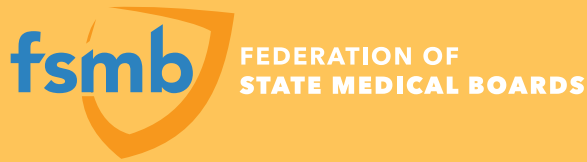


# U.S. Medical Regulatory Trends and Actions 2018





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### **About the Federation of State Medical Boards**

States are authorized under the United States Constitution to establish laws and regulations protecting the health, safety and general welfare of their citizens.

To protect the public from the unprofessional, improper, unlawful or incompetent practice of medicine, each of the states and territories making up the United States has formally adopted a Medical Practice Act, which defines the requirements for the practice of medicine within their borders and gives authority to a medical board to enforce the act's provisions.

The Federation of State Medical Boards (FSMB) represents the 70 medical boards within the United States, its territories and the District of Columbia. It assists these boards as they go about their mandate of protecting the public's health, safety and welfare through proper licensing and discipline of physicians and, in many jurisdictions, physician assistants and other health care professionals.

The FSMB offers relevant policy, programs, education and services to state medical boards that result in improved patient care and safety through effective and fair medical regulation.

The FSMB also strives to enhance the role of state medical boards in an evolving health care environment by leading, anticipating and responding to trends in medical regulation at the federal and state government level.

NOTE: Information in this report was provided by state and territorial medical boards during 2018. For the most up-to-date information about specific state or territorial boards, readers should contact individual state boards directly.

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**This U.S. Medical Regulatory Trends and Actions report**, compiled by the Federation of State Medical Boards (FSMB), provides information to the public about the work of the nation's state medical boards and their mission of public protection.

The report includes national data on physician licensure and discipline, demographic trends and information about licensed physicians, and details about the structure and operations of each of the nation's 70 state and territorial medical boards.

Also included is background information about the role and function of state medical boards and special resources for consumers — ranging from how to access information about a physician's disciplinary record to how and when to file a medical complaint.

The *U.S. Medical Regulatory Trends and Actions* report provides aggregated national data about medical licensing and disciplinary trends and actions and key data about state board governance and activities. It is not intended to provide detailed, comprehensive and comparative data about medical board disciplinary activities on a state-by-state basis. The tremendous variance in statutory, funding, judicial, administrative and geographic environments from state to state, along with widely divergent methods for gathering and classifying categories of disciplinary activities, preclude meaningful state-by-state comparative reporting of disciplinary statistics.

More detailed information about the activities of specific states is available from individual state boards, which can be contacted using the board directory in Section I of this report or by visiting [www.fsmb.org](http://www.fsmb.org).

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## Section I: State Medical Boards and Public Protection

### About State Medical Boards

The 10th Amendment of the United States Constitution authorizes states to establish laws and regulations protecting the health, safety and general welfare of their citizens. The practice of medicine is not an inherent right of an individual, but a privilege granted by the people of a state acting through their elected representatives.

To protect the public from the unprofessional, improper and incompetent practice of medicine, each of the 50 states, the District of Columbia and the U.S. territories have enacted laws and regulations that govern the practice of medicine and outline the responsibility of state medical boards to regulate that practice. This guidance is outlined in a state statute, usually called a Medical Practice Act. Seventy state and territorial medical boards are currently authorized to regulate physicians.

All state medical boards issue licenses for the general practice of medicine. State licenses are undifferentiated, meaning physicians in the United States are not licensed based upon their specialty or practice focus, and certification in a medical specialty is not absolutely required in order to obtain a license to practice medicine.

In many states, other health care professionals are also licensed and regulated by medical boards in addition to physicians. Examples include physician assistants and acupuncturists.

In addition to licensing physicians, state medical boards investigate complaints, discipline those who violate the law, conduct physician evaluations and facilitate rehabilitation of physicians when appropriate. State medical boards also adopt policies and guidelines related to the practice of medicine and designed to improve the overall quality of health care in the state.

### Medical Board Structure

The structure and authority of medical boards vary from state to state. Some boards are independent and maintain all licensing and disciplinary powers, while others are part of a larger umbrella agency, such as a state department of health, exercising varied levels of responsibilities or functioning in an advisory capacity.

State medical boards are typically made up of volunteer physicians and members of the public who are, in most cases, appointed by the governor. In recent years, non-physician board members — often referred to as “public members” — have become common. The vast majority of boards in the United States now have public members.

The state legislature determines the financial resources of most boards. Funding for medical board activities comes from physician licensing and registration fees. Most boards employ an administrative staff that includes an executive officer, attorneys, investigators and licensing specialists. Some boards share staff — such as investigators and attorneys — with other state regulatory agencies.

### How Physicians Gain Licenses to Practice Medicine

Obtaining a license to practice medicine in the U.S. is a rigorous process (see “Becoming a Licensed Physician in the United States,” Section II). Through licensing, state medical boards ensure that all practicing physicians have appropriate education and training, and that they abide by recognized standards of professional conduct while serving their patients.

Those entering the profession must meet predetermined qualifications that include medical school graduation, postgraduate training, and passage of a comprehensive national medical licensing examination that tests their knowledge of health and disease management and effective patient care. Applicants must submit proof of their education and training and provide details about their work history. They also must reveal information that may affect their ability to practice, such as health status, malpractice judgments/settlements and criminal convictions. Only those who meet a state’s qualifications are granted permission to practice medicine in that state.

After physicians are licensed, they must renew their license periodically, usually every one or two years, to continue their active status. During this license renewal process, physicians must demonstrate that they have maintained acceptable standards of ethics and medical practice and have not engaged in improper conduct. In nearly all states, physicians must also show that they have participated in a program of continuing medical education.

### The Interstate Medical Licensure Compact

In 2015, a group of U.S. state medical boards joined together to launch the Interstate Medical Licensure Compact, which offers a new, expedited pathway to licensure for qualified physicians who wish to practice in multiple states.

A compact is a legal agreement, authorized by the Compact Clause of the U.S. Constitution, that allows states to collectively work together to address shared needs or issues. There are more than 200 interstate compacts in effect today.



Among the issues driving the need for the Interstate Medical Licensure Compact are physician shortages, the recent influx of millions of new patients into the health care system, and the growing need to increase access to health care for individuals in underserved or rural communities through the use of telemedicine. Proponents of telemedicine have often cited the state-by-state licensure process required for multiple-license holders as a barrier to telemedicine's growth, and the Compact is intended to help overcome this hurdle.

In addition to significantly streamlining the process of gaining medical licenses in multiple states for physicians, the Compact is designed to increase access to health care for patients in underserved or rural areas, and to allow them to more easily connect with medical experts through the use of telemedicine technologies. Any state or territory may join the Compact. As of late 2018, 24 states, the District of Columbia and one U.S. territory are participating members.

States participating in the Compact formally agree to adopt common rules and procedures that streamline medical licensure, thus substantially reducing the time it takes for physicians to obtain multiple state licenses. The Interstate Medical Licensure Compact Commission provides oversight and the administration of the Compact, creating and enforcing rules governing its processes, but each participating state maintains its individual authority and control over the practice of medicine within its borders. Participating states retain the authority to issue licenses, investigate complaints, and discipline physicians practicing in their state.

To be eligible for licensure by utilizing the Compact process, physicians must possess a full and unrestricted license in a Compact member state, be certified (or "grandfathered") in a medical specialty, have no history of being disciplined, penalized or punished by a court, a medical licensing agency or the Drug Enforcement Administration, and meet several other robust requirements.

To participate, an eligible physician designates a member state as the State of Principal Licensure and selects the other member states in which a medical license is desired. Upon receipt of this verification in the additional Compact states, the physician is granted a separate, full and unrestricted license to practice in each of those states.

The Compact is voluntary for both states and physicians. Physicians who cannot or do not want to participate in the Compact's expedited licensure process are still able to seek additional licenses in those states where they desire to practice by applying through that state's traditional and existing licensure processes.

In order for a state to join the Interstate Medical Licensure Compact, its state legislature must enact the Compact into state law. Since 2015, more than half of the states in the nation have either introduced or enacted legislation for the Compact.

To learn more, please visit [www.imlcc.org](http://www.imlcc.org).

## **How State Medical Boards Regulate Physicians after Licensing**

The ongoing duty of a state medical board goes far beyond the licensing and ongoing registration of physicians. Boards also have the responsibility of determining when a physician's professional conduct or ability to practice medicine warrants modification, suspension or revocation of a license to practice medicine.

Boards review and investigate complaints and/or reports received from patients, other state medical boards, health professionals, government agencies and health care organizations about physicians who may be incompetent or acting unprofessionally, and take appropriate action against a physician's license if the person is found to have violated the law. State laws require that boards ensure fairness and due process to any physician under investigation.

Board members devote much time and attention to overseeing the practice of physicians. When a board receives a complaint about a physician, the board has the power to investigate, hold hearings and impose discipline, including suspension, probation or revocation of a physician's license, public reprimands and fines.

While medical boards find it necessary to suspend or revoke licenses when appropriate, some problems can be resolved with additional education or training in appropriate areas. Boards may place restrictions on a physician's license or put a physician on probation to protect the public while the physician receives special training or rehabilitation aimed at an existing issue.

## **What Is Considered Unprofessional Conduct?**

Each state's Medical Practice Act defines unprofessional conduct within the state. Although laws vary from jurisdiction to jurisdiction, some examples of unprofessional conduct include the following:

- Alcohol and substance abuse
- Sexual misconduct
- Neglect of a patient
- Failing to meet the accepted standard of care in a state
- Prescribing drugs in excess or without legitimate reason
- Dishonesty during the license application process
- Conviction of a felony
- Fraud
- Inadequate record keeping
- Failing to meet continuing medical education requirements

## The Rights of Physicians under Investigation

Whatever the complaint, physicians are afforded the right of due process as a state medical board investigates an allegation of unprofessional conduct.

Due process asserts that an individual is innocent until proven guilty. This principle applies to formal hearings and judicial procedures that the medical board conducts. Boards must adhere to established rules and principles to ensure that a physician is not treated unfairly, arbitrarily or unreasonably. In instances when the alleged behavior threatens patients with immediate harm, such as sexual misconduct or impairment from alcohol or drug abuse, boards have authority to issue an emergency suspension until the investigation of the physician is completed.

## Understanding the Difference between a Medical Board Disciplinary Action and Malpractice

The differences between a disciplinary action taken by a medical board and a malpractice judgment or settlement against a physician are significant.

Board actions and malpractice claims are two different things. Board actions are issued against physicians after a formal process of complaint, investigation and hearing. While an action taken by a medical board against a physician indicates that a violation of the Medical Practice Act has occurred, malpractice claims are not always reliable measures of a physician's competence or a violation of the law. Issues such as a physician's time in practice, the nature of the physician's specialty, the types of patients treated, and geographic location can have a significant influence on the number and amounts of malpractice judgments and settlements.

Malpractice settlements are sometimes handled by insurance companies who opt for settlement based on the terms of coverage, not the validity of the underlying claim. These terms may also authorize settlement of a claim without any consultation of the physician involved or an ultimate determination of fault.

It is common practice for medical boards to use malpractice data as a tool to detect unprofessional conduct that may violate the Medical Practice Act. Some boards have built-in levels of malpractice that trigger investigations, such as a certain number of malpractice settlements in a certain span of time.

## How State Medical Boards Share Information about Disciplined Physicians

All state medical boards engage in an ongoing, cooperative effort to share licensure and disciplinary information with one another by regularly contributing data to the FSMB's Physician Data Center (PDC) — a comprehensive data repository that contains information about the nearly one million actively licensed physicians in the United States, as well as board disciplinary actions dating back to the early 1960s.

Medical boards use the PDC in several ways. Boards query the PDC when new applicants apply for licensure in a state. The PDC alerts boards if an applicant has been disciplined in another jurisdiction. The PDC's Disciplinary Alert Service proactively alerts all states in which a disciplined physician is licensed within 24 hours after a disciplinary action taken by one of those states has been reported to the PDC. This service helps prevent disciplined doctors from practicing undetected across state lines.

## The Importance of Reporting

While the overwhelming majority of patient-physician interactions that occur each day in the United States are conducted in an appropriate and professional manner, state medical boards recognize that issues such as physician alcohol and substance abuse, fraud, incompetence and sexual misconduct exist. These issues are taken very seriously by state medical boards, which in recent years have advocated for strengthened reporting requirements to ensure individuals or organizations who are aware of, or witness, inappropriate behavior come forward to report the problem. Physicians, hospitals, law enforcement agencies and consumers all can help reduce future issues by reporting inappropriate behavior. To help address the issue of under-reporting, the Federation of State Medical Boards House of Delegates unanimously adopted new policy in 2016 that urges physicians, hospitals and health organizations, insurers and the public to be proactive in reporting instances of unprofessional behavior to medical boards whenever it is suspected. In some states' Medical Practice Acts, the duty to report issues that may impact patient safety — including inappropriate or unprofessional conduct — is included as a formal requirement of physicians. Consumers must feel safe and secure in any medical interaction, and they should always speak up if they suspect inappropriate behavior. Information and tips to help consumers are provided in the next section.

## Information for Consumers

### *How State Medical Boards Serve the Public*

As they fulfill their role of overseeing the practice of medicine in a state, medical boards provide value for both patients and physicians. By following up on complaints and disciplining physicians when needed, medical boards ensure public trust in the basic standards of competence and ethical behavior in their physicians. By striving to ensure that physicians have been properly trained and are maintaining their professional skills, medical boards help protect the integrity of the medical profession.

By defining the practice of medicine in a state, boards play an influential role in how medical care is delivered. A state's Medical Practice Act may contain many important regulations on the use of medical devices, the administering of certain kinds of drugs and the conditions under which medical care can be provided.

One of the most important roles state medical boards play is serving as a repository of publicly available information about physicians. This information can be useful to consumers in helping them

choose a physician when they need medical care. Boards provide a valuable service to consumers who are seeking information about physicians by disclosing if a physician is currently licensed in good standing, if disciplinary action has ever been imposed, or if formal disciplinary charges are pending.

The public can also inquire if the board has other public information in a physician's record, such as criminal convictions, sanctions taken by hospitals, and malpractice judgments and settlements.

Consumers who believe that a physician has engaged in unprofessional conduct or that the quality of medical care they received is substandard should contact their state medical board. (For more information, see "How and When to File a Complaint Against a Physician," page 10.)

### ***The Consumer's Role***

With the rise of consumer empowerment in recent years, and the expanding influence of the internet, patients have begun to play a much more proactive role in learning about physicians' credentials and background. Patients are increasingly likely to verify their physician's credentials and ask questions about their training and qualifications to perform certain procedures.

One simple way state medical boards can help is by providing information about physicians' training in certain specialties or modes of practice. While the vast majority of licensed physicians practice within their areas of training, if a physician operates outside of his or her scope of expertise and provides substandard care that harms a patient, he or she will be held accountable by a state medical board for failing to meet standards.

Other mechanisms are built into the health care system to prevent physicians from practicing in areas of training in which they may not be able to practice safely. For example, hospitals often require physicians to be board certified in a medical specialty before they will grant privileges to practice in the hospital.

But a good first step for consumers to learn more about a physician is to check a physician's credentials and training through a state medical board.

### **How to Check a Physician's Qualifications**

State medical boards have responded to the growing trend toward consumer empowerment in recent years by greatly improving access to meaningful information about the physicians licensed in their respective states.

Once a patient has identified a physician he or she is interested in seeing, it is wise to invest some time and energy in learning more about their skills and training, as well as the quality of care they provide. Here are some resources to help find out more about a physician's qualifications.

### ***State Medical Board Physician Profiles***

State medical boards make available a variety of physician information on their individual state websites through online "physician profiles." At a minimum, medical board profiles include licensure status and disciplinary history. More comprehensive profile systems may include full board orders of disciplinary actions, malpractice judgments and criminal convictions.

Some also provide information that creates important context to help consumers make decisions about their health care providers. For example, a profile including data on physician medical malpractice may include details about the length of a physician's time in practice, the nature of his or her specialty, the types of patients treated and geographic location — all of which can significantly influence the number and size of malpractice judgments, settlements and awards.

Much of this information may be available at your state medical board's website. The types of information available from your state board may include:

- Medical licenses (active or inactive)
- Final disciplinary orders or actions by regulatory boards or agencies, including state medical boards, the U.S. Drug Enforcement Administration and Medicare
- Final suspensions or revocations of hospital privileges
- Criminal convictions
- Malpractice payment information
- Medical schools attended and graduation dates
- Graduate medical training (residency and fellowship) programs attended and completion dates
- Specialty board certifications
- Area(s) of practice

You can learn more about the information provided in each state or territory's physician profile system in Section III of this report.

### ***FSMB National Database (FSMB DocInfo)***

For consumers, the FSMB has made available its national database of consolidated physician licensure and disciplinary information. This is the same database used by state medical boards and various U.S. and international health care entities during the licensure and credentialing process.

The service, called DocInfo, is free to the public and available at [www.docinfo.org](http://www.docinfo.org). DocInfo includes:

- Disciplinary actions
- License history
- Medical school
- Type of degree
- American Board of Medical Specialties (ABMS) specialty
- American Osteopathic Association (AOA) specialty

## How and When to File a Complaint Against a Physician

Many consumers are unaware of where they should turn when they encounter an issue of competence or ethics with a physician. State medical boards are the designated state agencies to investigate complaints about physicians and, when warranted, take action against them.

Depending on the size of a state's physician population, medical boards typically will receive hundreds to thousands of complaints annually, each of which must be investigated by board staff. Complaints are prioritized according to the potential for patient harm; cases in which an investigator determines imminent patient harm is possible are typically "fast-tracked" to ensure swift action by the medical board. Examples of complaints receiving high priority by investigators may include a physician engaging in sexual misconduct, practicing medicine while under the influence of alcohol or drugs, and providing substandard care.

The most common complaint received by medical boards is an allegation that a physician has deviated from the accepted standard of medical care in a state. Some of the most common standard-of-care complaints include:

- Overprescribing or prescribing the wrong medicine
- Failure to diagnose a medical problem that is found later
- Failure to provide a patient with medical test results in a timely manner, which can lead to harm
- Failure to provide appropriate post-operative care
- Failure to respond to a call from a hospital to help a patient in a traumatic situation

To file a complaint against a physician, please contact the state medical board in your state. A directory of state boards is available in this section of the report and at [www.fsmb.org](http://www.fsmb.org).

## How the Complaint Process Works

While the details, terminology and order of events vary from state to state, once a complaint is received by a state medical board the complaint process commonly includes the following steps:

**1. The complaint is assessed for jurisdiction.** When a complaint arrives at the medical board, the first step is to determine whether the board has the authority to investigate it under the state's Medical Practice Act.

*If yes: Go to Step 2.*

*If no: The complaint may be referred to another agency with jurisdiction. If that isn't possible, the person who lodged the complaint is sent a letter stating that the board has no jurisdiction.*

**2. The case is prioritized and an investigation begun.** Before taking any action, the board determines if there is an imminent threat to the public. If this is the case, it typically has the power to immediately suspend a physician's license and order the physician to cease seeing patients. Other restrictions may also be applied if there is an imminent threat.

**3. The investigation proceeds; all parties involved are contacted.** After the case is prioritized, the board begins a comprehensive investigation, identifying all the individuals and facilities that may have pertinent information. Individuals involved in the case are asked to describe the events that took place and provide any information they may have.

**4. The physician and complainant receive formal notification.** At this stage a letter is typically sent to the physician, stating the allegation, seeking a response to the complaint and requesting any relevant records. The complainant is also notified.

**5. The case is given medical review.** Investigators for the board determine whether a patient's medical care has been impacted as a result of the complaint or whether the complaint involves other issues, such as fraud or behavioral/ethical problems. During this stage, an expert with professional credentials in the same specialty as the physician in question may be called in to provide an additional opinion about the care provided.

**6. The board decides what action to take.** A wide variety of disciplinary measures or other actions in response to the original complaint are available to boards. For the most serious cases, especially those that impact patient safety, the board may opt to file a formal complaint against the physician, leading to disciplinary action that may include suspension or revocation of a license or imposition of fines. For less serious offenses, options may include, but are not limited to, a letter of concern; an appearance before the board; or the requirement of a physical, medical or psychiatric competency evaluation.

*For serious infractions or issues, which warrant filing of a formal complaint: Go to Step 7.*

*For lesser infractions or issues: Board may consider imposing lower-level options or closing the case without formal action.*

**7. The case is set for a hearing.** For serious infractions or issues, state medical boards schedule a hearing – a formal review of the case in which physicians have an additional opportunity to respond to the complaint. As sometimes happens in the U.S. legal system, some cases may be settled before the hearing date. When that happens, the settlement offer goes before the full board at a regularly scheduled board meeting, where a decision is made about whether to accept the settlement agreement. If accepted, it is placed into effect. If not, the matter proceeds to a hearing before the board.

*If no settlement: Go to Step 8.*

*If settlement: Board closes case.*

**8. Adjudication.** Cases that are not settled are adjudicated, meaning they go to a full hearing, similar to a court trial. There is a formal proceeding, with presentation of evidence and witnesses. Afterward, the board deliberates and makes findings on whether one or more violations of a state’s Medical Practice Act have been proven. If a violation has been proven, the board determines the appropriate disciplinary actions to impose on the physician, which can include a reprimand; conditions or restrictions placed on the physician’s license; or suspension or revocation of the license.

**9. Public notice.** If a board finds that a violation of the Medical Practice Act has taken place, and disciplinary action has been taken, this information is entered into the public record. The information becomes part of the physician’s permanent professional record and is shared with other state medical boards via the FSMB’s Physician Data Center. Patients have access to this information directly from their state medical board or by accessing the FSMB’s DocInfo online service ([www.docinfo.org](http://www.docinfo.org)).

## Contacting Your State Medical Board

If you are searching for information about a physician’s qualifications, or if you want to file a complaint against a physician, you should contact your state medical board.

A directory of all boards in the Federation of State Medical Boards is included here. The directory can also be accessed at the FSMB website, [www.fsmb.org](http://www.fsmb.org).

