

# INDEX

## Interstate Medical Licensure Compact IMLCC Rules

<b>Chapter 1</b> Rule on Rulemaking Adopted – June 24, 2016	<b>Chapter 2</b> Administrative Rule on Information Practices Amended – June 27, 2017
<b>Chapter 3</b> Administrative Rule on Fees Amended – May 22, 2017	<b>Chapter 4</b> State of Principal License Amended – November 16, 2018
<b>Chapter 5</b> Expedited Licensure Amended -- November 17, 2017	<b>Chapter 6</b> Rule on Coordinated Information System, Joint Investigations and Disciplinary Actions Adopted – November 16, 2018
<b>Chapter 7</b> Rule on Compliance and Enforcement Adopted – November 16, 2018	

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.

28  
29 **1.3 Rule adoption.**

30  
31 All rule actions shall be adopted by a majority vote.

32  
33 **1.4 Rulemaking.**

34  
35 Rules deemed appropriate for the operations of the IMLC Commission shall be made

36 pursuant to a rulemaking process that substantially conforms to the model state  
37 administrative procedure act of 2010 and subsequent amendments thereto.

38  
39 (a) Proposed rule action shall be submitted to the IMLC Commission Bylaws and  
40 Rules Committee as follows:

41  
42 (1) Any Commissioner may submit a proposed rule action for referral to the  
43 Bylaws and Rules Committee during a meeting of the IMLC Commission.  
44 The proposed rule action must be made in the form of a motion and  
45 approved by a majority vote.

46  
47 (2) A standing committee of the IMLC Commission may propose a rule  
48 action anytime by a majority vote of that committee.

49  
50 (b) The Bylaws and Rules Committee shall prepare drafts of all proposed rule  
51 actions and provide the draft to all IMLC Commissioners for review and  
52 comments. All written comments received by the Bylaws and Rules Committee  
53 on proposed rule actions shall be posted on the IMLC Commission's website  
54 upon receipt. After considering comments received, the Bylaws and Rules  
55 Committee shall prepare a final draft of the proposed rule action for  
56 consideration by the IMLC Commission not later than the next the next  
57 scheduled meeting of the IMLC Commission.

58  
59 (c) Prior to adoption of a rule action by the IMLC Commission, the text of the  
60 proposed rule action shall be published by the Bylaws and Rules Committee not  
61 later than thirty days prior to the meeting at which the vote is scheduled, on the  
62 IMLC Commission's website and in any other official publication that may be  
63 designated by the IMLC Commission for the publication of its rules and rule  
64 actions. In addition to the text of the proposed rule action, the reason for the  
65 proposed rule action shall be provided.

66  
67 (d) Each proposed rule action shall state:

68  
69 (1) The place, time, and date of the scheduled public hearing;

70  
71 (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.

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- (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;

- 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  
159 (1) Eligibility for expedited licensure through the Compact;  
160  
161 (2) Full legal name;

- 162  
163 (3) Other name(s) used, previously or currently;  
164  
165 (4) Gender;  
166  
167 (5) Date of birth;  
168  
169 (6) National Provider Identifier Number;  
170  
171 (7) Social security number;  
172  
173 (8) Address of record;  
174  
175 (9) Telephone number of record;  
176  
177 (10) E-mail address delegated by applicant to receive correspondence;  
178  
179 (11) Medical degree conferred;  
180  
181 (12) Medical school, including year of completion, and verification of  
182 accreditation;  
183  
184 (13) Residency program, including year of completion, and verification of  
185 accreditation;  
186  
187 (14) Specialty board certification, including date of issue and expiration date,  
188 if any;  
189  
190 (15) The license number, date of issue, and expiration date of the full,  
191 unrestricted medical license issued by state of principal license;  
192  
193 (16) The license number, date of issue, and expiration date of the expedited  
194 license issued by a member state;  
195  
196 (17) The license number, date of issue, and expiration date of the license  
197 renewed by a member state.  
198

199 "*Expedited license*" means a full and unrestricted medical license promptly issued by  
200 a member state to an eligible applicant through the process set forth in the  
201 Compact and its administrative rules.  
202

203 "*Letter of qualification*" means a notification issued by a state of principal license that

204 expresses an applicant's eligibility or ineligibility for expedited licensure through the  
205 processes set forth in the Compact and its administrative rules.

