## INDEX

Interstate Medical Licensure Compact
IMLCC Rules

<table>
<thead>
<tr>
<th>Chapter 1</th>
<th>Chapter 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rule on Rulemaking</td>
<td>Administrative Rule on Information Practices</td>
</tr>
<tr>
<td>Adopted – June 24, 2016</td>
<td>Amended – June 27, 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 3</th>
<th>Chapter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Rule on Fees</td>
<td>State of Principal License</td>
</tr>
<tr>
<td>Amended – May 22, 2017</td>
<td>Amended – November 16, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 5</th>
<th>Chapter 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expedited Licensure</td>
<td>Rule on Coordinated Information System, Joint Investigations and Disciplinary Actions</td>
</tr>
<tr>
<td>Amended -- November 17, 2017</td>
<td>Adopted – November 16, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rule on Compliance and Enforcement</td>
</tr>
<tr>
<td>Adopted – November 16, 2018</td>
</tr>
</tbody>
</table>
Chapter 1 - Rulemaking functions of the Interstate Medical Licensure Compact Commission

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

ADOPTED: JUNE 24, 2016

EFFECTIVE: JUNE 24, 2016

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

• None

1.1 Definition

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

1.2 Rule action

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

1.3 Rule adoption.

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 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 Commission of their intention to attend the public hearing and any written comments; and

(3) The name, position, physical and electronic mail address, telephone, and telefax number of the person to whom interested persons may respond with notice of their attendance and written comments.
(e) Every public hearing shall be conducted in a manner guaranteeing each person who wishes to comment a fair and reasonable opportunity to comment. No transcript of the public hearing is required, unless a written request for a transcript is made, which case the person or entity making the request shall pay for the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subrule shall not preclude the IMLC Commission from making a transcript or recording of the public hearing if it chooses to do so.

(f) Nothing in this rule shall be construed as requiring a separate hearing on each rule. Rule actions may be grouped for the convenience of the IMLC Commission at hearings required by this rule.

(g) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the IMLC Commission shall consider all written and oral comments received.

(h) The IMLC Commission shall, by a majority vote, take final action on the proposed rule action and shall determine the effective date of the rule action, if any, based on the rulemaking record and the full text of the rule action.

(i) Not later than thirty days after a rule is adopted, any interested person may file a petition for judicial review of the rule in the United States district court of the District of Columbia or in the federal district court where the IMLC Commission’s principal office is located. If the court finds that the IMLC Commission’s action is not supported by substantial evidence, as defined in the model state administrative procedure act of 2010 and subsequent amendments thereto in the rulemaking record, the court shall hold the rule unlawful and set it aside.

(j) Upon determination that an emergency exists, the IMLC Commission may promulgate an emergency rule action that shall become effective immediately upon adoption, provided that the usual rulemaking procedures provided in the compact and in this rule shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. An emergency rule is one that must be made effective immediately in order to:

(1) Meet an imminent threat to public health, safety, or welfare;

(2) Prevent a loss of federal or state funds;
(3) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.

Chapter 2 - Information Practices

ADOPTED: DECEMBER 14, 2016

EFFECTIVE: DECEMBER 14, 2016

AMENDED: FEBRUARY 22, 2017; JUNE 27, 2017

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

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

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

2.1 Authority

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

2.2 Definitions

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

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

(1) Eligibility for expedited licensure through the Compact;

(2) Full legal name;
(3) Other name(s) used, previously or currently;

(4) Gender;

(5) Date of birth;

(6) National Provider Identifier Number;

(7) Social security number;

(8) Address of record;

(9) Telephone number of record;

(10) E-mail address delegated by applicant to receive correspondence;

(11) Medical degree conferred;

(12) Medical school, including year of completion, and verification of accreditation;

(13) Residency program, including year of completion, and verification of accreditation;

(14) Specialty board certification, including date of issue and expiration date, if any;

(15) The license number, date of issue, and expiration date of the full, unrestricted medical license issued by state of principal license;

(16) The license number, date of issue, and expiration date of the expedited license issued by a member state;

(17) The license number, date of issue, and expiration date of the license renewed by a member state.

"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

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

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

2.5 Availability of information in coordinated information system

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

2.6 Federal criminal records check information

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

Chapter 3 – Fees

ADOPTED: DECEMBER 14, 2016
EFFECTIVE: DECEMBER 14, 2016
AMENDED: MAY 22, 2017
AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION
NUMBER):

1. Section 3.2 "service fee" was amended by the Interstate Commission on May 22,
   2017.
2. Section 3.4 caption line was amended by the Interstate Commission on May 22,
   2017.
3. Section 3.4(3) was adopted by the Interstate Commission on May 22, 2017

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

3.2 Definitions

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

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

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

3.3 Delegation of collection and disbursement of fees

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

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

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

3.4 Service Fees

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

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

(c) The Interstate Commission shall remit $400.00 of this service fee to the Interstate Commission's general fund.