### Alabama Board of Medical Examiners

Amy Dorminey, Board Secretary  
P.O. Box 946  
Montgomery, AL 36101-0946  
(street address: 848 Washington Ave.)  
(334) 242-4116 / Fax: (334) 242-4155  
(800) 227-2606  
[www.albme.org](http://www.albme.org)

### Alaska State Medical Board

Debora J. Stovern, CMBE, Executive Administrator  
550 West Seventh Ave., Suite 1500  
Anchorage, AK 99501-3567  
(907) 269-8163 / Fax: (907) 269-8196  
[www.commerce.alaska.gov/web/](http://www.commerce.alaska.gov/web/)

### Arizona Board of Osteopathic Examiners in Medicine and Surgery

Amber Brake, JD, Executive Director  
1740 West Adams Street, Suite 2410  
Phoenix, AZ 85007  
(480) 657-7703 / Fax: (480) 657-7715  
[www.azdo.gov](http://www.azdo.gov)

### Arizona Medical Board

Patricia E. McSorley, JD, Executive Director  
1740 W. Adams East, Suite 4000  
Phoenix, AZ 85007  
(480) 551-2700 / Fax: (480) 551-2704  
Toll Free: (877) 255-2212  
[www.azmd.gov](http://www.azmd.gov)

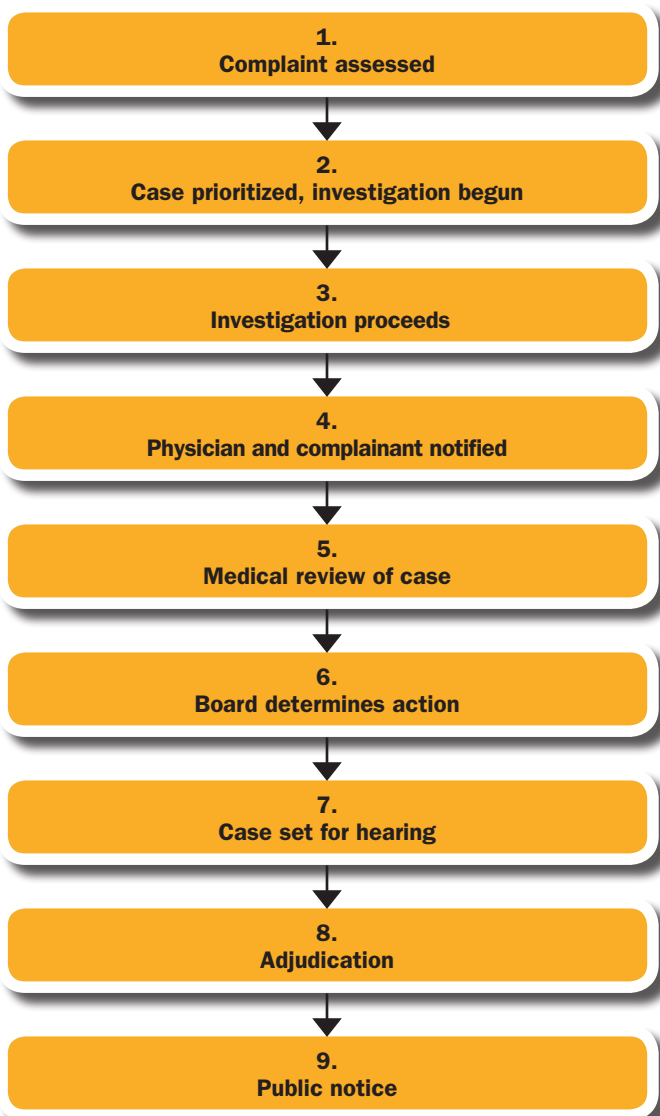
### Arkansas State Medical Board

Amy E. Embry, Executive Director  
Victory Bldg.  
1401 West Capitol Avenue, Suite 340  
Little Rock, AR 72201-2936  
(501) 296-1802 / Fax: (501) 296-1805  
[www.armedicalboard.org](http://www.armedicalboard.org)

### Medical Board of California

Kimberly Kirchmeyer, Executive Director  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815-5401  
(916) 263-2389 / Fax: (916) 263-2387  
(800) 633-2322  
[www.mbc.ca.gov](http://www.mbc.ca.gov)

## Steps in the Complaint Process



**Osteopathic Medical Board of California**

Angelina M. Burton, Executive Director  
1300 National Drive, Suite 150  
Sacramento, CA 95834-1991  
(916) 928-8390 / Fax: (916) 928-8392  
[www.ombc.ca.gov/](http://www.ombc.ca.gov/)

**Colorado Medical Board**

Paula E. Martinez, Program Director  
1560 Broadway, Suite 1350  
Denver, CO 80202-5140  
(303) 894-7690 / Fax: (303) 894-7692  
[https://www.colorado.gov/pacific/dora/Medical\\_Board](https://www.colorado.gov/pacific/dora/Medical_Board)

**Connecticut Medical Examining Board****Department of Public Health**

Jeff Kardys, Specialist/Board Liaison  
P.O. Box 340308  
Hartford, CT 06134-0308  
(street address: 410 Capitol Ave., MS #13PHO)  
Licensing/Examinations: (860) 509-8374  
Administrative (860) 509-7648 / Fax: (860) 509-7553  
Complaints: (860) 509-7552 / Complaint Toll Free: (800) 842-0038  
[www.ct.gov/dph](http://www.ct.gov/dph)

**Delaware Board of Medical Licensure and Discipline**

Devashree Singh, Executive Director  
861 Silver Lake Blvd., Suite 203,  
Cannon Building  
Dover, DE 19904  
(302) 744-4500 / Fax: (302) 739-2711  
[www.dpr.delaware.gov](http://www.dpr.delaware.gov)

**District of Columbia Board of Medicine**

Frank B. Meyers, JD, Executive Director  
899 North Capitol St. NE, 1st Floor  
Washington DC 20002  
(202) 724-4900 / Fax: (202) 442-8117  
[doh.dc.gov/bomed](http://doh.dc.gov/bomed)

**Florida Board of Medicine**

Claudia Kemp, JD, Executive Director  
Department of Health  
4052 Bald Cypress Way, BIN #C03  
Tallahassee, FL 32399-3253  
(850) 245-4131/Fax: (850) 488-9325  
Complaints Toll Free: (888) 419-3456  
[www.flboardofmedicine.gov/](http://www.flboardofmedicine.gov/)

**Florida Board of Osteopathic Medicine**

Kama Monroe, JD, Executive Director  
4052 Bald Cypress Way, #C-06  
Tallahassee, FL 32399-3256  
(850) 245-4161 / Fax: (850) 921-6184  
[www.floridasosteopathicmedicine.gov](http://www.floridasosteopathicmedicine.gov)

**Georgia Composite Medical Board**

LaSharn Hughes, MBA, Executive Director  
2 Peachtree Street, NW, 6th Floor  
Atlanta, GA 30303-3465  
(404) 656-3913 / Fax: (404) 656-9723  
[www.medicalboard.georgia.gov/](http://www.medicalboard.georgia.gov/)

**Guam Board of Medical Examiners**

Marlene Carbullido, Acting Administrator  
Health Professional Licensing Office  
123 Chalan Kareta, South Route 10  
Mangilao, Guam 96913-6304  
(671) 735-7407 / Fax: (671) 735-7413  
[www.dphss.guam.gov](http://www.dphss.guam.gov)

**Hawaii Medical Board**

Ahlani K. Quiogue, Executive Officer  
Department of Commerce and Consumer Affairs  
P.O. Box 3469  
Honolulu, HI 96813  
(street address: 335 Merchant St., Room 301, 96813)  
(808) 586-3000 / Fax: (808) 586-2874  
[www.cca.hawaii.gov](http://www.cca.hawaii.gov)

**Idaho Board of Medicine**

Anne K. Lawler, JD, RN, Executive Director  
P.O. Box 83720  
Boise, Idaho 83720-0058  
(street address: 1755 Westgate Drive, Suite 140, 83704)  
(208) 327-7000 / Fax: (208) 327-7005  
[bom.idaho.gov](http://bom.idaho.gov)

**Illinois Division of Professional Regulation —  
Medical Disciplinary Board**

Jessica A. Baer, JD, Director  
100 West Randolph Street, Suite 9-300  
James R. Thompson Center  
Chicago, IL 60601  
(312) 814-4580 / Fax: (312) 814-5392  
Complaints: (312) 814-6910  
[www.idfpr.com](http://www.idfpr.com)

**Illinois Division of Professional Regulation —  
Medical Licensing Board**

Jessica A. Baer, JD, Director  
320 West Washington Street, 3rd Floor  
Springfield, IL 62786  
(217) 524-7534 / Fax: (217) 524-2169  
[www.idfpr.com](http://www.idfpr.com)

**Medical Licensing Board of Indiana**

Darren R. Covington, JD, Board Director  
402 W. Washington St., Room W072  
Indianapolis, IN 46204-2298  
(317) 234-2060 / Fax: (317) 233-4236  
[www.in.gov/pla/medical.htm](http://www.in.gov/pla/medical.htm)

**Iowa Board of Medicine**

Kent M. Nebel, JD, Interim Acting Executive Director  
400 SW 8th St., Suite C  
Des Moines, IA 50309-4686  
(515) 281-5171 / Fax: (515) 242-5908  
[www.medicalboard.iowa.gov](http://www.medicalboard.iowa.gov)

**Kansas State Board of Healing Arts**

Kathleen J. Selzler Lippert, JD, CMBE, Executive Director  
800 SW Jackson, Lower Level-Suite A  
Topeka, KS 66612  
(785) 296-7413 / Fax: (785) 296-0852  
[www.ksbha.org](http://www.ksbha.org)

**Kentucky Board of Medical Licensure**

Michael S. Rodman, Executive Director  
Hurstbourne Office Park  
310 Whittington Parkway, Suite 1B  
Louisville, KY 40222-4927  
(502) 429-7150 / Fax: (502) 429-7158  
[kbml.ky.gov](http://kbml.ky.gov)

**Louisiana State Board of Medical Examiners**

Vincent A. Culotta, Jr, MD, Executive Director  
P.O. Box 30250  
New Orleans, LA 70190-0250  
(street address: 630 Camp St., 70130)  
(504) 568-6820 / Fax: (504) 568-6880  
[www.lsbme.la.gov](http://www.lsbme.la.gov)

**Maine Board of Licensure in Medicine**

Dennis E. Smith, JD, Executive Director  
137 State House Station (U.S. mail)  
161 Capitol Street (delivery service)  
Augusta, ME 04333-0137  
(207) 287-3601 / Fax: (207) 287-6590  
[www.maine.gov/md](http://www.maine.gov/md)

**Maine Board of Osteopathic Licensure**

Susan E. Strout, Executive Secretary  
142 State House Station  
Augusta, ME 04333-0142  
(207) 287-2480 / Fax: (207) 287-3015  
[www.maine.gov/osteol/](http://www.maine.gov/osteol/)

**Maryland Board of Physicians**

Christine A. Farrelly, Executive Director  
P.O. Box 2571 (correspondence only)  
Baltimore, MD 21215  
P.O. Box 37217 (documents with associated fees)  
Baltimore, MD 21297  
(410) 764-4777 / Fax: (410) 358-2252  
(800) 492-6836  
[www.mbp.state.md.us/](http://www.mbp.state.md.us/)

**Massachusetts Board of Registration in Medicine**

George Zachos, JD, Executive Director  
200 Harvard Mill Square, Suite 330  
Wakefield, MA 01880-3238  
(781) 876-8200 / Fax: (781) 876-8384  
(800) 377-0550  
[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)

**Michigan Board of Medicine**

Cheryl W. Pezon, JD, Executive Director  
P.O. Box 30670  
Lansing, MI 48909-8170  
(street address: 611 W. Ottawa St, 1st Floor, 48933)  
(517) 335-0918 / Fax: (517) 241-9416  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

**Michigan Board of Osteopathic Medicine and Surgery**

Cheryl W. Pezon, JD, Executive Director  
P.O. Box 30670  
Lansing, MI 48909-8170  
(street address: 611 W. Ottawa St, 1st floor, 48933)  
(517) 335-1001 / Fax: (517) 373-2179  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

**Minnesota Board of Medical Practice**

Ruth M. Martinez, MA, Executive Director  
University Park Plaza  
2829 University Ave. SE, Suite 500  
Minneapolis, MN 55414-3246  
(612) 617-2130 / Fax: (612) 617-2166  
Hearing impaired: 1-800-627-3529  
[www.bmp.state.mn.us](http://www.bmp.state.mn.us)

**Mississippi State Board of Medical Licensure**

Kenneth E. Cleveland, MD, Executive Director  
1867 Crane Ridge Drive, Suite 200B  
Jackson, MS 39216  
(601) 987-3079 / Fax: (601) 987-4159  
[www.msbml.ms.gov](http://www.msbml.ms.gov)

**Missouri Board of Registration for the Healing Arts**

Connie Clarkston, Executive Director  
P.O. Box 4  
Jefferson City, MO 65109-7111  
(street address: 3605 Missouri Blvd., 65109)  
(573) 751-0098 / Fax: (573) 751-3166  
[www.pr.mo.gov/healingarts.asp](http://www.pr.mo.gov/healingarts.asp)

**Montana Board of Medical Examiners**

Ian Marquand, Executive Director  
P.O. Box 200513  
Helena, MT 59620-0513  
(406) 841-2360 / Fax: (406) 841-2305  
<http://boards.bsd.dli.mt.gov/med>

**Nebraska Board of Medicine and Surgery**

Jesse Cushman, Program Manager  
Health and Human Services  
Regulation and Licensure Credentialing Division  
P.O. Box 94986  
Lincoln, NE 68509-4986  
(402) 471-2118 / Fax: (402) 471-8614  
[dhhs.ne.gov/Pages/default.aspx](http://dhhs.ne.gov/Pages/default.aspx)

**Nevada State Board of Osteopathic Medicine**

Sandy Reed, MPA, Executive Director  
2275 Corporate Circle, Suite 210  
Henderson, NV 89074  
(702) 732-2147 / Fax: (702) 732-2079  
[www.bom.nv.gov](http://www.bom.nv.gov)

**Nevada State Board of Medical Examiners**

Edward O. Cousineau, JD, Executive Director  
9600 Gateway Drive  
Reno, NV 89521-8953  
(775) 688-2559 / Fax: (775) 688-2321  
[www.medboard.nv.gov](http://www.medboard.nv.gov)

**New Hampshire Board of Medicine**

Penny Taylor, Board Administrator  
Philbrook Building  
121 S. Fruit Street, Suite 301  
Concord, NH 03301-2412  
(603) 271-1203 / Fax: (603) 271-6702  
Complaints: (800) 780-4757  
<https://www.oplc.nh.gov/medicine/>

**New Jersey State Board of Medical Examiners**

William V. Roeder, JD, Executive Director  
P.O. Box 183  
Trenton, NJ 08625-0183  
(609) 826-7100 / Fax: (609) 826-7117  
[www.state.nj.us/lps/ca/bme/index.html](http://www.state.nj.us/lps/ca/bme/index.html)

**New Mexico Board of Osteopathic Medical Examiners**

Roberta Perea, Executive Director  
P.O. Box 25101  
Santa Fe, NM 87501  
(505) 476-4629 / Fax: (505) 476-4665  
[www.rld.state.nm.us/boards/Osteopathy.aspx](http://www.rld.state.nm.us/boards/Osteopathy.aspx)

**New Mexico Medical Board**

Sondra Frank, JD, Executive Director  
2055 S. Pacheco Street, Building 400  
Santa Fe, NM 87505-0503  
(505) 476-7220 / Fax: (505) 476-7237  
[www.nmmb.state.nm.us](http://www.nmmb.state.nm.us)

**New York State Board for Medicine (Licensure)**

Stephen J. Boese, Executive Secretary  
89 Washington Avenue, 2nd Floor, West Wing  
Albany, NY 12234  
(518) 474-3817 Ext. 560 / Fax: (518) 486-4846  
<http://www.op.nysed.gov/prof/med/>

**New York State Office of Professional Medical Conduct (Discipline)**

Keith W. Servis, Director  
Riverview Center  
150 Broadway, Suite 355  
Albany, NY 12204  
(518) 402-0855 / Fax: (518) 402-0866  
<https://www.health.ny.gov/professionals/doctors/conduct/>

**North Carolina Medical Board**

R. David Henderson, JD, CMBE, Chief Executive Officer  
P.O. Box 20007  
Raleigh, NC 27619-0007  
(919) 326-1100 / Fax: (919) 326-1131  
[www.ncmedboard.org](http://www.ncmedboard.org)

**North Dakota Board of Medicine**

Bonnie Storbakken, Executive Secretary  
City Center Plaza  
418 E. Broadway Avenue, Suite 12  
Bismarck, ND 58501-4086  
(701) 328-6500 / Fax: (701) 328-6505  
[www.ndbom.org](http://www.ndbom.org)

**Commonwealth of the Northern Mariana Islands**

Esther Fleming, Executive Director  
Health Care Professions Licensing Board  
P.O. Box 502078  
Saipan, MP 96950  
(670) 664-4809 / Fax: (670) 664-4814  
<http://cnmibpl-hcplb.net>

**State Medical Board of Ohio**

A.J. Groeber, MBA, Executive Director  
30 E. Broad St. 3rd Floor  
Columbus, OH 43215-6127  
(614) 466-3934 / Fax: (614) 728-5946  
(800) 554-7717  
[www.med.ohio.gov](http://www.med.ohio.gov)

**Oklahoma Board of Medical Licensure and Supervision**

Lyle R. Kelsey, MBA, CAE, CMBE, Executive Director  
P.O. Box 18256  
Oklahoma City, OK 73154-0256  
(405) 962-1400 / Fax: (405) 962-1499  
(800) 381-4519  
[www.okmedicalboard.org](http://www.okmedicalboard.org)



**Oklahoma State Board of Osteopathic Examiners**

Deborah J. Bruce, JD, CMBE, Executive Director  
4848 N. Lincoln Blvd., Suite 100  
Oklahoma City, OK 73105-3321  
(405) 528-8625 / Fax: (405) 557-0653  
[www.ok.gov/osboe/](http://www.ok.gov/osboe/)

**Oregon Medical Board**

Nicole A. Krishnaswami, JD, Executive Director  
1500 SW 1st Ave., Suite 620  
Portland, OR 97201-5815  
(971) 673-2700 / Fax: (971) 673-2670  
[www.oregon.gov/OMB](http://www.oregon.gov/OMB)

**Pennsylvania State Board of Medicine**

Suzanne M. Zerbe, Administrator  
P.O. Box 2649  
Harrisburg, PA 17105-2649  
(717) 787-2381 / Fax: (717) 787-7769

**Pennsylvania State Board of Osteopathic Medicine**

Aaron Hollinger, Administrator  
P.O. Box 2649  
Harrisburg, PA 17105-2649  
(street address: 124 Pine St., 17101)  
(717) 783-4858 / Fax: (717) 787-7769  
[www.dos.state.pa.us](http://www.dos.state.pa.us)

**Puerto Rico Board of Medical Licensure and Discipline**

Norma I. Torres Delgado, MHSA, Executive Director  
Junta De Licenciamiento Y Disciplina Medica  
P.O. Box 13969  
San Juan, PR 00908-3969  
(787) 765-2929 Ext. 6581 / 6579  
<http://www.salud.gov.pr>

**Rhode Island Board of Medical Licensure and Discipline**

James V. McDonald, MD, MPH, Chief Administrative Officer  
Department of Health  
3 Capitol Hill Room 401  
Providence, RI 02908-5097  
(401) 222-3855 / Fax: (401) 222-2158  
<http://www.health.ri.gov>

**South Carolina Board of Medical Examiners**

Sheridon H. Spoon, Esq., Administrator  
110 Centerview Drive, Suite 202  
Columbia, SC 29210-8432  
(803) 896-4500 / Fax: (803) 896-4515  
[www.llr.state.sc.us/pol/medical](http://www.llr.state.sc.us/pol/medical)

**South Dakota Board of Medical and Osteopathic Examiners**

Margaret B. Hansen, PA-C, MPAS, CMBE, Executive Director  
101 N. Main Avenue, Suite 301  
Sioux Falls, SD 57104  
(605) 367-7781 / Fax: (605) 367-7786  
[www.sdbmoe.gov](http://www.sdbmoe.gov)

**Tennessee Board of Osteopathic Examination**

Angela M. Lawrence, MSM, Executive Director  
665 Mainstream Drive  
Nashville, TN 37243-0001  
(615) 532-3202 / Fax: (615) 253-4484  
<https://www.tn.gov/health/health-program-areas/health-professional-boards/osteo-board.html>

**Tennessee State Board of Medical Examiners**

Angela M. Lawrence, MSM, Executive Director  
665 Mainstream Drive  
Nashville, TN 37243-0001  
(615) 532-4384 / Fax: (615) 253-4484  
<https://www.tn.gov/content/tn/health.html>

**Texas Medical Board**

Stephen Brint Carlton, JD, Executive Director  
P.O. Box 2018  
Austin, TX 78768-2018  
(512) 305-7010 / Fax: (512) 305-7051  
Disciplinary Hotline: (800) 248-4062  
Consumer Complaint Hotline: (800) 201-9353  
[www.tmb.state.tx.us](http://www.tmb.state.tx.us)

**Utah Osteopathic Physicians and Surgeons Licensing Board**

Larry Marx, Bureau Manager  
PO Box 146741  
Salt Lake City, UT 84114-6741  
(801) 530-6628 / Fax: (801) 530-6511  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

**Utah Physicians and Surgeons Licensing Board**

Larry Marx, Bureau Manager  
PO Box 146741  
Salt Lake City, UT 84114-6741  
(801) 530-6628 / Fax: (801) 530-6511  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

**Vermont Board of Medical Practice**

David K. Herlihy, Esq., Executive Director  
108 Cherry Street  
P.O. Box 70  
Burlington, VT 05402-0070  
(802) 657-4220 / Fax: (802) 657-4227  
[www.healthvermont.gov](http://www.healthvermont.gov)

**Vermont Board of Osteopathic Physicians and Surgeons**

Office of Professional Regulation  
89 Main Street, 3rd Floor  
Montpelier, VT 05620-3402  
802-828-1502 / Fax: (802) 828-2465  
[www.sec.state.vt.us/](http://www.sec.state.vt.us/)

**Virgin Islands Board of Medical Examiners**

Deborah K. Richardson-Peter, MPA, Director  
Professional Licensure and Health Planning  
3500 Estate Richmond  
Christiansted, VI 00820-4370  
(340) 774-7477 ext. 5074/ Fax: (340) 718-1376

**Virginia Board of Medicine**

William L. Harp, MD, Executive Director  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463  
Phone: (804) 367-4600  
Fax Licensing Unit: (804) 527-4426,  
Fax Discipline Unit: (804) 527-4429  
[www.dhp.virginia.gov](http://www.dhp.virginia.gov)

**Washington Board of Osteopathic Medicine and Surgery**

Blake T. Maresh, MPA, CMBE, Executive Director  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852  
(360) 236-4700 / Fax: (360) 236-4818  
[www.doh.wa.gov](http://www.doh.wa.gov)

**Washington Medical Quality Assurance Commission**

Melanie de Leon, JD, MPA, Executive Director  
Department of Health  
PO Box 47866  
Olympia, WA 98504-7866  
(360) 236-2750 / Fax: (360) 236-2795  
[www.doh.wa.gov](http://www.doh.wa.gov)

**West Virginia Board of Medicine**

Mark A. Spangler, MA, LPC, Executive Director  
101 Dee Drive, Suite 103  
Charleston, WV 25311  
(304) 558-2921 / Fax: (304) 558-2084  
[www.wvbom.wv.gov](http://www.wvbom.wv.gov)

**West Virginia Board of Osteopathic Medicine**

Diana K. Shepard, CMBE, Executive Director  
405 Capitol Street, Suite 402  
Charleston, WV 25301  
(304) 558-6095 / Fax: (304) 558-6096  
[www.wvbdosteo.org](http://www.wvbdosteo.org)

**Wisconsin Medical Examining Board**

Tom H. Ryan, JD, MPA, Executive Director  
4822 Madison Yards Way  
Madison, WI 53705  
(608) 266-2112 / Fax: (608) 267-3816  
Complaints Toll Free: (877) 617-1565  
[dsps.wi.gov](http://dsps.wi.gov)

**Wyoming Board of Medicine**

Kevin D. Bohnenblust, JD, CMBE, Executive Director  
130 Hobbs Avenue, Suite A  
Cheyenne, WY 82002 (U.S. mail zip code)  
130 Hobbs Avenue, Suite A  
Cheyenne, WY 82009 (delivery service zip code)  
(307) 778-7053 / Fax: (307) 778-2069  
Complaint Toll Free: (800) 438-5784  
[wyomedboard.wyo.gov/](http://wyomedboard.wyo.gov/)

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## Section II: U.S. Medical Licensure and Disciplinary Information

### Physician Discipline

#### Introduction

The primary responsibility and obligation of state medical boards is to protect consumers of health care by ensuring that all physicians in a state are properly licensed and comply with various laws and regulations pertaining to the practice of medicine. One of the important roles of state medical boards is the responsibility for disciplining physicians who engage in unprofessional, improper or incompetent medical practice. The FSMB has collected and shared information about state medical board disciplinary activities since its founding in 1912, maintaining a comprehensive repository of national disciplinary data. This report includes national physician disciplinary statistics in a variety of categories for the year 2017.

#### How Disciplinary Information is Collected

State medical boards discipline physicians by issuing mandates known as board orders. When a board decides to take action against a physician, it creates a board order that stipulates which actions are to be taken against the physician. These actions represent a wide variety of forms of discipline, ranging from being assigned continuing medical education to having one's license revoked. Boards also issue board orders for less serious issues or administrative problems, such as when a physician is late in renewing his or her license.

The FSMB maintains the Physician Data Center (PDC), which is a repository of disciplinary data from jurisdictions in the United States and its territories. The PDC collects, maintains and reports board actions taken against physicians. This repository is updated continuously, as the FSMB regularly receives reports of disciplinary actions. The information includes the disciplinary actions taken by state medical boards, as well as actions that are taken by other entities, ranging from U.S. government agencies, such as the Department of Health and Human Services, to international licensing authorities.

When the FSMB receives board orders or disciplinary reports, it matches them to existing records in the PDC. For efficiency and to optimize matching accuracy, all data in the PDC is extracted from multiple data sets and cross-checked using an algorithm that relies on the physician's name and various combinations of key identifiers, such as a physician's date of birth, last four numbers of a Social Security number, medical school name and medical school graduation

year. In total, the PDC contains nearly 2.1 million physician records, including information about physicians who are currently licensed, no longer licensed or deceased.

Disciplinary actions entered into the PDC are verified in writing and accompanied by supporting documentation, such as copies of board orders which include the findings of fact, conclusions of law, final decrees and stipulations. Each action is reviewed carefully and categorized based on the state board's report before it is added to the database. At various times throughout the year, the FSMB conducts quality control audits to give state medical boards the opportunity to reconcile their data with the disciplinary information maintained by the FSMB.

#### How the FSMB Uses National Disciplinary Information to Assist State Medical Boards

The FSMB provides services that draw upon its repository of data on disciplinary actions to bolster state board efforts to protect the public. One of the key services is the FSMB Disciplinary Alert Service (DAS), which was created to alert state boards when one of their physicians receives disciplinary action in another state.

Many physicians, including those who have been disciplined, hold licenses in more than one state. To prevent them from changing jurisdictions undetected, medical boards voluntarily share licensee data with the FSMB's PDC. This information enables the DAS to proactively notify boards within 24 hours when one of their licensees has been disciplined in another state. The notified board can then initiate its own actions. In 2017, state boards received 15,147 alerts from the FSMB's Disciplinary Alert Service.

Medical boards have used the information provided by the DAS in many different ways, including:

- Revoking the licenses of dangerous physicians
- Identifying physicians who try to quietly move to a different state without reporting an action taken against them in another state
- Detecting physicians attempting to escape the probation requirements of another jurisdiction
- Ensuring physicians with substance abuse problems relocating to a new state continue monitoring and treatment under the auspices of a state medical board

State medical boards regularly contribute updates of license and discipline data to the FSMB's database. Reports from the DAS include data such as which board took a disciplinary action, the nature of the action (e.g., license revocation or suspension) and why the board took the action. Using this information, medical boards can launch their own investigations of the sanctioned physician or, in cases of particularly egregious behavior, take an emergency summary suspension against the physician's license. Medical boards may also impose a "reciprocal action" — one based on the action taken by the originating board — to prevent or limit the physician from practicing in their state.