206

### 207 **2.3 Collection and dissemination of core data set**

208

209 (1) The core data set is collected from the applicant by the state of principal  
210 license through the expedited licensure process set forth in administrative  
211 rule 5.5.

212

213 (a) The state of principal license shall submit an applicant's core data set  
214 to the Interstate Commission when the state of principal license  
215 issues a letter of qualification, verifying or denying the applicant's  
216 eligibility for expedited licensure through the compact.

217

218 (b) The Interstate Commission shall maintain an applicant's core data  
219 set in a coordinated information system established and maintained  
220 by the Interstate Commission.

221

222 (c) The Interstate Commission shall distribute an applicant's core data  
223 set to all member states that issue an expedited license to the  
224 applicant.

225

226 (d) The Interstate Commission shall make available to any member state  
227 the core data set of an applicant for a letter of qualification or a  
228 physician who is issued an expedited license through the Compact.

229

230 (2) A member state, using a form provided by the Interstate Commission, shall  
231 collect, verify and provide to the Interstate Commission the following information  
232 for inclusion in the core data set for each physician who is issued an expedited  
233 license by the member state:

234

235 (a) The license number, date of issue, and expiration date of the full,  
236 unrestricted medical license issued by the member state.

237

### 238 **2.4 Maintenance of core data set**

239

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**

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## 286 **3.1 Authority**



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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.

- 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

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

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  
481

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

- 484 **1. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on February 22, 2017, in an**  
485 **emergency rule-making action pursuant to administrative rule Chapter 1.**  
486 **2. Section 5.2 (ee) was amended by the Interstate Commission on May 22, 2017.**  
487 **3. Section 5.8 was adopted by the Interstate Commission on May 22, 2017.**  
488 **4. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on June 27, 2017, through the**  
489 **regular rule-making process pursuant to administrative rule Chapter 1.**  
490 **5. Sections 5.2, 5.4(1)(c) and 5.5(1) were amended by the Interstate Commission on November 17,**  
491 **2017.**

#### 492 **5.1 Authority** 493 494

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

498  
499 **5.2 Definitions.**

500  
501 In addition to the definitions set forth in the Interstate Medical Licensure Compact, as used in  
502 these rules, the following definitions will apply:

- 503
- 504 (a) *“Accreditation Council for Graduate Medical Education (ACGME)” means the*  
505 *non-governmental organization responsible for the accreditation of graduate*  
506 *medical education (GME) programs within the jurisdiction of the United States*  
507 *of America and its territories and possessions.*
  - 508
  - 509 (b) *“Action related to nonpayment of fees related to a license” means adverse action*  
510 *taken against a physician seeking licensure through the Compact by a medical*  
511 *licensing agency in any state, federal, or foreign jurisdiction due to late payment*  
512 *or non-payment of a medical license fee.*
  - 513
  - 514 (c) *“Active investigation” means an investigation related to a physician seeking*  
515 *licensure through the Compact by a licensing agency or law enforcement*  
516 *authority in any state, federal, or foreign jurisdiction for issues that have not*  
517 *been resolved.*
  - 518
  - 519 (d) *“American Board of Medical Specialties (ABMS)” means a non-profit organization*  
520 *comprising 24 certifying boards that develop and implement professional*  
521 *standards for the certification of physicians in their declared medical/surgical*  
522 *specialty.*
  - 523
  - 524 (e) *“American Osteopathic Association (AOA)” means the representative*  
525 *organization for osteopathic physicians (DOs) in the United States. AOA is the*  
526 *accrediting body for educational programs at osteopathic medical schools and*  
527 *postgraduate training for graduates of osteopathic medical schools in the United*  
528 *States. AOA is also the umbrella organization for osteopathic medical specialty*  
529 *boards in the United States.*
  - 530
  - 531 (f) *“American Osteopathic Association’s Bureau of Osteopathic Specialists” means*  
532 *the certifying body for the approved specialty boards of the American*  
533 *Osteopathic Association, which certifies osteopathic physicians in their various*  
534 *specialties or fields of practice.*
  - 535
  - 536 (g) *“Applicant” means a physician who seeks expedited licensure through the*  
537 *Interstate Medical Licensure Compact.*
  - 538
  - 539 (h) *“Compact” means the Interstate Medical Licensure Compact.*
  - 540