(2) A non-refundable service fee of $100.00 shall be assessed to the applicant each time the letter of qualification is disseminated to one or more member states after the initial dissemination of the letter for expedited license(s) in member states.

(a) Payment shall be made by electronic means to the Interstate Commission. 100 percent of this service fee shall be deposited in the Interstate Commission's general fund.

(3) A non-refundable service fee of $25.00 shall be assessed to the physician for each license renewed through the Compact.

(a) Payment shall be made by electronic means to the Interstate Commission. 100 percent of this service fee shall be deposited in the Interstate Commission's general fund.

3.5 Licensure fee

(1) An applicant who is qualified for expedited licensure through the Compact shall pay to the Interstate Commission a non-refundable licensure fee for each expedited license issued through the Compact to the applicant by a member board.

(2) The member board shall establish the fee for an expedited license.

(3) The Interstate Commission shall remit to the member board no less frequently than once every 30 days 100 percent of the licensure fee collected by the Interstate Commission for an expedited license issued through the Compact by that member board.

3.6 Insufficient funds; failed payments

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

Chapter 4 - State of Principal License

ADOPTED: NOVEMBER 17, 2017

EFFECTIVE: NOVEMBER 17, 2017

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

1. Section 4.4 was amended by the Interstate Commission on November 16, 2018
   by adding subparagraph 4.4(4)

4.1 Authority

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

4.2 Definitions

As used in this chapter:

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

“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.

“Practice of medicine” means the clinical prevention, diagnosis, or treatment of human
disease, injury, or condition requiring a physician to obtain and maintain a license in
compliance with the medical practice act of a member state. The practice of
medicine occurs where the patient is located at the time of the physician-patient
encounter.
“Primary residence” means the dwelling where a person usually lives. A person can only have one primary residence at any given time.

“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.

4.3 Designation of state of principal license

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

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

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

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

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

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

4.4 Redesignation of the state of principal license

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

(1) The physician shall complete a state of principal license form at the Interstate Commission’s website, www.imlcc.org
Upon receipt of the competed form, the Interstate Commission shall notify the new state of principal license and existing state of principal license.

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

The redesignated member state of principal license shall be responsible for ensuring that the physician meets the requirements of paragraph 4.3(a) at the time of the application for redesignation of the state of principal license. The redesignated member state shall notify the Interstate Commission of its findings contemporaneously.

4.5 Maintaining a state of principal license

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

Chapter 5 - Expedited licensure

ADOPTED: OCTOBER 3, 2016

EFFECTIVE: OCTOBER 3, 2016


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.

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.
“Commission on Osteopathic College Accreditation (COCA)” means a commission of the AOA that establishes, maintains, and applies accreditation standards and procedures for COMs.

“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.

“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.

“Coordinated information system” means the database established and maintained by the Interstate Commission as set forth in the Compact.

“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.

“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.

“Criminal offense” means a violation of a law with possible penalties of a term in jail or prison, and/or a fine.

“Discipline by a licensing agency in any state, federal, or foreign jurisdiction” means discipline reportable to the National Practitioner Data Bank.

“Education Commission for Foreign Medical Graduates (ECFMG)” means the entity that certifies international medical graduates for entry into U.S. graduate medical education.

“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.
“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.

“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.

“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.

“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.

“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.

“Interstate Commission” means the Interstate Medical Licensure Compact Commission.

“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.

“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.

“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.
“Member state” means a state that has enacted the Compact.

“Offense” means a felony, gross misdemeanor, or crime of moral turpitude.

“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.

“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.

“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.

“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.

“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.
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.
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.

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.
6.1 Authority

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

6.2 Definitions

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

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

“Confidential and filed under seal” means all information and documents shared shall be sent in an envelope or sent through an encrypted service and may not be discoverable in civil litigation, re-disclosed voluntarily or pursuant to a Freedom of Information Act or Public Information Act, produced pursuant to civil or criminal subpoena, except that such information may be used for the purpose of investigating and taking disciplinary action and may be disclosed as part of any public disciplinary action resulting from the investigation.

“Compact physician” means a physician who has obtained a license through the Compact.

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

“Disciplining Board” means a member Board that imposes discipline upon a Compact physician.

“Investigative, litigation or compliance materials” means licensure records, disciplinary records, litigation records, application records, and compliance records for a Compact physician, but does not mean criminal history record information in accordance with Rule 2.6.
“Joint investigation” means an investigation involving multiple member Boards.

“Lead investigative Board” means a member Board chosen to coordinate a joint investigation.

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

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

“Necessary and proper disciplinary and investigatory information” means:

1. The type of action:
   a. complaint;
   b. charge;
   c. non-final public action;
   d. final public action; or
   e. non-public action;

2. Date action was taken;

3. Whether the action results in the removal of the physician’s Compact license, such as a suspension, revocation, surrender or relinquishment in lieu of discipline;

4. Whether the action is to initiate a joint investigation;

5. Name of Board, Agency, or Entity that took the action specified in this report; and

6. Current Status and changes in status of any action:
   a. investigation continuing;
   b. charges issued, but no final action taken;
   c. final action issued pending appeal;
   d. final action with all judicial remedies exhausted;
   e. closed without resulting discipline.

