occurs.