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

- 587  
588 (s) *“Federation of State Medical Boards’ Federation Credentials Verification*  
589 *Service (FCVS)” means a centralized, uniform system operated by the*  
590 *Federation of State Medical Boards for state medical boards to obtain a*  
591 *verified, primary-source record of a physician’s core medical credentials.*  
592  
593 (t) *“Felony” means the category or description of a crime defined in the*  
594 *jurisdiction where the crime is committed. Where not otherwise defined in*  
595 *state statute, a felony is a charge which is punishable by a minimum*  
596 *penalty of 12 months of incarceration.*  
597  
598 (u) *“Graduate medical education” means an ACGME- or AOA-approved*  
599 *specialty or subspecialty program that achieves ABMS or AOA board*  
600 *eligibility status. ACGME- or AOA-approved means the program is*  
601 *accredited by the ACGME or the AOA. A one-year transitional internship or*  
602 *a one-year rotating internship does not qualify as graduate medical*  
603 *education required in Compact Section 2(k)(3) or this chapter.*  
604  
605 (v) *“Gross misdemeanor” means a category or description of a crime defined in the*  
606 *jurisdiction where the crime is committed. If the jurisdiction does not have a*  
607 *gross misdemeanor category or description, the crime is a charge which is*  
608 *punishable by a minimum penalty of 6 months of incarceration.*  
609  
610 (w) *“International Medical Education Directory” means the World Directory of*  
611 *Medical Schools, a public database of worldwide medical schools. The directory*  
612 *is a collaborative product of the Foundation for Advancement of International*  
613 *Medical Education and Research and the World Federation for Medical*  
614 *Education.*  
615  
616 (x) *“Interstate Commission” means the Interstate Medical Licensure Compact*  
617 *Commission.*  
618  
619 (y) *“Letter of qualification” means a notification issued by a state of principal license*  
620 *that expresses an applicant’s eligibility or ineligibility for expedited licensure*  
621 *through the process set forth in the Compact.*  
622  
623 (z) *“Liaison Committee on Medical Education (LCME)” means an entity that*  
624 *provides accreditation to medical education programs in the United States and*  
625 *Canada as a voluntary, peer-reviewed process of quality assurance that*  
626 *determines whether the medical education program meets established*  
627 *standards.*  
628  
629 (aa) *“Member board” means a state agency in a member state that acts in the*  
630 *sovereign interests of the state by protecting the public through licensure,*  
631 *regulation, and education of physicians as directed by the state government.*  
632



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

### 664 **5.3 Delegation of expedited licensure responsibilities**

665

- 666 (1) Member states are deemed to have delegated and assigned to the Interstate  
667 Commission the following responsibilities in the expedited licensure process:  
668  
669 (a) The Interstate Commission shall provide member states an online  
670 application for use by applicants seeking expedited licensure through their  
671 designated state of principal license.  
672  
673 (b) The Interstate Commission shall use information from a coordinated information  
674 system to facilitate an application for review by the applicant’s designated state  
675 of principal license.  
676

677 (c) The Interstate Commission shall provide and administer a process to collect  
678 service fees and licensure fees from the applicant and remit these fees to the  
679 member boards and the Interstate Commission.  
680

#### 681 **5.4 Eligibility for expedited licensure**

682  
683 (1) An applicant must meet the following requirements to receive an expedited license  
684 under the terms and provisions of the Compact:  
685

686 (a) Is a graduate of a medical school accredited by the LCME, the COCA, or  
687 a medical school listed in the international medical education directory or  
688 its equivalent.  
689

690 (b) Passed each component, level or step of the USMLE or COMLEX  
691 licensing examination within three attempts, or any of its predecessor  
692 examinations accepted by a state medical board as an equivalent  
693 examination for licensure purposes.  
694

695 (c) Successfully completed graduate medical education approved by the  
696 ACGME or the AOA. "Completed" means graduated from an ACGME- or  
697 AOA-approved specialty or subspecialty program that results in ABMS or  
698 AOA board eligibility status. ACGME- or AOA-approved means the  
699 program is accredited by the ACGME or the AOA. A one-year  
700 transitional internship or a one-year rotating internship does not qualify as  
701 graduate medical education required in Compact Section 2k(3) or this  
702 chapter.  
703

704 (d) Holds specialty certification or a time-unlimited specialty certificate  
705 recognized by the ABMS or the AOA's Bureau of Osteopathic Specialists.  
706 The specialty certification or a time-unlimited specialty certificate does not  
707 have to be maintained once a physician is initially determined to be  
708 eligible for expedited licensure through the Compact.  
709