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

“Nonpublic complaint resolution” means a non-disciplinary board action, advisory letter, letter of education, letter of concern, nonpublic disposition agreement, nonpublic consent order, corrective action agreement, or any other type of nonpublic actions taken by a member Board.
“Public action” means disciplinary actions, disciplinary fines, reprimands, probations, conditions or restrictions on a licensee, suspensions, summary suspensions, cease and desist orders, revocations, denials of licensure, or any other type of action taken by a member Board that is public.

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

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

“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. See Rule 5.2(gg).

6.3 Coordinated Information System

a. The Interstate Commission shall establish a database of all applicants and Compact physicians. The database will contain the core data set and necessary and proper disciplinary or investigatory information. The database will be available for all member Boards to report and query information, as appropriate.

b. Each member Board shall report the name, NPI number, and all necessary and proper disciplinary or investigatory information of a public complaint or public action on a form provided by the Interstate Commission to the Interstate Commission as soon as reasonably possible, but no later than 10 business days after a public complaint or public action against an applicant or Compact physician has been entered. The member Board shall attach a copy of the public complaint or public action.

c. Each member Board shall submit an updated report to the Interstate Commission upon changes to the status of any reported action.

d. When the Commission receives notice of a final public action by a member Board, the Commission shall notify the member Boards for all other member states where the disciplined Compact physician is licensed.

e. Each member Board may disclose any nonpublic complaint or nonpublic complaint resolution to the Interstate Commission.
f. On request of another member Board, each member Board shall share the requested information from an investigative file as soon as reasonably possible, and that information shall be confidential and filed under seal.

g. All information provided to the Coordinated Information System and documents obtained or shared through Compact Sections 8 or 9 or Rule 6.3(e) are confidential and filed under seal and may only be used by member Boards for investigations or during disciplinary processes and may be made public in disciplinary actions but may not be redisclosed to any person or non-member Board.

6.4 Joint Investigations

a. A member Board may participate with other member Boards in joint investigations of a Compact physician or applicant.

b. Upon initiating a joint investigation, the lead investigative Board shall notify the Interstate Commission of the joint investigation and inform the Interstate Commission which member Boards are part of the joint investigation. The Interstate Commission shall notify any other member Boards where the Compact physician is licensed of the identity of the individual under investigation and the contact information for the lead investigative Board.

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

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

e. The lead investigative Board may request the other member Boards participating in the joint investigation to conduct investigatory tasks in their own states.
f. A non-lead investigative Board may continue its own investigation but shall keep the lead investigative Board apprised of its investigatory actions and shall coordinate its actions with the lead investigative Board.

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

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

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

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

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

6.4 Disciplinary Actions

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

b. Any member Board, including the state of principal license, may:
(1) Administratively take reciprocal action against a compact physician who was disciplined by a disciplining Board. The administrative reciprocal action of the disciplinary Board is deemed conclusive as to matter of law and fact and a member Board may impose the same or lesser sanction that is consistent with the Medical Practice Act of the member Board state;

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

(3) Take no action.

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

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

e. Upon receipt of notice from the Interstate Commission of an action taken by the state of principal license, the other member Boards shall immediately place the Compact physician on the same status as the state of principal license.

f. If the state of principal license reinstates the disciplined Compact physician’s license, it shall notify the Interstate Commission that the suspension has been terminated as soon as reasonably possible, but no later than 5 business days after the suspension has ended. The Interstate Commission shall immediately notify the other member Boards. Those member Boards shall reinstate the license in accordance with the Medical Practice Act of that state.

g. Upon receipt of notice from the Interstate Commission of an action taken by a non-state of principal license, the other member Boards shall suspend the
Compact physician for 90 calendar days on entry of the order of the disciplining Board to permit the member Board to investigate under the Medical Practice Act of that state.

h. After an investigation has been completed, but within 90 calendar days of the suspension, one of the following may occur:

(1) a state of principal license may terminate the suspension of the license;

(2) a non-state of principal license may terminate the suspension if the state of principal license has already terminated the suspension;

(3) any member Board may impose reciprocal discipline or pursue reciprocal discipline pursuant to Rule 6.5(b) or (c); or

(4) any member Board may continue the suspension until the member Board that initially took the action has taken a final action.

Chapter 7 – Compliance and Enforcement

ADOPTED: NOVEMBER 16, 2018

EFFECTIVE: NOVEMBER 16, 2018

AMENDED: NONE

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

7.1 Authority

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

7.2 Dispute resolution

a. Any disputes between member states on compliance and enforcement issues shall be presented to and mediated by the Executive Committee.
b. Before submitting a complaint to the Executive Committee, the complaining member Board and the responding member Board shall attempt to resolve the issues without intervention by the Interstate Commission.

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

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

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