State medical boards and organizations that employ physicians are also able to query the FSMB's PDC to obtain a practitioner profile containing license information and disciplinary actions taken against their physicians. Government agencies such as the Veterans Administration and the Centers for Medicare and Medicaid's Advanced Provider Screening solution and international regulatory authorities also access the PDC as well as credentials verification services, hospitals, insurance carriers, physician associations, medical groups, medical societies, managed care organizations and physician placement services. In 2017, more than 484,570 queries were made to the FSMB's Physician Data Center, including 109,822 queries by state medical boards.

## 2017 Physician Disciplinary Actions and Trends

The U.S. Medical Regulatory Trends and Actions report provides aggregated national data about medical licensing and disciplinary trends as well as key data about state board governance and activities. It does not provide detailed, comprehensive and comparative data about medical board disciplinary activities on a state-by-state basis. Detailed information about the activities of specific states is available from individual state boards, which can be contacted using the board directory in Section I of this report or by visiting [www.fsmb.org](http://www.fsmb.org). National regulatory information included in this report has been compiled using the FSMB's Physician Data Center.

In an age of rapidly developing technology, state medical boards have improved recognition capabilities to know when and how to appropriately discipline physicians, a trend which may help account for changes in the number and types of actions state boards take against physicians licensed in their jurisdictions. To stay current with state medical boards' action trends, the PDC regularly reviews and updates board action categories and codes. During the past 10 years, more than 4,000 physicians per year have received actions from state boards (Figure 1).

A comparison of data from 2017 and 2008 demonstrates some categories of board actions have increased, particularly the number of reprimands, licenses restricted, requirements for additional continuing medical education, licenses suspended, and licenses

## Key 2017 U.S. Statistics — Disciplinary Actions

State Medical Board Actions	2017
<b>Total state medical board actions</b>	<b>8,813</b>
<b>Board actions by category</b>	
Restricted	1,343
Reprimand	1,147
Administrative	1,023
Fine	890
Conditions	887
CME Required	869
Suspension	796
Probation	764
Surrendered	570
Revoked	264
Denied	97
Other	163
<b>Reciprocal actions taken by state boards</b>	<b>1,339</b>
<b>Number of disciplinary alerts issued by the FSMB</b>	<b>15,147</b>
<b>Number of physicians disciplined</b>	<b>4,081</b>
Physicians put on probation	711
Physicians with a license suspension	656
Physicians with a license revocation	248

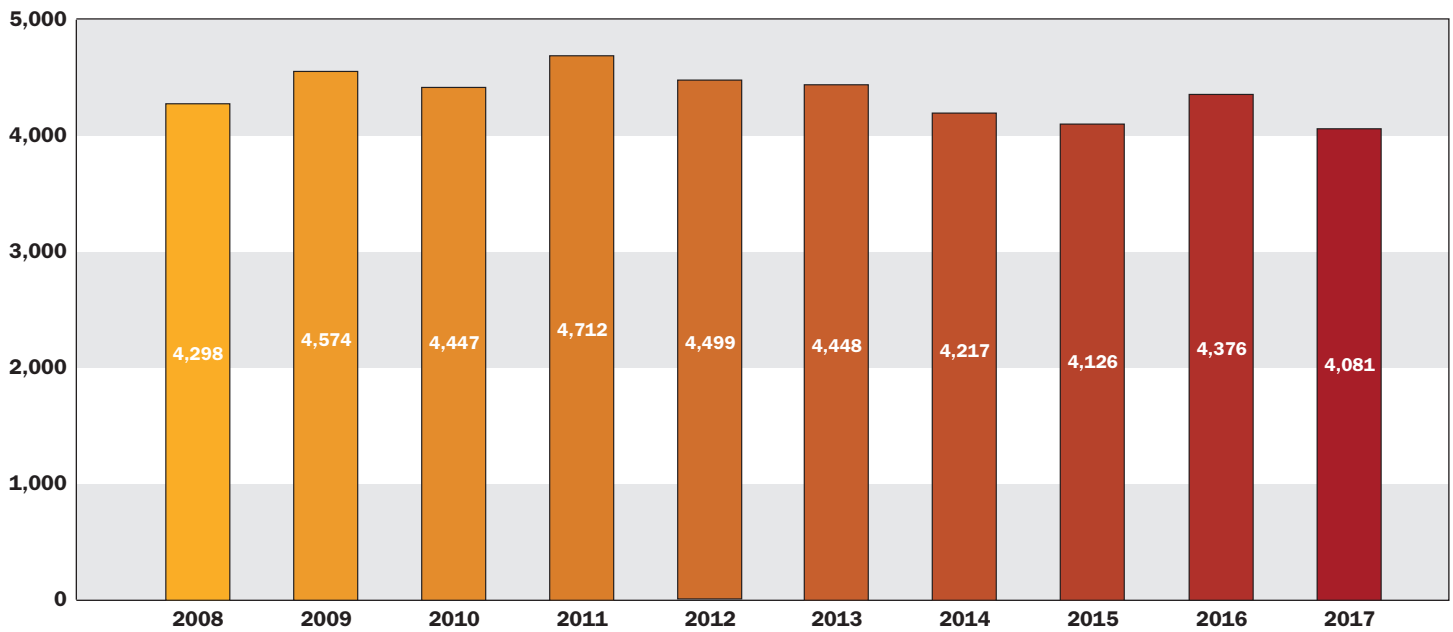
Source: Federation of State Medical Boards

surrendered. The number of actions related to administration, fines, conditions imposed, probation, licenses revoked, licenses denied and other have decreased (Figure 2).

State medical boards often work together to discipline physicians who practice in multiple jurisdictions. According to FSMB data, 21% of U.S. physicians hold two or more active licenses from different state medical boards. When a state medical board is notified that a physician licensed in its jurisdiction received a board action in another jurisdiction, the board can choose to open its own investigation or in many cases will choose to take a reciprocal action.

Based on the time sequence of physicians receiving disciplinary actions, the total disciplined physician population is comprised of three subgroups: physicians who received initial disciplinary actions from a state board; physicians who received reciprocal actions because of actions taken by other state boards; and physicians who received follow-up or additional actions taken later. As seen in Figures 3 and 4, there have been some fluctuations in the number of physicians disciplined for the first time and the number of reciprocal actions taken by states boards, respectively, in the past 10 years. In 2017, 1,866 physicians were disciplined for the first time and 1,339 reciprocal actions were taken by state boards.

**Figure 1**  
**Number of Physicians with a Board Action by Year**



Source: Federation of State Medical Boards

### Understanding Board-Action Categories

State and territorial medical boards utilize a variety of tools as they go about the process of regulating the activities of physicians and other health professionals. When issues arise — whether they are minor, such as failure to pay a fee, or more serious, such as inappropriate behavior with a patient — board actions may be taken by state boards, allowing them the flexibility to apply a level of disciplinary response that is appropriate for the issue being addressed. Categories of board actions include:

**Administrative action:** Non-punitive action that does not result in the modification or termination of a physician's license. These actions are generally administrative and may be issued for reasons such as failure to pay a licensing fee.

**Fine:** In some cases, state boards may levy a monetary penalty against a physician.

**CME required:** Physician is required to complete continuing medical education (CME).

**Conditions imposed:** Physician must fulfill certain conditions to avoid further sanction by the state board.

**License denied:** Physician's application for a medical license or renewal of a current license is denied.

**License restricted:** Physician's ability to practice medicine is limited (e.g., loss of prescribing privileges).

**License revoked:** Physician's license is terminated; individual can no longer practice medicine within the state or territory.

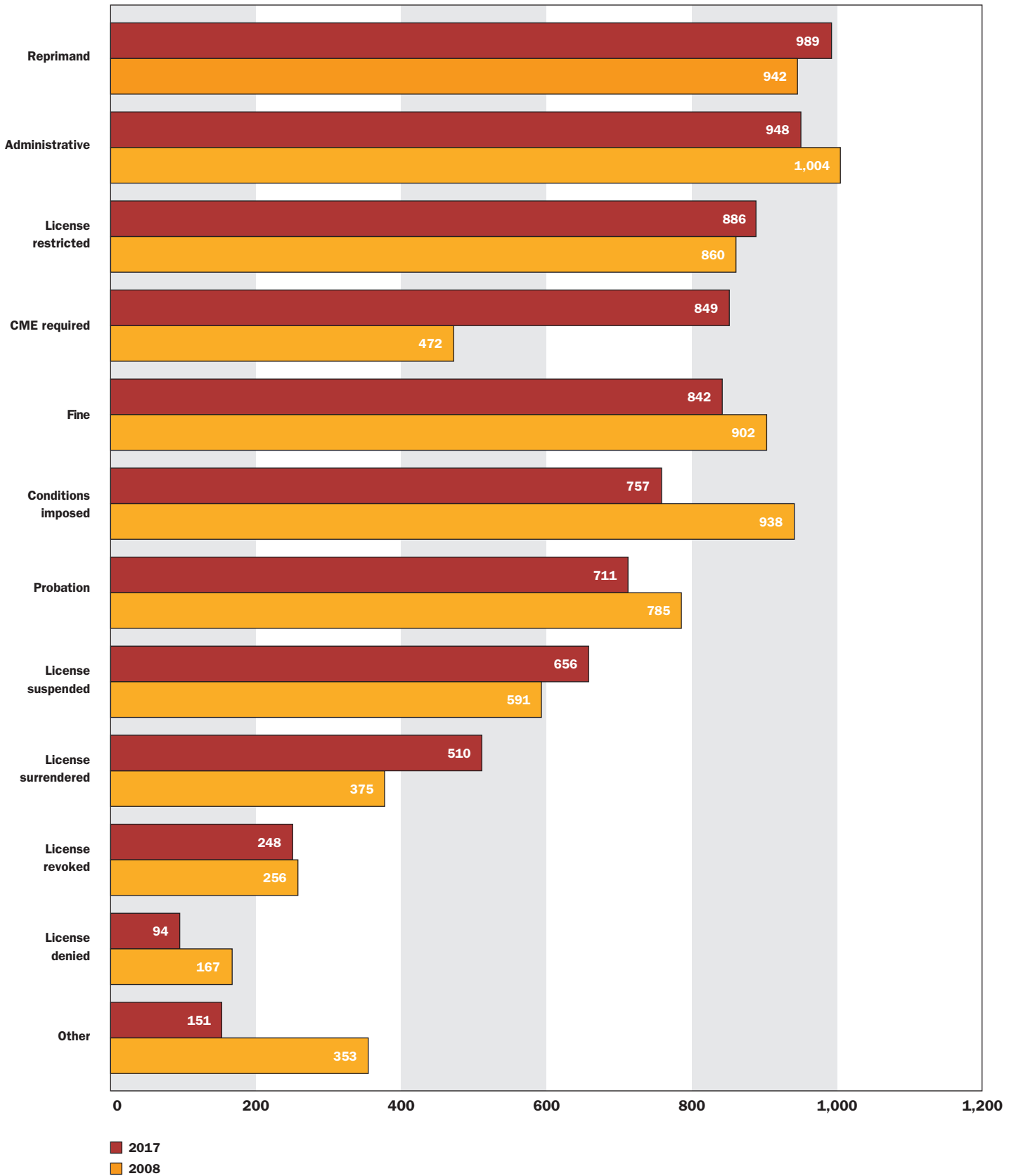
**License surrendered:** Physician voluntarily surrenders medical license, sometimes during the course of a disciplinary investigation.

**License suspended:** Physician may not practice medicine for a specified period of time, perhaps due to disciplinary investigation or until other state board requirements are fulfilled.

**Probation:** Physician's license is monitored by a state board for a specified period of time.

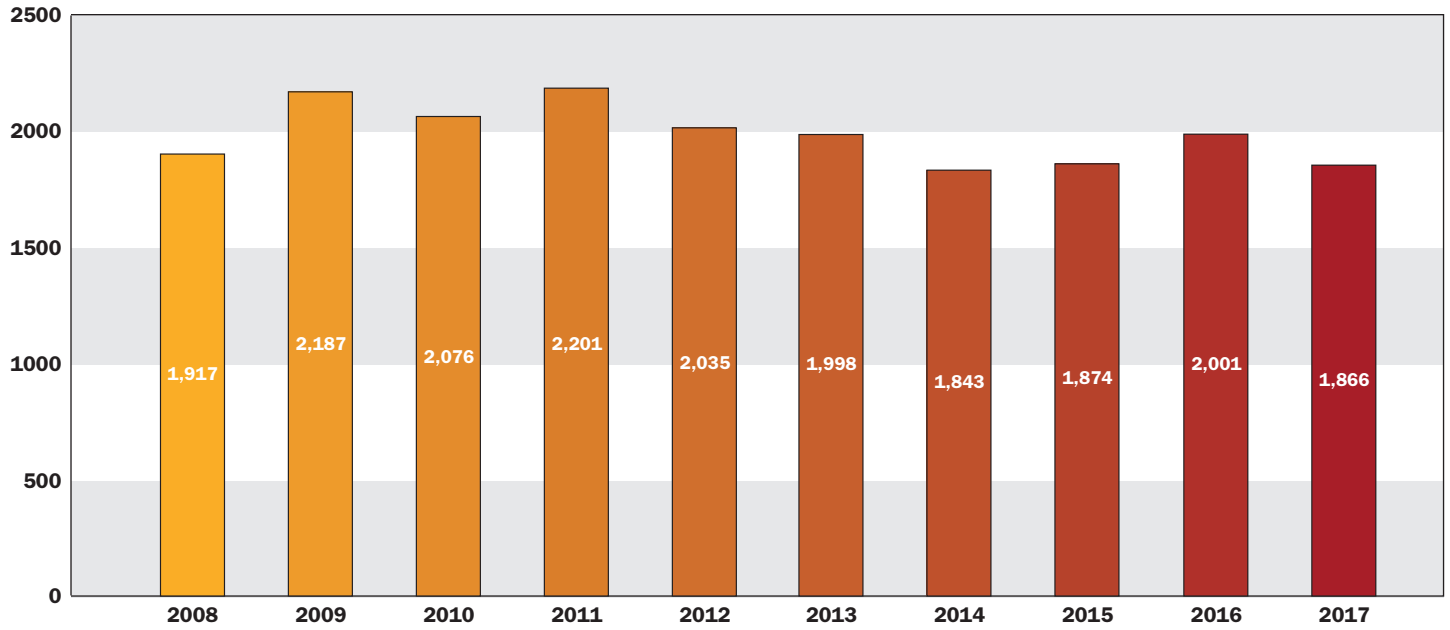
**Reprimand:** Physician is issued a warning or letter of concern.

**Figure 2**  
**Number of Physicians Disciplined by Category of Action, 2008 and 2017**



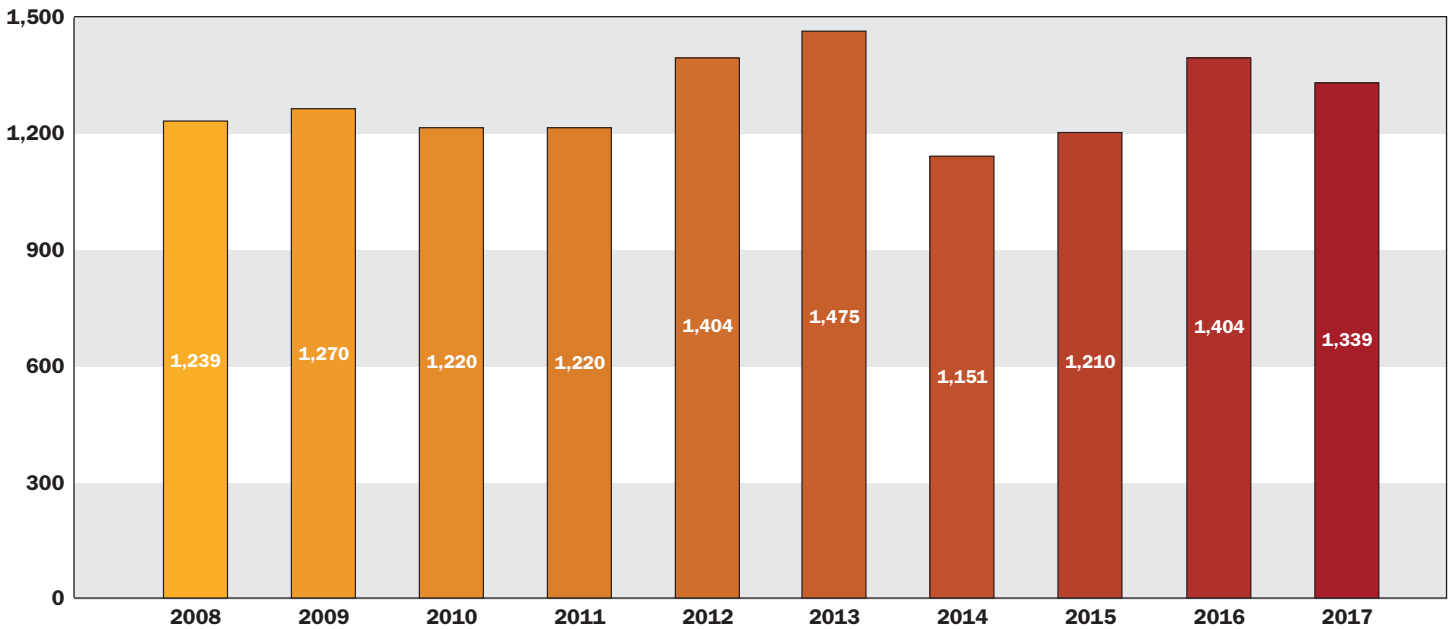
Source: Federation of State Medical Boards

**Figure 3**  
**Number of First Time Disciplined Physicians By Year**



Source: Federation of State Medical Boards

**Figure 4**  
**Number of Reciprocal Actions Taken by State Boards Each Year**



Source: Federation of State Medical Boards



# Physician Licensure

## Introduction

One of the most important functions of the 70 state and territorial medical boards in the United States is issuing licenses to physicians. This section provides background and analysis about licensed physicians in the United States.

## Becoming a Licensed Physician in the United States

In the United States, medicine is a licensed profession regulated by the individual states. The nation's medical boards license both allopathic (MD) and osteopathic (DO) physicians. This includes 51 allopathic and composite (MD and DO) licensing boards, 14 osteopathic boards and boards for the following jurisdictions: Guam, Puerto Rico, the U.S. Virgin Islands and the Commonwealth of the Northern Mariana Islands.

While the specific requirements for obtaining a medical license vary somewhat between jurisdictions, state medical boards review the credentials of applicants and look closely at a number of factors, including:

- Medical education
- Medical training (i.e., residency training)
- Performance on a national licensing examination
- Mental, moral and physical fitness to safely practice medicine

**Medical Education:** All jurisdictions require that candidates for physician licensure have obtained an MD or DO degree. For most medical education programs in the United States, the MD or DO degree involves a post-baccalaureate four-year program of education. Graduates of international medical schools (IMGs) may present the equivalent of the MD degree (e.g., MBBS).

There are 151 allopathic and 34 osteopathic medical schools in the United States. All of these medical school programs are accredited by either the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association Commission on Osteopathic College Accreditation (AOA COCA).

It should be noted that acquisition of an MD or DO degree does not automatically confer a license to practice medicine in the United States. The medical practice act in most jurisdictions restricts individuals holding a physician credential from publicly representing themselves as physicians unless they hold a medical license in that jurisdiction.

**Medical Training:** After graduation from medical school, physicians routinely enter into postgraduate training – usually a residency training program. At one time it was common for physicians to spend their first year of postgraduate training (PGY-1) in an internship exposing them to a broad array of clinical scenarios. After this intern year, the physician then moved into the more specialized training of their chosen residency training program. Most physicians today do not experience a true rotating internship during PGY-1 but instead move directly into the specialized training of their residency program.

All state medical boards require licensure candidates to complete at least one year of postgraduate training in order to be eligible for a full and unrestricted medical license. In some jurisdictions, the requirement is higher — the physician must complete two or three years of residency training to obtain a license. In more than a dozen jurisdictions, progress through postgraduate training requires a physician to successfully complete the licensing examination sequence (see Figure 5) and obtain a full, unrestricted license prior to reaching a designated point in their postgraduate training. For example, some jurisdictions require physicians in training to complete the licensing examination sequence prior to entering PGY-2 or PGY-3.

The postgraduate training period often marks the first formal interaction of prospective physicians with a state medical board, as most boards issue a resident or training permit for physicians to practice within the limited, supervised context of their residency program.

Additionally, state medical boards require that the training be completed in a residency program accredited by either the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).<sup>\*</sup> These programs are approximately three to seven years in duration, depending upon the specialty. (Note: Some state medical boards recognize training in the accredited programs conducted in other countries – for example, residency programs accredited by the Royal College of Physicians and Surgeons of Canada.)

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<sup>\*</sup> The AOA, ACGME, and the American Association of Colleges of Osteopathic Medicine (AACOM), agreed in 2014 to a single accreditation system for graduate medical education program in the United States, which will be implemented by 2020.

**Licensing Examination:** All state medical boards require completion of either the United States Medical Licensing Examination (USMLE®) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA).<sup>\*</sup> These are national multi-part examinations taken at various points in a prospective physician's career and designed to assess the physician's knowledge, clinical and communication skills. Students in U.S. medical schools routinely take the first two steps of the licensing examination prior to graduation from medical school. The final step of the examination sequence is usually taken during residency training.

Many boards limit the number of attempts a physician can make to pass the USMLE or COMLEX-USA. Additional attempts are often allowed, but only after physicians have been redirected for additional training prior to taking the exam again. Most boards also place restrictions on the time period for completing the examination sequence. These time- and attempt-limits are designed to ensure the currency and adequacy of knowledge of newly licensed physicians. More detailed information on "State-Specific Requirements for Initial Medical Licensure" is available from the FSMB at <https://www.fsmb.org/step-3/state-licensure/>.

**Fitness to practice:** All state medical boards are concerned with the physical, mental and moral fitness of prospective licensure candidates. A number of boards explicitly define the practice of medicine in their licensure applications to ensure that physicians clearly understand the expectations for minimally acceptable performance. The licensure application in each state commonly asks questions about the personal history and background of the applicant, including work history, physical and/or mental conditions that might impact their ability to safely practice medicine. Criminal background checks at the time of license application are also conducted by many boards.

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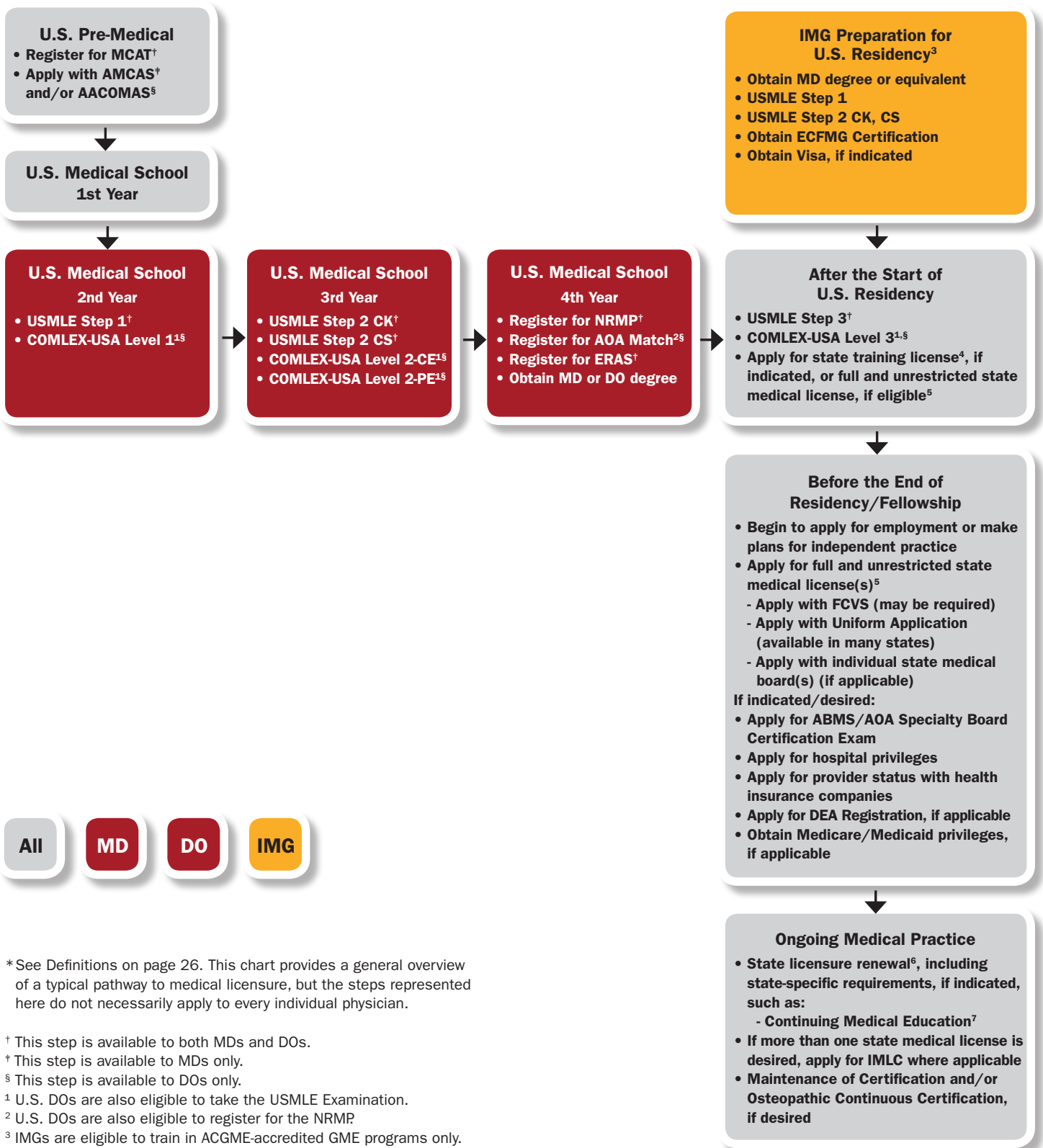
<sup>\*</sup> The USMLE is open to physicians holding an MD or DO degree. Physicians with a DO degree usually complete the COMLEX-USA sequence.