710 (e) Possesses a full and unrestricted license to engage in the practice of  
711 medicine issued by a member board.  
712

713 (f) Has never been convicted, received adjudication, deferred adjudication,  
714 community supervision, or deferred disposition for any offense by a court  
715 of appropriate jurisdiction.  
716

717 (g) Has never held a license authorizing the practice of medicine subjected  
718 to discipline by a licensing agency in any state, federal, or foreign  
719 jurisdiction, excluding any action related to nonpayment of fees related to  
720 a license.  
721

- 722 (h) Has never had a controlled substance license or permit suspended or  
723 revoked by a state or the United States Drug Enforcement Administration.  
724
- 725 (i) Is not under active investigation by a licensing agency or law enforcement  
726 authority in any state, federal, or foreign jurisdiction.  
727

## 728 **5.5 Expedited licensure process**

- 729 (1) An applicant shall:
- 730
- 731 (a) Designate a state of principle license. The applicant must meet one of the state  
732 of principal license eligibility requirements in Compact Section 4 at the time the  
733 application for a letter of qualification is reviewed by the designated state of  
734 principal license's member board. A member board shall apply Compact Section  
735 4 requirements contemporaneously when evaluating an applicant's designation  
736 of a state of principal license.  
737
- 738 (b) Submit an online application to the designated state of principal license  
739 through the coordinated information system.  
740
- 741 (c) Submit to the state of principal license a completed fingerprint packet or other  
742 biometric data check sample approved by the state of principal license.  
743
- 744 (d) Submit to the state of principal license a sworn statement by the applicant  
745 attesting to the truthfulness and accuracy of all information provided by the  
746 applicant.  
747
- 748 (e) Pay the nonrefundable service fees required by the state of principal  
749 license and the Interstate Commission.  
750
- 751 (2) When an application is received by the state of principal license through the Interstate  
752 Commission:
- 753
- 754 (a) The Interstate Commission shall use information from its database to facilitate  
755 the application, which shall be reviewed by the applicant's designated state of  
756 principal license.  
757
- 758 (b) The designated state of principal license shall:
- 759
- 760 I. Evaluate the applicant's eligibility for expedited licensure;  
761
- 762 II. Perform a criminal background check pursuant to Public Law 92-544 as  
763 required by terms and provisions of the Compact; and  
764
- 765 III. Issue a letter of qualification to the applicant and the Interstate Commission,  
766 verifying or denying the applicant's eligibility.  
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- (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.

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## **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.

## **Chapter 6 – Rule on Coordinated Information System, Joint Investigations and Disciplinary Actions**

ADOPTED: NOVEMBER 16, 2018

859 EFFECTIVE: NOVEMBER 16, 2018

860

861 AMENDED: NONE

862

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

864

## 865 **6.1 Authority**

866

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

870

## 871 **6.2 Definitions**

872

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

875

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

878

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

886

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

889

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

892

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

895

896 “*Investigative, litigation or compliance materials*” means licensure records, disciplinary  
897 records, litigation records, application records, and compliance records for a Compact  
898 physician, but does not mean criminal history record information in accordance with  
899 Rule 2.6.

900

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

902

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

905

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

908

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

910

911 “*Necessary and proper disciplinary and investigatory information*” means:

912 1. The type of action:

913 a. complaint;

914 b. charge;

915 c. non-final public action;

916 d. final public action; or

917 e. non-public action;

918

919 2. Date action was taken;

920

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

924

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

926

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

928

929 6. Current Status and changes in status of any action:

930 a. investigation continuing;

931 b. charges issued, but no final action taken;

932 c. final action issued pending appeal;

933 d. final action with all judicial remedies exhausted;

934 e. closed without resulting discipline.

935

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

938

939 “*Nonpublic complaint resolution*” means a non-disciplinary board action, advisory letter,  
940 letter of education, letter of concern, nonpublic disposition agreement, nonpublic  
941 consent order, corrective action agreement, or any other type of nonpublic actions taken  
942 by a member Board.

943  
944 *“Public action”* means disciplinary actions, disciplinary fines, reprimands, probations,  
945 conditions or restrictions on a licensee, suspensions, summary suspensions, cease and  
946 desist orders, revocations, denials of licensure, or any other type of action taken by a  
947 member Board that is public.