Compared with U.S. medical graduates, IMGs follow a slightly different pathway after completing their medical education at a school outside the United States. Before entering into a residency training program in the United States, they must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG). This certification is required in order for IMGs to enter into an ACGME-accredited residency training program in the United States. ECFMG certification requires verification of the physician's medical degree and successful completion of USMLE Step 1 and 2. The timing with which IMGs complete the USMLE differs somewhat from that of U.S. medical students and graduates. While some IMGs begin the USMLE sequence during their medical school years, many more do not begin the sequence until after their graduation from medical school. Ultimately, IMGs take the same licensing examinations as U.S. MD graduates and obtain residency training in the same accredited programs.

When a physician applies for a medical license, staff at the state medical board receiving the application will verify the physician's credentials (e.g., medical degree, postgraduate training), confirm that the physician has successfully passed the USMLE or COMLEX-USA, query the FSMB's disciplinary data bank and closely review the physician's responses to questions on the licensure application for missing or inconsistent information. In some instances, the board may request that the physician appear for a formal interview before either the full board or a subcommittee of the board.

The license that the physician eventually receives from a state medical board is for the general, undifferentiated practice of medicine. Physicians in the United States are not licensed based upon their specialty or practice focus. Certification in a medical specialty, such as by a member board of the American Board of Medical Specialties (ABMS) or the AOA's Bureau of Osteopathic Specialists (AOA BOS), is not required to obtain a medical license. However, other practical considerations — such as obtaining hospital privileges — lead most physicians to obtain specialty certification. The majority of physicians in the United States hold specialty certification through the ABMS or AOA BOS.

**Figure 5**  
**Pathway to Medical Licensure in the United States\***



\* See Definitions on page 26. This chart provides a general overview of a typical pathway to medical licensure, but the steps represented here do not necessarily apply to every individual physician.

<sup>†</sup> This step is available to both MDs and DOs.

<sup>‡</sup> This step is available to MDs only.

<sup>§</sup> This step is available to DOs only.

<sup>1</sup> U.S. DOs are also eligible to take the USMLE Examination.

<sup>2</sup> U.S. DOs are also eligible to register for the NRMP

<sup>3</sup> IMGs are eligible to train in ACGME-accredited GME programs only.

<sup>4</sup> Training licensure requirements vary from state to state

(41 state boards issue a resident/training license).

<sup>5</sup> Licensure eligibility differs from state to state.

<sup>6</sup> State licensure renewals vary from 1- to 3-year cycles.

<sup>7</sup> CME is usually accredited by the ACCME, AMA, AAFP and AOA.

## Pathway to Medical Licensure in the United States

### Definitions

(Note: These definitions explain terminology used in the Pathway to Medical Licensure chart on the preceding page.)

**AACOMAS**—The American Association of Colleges of Osteopathic Medicine Application Service is a centralized application service for colleges of osteopathic medicine in the United States through the American Association of Colleges of Osteopathic Medicine®.

**AMCAS**®—The American Medical College Application Service®, a program of the Association of American Medical Colleges, is a centralized application processing service that is only available to applicants to first-year entering classes at participating allopathic (MD) U.S. medical schools.

**COMLEX-USA**—The Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) is a multi-part assessment given by the National Board of Osteopathic Medical Examiners (NBOME) to students and graduates of osteopathic medical education programs accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation. The NBOME eligibility criterion requires COMLEX Level 1 to be taken after successful completion of the first academic year of an osteopathic medical school program. Level 2 Cognitive and Performance Evaluations (CE and PE) cannot be taken until after successful completion of the second academic year and passing Level 1. The COMLEX-USA Level 3 is usually taken during residency training and after successful completion of Levels 1-2, though in certain circumstances Level 3 may be taken by osteopathic medical school graduates prior to beginning residency training.

**ECFMG**®—The Educational Commission for Foreign Medical Graduates (ECFMG) provides a certification program for international medical graduates (IMGs) to assess their readiness prior to entering into ACGME-accredited residency or fellowship training programs in the United States.

**ERAS**®—The Electronic Residency Application Service (ERAS®) was developed by the Association of American Medical Colleges (AAMC) to allow medical school students and graduates to apply electronically for residency positions in accredited U.S. programs of graduate medical education.

**FCVS**—The Federation Credentials Verification Service, a service of the Federation of State Medical Boards, establishes a permanent, lifetime repository of primary-source verified core credentials (medical education, postgraduate training, examination history, board action history, board certification and identity) for physicians and physician assistants. This repository can be forwarded, at the applicant's request, to nearly any state medical board, hospital, health care facility or other entity.

**IMLC**—The Interstate Medical Licensure Compact offers a new, voluntary, expedited pathway to licensure for qualified physicians who wish to practice in multiple states. While making it easier for physicians to obtain licenses to practice in multiple states, the Compact

strengthens public protection by enhancing the ability of states to share investigative and disciplinary information. The Compact is being implemented in a growing number of states, with others expected to adopt it soon ([www.imlcc.org](http://www.imlcc.org)).

**MCAT**®—The Medical College Admission Test® is a standardized, multiple-choice examination designed to assess the examinee's problem solving, critical thinking, knowledge of science concepts and principles prerequisite to the study of medicine.

**MOC**®—The American Board of Medical Specialties (ABMS) assists 24 approved medical specialty boards in the development and use of standards in the ongoing evaluation and certification of physicians. In 2000, the 24 Member Boards of ABMS agreed to evolve their recertification programs to one of continuous professional development—ABMS Maintenance of Certification® (ABMS MOC®). In 2006, all Member Specialty Boards received approval of their ABMS MOC programs, which have 8-10 year renewal cycles.

**NRMP**®—The National Resident Matching Program provides a uniform date of appointment to positions in graduate medical education (GME). It provides an impartial venue for matching applicants' and programs' preferences for each other consistently.

**OCC**—The American Osteopathic Association (AOA) Bureau of Osteopathic Specialists consists of 18 specialty certifying boards. Effective in 2013, each AOA specialty-certifying board requires an Osteopathic Continuous Certification (OCC) process for all doctors of osteopathic medicine (DOs) with time-limited certifications. OCC runs on a 6-10 year cycle depending upon the specific specialty board.

**UA**—The Uniform Application, a service of the Federation of State Medical Boards, is a Web-based application that standardizes, simplifies and streamlines the licensure application process for MDs, DOs and Residents. Applicants fill out the online UA once and then use it whenever they apply for a license in another participating state for the rest of their careers. The UA is a standard licensure application form that serves as the core of a state's license application without replacing unique state-level requirements, which are collected and submitted via a state-specific addendum.

**USMLE**®—The United States Medical Licensing Examination® (USMLE®) is a jointly sponsored program of the Federation of State Medical Boards and the National Board of Medical Examiners®. The USMLE is open to students/graduates of accredited medical school programs issuing the MD or DO degree and to students/graduates of international medical schools eligible for certification by the ECFMG. In general, Step 1 is usually taken at the end of the second academic year of medical school; Step 2 Clinical Knowledge (CK) and Step 2 Clinical Skills (CS) are generally taken before the end of the third academic year. Most examinees take Step 3 within the first 18 months of residency training, though under certain circumstances some IMGs and U.S. medical school graduates may take Step 3 prior to beginning residency training.

## FSMB Physician License Data

During the past 150 years, state medical boards in the United States have steadily evolved from entities that simply issued medical licenses based on minimal qualifications to become multi-faceted and multi-staffed agencies responsible for a wider public mandate. Today, state medical boards protect patient safety and ensure quality in medicine through a rigorous application of licensing, disciplinary and competency standards. Physician license data plays an important role in this work.

Because an active license is required to legally practice medicine, and physicians sometimes have licenses in more than one state, accurate and up-to-date information about a physician's credentials and licensure status is crucial to state medical boards to enable them to effectively oversee and regulate the practice of medicine. Accurate and timely aggregated information about physicians' licensure status and credentials is also of critical value to state and federal policy-makers as they engage in health care workforce assessments, predictions and planning.

Since 2010, the FSMB has been gathering information about physician licensure status and publishing it in the form of a national census of licensed physicians. The FSMB has published four censuses since 2010 and will publish its next census in 2019. Provided in this report are a summary, analysis and discussion of updated license statistics using FSMB's 2017 data from each of the state medical boards in the United States and the District of Columbia. In aggregate, the information included in this report offers a snapshot of the number, gender, age, specialty board certification and practice location by state of all actively licensed physicians in the United States.

License data is drawn from the Physician Data Center (PDC), the FSMB's central repository of data from every state medical board in the United States. To obtain an accurate count and precise information about physicians with an active, current license to practice medicine, the FSMB conducted a comprehensive analysis using 2017 license data obtained by the PDC.

License data is continuously provided throughout the year to the PDC by the 51 composite state medical boards (which regulate both allopathic and osteopathic physicians) and 14 state osteopathic boards (which regulate osteopathic physicians only) in the United States and the District of Columbia. Four additional territorial medical boards (Guam, Puerto Rico, the U.S. Virgin Islands and the Commonwealth of the Northern Mariana Islands) are also member boards of the FSMB, but their physician data was excluded from the current analysis. Because of their differing capacities and resources,

state boards submit information to the PDC at varying intervals throughout the year. Most state boards provide medical licensure information to the PDC on a monthly basis, with some boards able to provide such data weekly or even daily.

A physician record in the PDC is typically initiated when a U.S. medical school student or an IMG first registers to take the USMLE, a program created in 1992 that is co-sponsored by the FSMB and the National Board of Medical Examiners (NBME) and is required of U.S. and IMG allopathic physicians for licensure eligibility by state medical boards.

For U.S. osteopathic medical students who do not register for the USMLE\* and for physicians who were first licensed prior to the introduction of the USMLE and the COMLEX-USA in the early 1990s, license files from state boards serve as the initial PDC record and the source for a physician's record of successful completion of a licensure examination.

When the PDC receives additional physician data, each record is matched to a master physician-identity table using a set of algorithms developed by the FSMB. This systematic process allows the FSMB to track the same physician across multiple jurisdictions if more than one state license is sought at any time during the physician's professional career.

Though physicians in the United States are not licensed based on their specialty or practice focus, and specialty board certification is not a requirement for medical licensure, the PDC receives and supplements license data provided by state boards with specialty and subspecialty certification information obtained from the ABMS and the AOA. Deceased physicians are also identified and flagged in the PDC through information from state boards and an independent audit.

### *2017 Physician License Statistics and Trends*

An analysis of license data collected in 2017 in the United States and the District of Columbia reveals that there were 970,090 physicians with an active license to practice medicine, representing a net increase of 10% since 2012. State medical boards issued 89,973 new licenses to physicians during 2017, a figure which includes physicians obtaining their first license, one or more additional licenses (enabling practice in multiple jurisdictions) or a new license when moving

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\* Doctors of Osteopathic Medicine usually take the COMLEX-USA.

from one jurisdiction to another. 21,030 physicians received their first medical license from a state medical board in 2017.

As in 2012, the vast majority (91%) of actively licensed physicians in 2017 were allopathic physicians (MDs), while osteopathic physicians accounted for 9% of the actively licensed population (Table 1).

**Table 1**  
**2017 Physician License Statistics**

Physicians with an Active License to Practice Medicine in the United States and the District of Columbia	Counts	Percentages
<b>Total Number of Licensed Physicians in the United States</b>	<b>970,090</b>	<b>100.0%</b>
<b>Total Number of Licenses Issued during 2017</b>		
Total	89,973	9.3%
First Licenses Issued	21,030	2.2%
<b>Degree Type</b>		
Doctor of Medicine (MD)	880,917	90.8%
Doctor of Osteopathic Medicine (DO)	86,461	8.9%
Unknown	2,712	0.3%
<b>Medical School Type</b>		
U.S. and Canadian Graduates (MD or DO)	736,773	75.9%
International Medical Graduates	219,685	22.6%
Unknown	13,632	1.4%
<b>Age</b>		
Less than 30	19,278	2.0%
30-39 years	215,725	22.2%
40-49 years	231,178	23.8%
50-59 years	213,253	22.0%
60-69 years	187,487	19.3%
70+ years	98,909	10.2%
Unknown	4,260	0.4%
<b>Gender</b>		
Male	624,999	64.4%
Female	335,638	34.6%
Unknown	9,453	1.0%
<b>Certified by an ABMS/AOA Specialty Board*</b>		
Yes	768,357	79.2%
No	201,733	20.8%
<b>Number of Active Licenses</b>		
1	762,735	78.6%
2	147,158	15.2%
3 or more	60,197	6.2%

\* FSMB matched physician license data with ABMS and AOA certification data to obtain counts of physicians with an active license in the U.S. and the District of Columbia who also hold one or more active specialty or subspecialty certificates from an ABMS or AOA member board. The counts included in this census may vary from counts reported by the ABMS and AOA. ABMS Board Certification counts measure a broader geographic base and additional specialty related degrees. As with all counts and percentages, resident physician licenses were excluded when such licenses could be identified.

Source: Federation of State Medical Boards

Although there are substantially fewer physicians with a DO degree compared to those with an MD degree, the osteopathic medical profession is growing at a faster rate. From 2012 to 2017, the number of licensed physicians with a DO degree increased by 37%, compared to an 8% increase in the number of licensed physicians with an MD degree.

In 2017, 76% of physicians graduated from a U.S. or Canadian medical school (allopathic or osteopathic), 23% were IMGs, and for 1% of physicians, the medical school of graduation could not be determined because the information was not provided to the PDC. The actively licensed physicians identified in 2017 graduated from a total of 2,061 medical schools in 166 countries around the world. From 2012 to 2017, the number of actively licensed physicians who graduated from U.S. or Canadian medical schools increased by 11%, compared to a 12% increase of IMGs.

Table 2 lists the 10 U.S. allopathic and osteopathic medical schools with the largest number of graduates who have an active license to practice medicine in the United States. The 10 largest allopathic programs have produced about 10% of all licensed allopathic physicians. The 10 colleges of osteopathic medicine with the largest number of licensed physicians account for the majority (67%) of the nation's osteopathic physicians.

Table 3 provides a list of the 10 medical schools outside the United States or Canada that had the largest number of graduates with an active license to practice medicine in the United States. These 10 international medical schools account for 21% of IMGs with an active license in the United States.

Among the 219,685 actively licensed IMG physicians, the greatest percentage graduated from India (49,901 or 23%), followed by the Caribbean (38,686 or 18%), the Philippines (12,983 or 6%), Pakistan (12,772 or 6%) and Mexico (10,092 or 5%). The data also highlight a continued and substantial increase in the number of actively licensed physicians who graduated from a medical school in the Caribbean (Figure 6).\*

Caribbean medical school graduates represented 18% of actively licensed IMG physicians in 2017 compared to 13% in 2012. While the total number of IMGs with an active license in the United States increased by only 12% since 2012, the number of physicians who graduated from the Caribbean increased by 49% during the same time period (Figure 7). About 61% of the licensed IMGs from Caribbean medical schools are U.S. citizens, an increase of 73% since 2012 (Figure 8).

\* Medical schools in Puerto Rico and the U.S. Virgin Islands are not included in the FSMB's census in the listing of graduates from medical schools in the Caribbean because they are territories of the United States and have medical schools that are accredited by the LCME.

**Table 2**  
**U.S. Medical Schools and Colleges of Osteopathic Medicine**

U.S. Medical Schools and Colleges of Osteopathic Medicine with the Largest Number of Graduates Actively Licensed in the United States and the District of Columbia, 2017	City and State	Number of Actively Licensed Physicians
<b>Medical Schools</b>		
Indiana University School of Medicine	Indianapolis, IN	11,372
University of Minnesota Medical School	Minneapolis, MN	10,159
Wayne State University School of Medicine	Detroit, MI	9,460
SUNY Downstate Medical Center	Brooklyn, NY	8,919
Ohio State University College of Medicine and Public Health	Columbus, OH	8,864
Jefferson Medical College of Thomas Jefferson University	Philadelphia, PA	8,748
University of Illinois College of Medicine	Chicago, IL	8,612
University of Texas Medical Branch at Galveston	Galveston, TX	8,204
University of Texas Southwestern Medical Center at Dallas	Dallas, TX	8,138
New York Medical College	Valhalla, NY	8,119
<b>Colleges of Osteopathic Medicine</b>		
Philadelphia College of Osteopathic Medicine	Philadelphia, PA	9,153
Des Moines University, College of Osteopathic Medical Center	Des Moines, IA	7,351
Kansas City University of Medicine and Biosciences	Kansas City, MO	6,859
Kirkville College of Osteopathic Medicine	Kirkville, MO	5,667
NY Institute of Technology College of Osteopathic Medicine	Old Westbury, NY	5,422
Michigan State University College of Osteopathic Medicine	East Lansing, MI	5,293
Midwestern University, Chicago College of Osteopathic Medicine	Downers Grove, IL	4,814
Western University, College of Osteopathic Medicine of the Pacific	Pomona, CA	4,740
Lake Erie College of Osteopathic Medicine	Erie, PA	4,426
Nova Southeastern University, College of Osteopathic Medicine	Fort Lauderdale, FL	4,205

Source: Federation of State Medical Boards

**Table 3**  
**International Medical Schools**

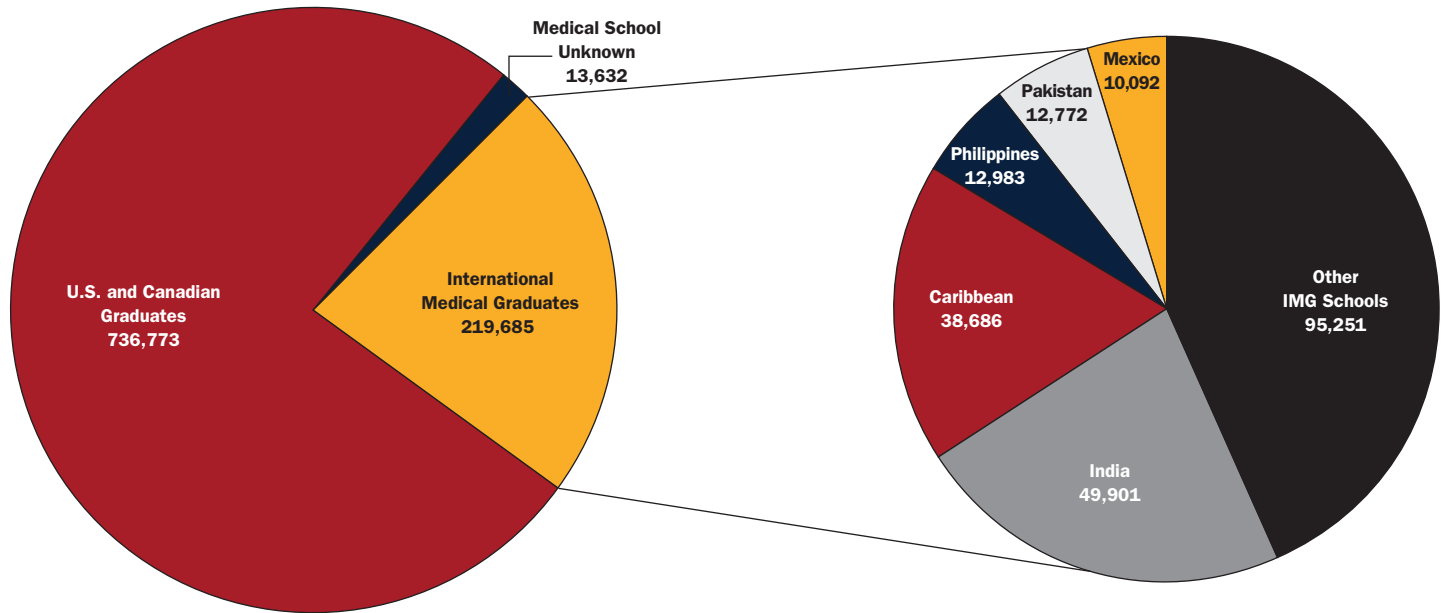
International Medical Schools with the Largest Number of Graduates Actively Licensed in the United States and the District of Columbia, 2017	Country	Number of Actively Licensed Physicians
<b>International Medical School</b>		
St. George's University	Grenada	10,122
Ross University	Dominica	9,366
Universidad Autonoma de Guadalajara	Mexico	5,772
American University of the Caribbean	Saint Maarten	4,538
University of Santo Tomas	Philippines	4,291
Dow Medical College, University of Karachi	Pakistan	3,227
University of Damascus	Syria	2,778
Osmania Medical College	India	2,155
University of the Punjab, King Edward Medical College	Pakistan	2,046
University of the East, Ramon Magsaysay Memorial Medical Center	Philippines	2,019

Source: Federation of State Medical Boards

The age composition of the licensed physician population reflects the gradual, but significant and certain shift seen in the general population during the past several years. Figure 9 shows that the population of licensed physicians who are 60 years of age or older

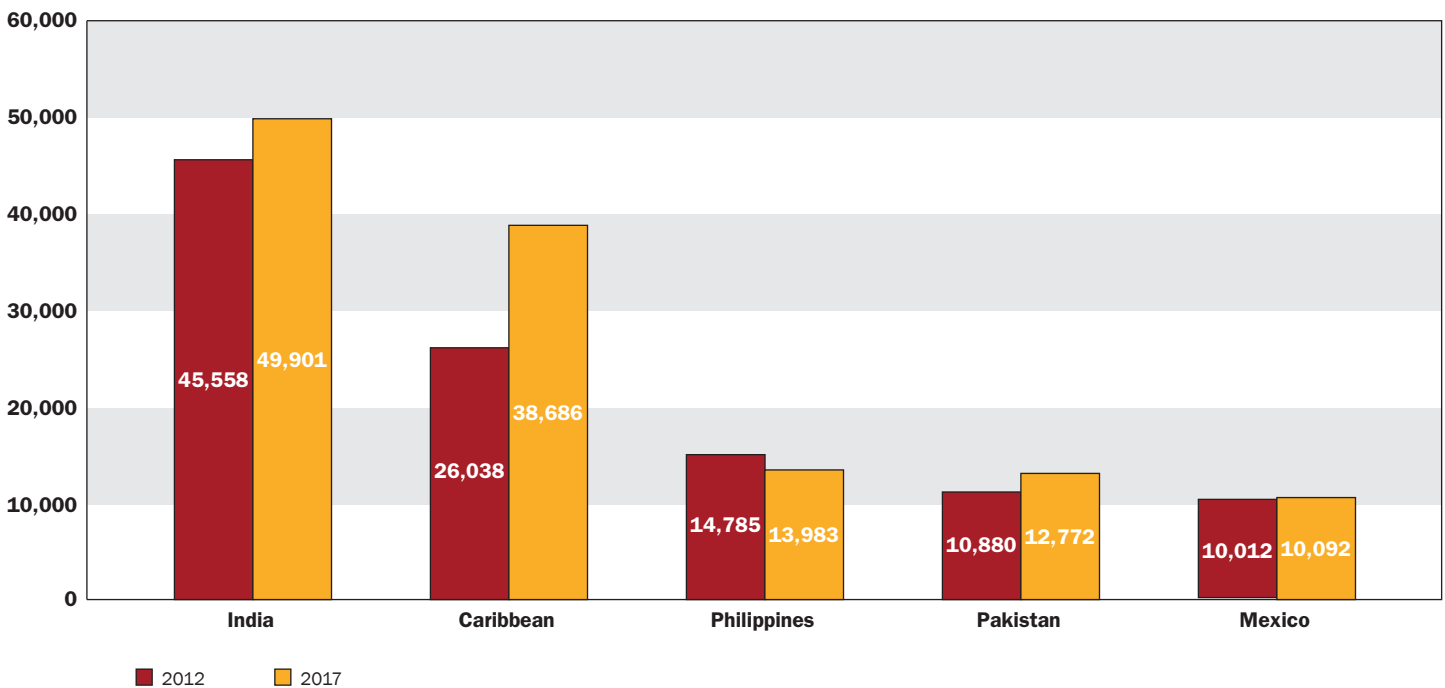
has continued to grow (30%, up from 26% in 2012). From 2012 to 2017, the physician population 60 years of age or older increased by 24%, compared to 13% for the population of physicians 49 years of age or younger.

**Figure 6**  
**Physicians with Active Licenses in the U.S. and the District of Columbia by Location of Medical School Graduation, 2017**



Source: Federation of State Medical Boards

**Figure 7**  
**Locations with the Largest Number of International Medical Graduates Actively Licensed in the United States and the District of Columbia, 2012 and 2017**

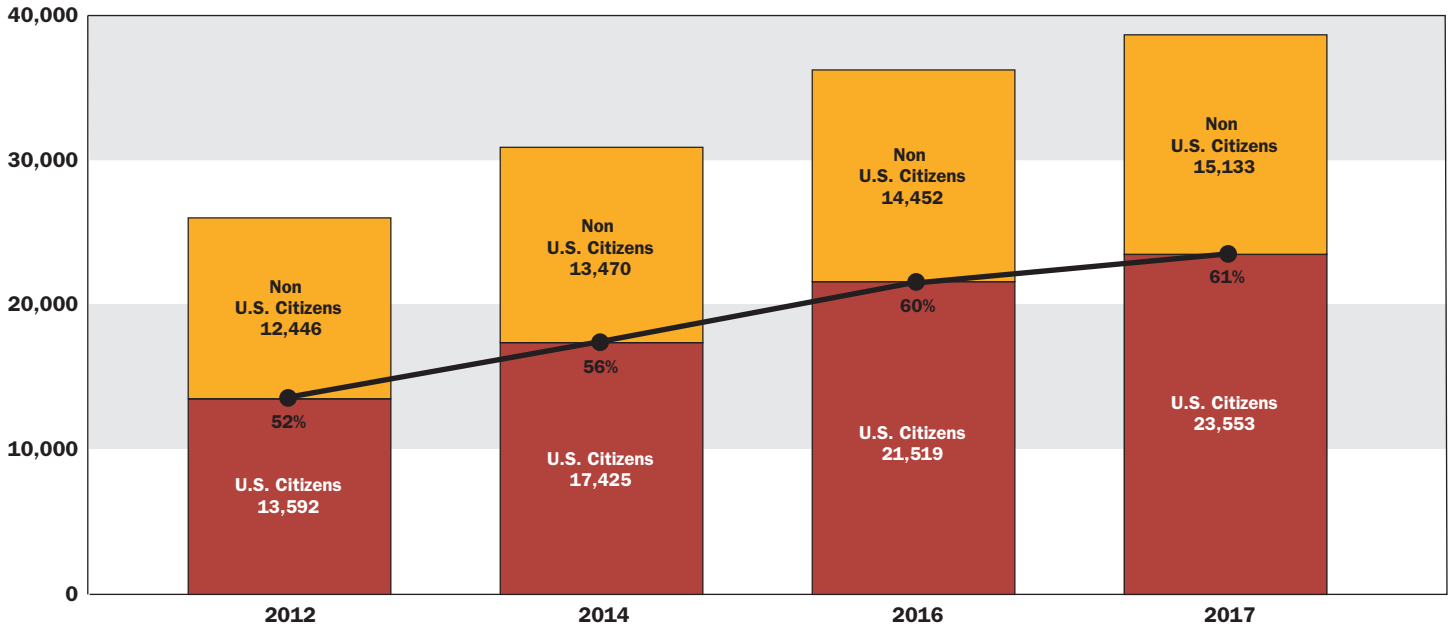


Source: Federation of State Medical Boards



**Figure 8**

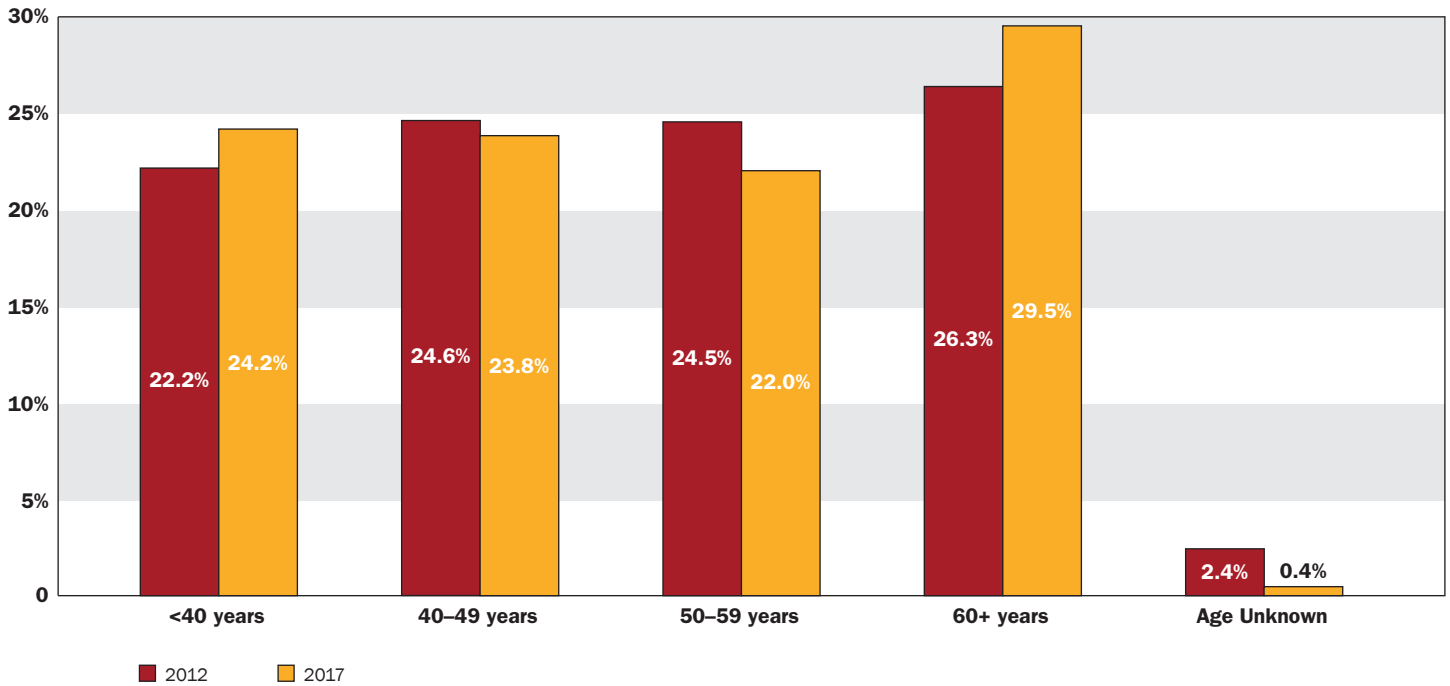
**U.S. Citizenship for Caribbean Medical School Graduates with an Active License in the United States and the District of Columbia by Year**



Source: Federation of State Medical Boards

**Figure 9**

**Physicians with an Active License in the United States and the District of Columbia by Age, 2012 and 2017**



Source: Federation of State Medical Boards

While the nation’s physician population is aging on the whole and the total distribution by gender remains relatively stable (with males constituting 64% of licensed physicians), some disparities do exist between male and female physicians in different age groups. From 2012 to 2017, the number of actively licensed physicians who were female increased by 27%, compared to an increase of 8% for male physicians. When looking at further categorizations by age and gender, 34% of female physicians in 2017 were 39 years of age or younger compared with 19% of male physicians. This trend is reversed when looking at older physicians — that is, 36% of male physicians are 60 years of age or older, compared to 16% of female physicians (Figure 10).

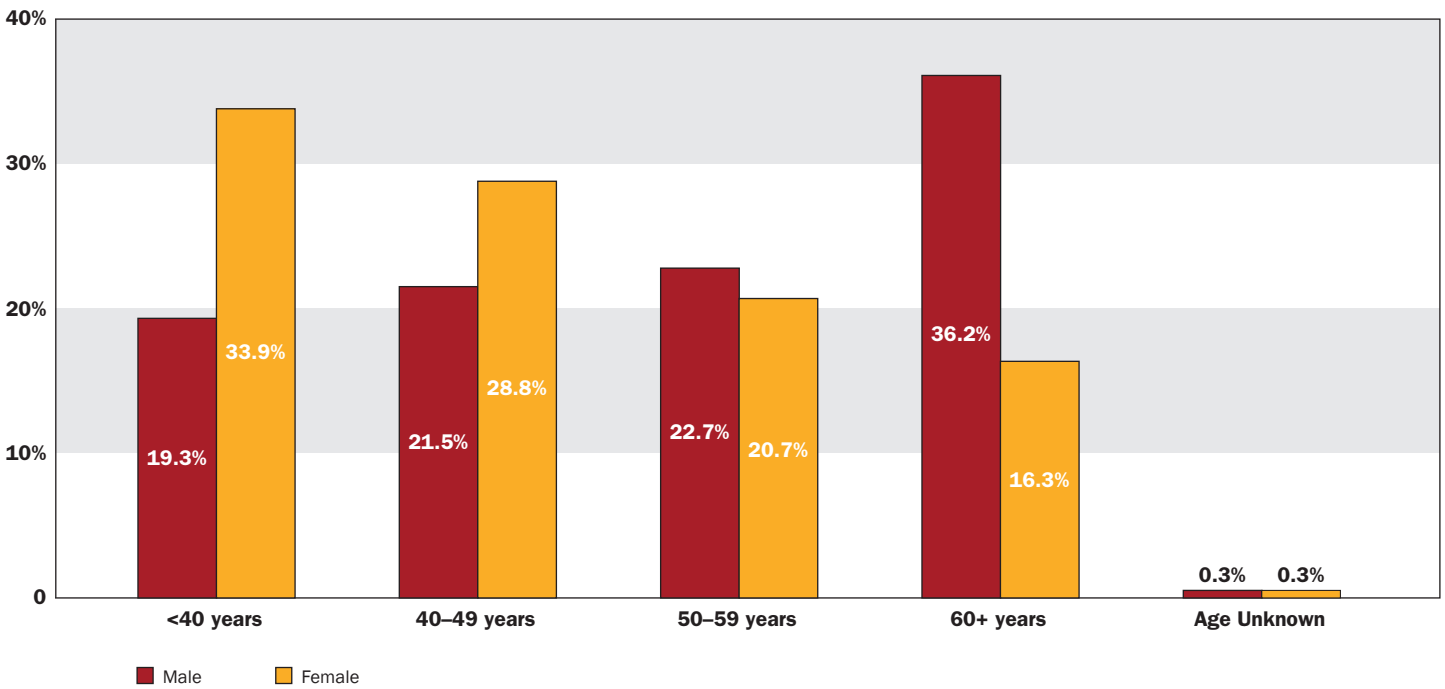
According to the FSMB’s 2017 license data, 79% of actively licensed physicians in the United States and the District of Columbia are certified by an ABMS or AOA specialty board (Table 1). As demonstrated in Figure 11, the strong and expected relationship between specialty certification and age continues to exist. The percentage of actively licensed physicians with ABMS or AOA

certification dramatically increases from 17% for individuals who are less than 30 years old to 77% for those 30 to 39 years old; peaks at 88% for those 40 to 49 years old; and decreases to 62% for physicians 70 years and older.

The overall percentage of physicians with multiple active licenses remains relatively static: 79% of physicians currently hold one active license, 15% hold two active licenses and 6% hold three or more active licenses. A closer look at the data shows some differences by gender and specialty certification. Twenty-three percent of male physicians, compared with 18% of female physicians, hold more than one license. Physicians with an ABMS/AOA certification are more likely to have two or more active licenses (23%) than physicians without a certification (15%).

The 2017 state-by-state totals in Table 4 provide additional information about the geographic breakdown of actively licensed physicians in the United States. The 970,090 physicians with an active license to practice medicine in the United States represent a physician-to-

**Figure 10**  
**Physicians with an Active License in the United States and District of Columbia by Gender and Age, 2017**



Source: Federation of State Medical Boards

population ratio of 298 actively licensed physicians for every 100,000 people in the United States and the District of Columbia, a figure that has increased from 280 per 100,000 people in 2012.

**Interstate Medical Licensure Compact Statistics**

In 2015, a group of U.S. state medical boards joined together to launch the Interstate Medical Licensure Compact, which offers a new, expedited pathway to licensure for qualified physicians who wish to practice in multiple states. In addition to streamlining the medical licensure process, the Compact is intended to help provide access to health care for patients in underserved or rural areas and to allow them to more easily connect with medical experts through the use of telemedicine technologies.

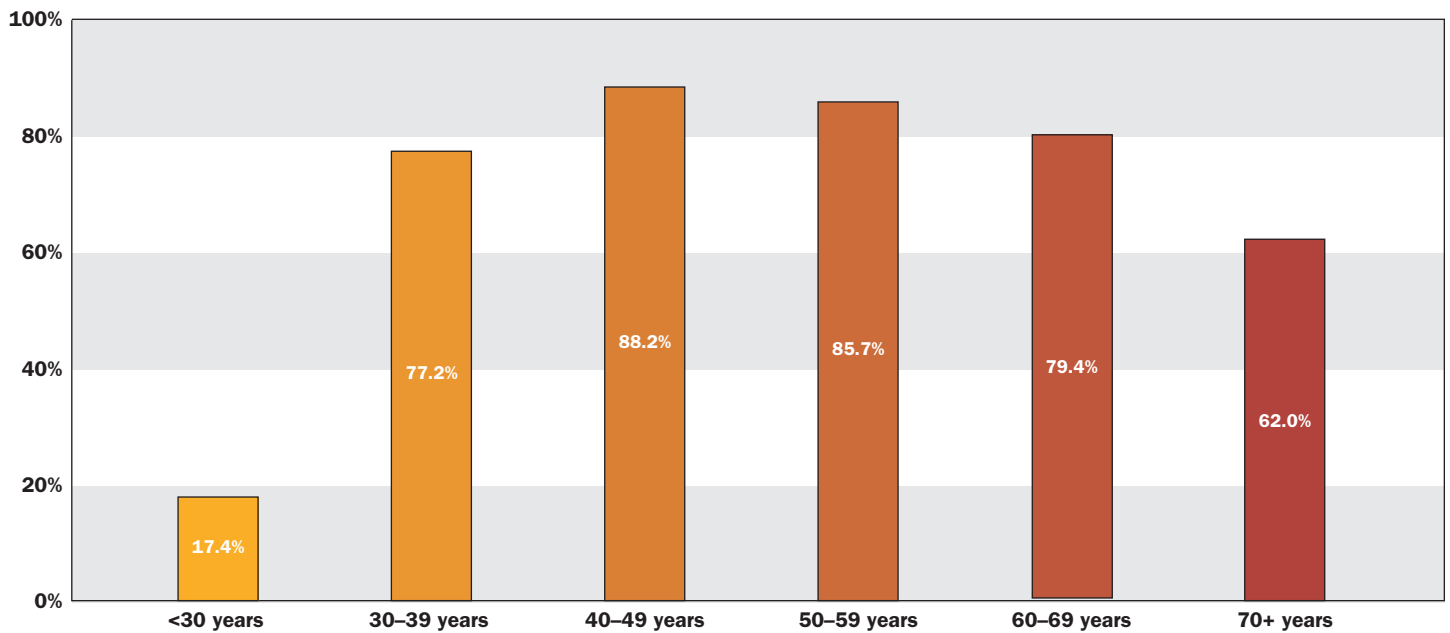
As of late 2018, 24 states, the District of Columbia, and one U.S. territory are participating members. (See page 6 in Section I for more information about the Compact).

To participate, an eligible physician designates a member state as the State of Principal Licensure and selects the other member states in which a medical license is desired. Upon receipt of this verification in the additional Compact states, the physician is granted a separate, full and unrestricted license to practice in each of those states.

The Compact’s administrative body, the Interstate Medical Licensure Compact Commission (IMLCC), began processing requests for expedited licensure in April 2017. As of August 2018, it had processed 1,705 applications and 3,096 licenses had been issued by states participating in the Compact.

During this time period, an average of three licenses per physician were issued, and overall, application volume rose (see Figure 12). The month-by-month volume for licenses issued using the Compact process in 2018 was higher than in 2017 (see Figure 13).

**Figure 11**  
**Percentage of Physicians with an Active License and ABMS and AOA Certification in the United States and District of Columbia by Age, 2017**



Source: Federation of State Medical Boards

**Table 4**  
**Physicians with an Active License by State**

Physicians with an Active License by State and the District of Columbia, 2017 <sup>a</sup>	Licensed Physicians	Population Counts <sup>b</sup>	Physicians Per 100,000 Population
United States	970,090	325,719,178	298
Alabama	16,155	4,874,747	331
Alaska	3,702	739,795	500
Arizona	26,887	7,016,270	383
Arkansas	10,436	3,004,279	347
California	152,936	39,536,653	387
Colorado	22,505	5,607,154	401
Connecticut	19,750	3,588,184	550
Delaware	5,319	961,939	553
District of Columbia	12,067	693,972	1,739
Florida	78,377	20,984,400	374
Georgia	35,523	10,429,379	341
Hawaii	10,114	1,427,538	708
Idaho	6,173	1,716,943	360
Illinois	43,689	12,802,023	341
Indiana	27,512	6,666,818	413
Iowa	12,208	3,145,711	388
Kansas	9,714	2,913,123	333
Kentucky	19,153	4,454,189	430
Louisiana	17,005	4,684,333	363
Maine	7,019	1,335,907	525
Maryland	30,553	6,052,177	505
Massachusetts	35,117	6,859,819	512
Michigan	47,836	9,962,311	480
Minnesota	24,176	5,576,606	434
Mississippi	10,537	2,984,100	353
Missouri	25,960	6,113,532	425
Montana	5,662	1,050,493	539
Nebraska	10,320	1,920,076	537
Nevada	9,002	2,998,039	300
New Hampshire	7,510	1,342,795	559
New Jersey	36,688	9,005,644	407
New Mexico	9,367	2,088,070	449
New York	95,066	19,849,399	479
North Carolina	40,487	10,273,419	394
North Dakota	4,020	755,393	532
Ohio	47,709	11,658,609	409
Oklahoma	13,440	3,930,864	342
Oregon	15,067	4,142,776	364
Pennsylvania	54,797	12,805,537	428
Rhode Island	5,889	1,059,639	556
South Carolina	18,941	5,024,369	377
South Dakota	4,413	869,666	507
Tennessee	23,611	6,715,984	352
Texas	80,616	28,304,596	285
Utah	11,659	3,101,833	376
Vermont	3,921	623,657	629
Virginia	40,424	8,470,020	477
Washington	29,406	7,405,743	397
West Virginia	8,087	1,815,857	445
Wisconsin	25,814	5,795,483	445
Wyoming	3,962	579,315	684
<b>State and D.C. Totals<sup>c</sup></b>	<b>1,316,301</b>	<b>325,719,178</b>	<b>404</b>

a. State counts are based on physician data recorded by the FSMB using state medical board license files from 2017 and reflect the number of physicians with a full and unrestricted license. Resident physician licenses were excluded when such licenses could be identified.

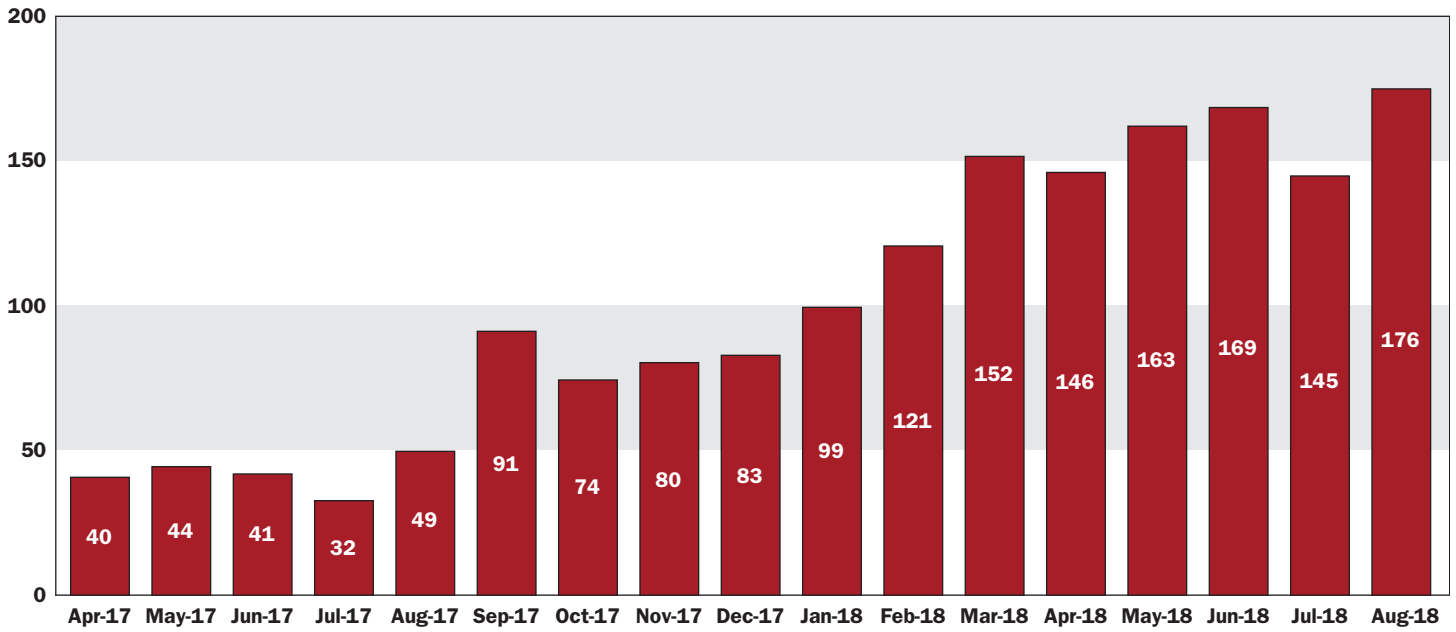
b. U.S. Census Bureau, Population Division, July 2017

c. Physician counts by state do not add up to 970,090 because some physicians maintain active licenses in more than one jurisdiction.