948  
949 *“Public complaint”* means a public charging document or allegations that a physician  
950 violated a state’s Medical Practice Act that have been made public by a member Board.  
951

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

954  
955 *“State of principal license”* means a member state where a physician holds a license to  
956 practice medicine and which has been designated as such by the physician for  
957 purposes of registration and participation in the Compact. See Rule 5.2(gg).  
958

### 959 **6.3 Coordinated Information System**

960 a. The Interstate Commission shall establish a database of all applicants and  
961 Compact physicians. The database will contain the core data set and necessary  
962 and proper disciplinary or investigatory information. The database will be  
963 available for all member Boards to report and query information, as appropriate.  
964

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

972  
973 c. Each member Board shall submit an updated report to the Interstate Commission  
974 upon changes to the status of any reported action.

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

978  
979 e. Each member Board may disclose any nonpublic complaint or nonpublic  
980 complaint resolution to the Interstate Commission.



- 981  
982 f. On request of another member Board, each member Board shall share the  
983 requested information from an investigative file as soon as reasonably possible,  
984 and that information shall be confidential and filed under seal.  
985  
986 g. All information provided to the Coordinated Information System and documents  
987 obtained or shared through Compact Sections 8 or 9 or Rule 6.3(e) are  
988 confidential and filed under seal and may only be used by member Boards for  
989 investigations or during disciplinary processes and may be made public in  
990 disciplinary actions but may not be redisclosed to any person or non-member  
991 Board.

#### 992 **6.4 Joint Investigations**

- 994 a. A member Board may participate with other member Boards in joint  
995 investigations of a Compact physician or applicant.  
996  
997 b. Upon initiating a joint investigation, the lead investigative Board shall notify the  
998 Interstate Commission of the joint investigation and inform the Interstate  
999 Commission which member Boards are part of the joint investigation. The  
1000 Interstate Commission shall notify any other member Boards where the Compact  
1001 physician is licensed of the identity of the individual under investigation and the  
1002 contact information for the lead investigative Board.  
1003  
1004 c. In a joint investigation, the lead investigative Board may be the member Board in  
1005 the member state where the alleged conduct occurred, the state that initiated the  
1006 joint investigation, or any member Board chosen by the participating member  
1007 Boards to be the lead investigative Board.  
1008  
1009 d. The lead investigative Board shall direct the investigation and update the  
1010 participating member Boards upon any significant developments in the  
1011 investigation.  
1012  
1013 e. The lead investigative Board may request the other member Boards participating  
1014 in the joint investigation to conduct investigatory tasks in their own states.  
1015

- 1016 f. A non-lead investigative Board may continue its own investigation but shall keep  
1017 the lead investigative Board apprised of its investigatory actions and shall  
1018 coordinate its actions with the lead investigative Board.  
1019
- 1020 g. A subpoena issued by a member Board shall be enforceable in other member  
1021 states, whether or not the subpoena concerns a Compact physician or applicant.  
1022
- 1023 h. Should an individual or entity refuse to comply with the enforceable subpoena,  
1024 the member Board that issued the subpoena may request the local member  
1025 Board to issue a subpoena on the investigating member Board's behalf. The  
1026 local member Board shall issue such a subpoena and shall share the resulting  
1027 information with the investigating member Board.  
1028
- 1029 i. All member Boards participating in a joint investigation shall share investigative  
1030 information, litigation, or compliance materials, upon request of any member  
1031 Board where the Compact physician under investigation is licensed.  
1032
- 1033 j. Any member Board may investigate actual or alleged violations of a statute  
1034 authorizing the practice of medicine in any other member state in which a  
1035 physician holds a license to practice medicine. The investigating member Board  
1036 shall contact the other member Board and inform them about the investigation  
1037 prior to initiating the investigation in that state. Upon conclusion of the  
1038 investigation, the investigating member Board shall inform the other member  
1039 Board about the results of the investigation.  
1040
- 1041 k. The final outcome or disposition of any joint investigation shall be reported to the  
1042 Interstate Commission by the lead investigative Board.  
1043

#### 1044 **6.4 Disciplinary Actions**

1045

- 1046 a. Any disciplinary action by a disciplining Board shall be considered unprofessional  
1047 conduct and is subject to discipline by other member Boards. This shall include  
1048 any action that does not have a corresponding ground by the other member  
1049 Board's Medical Practice Act or in addition to any other specific violation of the  
1050 Medical Practice Act in the other member state.  
1051
- 1052 b. Any member Board, including the state of principal license, may:  
1053