Source: Federation of State Medical Boards

**Figure 12**

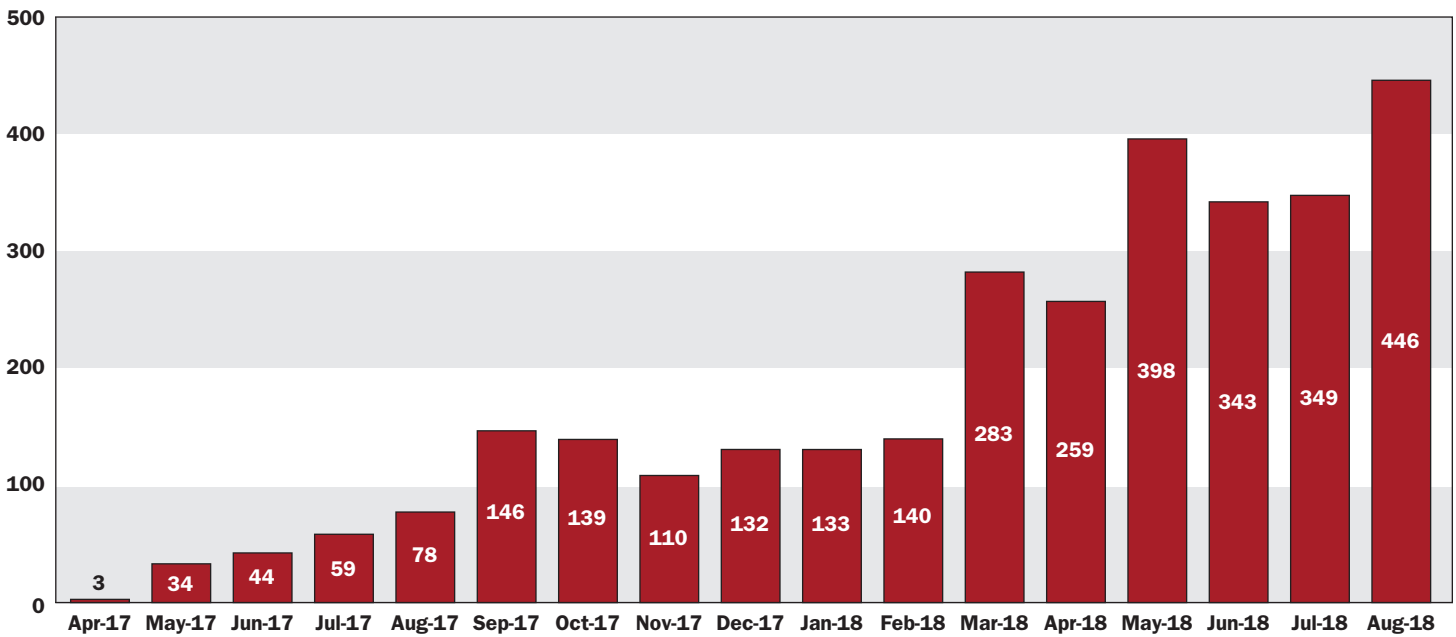
**Applications Processed through the Interstate Medical Licensure Compact, 2017–2018**



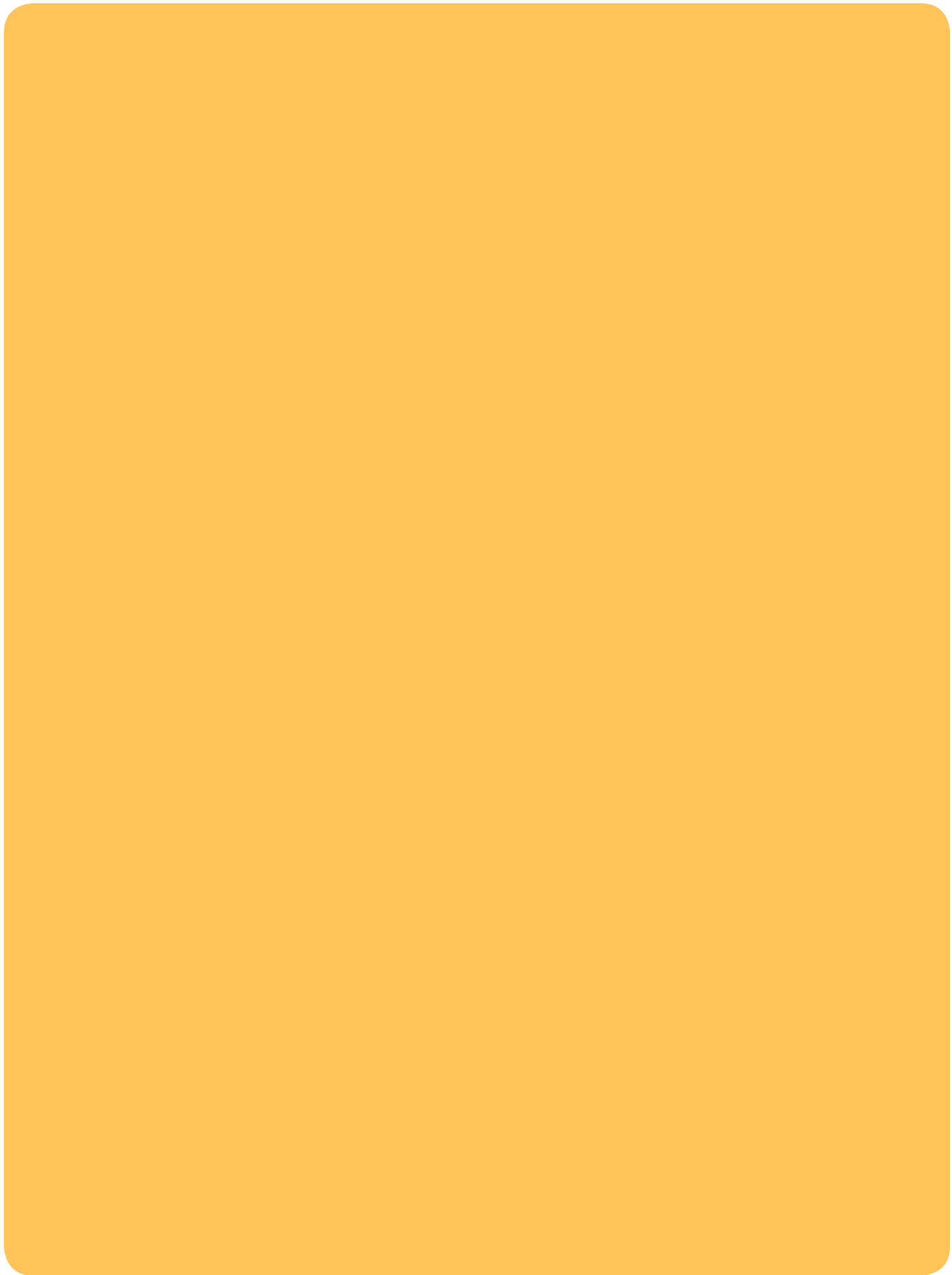
Source: Interstate Medical Licensure Compact

**Figure 13**

**Licenses Issued through the Interstate Medical Licensure Compact, 2017–2018**



Source: Interstate Medical Licensure Compact



# Section III:

## State Medical Board Data

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## Section III: State Medical Board Data

### Introduction

The FSMB conducts a periodic comprehensive query of state medical boards intended to gather data about each board's composition, governance structure, funding basis, and other procedural and operational details. Data collected includes information about state licensure and disciplinary standards and requirements, regulations for physician dispensing of drugs, scope of practice parameters and many other facets of state medical board activity.

The information presented here about state medical board structure and activity is based directly on data submitted by the member boards that make up the FSMB. The eligibility and documentation requirements reported here are established by the medical practice acts and related statutes of each state and by the rules and regulations of each state medical board. This information is not intended to be definitive or to be a legal reference, and the FSMB does not assume responsibility for the completeness or accuracy of the information reported by the individual states.

Because licensing requirements can change at any time, any publication reporting such requirements for multiple jurisdictions, however often revised, will contain some dated information. Therefore, all entries in this report should be verified with the individual licensing board. Further information and details should be sought directly from those boards.

The FSMB thanks the state medical boards for the time and effort they put into providing this information.

### Glossary

**Administrative License:** A license to practice medicine limited to non-clinical activity.

**Camp doctor license/registration:** A temporary license to allow out-of-state physicians to practice medicine at a camp, school, or resort for a limited term.

**CME:** Continuing medical education.

**Consent agreement:** An agreement between a physician and a state medical board closing an open investigation prior to or following a formal interview or formal hearing. A consent agreement typically contains language waiving a physician's right of appeal and may be non-disciplinary, depending on the issues involved.

**DC:** Doctor of Chiropractic.

**DO:** Doctor of Osteopathic Medicine or Doctor of Osteopathy.

**DPM:** Doctor of Podiatric Medicine

**ED:** Executive Director.

**EMT:** Emergency Medical Technician.

**Emeritus License:** A license issued to a physician who is completely retired from the active practice of medicine.

**Faculty/educational license:** A license to practice medicine limited to the scope of the physician's practice as an instructor at an educational facility.

**Formal board actions:** Procedures taken by a state medical board against a physician when there is evidence that the physician violated a state's Medical Practice Act.

**Full, Unrestricted License:** A license to practice medicine.

**Hearing officer:** A person to whom a state medical board has delegated its authority to conduct a hearing concerning the discipline of a licensee.

**Impaired Physician Treatment Program:** A program of prevention, detection, intervention, rehabilitation and monitoring of licensees with potentially impairing illnesses or conditions, approved and/or recognized by the state medical board.

**Informal actions:** Procedures by a state medical board that generally lack courtroom rules and structure, are not recorded, do not place individuals under oath, and for which the transcript is typically inadmissible in a formal proceeding. Participation of the licensee who is the subject of the investigation is not always required.

**Institutional Practice License:** A license to practice medicine limited to the scope of the physician's institutional practice and the physician's relationship with the institution.

**Limited/Special Purpose License:** A license to practice medicine for a limited term and/or limited scope.

**Locum Tenens License:** A license to practice medicine issued to a physician who is filling an office for a time or temporarily taking the place of another.

**MD:** Doctor of Medicine.

**Medical Practice Act:** Individual state statutes that set out the structure and responsibilities of each state medical and osteopathic board.

**Military License:** A license to practice medicine issued to members of the U.S. Armed Forces.

**Non-physician clinician:** A health care practitioner with formal education and clinical training who is credentialed through certification, registration and/or licensure (non-physicians). These practitioners are sometimes referred to as allied health professionals.

**PA:** Physician Assistant.

**PHP:** Physician Health Program. PHPs help addicted physicians get the drug, alcohol and mental health treatment they need to keep their license and return to practice.

**Prescription Monitoring Program:** A statewide electronic database that collects information about controlled-substance prescribing, and sometimes data on particular drugs of concern.

**Probation:** A disciplinary action taken by a state medical board that extends over a specified period of time where the licensee is monitored periodically by the board to assure compliance with the terms and conditions established in the board's order.

**Public member:** Members of state medical boards who do not have a license issued by the licensing board on which they sit. While many public members are not medically trained, some do have medical backgrounds.

**Resident:** A physician who is enrolled in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or other programs recognized by a state medical board.

**Resident License:** A license to practice medicine issued to one who is currently enrolled in an accredited residency program.

**Retired/Inactive License:** A license issued to one who is completely retired from the active practice of medicine.

**Revocation:** A disciplinary action taken by a state medical board that withdraws a physician's license to practice medicine.

**Scheduled drugs:** Controlled substances.

**Stipulation agreement:** An agreement between a state medical board and a licensee that may be amendable.

**Summary suspension:** A disciplinary action that immediately removes a physician from practice pending a formal hearing when there is evidence of an imminent danger to the public health and safety if the physician were to remain in practice during the normal complaint resolution or formal hearing process.

**Suspension:** A disciplinary action taken by a state medical board ordering a licensee to temporarily cease the practice of medicine.

**Temporary License:** A license to practice medicine for a limited term.

**Volunteer License:** A license to practice medicine issued to those who provide voluntary care (and do not receive remuneration) in medically underserved areas.

## Notes About State Medical Board Data in this Report

In the charts that follow, use of an "X" means "yes" and use of a dash (-) means "no." Use of "N/A" means "not applicable." If a space is left blank, it means that information was not available at the time of publication.

Some states have separate boards for medical doctors (MD) and osteopathic doctors (DO). In these cases, the boards are referred to with either an "M" for medical or an "O" for osteopathic (for example, the two California boards are designated CA-M and CA-O).

## State Medical Board Abbreviations

**AL:** Alabama Board of Medical Examiners

**AK:** Alaska State Medical Board

**AZ-M:** Arizona Medical Board

**AZ-O:** Arizona Board of Osteopathic Examiners in Medicine and Surgery

**AR:** Arkansas State Medical Board

**CA-M:** Medical Board of California

**CA-O:** Osteopathic Medical Board of California

**CO:** Colorado Medical Board

**CT:** Connecticut Medical Examining Board

**DE:** Delaware Board of Medical Licensure and Discipline

**DC:** District of Columbia Board of Medicine

**FL-M:** Florida Board of Medicine

**FL-O:** Florida Board of Osteopathic Medicine

**GA:** Georgia Composite Medical Board

**GU:** Guam Board of Medical Examiners

**HI:** Hawaii Medical Board

**ID:** Idaho Board of Medicine

**IL:** Illinois Department of Financial and Professional Regulation: Division of Professional Regulation\*

**IN:** Medical Licensing Board of Indiana

**IA:** Iowa Board of Medicine

**KS:** Kansas State Board of Healing Arts

**KY:** Kentucky Board of Medical Licensure

**LA:** Louisiana State Board of Medical Examiners

**ME-M:** Maine Board of Licensure in Medicine

**ME-O:** Maine Board of Osteopathic Licensure

**MD:** Maryland Board of Physicians

**MA:** Massachusetts Board of Registration in Medicine

**MI-M:** Michigan Board of Medicine

**MI-O:** Michigan Board of Osteopathic Medicine and Surgery

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\* Note: Illinois has separate licensing and disciplinary boards. In this report, the licensing board is referred to as "MLB" and the disciplinary board is referred to as "MDB."

**MN:** Minnesota Board of Medical Practice

**MO:** Missouri State Board of Registration for the Healing Arts

**MP:** Commonwealth of the Northern Mariana Islands Health Care Professions Licensing Board

**MS:** Mississippi Board of Medical Licensure

**MT:** Montana Board of Medical Examiners

**NE:** Nebraska Board of Medicine and Surgery

**NV-M:** Nevada State Board of Medical Examiners

**NV-O:** Nevada State Board of Osteopathic Medicine

**NH:** New Hampshire Board of Medicine

**NJ:** New Jersey State Board of Medical Examiners

**NM-M:** New Mexico Medical Board

**NM-O:** New Mexico Board of Osteopathic Medical Examiners

**NY:** New York State Board for Medicine and New York State Office of Professional Medical Conduct\*\*

**NC:** North Carolina Medical Board

**ND:** North Dakota Board of Medicine

**OH:** State Medical Board of Ohio

**OK-M:** Oklahoma Board of Medical Licensure and Supervision

**OK-O:** Oklahoma State Board of Osteopathic Examiners

**OR:** Oregon Medical Board

**PA-M:** Pennsylvania State Board of Medicine

**PA-O:** Pennsylvania State Board of Osteopathic Medicine

**PR:** Puerto Rico Board of Medical Licensure and Discipline

**RI:** Rhode Island Board of Medical Licensure and Discipline

**SC:** South Carolina Board of Medical Examiners

**SD:** South Dakota Board of Medical and Osteopathic Examiners

**TN-M:** Tennessee Board of Medical Examiners

**TN-O:** Tennessee Board of Osteopathic Examination

**TX:** Texas Medical Board

**UT-M:** Utah Physicians Licensing Board

**UT-O:** Utah Osteopathic Physicians and Surgeons Licensing Board

**VT-M:** Vermont Board of Medical Practice

**VT-O:** Vermont Board of Osteopathic Physicians and Surgeons

**VI:** Virgin Islands Board of Medical Examiners

**VA:** Virginia Board of Medicine

**WA-M:** Washington Medical Quality Assurance Commission

**WA-O:** Washington Board of Osteopathic Medicine and Surgery

**WV-M:** West Virginia Board of Medicine

**WV-O:** West Virginia Board of Osteopathic Medicine

**WI:** Wisconsin Medical Examining Board

**WY:** Wyoming Board of Medicine

## Background Notes About the Tables

Included here are background notes about each of the tables in this section, in the order in which they appear.

**Board Membership Composition 1:** Provides information about who serves on state boards of medicine and some of the details of their board service, including number of physicians with MD or DO degrees, number of public members, length of term and whether they can serve more than one term.

**Board Membership Composition 2:** Provides more details about additional specific requirements for board composition in the various states. For example, some boards require that members must come from specific geographic locations, or that physician members be affiliated with a medical school.

**Board Membership Nomination:** Provides details about how board members are appointed or selected and the frequency with which officers are selected.

**Activities Within the Authority or Responsibility of the Board:** Defines the scope of duties assigned to boards, such as the adoption of rules and regulations, issuance of licenses and disciplinary investigations.

**Medical Disciplines Under Purview of the Board 1:** Specifies the professions that the board regulates. Some boards regulate physicians only; others regulate health professionals such as chiropractors or physician assistants in addition to physicians.

**Medical Disciplines Under Purview of the Board 2:** Provides additional details about the professions regulated by the boards.

**Board Autonomy/Decision-Making Authority:** Provides details on level of autonomy within which boards function. For example, independent boards exercise all licensing and disciplinary powers (though some functions may be provided by other agencies); semi-independent boards may retain some authority with key powers, while another agency may be involved; and advisory boards act in a purely advisory role to another agency.

**Number of Full-Time, Part-Time and Temporary/Seasonal Staff Employed by or Assigned to the Board 1:** Provides information about the number of board personnel in specific categories and whether board personnel work on a part time, full time or seasonal basis. In this table: chief executive, managers and administrative workers.

**Number of Full-Time, Part-Time and Temporary/Seasonal Staff Employed by or Assigned to the Board 2:** Provides information about the number of board personnel in specific categories and whether board personnel work on a part time, full time or seasonal basis. In this table: investigative personnel or legal counsel.

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\*\*Note: New York has separate licensing and disciplinary boards. In this report, the licensing board is referred to as "BM" (Board for Medicine) and the disciplinary board is referred to as "PMC" (Professional Medical Conduct)

**Number of Full-Time, Part-Time and Temporary/Seasonal Staff Employed by or Assigned to the Board 3:** Provides information about the number of board personnel in specific categories and whether board personnel work on a part time, full time or seasonal basis. In this table: hearing officers or medical directors.

**Legal Counsel and Board Investigators:** Specifies the sources from which boards obtain legal counsel, including in-house counsel, the Attorney General, or another source within the health department or state. In addition, specifies which entity within states employs board investigators.

**Hearing Officers' Employment Status:** Specifies which entity within states employs hearing officers.

**Board Budget Authority and Reserve Fund Information 1:**

Provides information about the level of authority boards have over their budgets and reserve funds. "Independent Decision Authority" indicates that the board exercises all powers related to collected income. "Semi-Independent Decision Authority" indicates that the board creates its own budget but it must be approved by an oversight body. "Advisory Authority" indicates that the board has no input in the budget process and is granted funds by a parent agency.

**Board Budget Authority and Reserve Fund Information 2:** Provides additional details about boards' budgetary authority, including whether boards have reserve funds, the percentage of funds generated by board activities dedicated to boards' budgets, and an explanation of the board's budgetary authority if it does not fit into the independent, semi-independent or advisory categories of authority in the previous table.

**Entities Reporting Possible Violations to the Board 1:** Specifies individuals and entities required to report possible violations to the board. For example, most boards require self-reporting by licensees and peer licensees of violations. Many states require courts, hospitals, local professional societies and malpractice insurance carriers to report violations as well.

**Entities Reporting Possible Violations to the Board 2:** Provides additional entities required to report possible violations of the Medical Practice Act to the board, including law enforcement agencies, state professional societies, peer review committees, and federal agencies.

**Information About Complaints or Reports of Possible Violations:** Provides information related to the filing of complaints or possible violations to medical boards. For example, some boards are authorized to assess civil penalties for failure to report possible violations to the medical board.

**Confidentiality of Complaints or Reports of Possible Violations Made in Good Faith:** Provides information about the extent of the board's policy on the confidentiality of complaints it receives. For example, in most states complaints are not made public, but they may be shared with other medical boards.

**Administrative Hearing Participants and Procedures 1:** Specifies participants in board administrative hearings for licensees under investigation.

**Administrative Hearing Participants and Procedures 2:** Provides additional state-specific details about procedures at administrative hearings.

**Standards of Proof Required in Disciplinary Matters:** Specifies standard of proof required by boards in disciplinary matters, including Preponderance of Evidence, Clear and Convincing Evidence, and Evidence Beyond a Reasonable Doubt.

**Informal Investigations or Informational Conferences:** Provides information about boards permitting informal investigations or informational conferences with licensees under investigation.

**Allowable Actions or Sanctions 1:** Specifies disciplinary actions and sanctions boards are authorized to administer. In this table: revocations, summary suspensions and suspensions, probations, consent agreements, and fines.

**Allowable Actions or Sanctions 2:** Provides additional details about disciplinary actions and sanctions boards are authorized to administer. In this table: private and public reprimands, letters of censure and concern, and collection of costs of proceedings.

**Approved or Authorized Impaired Physician Treatment Programs:** Provides information about entities authorized by the state medical board to administer treatment programs for impaired physicians.

**Reporting of Participants in Impaired Physician Treatment Programs:** Provides information about requirements for reporting of impaired physician treatment program participants. For example, most programs are required to report the names of licensees who fail to satisfactorily complete a program to the board.

**Sharing Information with Public and Other Boards 1:** Specifies information boards share with the public and other medical boards, including license status, disciplinary and educational history, and complaint and investigation information.

**Sharing Information with Public and Other Boards 2:** Provides additional details about information boards share with the public and other medical boards, including informal and formal actions and agreements, license application denials, and examination irregularities.

**Physician Profile Information 1:** Specifies information available from profiles of physicians maintained by boards, including license status, medical education, specialty board certifications, board and hospital disciplinary actions, criminal convictions, and medical malpractice.

**Physician Profile Information 2:** Provides additional details of information available from profiles of physicians maintained by medical boards.

**Physician Profile Information 3:** Provides information about how profiles of physicians maintained by medical boards can be accessed by public.

**Regulations for Dispensing Scheduled Drugs:** Specifies states permitting physicians to dispense scheduled drugs and the agency charged with regulating the practice.

**Prescription Monitoring Program 1:** Specifies states with prescription monitoring programs and entities allowed program access.

**Prescription Monitoring Program 2:** Specifies state agencies responsible for operating prescription monitoring programs.

**Educational/Informational Programs Offered by Board 1:** Provides details about educational programs offered by boards to the public and licensees.

**Educational/Informational Programs Offered by Board 2:** Provides details about educational programs offered by boards to medical students and residents.

**Educational/Informational Programs Offered by Board 3:** Provides details about training programs offered by boards to their board members, and the availability of online continuing medical education developed by boards for licensees.

**Types of Licenses Issued (in Addition to Full, Unrestricted License):** Specifies types of licenses issued by boards, including special purpose, resident, locum tenens, and volunteer licenses.

**License Types and Applications:** Provides additional types of licenses issued by boards, and information about board online license applications.

**Online Access to Medical Practice Act and Relevant Board Rules:** Provides web addresses for state Medical Practice Acts and relevant rules.

**Administration of the U.S. Medical Licensing Examination Steps 1 and 2:** Provides details about the administration of Steps 1 and 2 of the United States Medical Licensing Examination (USMLE), including the number of times candidates can take these Steps, and how much time may pass before both Steps are completed.

**Administration of the U.S. Medical Licensing Examination Step 3: Time Limits for Completion:** Provides additional details about the administration of the United States Medical Licensing Examination (USMLE), including the number of times candidates can take Step 3, and other requirements for completion of the USMLE.

**Administration of the Comprehensive Osteopathic Medical Licensing Examination: Time Limits for Completion:** Provides details about administration of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX), including the number of times candidates can take the examination, and how much time may pass before all of its levels are completed.

**Endorsement Policies for Physicians Holding an Initial License:** Provides information about requirements for endorsement, a process in which a state issues an unrestricted license to practice medicine to an individual who holds a valid and unrestricted license in another jurisdiction.

**Additional Requirements for Endorsement of Licenses Held by International Medical Graduates (IMGs):** Provides information about additional requirements for license endorsement for International Medical Graduates (IMGs).

**Initial Licensure of U.S. Medical/Osteopathic School Graduates:** Specifies how much U.S. or Canadian Graduate Medical Education, commonly known as residency, is required for licensure.

**Initial Licensure of Canadian Citizens Who Are Graduates of Accredited Canadian Medical Schools:** Provides details of what is required for Canadian citizens who have graduated from accredited Canadian medical schools and want to practice in the United States.

**Initial Licensure of International Medical Graduates (IMGs):** Provides information about various licensure requirements and standards for International Medical Graduates (IMGs) who want to practice in the United States.

**Additional Policies Concerning International Medical Graduates (IMGs):** Provides additional details about various licensure requirements and standards for IMGs who want to practice in the United States — for example, whether GME completed in foreign countries is accepted as a part of educational requirements.

**Accredited Subspecialties and Non-Accredited Fellowships That Satisfy Graduate Medical Education Requirements for Licensure:** Provides information about whether various non-accredited fellowships and accredited subspecialty GME can be accepted and applied toward educational requirements for licensure.

**Initial Licensure Fees and Requirements:** Provides details about fees required of physicians for licensure, including initial licensure and subsequent license renewal, and the time frame between license renewals.

**Continuing Medical Education Requirements:** Provides information about how many Continuing Medical Education (CME) credits are required in order for physicians' licenses to be renewed, as well as specific categories of CME that are required.

**Regulations on the Practice of Telemedicine and Out-of-State Physicians:** Provides details about licensure requirements for physicians who want to practice telemedicine.

**Universal Licensure Application Form:** Provides information about the usage by state boards of the FSMB's Uniform Application for Physician State Licensure (UA), which simplifies and streamlines the licensure application process.

## Board Requirements on Re-entry to Practice 1

	Board has policy on physician re-entry to practice	Decide on case by case basis	SPEX/COMVEX	CME	Fitness-to-practice evaluation
AL	—	X	—	—	—
AK	X	X	X	X	X
AZ-M					
AZ-O					
AR	X	X	—	X	X
CA-M	X	X	—	—	X
CA-O	X	X	X	—	X
CO	X	X	—	X	—
CT	—	X	X	X	X
DE	X	X	—	—	—
DC	X	X	X	X	X
FL-M	—	X	X	X	X
FL-O					
GA	X	X	X	X	X
GU	X	X	X	X	—
HI	—	X	X	X	X
ID	—	X	X	X	—
IL	X	X	X	X	X
IN	—	X	X	X	X
IA	X	X	X	—	X
KS	—	X	—	—	—
KY	X	X	X	X	X
LA	X	X	X	X	X
ME-M	f	X	X	X	X
ME-O	X	X	X	X	X
MD	X	X	X (Only a requirement if licensees meet certain criteria)	X	—
MA	—	X	X	X	X
MI-M	—	X	—	—	—
MI-O	—	X	—	—	—
MN	—	—	—	—	—
MS	X	—	—	—	X
MO	—	X	X	X	X
MP	X	X	—	X	X
MT	X	X	X	X	X
NE	X	X	X	X	X
NV-M	X	X	X	—	X
NV-O	If after 3 years without license, must reapply like new applicants	—	—	If license expired 3 years or less, show proof or pay fine for lack of credits	—
NH	—	X	X	X	X
NJ	—	X	X	X	—
NM-M	X	X	X	X	X
NM-O					
NY	(—) (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)
NC	X	X	—	X	—
ND	—	X	X	X	X
OH	—	X	X	X	X
OK-M	X	X	X	X	X
OK-O	—	X	X	X	X
OR	X	—	—	X	—
PA-M	X	X	X	X	X
PA-O	—	X	—	X	—
PR					
RI	NA	X	NA	X	NA
SC	X	X	X	X	X
SD			—		
TN-M	X				
TN-O	X				
TX	—	X	X	X	—
UT-M	—	X	X	X	X
UT-O	—	X	X	X	X
VT-M	—	X	—	—	—
VT-O					
VI					
VA	X	X	X	X	X
WA-M	X (Guideline)	X	—	X	
WA-O	X (Administrative rule WAC 246-853-245)	X	X	X	Addressed under Uniform Disciplinary Act chapter 18.130 RCW
WV-M	—	X	X	X	X
WV-O	—	X	X	X	X
WI	—	—	—	X	—
WY	—	X	X	X	X

## Board Requirements on Re-entry to Practice 2

	Additional comments
AL	—
AK	
AZ-M	
AZ-O	
AR	The board does not always require fitness-to-practice exam
CA-M	Policy only pertains to those with a canceled license who seek relicensure
CA-O	The Board may review on a case by case basis. May require test and or fitness evaluation.
CO	Medical Practice Act 12-36-114.5 Reentry license and Rule 120
CT	SPEX/COMVEX, CME, fitness evaluation determined on a case by case basis
DE	Board's regulations on re-entry: <a href="http://regulations.delaware.gov/AdminCode/title24/1700.shtml">http://regulations.delaware.gov/AdminCode/title24/1700.shtml</a>
DC	The Board's policy allows for individuals who've been out of practice for less than two (2) years to be approved by staff, but anything longer requires a case by case review by the Board. This may include taking the SPEX, completing CME, or even undergoing a fitness-to-practice evaluation.
FL-M	Re-entry into practice is usually determined by ordering a physician assessment or impairment issue through our PRN
FL-O	
GA	Clinical Skills Exams administered on case by case basis
GU	
HI	
ID	
IL	Our Act and Rules address reactivating or reinstating a lapsed license after meeting certain requirements
IN	SPEX/COMVEX, CME and fitness-to-practice evaluation may be required
IA	If applicant has not had clinical practice in last 3 years, Bd options for competency eval, SPEX/COMVEX, retraining, or reentry/monitoring
KS	65-2809(i) Reentry License: Authority to issue reentry license with requirements necessary to establish present ability to practice; not adverse to physician
KY	
LA	Fitness-to-practice evaluation administered on case by case basis. The rules for entry or reinstatement are set forth in the rules. Any exceptions to the rules are addressed on a case by case basis by the Board. Otherwise the licensure department would follow the requirements as established by the rules promulgated by the Board.
ME-M	May include completion of a formal program such as CPEP
ME-O	
MD	The Board has regulations that govern physician reinstatement
MA	SPEX/COMVEX, CME, and fitness-to-practice evaluation administered on case by case basis
MI-M	
MI-O	
MN	
MS	Clinical Skills Assessment if physician has not practiced in last 3 years
MO	SPEX/COMVEX, CME and fitness-to-practice are left to the Board's discretion as authorized by Missouri law
MP	—
MT	SPEX/COMVEX, CME, fitness-to-practice evaluation are all optional. ARM 24.156.618 includes all options
NE	SPEX/COMVEX and fitness-to-practice evaluation administered on case by case basis. CME 50 hours of Category 1 AMA approved continuing education required.
NV-M	
NV-O	
NH	SPEX/COMVEX, CME, and fitness-to-practice evaluation administered on case by case basis
NJ	
NM-M	Some applicants submit to a mini-sabbatical at UNM which can be from 2 weeks to several months to determine competency
NM-O	
NY	Issue is under study (BM); Every instance of re-entry to practice takes into consideration the specifics of the circumstances in order to establish specific re-entry conditions and terms, therefore the SPEX/COMVEX, CME, or evaluations may or may not be required.(PMC)
NC	Application, Birth Certificate, FSMB Board Action Data Bank report, CME (past 3 years), fingerprints, background check, fee. Additional information requested by the Board.
ND	SPEX/COMVEX, CME and fitness-to-practice exam administered on case by case basis
OH	Sec. 4731.222, Ohio Revised Code, permits Board to impose conditions on a license if physician has not been in practice for two or more years
OK-M	Out of Clinical practice for more than 2-5 years. (SPEX/COMVEX, CME and fitness-to-practice exam are optional)
OK-O	
OR	N/A
PA-M	CME is required for all Reactivations. The Board may require applicants who have not actively practiced for four or more years to successfully complete a clinical skills evaluation and/or retraining program. SPEX/COMVEX may or may not be required.
PA-O	CME is required for all reactivations. SPEX/COMVEX and fitness-to-practice evaluation could be asked for a physician, depending on the Board's decision. These are not requirements for all re-entry applicants.
PR	
RI	Regulations pending
SC	Statutory Process for reinstatement, re-entry term not used. SPEX/COMVEX, CME and fitness-to-practice exam administered at the Board's discretion
SD	Competency evaluation, admittance into the Medical Board Monitoring Program (MBMP)
TN-M	
TN-O	
TX	SPEX/COMVEX and CME on case by case basis. TMB has a "active practice rule."
UT-M	SPEX/COMVEX required after 5 years out of practice; 40 CME hrs within 2 years immediately preceding reinstatement application; fitness-to-practice exam administered on case by case basis
UT-O	SPEX/COMVEX required after 5 years out of practice; 40 CME hrs within 2 years immediately preceding reinstatement application; fitness-to-practice exam administered on case by case basis
VT-M	
VT-O	
VI	
VA	
WA-M	See WAC 246-12-040
WA-O	
WV-M	SPEX/COMVEX and fitness-to-practice evaluation administered on case by case basis
WV-O	
WI	If the license is renewed within 5 years of the biennial renewal date, the license is renewed when the continuing medical education requirements from the unlicensed interval are completed. After 5 years, re-registration is required.
WY	If the license is renewed within 5 years of the biennial renewal date, the license is renewed when the continuing medical education requirements from the unlicensed interval are completed. After 5 years, re-registration is required.



## Board Membership Composition 1

	# of total members	Total # of MD members	Total # of DO members	Total # of members from the public	Total # of allied health professional members	Length of term	# of consecutive terms allowed
AL	16	16	0	0	0	3 years	3
AK	8	5 physicians, MD/DO	included	2	1 physician assistant	4 years	2
AZ-M	12 (1 currently vacant)	8	0	3	1 registered nurse or licensed practical nurse	5 years	2
AZ-O	7	0	5	2	0	5 years	2
AR	14	11	1	2	0	6 years	2
CA-M	15	8	0	7	0	4 years	2
CA-O	9	0	5	4	0	Governor's appointments are 4 yrs; Senate and Assembly appointments are 3 yrs.	2
CO	16	8	3	4	1 physician assistant	4 years	2
CT	21	12	1	7	1 physician assistant	Term ends when governor appoints replacement	N/A
DE	16	6	2	5	0	3 years	3
DC	15	10	0	4	0	3 years	3
FL-M	15	12	0	3	0	4 years	2
FL-O	7	0	5	2	0	4 years	shall serve until their successors are appointed
GA	16	11	2	2	1	4 years	No term limits
GU	7	6	0	1	0	2-4 years	2
HI	11	7	2	2	0	4 years	2
ID	10	6	1	2	0	6 years	1
IL	7 (MLB); 11 (MDB)	5 (MLB); 5 (MDB)	1 (MLB); 1 (MDB)	0 (MLB); 4 (MDB)	1 chiropractor (MLB); 1 chiropractor (MDB)	4 years (MLB); 4 years (MDB)	2 consecutive MDB/MLB
IN	7	5	1	1	0	4 years	No term limits
IA	10	5	2	3	0	3 years	3
KS	15	5	3	3	0	4 years	3
KY	15	10	2	3	0	4 years	No term limits
LA	7	7	0	0	0	4 years	3
ME-M	10	6	0	3	1 physician assistant	6 years	No term limits
ME-O	10	0	6	3	1	7 years	No term limit
MD	22	14	1	6	1	4 years	2
MA	7	5 physicians, whether MD or DO	5 physicians, whether MD or DO	2	0	3 years	2
MI-M	19	10	0	8	1	4 years	2 + partial
MI-O	11	0	7	3	1	4 years	2 + partial
MN	16	Up to 10	Up to 10	5	0	4 years	2
MS	9	8	1	3	0	6 years	2
MO	9	7	2	1	0	4 years	No term limits
MP	5	2	0	0	2	4 years	2
MT	13	5	1	2	5	4 years	No term limits
NE	8	5	1	2	0	5 years	2
NV-M	9	6	0	3	0	4 years	2
NV-O	7	0	5	1	1	4 years	2
NH	11	6	1	3	1	5 years	2
NJ	21	10	2	3	2	3 years	2
NM-M	9	6	0	2	1 physician assistant	4 years	No term limits; service ends when Governor appoints a replacement
NM-O	5	0	3	2	0	5 years	N/A
NY	24 (BM); 77 (PMC)	20 (BM); 56 (PMC)	2 (BM); 6 (PMC)	2 vacancy (BM); 21 (PMC)	2 Physician Assts (BM); 5 (PMC)	5 years (BM); 3 years (PMC)	2 (BM); No term limits (PMC)
NC	13	7	1	3	2	3 years	2
ND	13	9	1	2	1	4 years	2
OH	12	7	1	3	1 (DPM)	5 years	No term limits
OK-M	9	7	N/A	2	N/A	7 years	2
OK-O	8		6	2	0	7 years	No term limits
OR	13	7	2	2	1	3 years	2
PA-M	11	6	0	2	1	4 years	2 - professional 1 - allied
PA-O	11	0	6	2	1	4 years	2 - professional 1 - allied
PR	9	7	0	0	7	4-5 years	1
RI	13	5	2	6	0	3 years	1
SC	13	9	1	3	0	4 years	3
SD	9	6	1	2	Public members can be from allied professions	3 years	3
TN-M	12	9	0	3	0	5 years	Not specified
TN-O	6	0	5	1	0	5 years	Not specified
TX	19	9	3	7	0	6 years	No term limits
UT-M	11	9	0	2	0	4 years	2
UT-O	5	0	4	1	0	4 years	2
VT-M	17	9	0	6	2	5 years	2
VT-O	5	0	3	2	0	5 years	2
VI	7	4	0	3	0	4 years	2
VA	18	11	1	4	0	4 years	2
WA-M	21	13	0	6	0	4 years	2
WA-O	11	0	9	2	0	5 years	Typically, the governor will appoint to a max or two consecutive terms
WV-M	16	9	0	3	4	5 years	2
WV-O	7	0	4	2	1	5 years	2
WI	13	9	1	3	5 affiliated boards, 4 councils	4 years	2
WY	8	4 (minimum 2)	1 (minimum 1)	2	1 physician assistant	4 years	3

## Board Membership Composition 2

	Membership includes representation from congressional district, medical society, professional organization or other demographic	Membership includes representatives from a profession not already listed
AL	Members of the Board of Medical Examiners are elected by their peers to the Medical Association of the State of Alabama's Board of Censors pursuant to their congressional district in addition to "state at-large" representation. Pursuant to Ala. Code § 34-24-53, the Board of Censors is constituted the Alabama Board of Medical Examiners.	N/A
AK	Geographical diversity	N/A
AZ-M	Must be from at least 3 counties, no more than 5 from 1 county	N/A
AZ-O	N/A	N/A
AR	2 MDs from each of 4 congressional districts, 2 at-large MDs, 1 from Arkansas Medical, Dental & Pharmaceutical Association, 1 DO and 2 public members	N/A
CA-M	4 of the MDs must hold faculty appointments in a clinical department of an approved medical school in California	—
CA-O	N/A	N/A
CO	N/A	
CT	N/A	N/A
DE	Director of Public Health	N/A
DC	1 member who is the Department of Health designee	N/A
FL-M	12 members of the board must be licensed physicians in good standing in this state who are residents of the state and who have been engaged in the active practice or teaching of medicine for at least 4 years immediately preceding their appointment. 1 of the physicians must be on the full-time faculty of a medical school in this state, and 1 of the physicians must be in private practice and on the full-time staff of a statutory teaching hospital in this state as defined in s. 408.07. At least 1 member of the board must be 60 years of age or older.	At least 1 of the physicians must be a graduate of a foreign medical school. The remaining 3 members must be residents of the state who are not, and never have been, licensed health care practitioners. 1 member must be a health care risk manager licensed under s. 395.10974.
FL-O	5 members of the board must be licensed physicians in good standing in this state who are residents of the state and who have been engaged in the active practice or teaching of medicine for at least 4 years immediately preceding their appointment. 2 must be citizens of the state who are not, and have never been, licensed health care practitioners. At least 1 member of the board must be 60 years of age or older.	
GA	N/A	Allied health professional must be a physician assistant
GU	Public board member	
HI	Membership from Hawaii County, Maui County, Kauai County, and Honolulu County	—
ID	There is also a Committee on Professional Discipline (COPD) composed of 4 physicians and 1 public member	Director of Idaho State Police is permanent board member.
IL	Our Act specifies that no more than 6 of our Medical Disciplinary Board members be from the same political party	N/A
IN	—	—
IA	Governor also considers gender, diversity, political affiliation and geography. State law requires the board must be gender balanced and no more than 50 percent of members can be from the same political party	N/A
KS	Professional societies submit recommendation to Governor for consideration. Public members must be from 3 different congressional districts. 15 total members include 3 DC and 1 DPM.	3 DCs and 1 DPM
KY	Physicians are nominated by medical and osteopathic associations	N/A
LA	Rural from LSMS (2), medical association (2), Academy of FP (1), Medical School – Tulane (1), Medical School – LSU (1)	Effective January 1, 2017
ME-M	—	—
ME-O	Appointed by the Governor, they apply and/or are suggested	N/A
MD	2 physicians - full time medical faculty nominated by schools of medicine	1 of the consumers must have risk management experience and be nominated by the MD Hospital Association
MA	N/A	N/A
MI-M	N/A	N/A
MI-O	N/A	N/A
MN	1 physician member from each congressional district	N/A
MS	MS Supreme Court District	N/A
MO	N/A	N/A
MP	Board composition: 2 physicians, 1 dentist, 2 healthcare professionals other than physician/dentist	—
MT	MT Academy of Physician Assistants appoints liaison to Board as a non-voting member	N/A
NE	2 officials or instructors from a NE medical school, 1 licensed osteopathic physician	N/A
NV-M	N/A	N/A
NV-O	N/A	At least one Public Board Member must provide health care to indigent, underinsured or uninsured and must not be a physician assistant (allied health professional )
NH	DHHS designee	
NJ	Doctor of Podiatric Medicine; Bio Analytic Laboratory Director; Department of Health; Executive Branch Designee	
NM-M	Physician/physician-assistant members must be New Mexico residents 5 years preceding appointment	1 physician assistant
NM-O	N/A	N/A
NY	Members appointed by NYS Board of Regents (BM); at least 85% of PMC physicians nominated by med societies	N/A
NC	The Board consists of 13 members appointed by the Governor. Eight of the 13 are licensed physicians, one is a licensed physician assistant (PA), one is an approved nurse practitioner (NP), and three are members of the public with no financial or professional interest in a health service or profession.	One is a licensed physician assistant (PA), one is an approved nurse practitioner (NP) – under allied health professional members
ND	N/A	N/A
OH	N/A	Podiatry - 1 member
OK-M	N/A	N/A
OK-O	N/A	N/A
OR	MD members must represent 5 separate congressional districts	1 DPM member
PA-M	N/A	N/A
PA-O	N/A	N/A
PR	Members of faculties of medical schools of PR, associations and others	N/A
RI	N/A	Health care administrator and plaintiff attorney are public members
SC	7 physicians from each congressional district	N/A
SD	—	Allied health professionals could be part of total; 8 of the regulated 12 professions have an advisory committee to the board
TN-M	The Governor shall strive to have the boards be representative of each grand division, have a member over the age of 60 and seek racial diversity	N/A
TN-O	The Governor shall strive to have the boards be representative of each grand division, have a member over the age of 60 and seek racial diversity	N/A
TX	N/A	N/A
UT-M	N/A	N/A
UT-O	N/A	N/A
VT-M	N/A	1 physician assistant, 1 podiatrist
VT-O	N/A	N/A
VI	N/A	N/A
VA	1 MD from each congressional district	1 podiatrist, 1 chiropractor
WA-M	Congressional district for MD members; pro-tems appointed by ED as needed for commission work	2 allopathic physician assistant members
WA-O	N/A	N/A
WV-M	—	—
WV-O	N/A	N/A
WI	N/A	5 affiliated boards and 4 councils are attached to the Med. Ex. Board.
WY	N/A	N/A

## Board Membership Nomination

	Appointed by Governor	Other process by which members are appointed/selected	Frequency with which officers are selected (annually/biennially)
AL	—	Members are nominated through their district caucuses and elected by their peers.	Annually
AK	X	—	Annually
AZ-M	X	Confirmed by Senate Health Committee	Annually
AZ-O	X	—	Annually
AR	X	—	Annually
CA-M	X	Legislature (two)	Annually
CA-O	X	Senate and Assembly (one public member each)	Annually
CO	X	—	Biennially
CT	X	—	N/A
DE	X	—	Annually
DC	X	Board members are appointed by the mayor and must be residents of DC	N/A
FL-M	X	—	Annually
FL-O	X	—	Annually
GA	X	Physician Assistant member is appointed by the Physician Assistants Advisory Committee	Annually
GU	X	Confirmed by legislature	—
HI	X	Advisory committee (podiatry, physician assistant, and emergency medical personnel) members are selected by the Hawaii Medical Board	Annually
ID	X	Nominations from the Idaho Medical Association (IMA) are provided to the Governor, although the Governor may choose from any qualified candidate, even if not nominated by the IMA	Biennially
IL	X	—	Annually
IN	X	—	Annually
IA	X	—	Annually (April)
KS	X	—	Annually
KY	X	Board has four Ex-officio members	Annually
LA	X	—	N/A
ME-M	X	—	Biennially
ME-O	X	—	Annually
MD	X	—	Annually - staggered terms
MA	X	—	Annually
MI-M	X	—	Annually
MI-O	X	—	Annually
MN	X	—	Annually
MS	X	—	Biennially
MO	X	Senate confirmation of members following Governor appointment	Annually
MP	X	Requires Senate Confirmation	Biennially
MT	X	—	Annually
NE	—	Appointed by State Board of Health	Annually
NV-M	X	—	Annually
NV-O	X	—	Annually
NH	X	Members are appointed by Governor and Council. DHHS member selected by the Commissioner of DHHS	Annually
NJ	X	—	Annually
NM-M	X	NM Medical Society generated a list of qualified candidates for the Governor's review. Governor then selects from list.	Annually
NM-O	X	Must be licensed in NM for at least 2 years	Annually
NY	—	Appointed by Board of Regents (BM) (PMC)	Annually (BM) (PMC)
NC	X	Seven of the licensed physicians and both the PA and NP members are nominated to the Governor by an independent Review Panel, which recommends at least two candidates for each open seat on the Board. The four remaining members of the Board are named at the discretion of the Governor.	Annually
ND	X	—	Annually
OH	X	Confirmed by Senate	Annually selected by Board (January - December term)
OK-M	X	Nomination of 3 MDs by medical association	Annually
OK-O	X	—	Annually by rotations
OR	X	Nominated from associations Confirmed by State Senate	Annually
PA-M	X	Approved by Senate	Annually
PA-O	X	Approved by Senate	Annually
PR	X	—	N/A
RI	X	—	N/A
SC	X	election	Annually
SD	X	—	At term end
TN-M	X	If a board member dies or resigns, the Board itself fills the vacancy	Biennially
TN-O	X	—	Annually
TX	X	Nominations are approved by Senate	Biennially
UT-M	X	—	Rotating terms
UT-O	X	—	Rotating terms
VT-M	X	—	Annually
VT-O	X	—	Annually
VI	X	—	N/A
VA	X	Nominations from professional societies	Annually
WA-M	X	—	Annually
WA-O	X	Recruit from eligible licensees; public members are recruited through community organizations	Annually
WV-M	X	State health officer or physician designee ex-officio	Biennially
WV-O	X	—	Annually
WI	X	Confirmed by Senate	Annually
WY	X	Senate confirmation required	Annually

## Activities Within the Authority or Responsibility of the Board

	Adoption of rules/regulations	Administration of licensing examinations	Issuance of licenses permits/certificates	Approval for other authority's issuance	Evaluation of applicant's education	Setting of fees	Disciplinary investigations	Disciplinary decision-making	Advisory functions only	Authority to develop or adopt model policies/guidelines
AL	X	—	X	X	X	X	X	X	—	X
AK	X	X	X	X	X	X	X	X	—	X
AZ-M	X	—	X	—	X	X	X	X	—	X
AZ-O	X	—	X	—	X	X	X	X	—	X
AR	X	—	X	—	—	X	X	X	—	X
CA-M	X	—	X	X	X	X	X	X	—	X
CA-O	X	X	X	X	X	X	X	X	—	X
CO	X	—	X	X	X	—	X	X	—	X
CT	—	—	—	—	X	—	—	X	X	—
DE	X	—	X	X	X	—	—	X	X	X
DC	X	X	X	X	X	X	X	X	—	X
FL-M	X	—	X	X	X	X	—	X	—	X
FL-O	X	—	X	X	X	X	—	X	—	X
GA	X	—	X	—	X	X	X	X	—	X
GU	X	—	X	X	X	X	X	X	—	X
HI	X	—	X	—	—	—	—	X	—	—
ID	X	—	X	X	X	X	X	X	—	X
IL	—	—	—	—	X	—	—	—	X	—
IN	X	—	X	X	X	X	—	X	—	—
IA	X	—	X	— (Iowa is a member of IMLC)	X	X	X	X	—	X
KS	X	X	X	X	X	X	X	X	—	X
KY	X	X	X	X	X	X	X	X	—	X
LA	X	X	X	—	X	—	X	X	—	X
ME-M	X	X	X	X	X	X	X	X	—	X
ME-O	X	—	X	X	X	X	X	X	—	X
MD	X	—	X	—	X	—	X	X	—	X
MA	X	—	X	—	X	X	X	X	—	X
MI-M	X	—	X	—	X	—	—	X	X	—
MI-O	X	—	X	—	X	—	—	X	X	—
MN	X	—	X	X	X	X	X	X	—	X
MS	X	—	X	—	X	X	X	X	—	X
MO	X	X	X	—	X	X	X	X	—	X
MP	X	X	X	X	X	X	X	X	—	X
MT	X	—	X	X	X	X	X	X	—	X (rules only)
NE	X	—	—	—	X	X	—	—	X	X
NV-M	X	X	X	X	X	X	X	X	—	X
NV-O	X	X	X	X	X	X	X	X	X	X
NH	X	—	X	X	X	X	X	X	—	X
NJ	X	—	X	—	X	X	X	X	—	X
NM-M	X	—	X	X	—	X	X	X	—	X
NM-O	X	X	X	X	X	—	X	—	—	—
NY	—	—	Assist NYSED (BM)	—	Assist NYSED (BM)	—	X (PMC)	X (PMC)	X (BM)	X (BM) (PMC)
NC	X	X	X	—	—	—	X	X	—	X
ND	X	—	X	—	X	X	X	X	—	X
OH	X	X (cosmetic therapy exam)	X	—	X	—	X	X	—	X
OK-M	X	X	X	X	X	X	X	X	X (AG Oversight)	X
OK-O	X	X	X	—	X	X	X	X	—	X
OR	X	—	X	X	X	X	X	X	—	X
PA-M	—	X	X	—	X	—	X	X	—	X
PA-O	—	X	X	—	X	—	X	X	—	X
PR	X	X	X	X	X	—	X	X	—	X
RI	X	X	X	X	X	X	X	X	—	X
SC	X	—	X	—	X	—	X	X	—	X
SD	X	X	X	X	X	X	X	X	—	X
TN-M	X	X	X	X	X	X	—	X	X	X
TN-O	X	X	X	X	X	X	—	X	—	X
TX	X	X	X	X	X	—	X	X	—	X
UT-M	—	X	—	—	—	X	X	—	X	X
UT-O	—	X	—	—	—	X	X	—	X	X
VT-M	—	—	X	—	X	—	X	X	—	X
VT-O	—	X	—	X	X	—	X	X	—	X
VI	X	X	X	X	X	—	X	—	—	—
VA	X	—	X	X	X	X	X	X	—	X
WA-M	X	X	X	X	X	X	X	X	—	X
WA-O	X	X	—	X	X	X	X	X	—	X
WV-M	—	—	X	X	X	—	X	X	—	X
WV-O	X	X	X	X	X	—	X	X	—	X
WI	X	X	X	X	X	—	X	X	—	X (limited)
WY	X	X	X	—	X	X	X	X	—	X