- 1054 (1) Administratively take reciprocal action against a compact physician who  
1055 was disciplined by a disciplining Board. The administrative reciprocal  
1056 action of the disciplinary Board is deemed conclusive as to matter of law  
1057 and fact and a member Board may impose the same or lesser sanction  
1058 that is consistent with the Medical Practice Act of the member Board state;  
1059
- 1060 (2) Pursue disciplinary action in accordance with the member Board's Medical  
1061 Practice Act against a Compact physician who was disciplined by a  
1062 disciplining Board. The action of the disciplinary Board is deemed  
1063 conclusive as to matters of law and fact and a member Board may impose  
1064 a more severe sanction; or  
1065
- 1066 (3) Take no action.  
1067
- 1068 c. If a license issued by a member state through the Compact is revoked,  
1069 surrendered, suspended or relinquished in lieu of discipline, then the member  
1070 Board shall notify the Interstate Commission as soon as reasonably possible, but  
1071 no later than 5 business days from the date of the action and shall send a copy of  
1072 the action to the Interstate Commission.  
1073
- 1074 d. The Interstate Commission shall immediately notify all other member Boards that  
1075 have licensed the physician and shall send the copy of the action to the other  
1076 member Boards.  
1077
- 1078 e. Upon receipt of notice from the Interstate Commission of an action taken by the  
1079 state of principal license, the other member Boards shall immediately place the  
1080 Compact physician on the same status as the state of principal license.  
1081
- 1082 f. If the state of principal license reinstates the disciplined Compact physician's  
1083 license, it shall notify the Interstate Commission that the suspension has been  
1084 terminated as soon as reasonably possible, but no later than 5 business days  
1085 after the suspension has ended. The Interstate Commission shall immediately  
1086 notify the other member Boards. Those member Boards shall reinstate the  
1087 license in accordance with the Medical Practice Act of that state.  
1088
- 1089 g. Upon receipt of notice from the Interstate Commission of an action taken by a  
1090 non-state of principal license, the other member Boards shall suspend the

1091 Compact physician for 90 calendar days on entry of the order of the disciplining  
1092 Board to permit the member Board to investigate under the Medical Practice Act  
1093 of that state.

1094  
1095 h. After an investigation has been completed, but within 90 calendar days of the  
1096 suspension, one of the following may occur:

1097  
1098 (1) a state of principal license may terminate the suspension of the license;

1099  
1100 (2) a non-state of principal license may terminate the suspension if the state  
1101 of principal license has already terminated the suspension;

1102  
1103 (3) any member Board may impose reciprocal discipline or pursue reciprocal  
1104 discipline pursuant to Rule 6.5(b) or (c); or

1105  
1106 (4) any member Board may continue the suspension until the member Board  
1107 that initially took the action has taken a final action.

1108

## 1109 **Chapter 7 – Compliance and Enforcement**

1110

1111 ADOPTED: NOVEMBER 16, 2018

1112

1113 EFFECTIVE: NOVEMBER 16, 2018

1114

1115 AMENDED: NONE

1116

1117 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

1118

### 1119 **7.1 Authority**

1120 This chapter is promulgated by the Interstate Commission pursuant to the Interstate  
1121 Medical Licensure Compact section 19. The rule shall become effective upon adoption  
1122 by the Interstate Commission.

1123

### 1124 **7.2 Dispute resolution**

1125

1126 a. Any disputes between member states on compliance and enforcement issues  
1127 shall be presented to and mediated by the Executive Committee.

1128

- 1129 b. Before submitting a complaint to the Executive Committee, the complaining  
1130 member Board and the responding member Board shall attempt to resolve the  
1131 issues without intervention by the Interstate Commission.  
1132
- 1133 c. If the parties are unable to resolve the issue, the complaining member state shall  
1134 provide the Executive Committee a written statement, not to exceed five pages,  
1135 which will be sent to the responding member state. The responding member  
1136 state may submit a written response to the complaining member state and the  
1137 Executive Committee, not to exceed five pages, within 30 calendar days.  
1138
- 1139 d. The member state representatives may appear telephonically before the  
1140 Interstate Commission at a time and place as designated by the Executive  
1141 Committee of the Interstate Commission for mediation.  
1142
- 1143 e. The Executive Committee of the Interstate Commission shall make a  
1144 recommendation to the parties to resolve the issue.  
1145