## Medical Disciplines Under Purview of the Board 1

	MDs	DOs	Physician assistants	Anesthesiologist assistants	Respiratory therapists	Podiatrists	Acupuncturists
AL	X	X	X	X	—	—	—
AK	X	X	X	—	—	X	—
AZ-M	X	—	—	—	—	—	—
AZ-O	—	X	—	—	—	—	—
AR	X	X	X	—	X	—	—
CA-M	X	—	—	—	—	—	—
CA-O	—	X	—	—	—	—	—
CO	X	X	X	X	—	—	—
CT	X	X	X	—	—	—	—
DE	X	X	X	—	X	—	X
DC	X	X	X	X	—	—	X
FL-M	X	—	X	X	—	—	—
FL-O	—	X	X	X	—	—	—
GA	X	X	X	X	X	—	X
GU	X	X	—	—	—	—	—
HI	X	X	X	—	—	X	—
ID	X	X	X	—	X	—	—
IL	X	X	—	—	—	—	—
IN	X	X	X (rules only)	X	X (rules only)	—	X
IA	X	X	—	—	—	—	X
KS	X	X	X	—	X	X	X
KY	X	X	X	—	—	—	X
LA	X	X	X	—	X	X	X
ME-M	X	—	X	—	—	—	—
ME-O	—	X	X	—	—	—	—
MD	X	X	X	—	X	—	—
MA	X	X	—	—	—	—	X
MI-M	X	—	—	—	—	—	—
MI-O	—	X	—	—	—	—	—
MN	X	X	X	—	X	—	X
MS	X	X	X	—	—	X	X
MO	X	X	X	X	—	—	—
MP	X	X	X	—	—	X	X
MT	X	X	X	—	—	X	X
NE	X	X	X	—	—	—	X
NV-M	X	—	X	—	X	—	—
NV-O	—	X	X	—	—	—	—
NH	X	X	X	—	—	—	—
NJ	X	X	X	—	—	X	X
NM-M	X	—	X	X	—	—	—
NM-O	—	X	X	—	—	—	—
NY	X (BM) (PMC)	X (BM) (PMC)	X (BM) (PMC)	—	—	—	X (BM)
NC	X	X	X	X	—	—	—
ND	X	X	X	—	—	—	—
OH	X	X	X	X	X	X	X
OK-M	X	—	X	X	X	—	—
OK-O	—	X	—	—	—	—	—
OR	X	X	X	—	—	X	X
PA-M	X	—	X	—	X	—	X
PA-O	—	X	X	—	X	—	X
PR	X	X	—	—	—	—	X (Certification)
RI	X	X	—	—	—	—	—
SC	X	X	X	X	X	—	X
SD	X	X	X	—	X	—	—
TN-M	X	—	X	—	—	—	X
TN-O	—	X	—	—	—	—	—
TX	X	X	X	—	X	—	X
UT-M	X	—	—	—	—	—	—
UT-O	—	X	—	—	—	—	—
VT-M	X	—	X	X	—	X	—
VT-O	—	X	—	—	—	—	—
VI	X	X	X	—	—	—	—
VA	X	X	X	—	X	X	X
WA-M	X	—	X	—	—	—	—
WA-O	—	X	X	—	—	—	—
WV-M	X	—	X	—	—	X	—
WV-O	—	X	X	—	—	—	—
WI	X	X	X (Advisory Council to Medical Examining Board)	X (Advisory Council to Medical Examining Board)	X (Advisory Council to Medical Examining Board)	X (Credentialing Board Affiliated with the Medical Examining Board)	—
WY	X	X	X	—	—	—	—

## Medical Disciplines Under Purview of the Board 2

	Surgical Assistants	Athletic Trainers	Radiologist Assistants/ Radiographers	Midwives	Additional disciplines
AL	—	—	—	—	Controlled substances prescribing for Certified Registered Nurse Practitioners and Certified Nurse Midwives
AK	—	—	—	—	Paramedics
AZ-M	—	—	—	—	
AZ-O	—	—	—	—	
AR	—	—	X	—	Radiologist Assistants/Radiology Practitioner Assistants/Register Surgical Techs
CA-M	—	—	—	X	Research psychoanalysts, polysomnography trainees, technicians, and technologists, and outpatient setting accreditation agencies
CA-O	—	—	—	—	
CO	—	—	—	—	
CT	—	—	—	—	N/A
DE	—	—	—	X	Detoxification specialists, polysomnographers, genetic counselors
DC	X	—	—	—	Polysomnographers, Naturopathic Physicians, and Trauma Technologists
FL-M	—	—	—	—	
FL-O	—	—	—	—	
GA	—	—	—	—	Orthotists/prosthetists, prescriptive authority for advanced practice registered nurses, physician residents in training, auricular ear detoxification technicians, cosmetic laser practitioners, and pain management clinics (facility license)
GU	—	—	—	—	information not available
HI	—	—	—	—	Emergency medical personnel
ID	—	X	—	—	Dietitians, polysomnographers
IL	—	—	—	—	Chiropractors
IN	—	—	—	X (rules only)	Diabetes educators; Genetic Counselors; Rule-making authority for physical therapy, occupational therapy, hearing aid dealers
IA	—	—	—	—	Genetic counselors (effective January 1, 2019)
KS	—	X	X	X	Chiropractors, occupational therapists and assistants, physical therapists and assistants, naturopaths, and contact lens distributors
KY	X	X	—	—	Note: anesthesiologist assistants are licensed as physician assistants. The Board also licenses genetic counselors
LA	—	X	X	X	Occupational therapists, lab technicians, sleep therapists, medical psychologists, exercise physiologists, and polysomnographers
ME-M	—	—	—	—	—
ME-O	—	—	—	—	
MD	—	X	X	—	Radiation therapists, polysomnographic technologists, naturopathic doctors, nuclear medicine technologists, perfusionists
MA	—	—	—	—	
MI-M	—	—	—	—	
MI-O	—	—	—	—	
MN	—	X	—	X	Medical faculty, naturopathic doctors, genetic counselors, professional firms
MS	—	—	X	—	Permit limited x-ray machine operators
MO	—	X	—	—	SLP SLP aides, SLP assistants, audiologists, audiology aides, physical therapists and assistants and assistant physicians
MP	—	—	—	X	Audiologists, chiropractors, clinical social workers, dental assistants, dental hygienists, dentists, embalmers, emergency medical technicians, medical or clinical lab technicians, occupational therapists, optometrists, paramedics, pharmacists/interns/technicians, physical therapist/ assistants, professional counselors, psychologists, speech and language pathologists.
MT	—	—	—	—	Emergency care providers, such as EMT's and paramedics, nutritionists
NE	X	—	—	—	
NV-M	—	—	—	—	Perfusionist
NV-O	—	—	—	—	
NH	—	—	—	—	
NJ	—	X	—	X	Hearing aid dispensers, Electrologists; Genetic Counselors
NM-M	—	—	—	—	Polysomnographic technologists and naprapathic physicians
NM-O	—	—	—	—	
NY	—	X (BM)	X (PMC)	—	Specialist Assistants: Urology, Orthopedics, Radiology, Acupuncture. Medical Physicians, Perfusionists, Pathologists' Assistants. (BM); Specialist assistants (PMC)
NC	—	—	—	—	Clinical pharmacist practitioners (shared with Board of Pharmacy), nurse practitioners (shared with the Board of Nursing), polysomnographic technicians (registration only), perfusionists
ND	—	—	—	—	Fluoroscopy technicians
OH	—	—	X	—	Massage therapists, cosmetic therapists, dietitians, genetic counselors, and oriental medicine practitioners
OK-M	—	X	X	—	Physical therapists and assistants, occupational therapists and assistants, recreational therapists, dietitians, electrologists, orthotists and prosthetists, pedorthists, music therapist
OK-O	—	—	—	—	
OR	—	—	—	—	
PA-M	—	X	X	X	Practitioners of oriental medicine, behavior specialists, orthotists, orthotic fitters, pedorthists, prosthetists, perfusionists, genetic counselors
PA-O	—	X	X	—	Genetic counselor, perfusionist
PR	—	—	—	—	
RI	—	—	—	—	
SC	—	—	—	—	Cardiovascular invasive specialists
SD	—	X	—	—	Advanced life support (EMT-Paramedic, EMT-Advanced, EMT-Intermediated), dietitian/nutritionist, genetic counselor, medical assistant, occupational therapist, occupational therapy assistant, physical therapist, physical therapist assistant, medical and physician assistant corporation or LLC
TN-M	X	—	X	—	Polysomnographers, clinical perfusion, genetic counselors. Medical spa
TN-O	—	—	—	X	
TX	X	—	X	—	Medical physicist; Physician assistants and acupuncturists have independent boards, but their rules must be approved by the medical board
UT-M	—	—	—	—	
UT-O	—	—	—	—	
VT-M	—	—	X	—	Radiologist Assistants, MD residents, and DPM residents
VT-O	—	—	—	—	
VI	—	—	—	—	
VA	X	X	X	X	Chiropractors, behavior analysts, assistant behavior analysts, genetic counselors, occupational therapists, occupational therapy assistants, polysomnographic technologists, surgical technologists, and nurse practitioners jointly licensed with the Board of Nursing
WA-M	—	—	—	—	
WA-O	—	—	—	—	
WV-M	—	—	X	—	
WV-O	—	—	—	—	
WI	—	X	—	—	Additional entities that are advisory to the Medical Examining Board: Perfusionist Examining Council; Physician Assistants; Anesthesiologist Assistants; Respiratory Care Practitioner Council. Athletic Trainers, Dietitians, Massage Therapists, Body Work Therapists, Occupational Therapists, Podiatry Affiliated Credentialing Boards are connected to the Medical Examining Board. Boards affiliated with the Medical Examining Board have separate licensing, discipline, and rule-making authority.
WY	—	—	—	—	

## Board Autonomy/Decision-Making Authority

	Type of authority			Explanation if semi-independent
	Independent	Semi-independent	Advisory	
AL	X	—	—	
AK	X	—	—	
AZ-M	X	—	—	
AZ-O	X	—	—	
AR	X	—	—	
CA-M	X	—	—	
CA-O	X	—	—	
CO	X	—	—	
CT	X	—	X	The board has independent authority with regard to the discipline of licensees. The board has advisory authority with regard to the credentialing of licensees. The Connecticut Department of Public Health has independent authority.
DE	X	—	—	
DC	X	X	—	While the Board has independent authority in regulating the professions assigned to it, the Department of Health handles all administrative functions and decisions, as well as rule making (with the advice of the Board)
FL-M	—	X	—	The board is under umbrella agency that is responsible for licensing functions, complaint intake, investigations, prosecution
FL-O	—	X	—	The board is under umbrella agency that is responsible for licensing functions, complaint intake, investigations, prosecution
GA	X	—	—	
GU	X	—	—	
HI	X	—	—	
ID	X	—	—	
IL	—	—	X	
IN	—	—	—	The board falls under an umbrella agency. All staff are employed by professional agency
IA	X	—	—	
KS	X	—	—	
KY	X	—	—	
LA	X	—	—	
ME-M	X	—	—	
ME-O	X	—	—	
MD	—	X	—	Administrative issues (budget, personnel, space) are handled by another agency
MA	X	—	—	
MI-M	—	X	—	The board is responsible for setting standards for applicants for licensure and issuing disciplinary sanctions for violations of the law; state staff review applications and issue licenses and investigate allegations
MI-O	—	X	—	The board is responsible for setting standards for applicants for licensure and issuing disciplinary sanctions for violations of the law; state staff review applications and issue licenses and investigate allegations
MN	X	—	—	
MS	X	—	—	
MO	—	X	—	Budget and legislative issues require Governor's approval
MP	X	—	—	
MT	—	X	—	The board makes or delegates licensing decisions and sets standards; state department sets its own processes/policies. Legislation and administrative rule proposals must be reviewed and approved by Department.
NE	—	X	—	The board is primarily advisory to the Department of Health and Human Services but has some decision-making authority
NV-M	X	—	—	
NV-O	X	—	—	
NH	X	—	—	
NJ	X	—	—	
NM-M	X	—	—	
NM-O	X	—	—	
NY	X (PMC)	—	X (BM)	
NC	X	—	—	N/A
ND	X	—	—	
OH	X	—	—	
OK-M	X	X	—	Because of NC/FTC Ruling – Oklahoma AG has final approval on all actions
OK-O	X	—	—	
OR	X	—	—	
PA-M	—	X	—	The board is under the umbrella agency of the Department of State
PA-O	—	X	—	The board is under the umbrella agency of the Department of State
PR	X	—	—	
RI	—	X	—	Director of Health has emergency powers to protect the public (may suspend a license). Also Director may make rules and regulations.
SC	X	—	—	
SD	X	—	—	
TN-M	—	X	—	The board is under the Department of Health
TN-O	—	X	—	The board is under the Department of Health
TX	X	—	—	
UT-M	—	—	X	
UT-O	—	—	X	
VT-M	—	X	—	The board's work licensing and deciding cases is independent, but Commissioner of Health has some powers, e.g., appoint Executive Director
VT-O	X	—	—	
VI	X	—	—	
VA	—	X	—	The board sits in the Department of Health Professions which provides investigative, administrative, fiscal and other services to all boards in the department. DHP controls the board's funds.
WA-M	X	—	—	Commission has authority granted by the legislature. Relies on umbrella agency for support in IT, HR, facilities. Works collaboratively with Secretary of Health.
WA-O	X	—	—	
WV-M	X	—	—	
WV-O	X	—	—	
WI	—	X	—	Part of umbrella agency with budget, personnel and other duties under department purview
WY	—	X	—	Regulations are reviewed by Governor, Attorney General's Office, Legislative Service Office, and Legislative Management Council

## Number of Board Staff Assigned to a Single Board or Multiple Boards 1

	Chief Executive		Management		Administrative		
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Temporary/ seasonal
AL	1	0	8	0	15	0	0
AK	1	0	0.5	0	3	0	0
AZ-M	1	0	6	0	26	0	3
AZ-O	1	0	1	0	2	1	0
AR	1	0	4	0	40	0	2
CA-M	1	0	27	0	80	0	4
CA-O	1	0	1	0	6	0	0
CO	1	0	3	0	3	1	0
CT	0	0	1.0	0	1	0	0
DE	1	0	0	0	1	0	0
DC	1	0	0	0	4	0	0
FL-M	1	0	7	0	29	1	0
FL-O	1	0	1.0	0	4	1	0
GA	1	0	4	0	15	2	4
GU	1	0	0	0	1	0	0
HI	1	0	0	0	0	2	0
ID	1	0	1	0	8	0	0
IL	X Full-time over the Division, but not full-time for the Medical Board(s) only	0	1	0	7	0	0
IN	1	0	1	0	5	0	0
IA	1	0	0	0	5 - 1 licensure director, 4 licensing specialists	0	0
KS	1	0	0	0	0	0	0
KY	1	0	1	0	10	0	0
LA	1	0	32	0	0	0	0
ME-M	1	0	2	0	4	1	0
ME-O	1	0	0	0	0	1	0
MD	1	0	9	0	32 (3 vacant)	1	0
MA	1	0	5	0	25	2	2
MI-M	Umbrella agency	0	Umbrella agency	0	Umbrella agency	0	0
MI-O	Umbrella agency	0	Umbrella agency	0	Umbrella agency	0	0
MN	1	0	3	0	9	0	0
MS	1	0	4	0	4	1	0
MO	1	0	6	0	9	0	0
MP	1	0	0	0	1	0	0
MT	0	1	0	0	0	0	0
NE	0	1	0	1	1	0	0
NV-M	1	0	6	0	11	0	1
NV-O	1	0	0	0	2	0	0
NH	0	0	1	0	2	1	0
NJ	1	0	6	0	15	0	5
NM-M	1	0	4	0	4	0	0
NM-O	1	0	0	0	1	0	0
NY	1 (BM); 2 (PMC)	0	3 (BM); 15 (PMC)	0	1 (BM); 20 (PMC)	0 (BM); 1 (PMC)	1 (BM); 11 (PMC)
NC	1	0	15	0	16	0	0
ND	1	0	1	0	3	0	0
OH	1	0	16	0	30	1	0
OK-M	1	0	3	0	4	2	0
OK-O	1	0	1	0	1	1	0
OR	1	0	7	0	23	2	0
PA-M	22	0	2	0	15	0	0
PA-O	0	0	1	0	1	0	0
PR	1	0	1	0	25	0	0
RI	0	1 (MD)	0	0	0	1	0
SC	0	0	1	0	9	0	1
SD	1	0	1 (Executive Director, same individual as Chief Executive)	0	7	0	0
TN-M	1	0	2	0	2	0	0
TN-O	1	0	1	0	1	0	0
TX	1	0	11	0	30	0	0
UT-M	1	0	1	0	4	0	0
UT-O	1	0	1	0	3	0	0
VT-M	1	0	2	0	2	0	1
VT-O	0	1	0	1	0	0	0
VI	0	0	0	0	0	0	0
VA	1	0	4	0	6	0	4
WA-M	1	0	10	0	13	0	0
WA-O	0	1	0	1	0	3	0
WV-M	1	0	3	0	7	1	0
WV-O	1	0	1	0	2	0	1
WI	1	0	0.5	0	3	0	variable
WY	1	0	0	0	2	0	0



## Number of Board Staff Assigned to a Single Board or Multiple Boards 2

	Investigative			Legal Counsel		
	Full-time	Part-time	Temporary/seasonal	Full-time	Part-time	Temporary/seasonal
AL	10	0	0	2	0	2
AK	2	1	0	0	0	0
AZ-M	8	0	0	1	2	0
AZ-O	0	2	0	0	1	0
AR	0	Contract through Health Department	0	0	Contract	0
CA-M	68	4	3	1	0	0
CA-O	3	0	0	Legal Counsels are assigned by Department of Consumer Affairs. He/she is not housed at the Board office. One Legal Counsel is assigned to the Board.	0	0
CO	3	0	0	6	1	0
CT	0	0	0	0	0	0
DE	0	0	0	0	1 (handles variety of boards)	0
DC	0	1	0	1	1	0
FL-M	104 - shared with other boards/councils	0	0	16	1	0
FL-O	104 - shared with other boards/councils	0	0	13	1	0
GA	6	0	0	1	0	0
GU	0	0	0	0	1	0
HI	1	0	0	0	1	0
ID	4	0	0	1	1	0
IL	9	0	0	5: includes both General Counsel and Prosecutors		2
IN	0	0	0	1	0	0
IA	12 - chief investigator, 7 investigators, 1 monitoring coordinator, 3 support staff	0	0	3: 1 legal director, 2 asst attys generals assigned to Bd	0	0
KS	10 (includes 2 attorneys)	2	0	0	0	2
KY	5	0	0	2	0	0
LA	11	0	0	0	0	0
ME-M	2	1	0	1	0	0
ME-O	0	1	0	0	1	0
MD	15	1	1 (contract)	3	1	0
MA	17	0	1	12	1	0
MI-M	Umbrella agency	0	0	Umbrella agency	0	0
MI-O	Umbrella agency	0	0	Umbrella agency	0	0
MN	6	0	0	0	3	0
MS	9	0	0	0	0	0
MO	15	0	0	3	0	0
MP	1	0	0	0	0	0
MT	0	0	0	0	2	0
NE	0	12	0	0	2	0
NV-M	11	0	0	3	0	0
NV-O	1	0	0	0	0	0
NH	2	0	0	0	1	0
NJ	15	0	0	Attorney General's office	0	0
NM-M	4	0	0	0	1	0
NM-O	0	0	As needed	0	0	0
NY	0 (BM); 42 (PMC)	0 (BMC); 2 (PMC)	0 (BM); 36 (PMC)	NYSED staff (BM); 21 (PMC)	0 (BM); 0 (PMC)	0
NC	11	0	0	5	0	1
ND	0	0	0	0	0	1
OH	34	0	0	1	0	0
OK-M	8	0	0	1	1	0
OK-O	2	0	0	0	0	2 (contract)
OR	6	0	0	0	1	0
PA-M	0	0	0	2	0	0
PA-O	0	0	0	2	0	0
PR	3	0	0	3	0	0
RI	0	1	0	0	1	0
SC	9	0	0	1	0	0
SD	1	0	0	0	2	0
TN-M	None dedicated exclusively	0	0	4	0	0
TN-O	None dedicated exclusively	0	0	4	0	0
TX	40	0	0	20	0	0
UT-M	Several may be assigned	0	0	0	0	0
UT-O	Several may be assigned	0	0	0	0	0
VT-M	2	0	0	1	2	0
VT-O	0	1	0	0	1	0
VI	0	0	0	0	0	0
VA	0	0	0	0	1	0
WA-M	8	1	0	7	0	0
WA-O	0	3	0	0	2	0
WV-M	3	0	0	2	0	0
WV-O	0	0	0	1	0	0
WI	3	0	0	3.5	0	0
WY	1	0	0	0	2	0

### Number of Board Staff Assigned to a Single Board or Multiple Boards 3

	Hearing officers			Medical directors		
	Full-time	Part-time	Temporary/seasonal	Full-time	Part-time	Temporary/seasonal
AL	0	1	0	0	0	0
AK	0	0	0	0	0	0
AZ-M	0	0	0	1 + 1 medical consultant	4 medical consultants	0
AZ-O	0	0	0	0	1 part-time medical consultant	0
AR	0	0	0	0	0	0
CA-M	0	0	0	0	7 medical consultants who review licensing matters and advise the executive office	0
CA-O	0	0	0	0	1	0
CO	0	0	0	0	0	0
CT	0	0	0	0	0	0
DE	2		0	0	0	0
DC	0	0	0	0	0	0
FL-M	0	0	0	0	0	0
FL-O	0	0	0	0	0	0
GA	0	0	1	0	2 (1 contract)	0
GU	0	0	0	0	0	0
HI	0	1	0	0	0	0
ID	0	0	1	0	0	0
IL	4	0	0	1	2	0
IN	0	0	0	0	0	0
IA	0	0	0	0	1	0
KS	0	0	0	0	1	0
KY	0	1	0	0	0	0
LA	0	0	0	1	1	0
ME-M	0	0	1	0	1	0
ME-O	0	0	0	0	0	0
MD	0	0	0	0	1	0
MA	0	0	0	0	0	0
MI-M	Umbrella agency	0	0	Umbrella agency	0	0
MI-O	Umbrella agency	0	0	0	0	0
MN	0	0	0	0	5	0
MS	0	0	0	0	0	0
MO	0	0	0	1	3	7
MP	0	0	0	0	0	0
MT	0	0	0	0	1 (only for emergency medical technicians)	0
NE	0	2	0	0	1	0
NV-M	0	0	0	0	0	0
NV-O	0	0	0	0	0	0
NH	0	2	0	0	0	0
NJ	Umbrella agency	0	0	1	1	0
NM-M	0	0	4	0	1	0
NM-O	0	0	0	0	0	0
NY	0 (BM);	9 (PMC)	0	0 (BM); 1 (PMC)	0	0
NC	0	0	1	3 (2 MDs, 1 physician assistant)	0	0
ND	0	0	0	0	0	0
OH	2	0	0	0	0	0
OK-M	0	1	0	0	1 Medical Advisor, 1 Board Secretary	0
OK-O	0	0	0	0	0	2 (contract)
OR	0	0	0	1	0	0
PA-M	0	0	0	0	0	0
PA-O	0	0	0	0	0	0
PR	3	0	0	0	0	0
RI	0	1	0	0	0	0
SC	0	0	0	0	0	0
SD	0	1	2	0	0	0
TN-M	0	0	0	1	0	0
TN-O	0	0	0	Board members serve in this role	0	0
TX	0	0	0	1	0	0
UT-M	0	0	0	0	0	0
UT-O	0	0	0	0	0	0
VT-M	0	1	0	0	0	0
VT-O	0	1	0	0	0	0
VI	0	0	0	0	0	0
VA	0	0	0	1	0	0
WA-M	0	0	0	1	0	0
WA-O	0	2	0	0	0	0
WV-M	0	0	5	0	0	0
WV-O	0	0	0	0	0	0
WI	0	0	0	0	0	0
WY	0	1	0	0	0	0

## Legal Counsel and Board Investigators

	Sources of legal counsel for the board				Board investigators' employment status			
	In-house board counsel	Attorney General	Department/ other state counsel	Contracted private counsel	Employed by the board	Employed by the Attorney General	Employed by another state agency	Employed by contract
AL	X	X	—	X	X	—	—	—
AK	—	X	—	—	—	—	X	—
AZ-M	—	X	—	X	X	—	—	—
AZ-O	—	X	—	—	X	—	—	—
AR	—	X	—	X	—	—	X	—
CA-M	X	X	X	X	—	—	X	—
CA-O	—	X	X	—	—	—	X	—
CO	—	X	—	—	—	—	X	—
CT	X	X	—	—	—	—	X	—
DE	—	X	—	—	—	—	X	—
DC	—	X	—	—	—	—	X	—
FL-M	—	X	—	—	—	—	X	—
FL-O	—	X	—	—	—	—	X	—
GA	X	X	—	—	X	—	—	—
GU	—	X	—	—	—	X	—	—
HI	—	X	—	—	—	—	X	—
ID	X	X	—	X	X	—	—	—
IL	—	—	X	—	X	—	—	—
IN	X (assists 38 other boards)	X	—	—	—	X	—	—
IA	X - 1 legal director	X - 2 asst attys general	—	—	X	—	—	—
KS	X	—	—	—	X	—	—	—
KY	X	—	—	—	X	—	—	—
LA	X	—	—	X	X	—	—	—
ME-M	—	X	—	—	—	X	—	—
ME-O	—	X	—	—	—	X	—	—
MD	—	X	—	—	X	—	—	—
MA	X	X	—	—	X	—	—	—
MI-M	—	X	—	—	—	—	X	—
MI-O	—	X	—	—	—	—	X	—
MN	—	X	—	—	X	X	—	—
MS	—	X	—	X	X	—	—	—
MO	X	—	—	X	X	—	—	—
MP	—	X	—	—	—	—	—	—
MT	X	—	X	—	—	—	X	—
NE	—	X	X	—	—	—	X	—
NV-M	X	X	—	—	X	—	—	—
NV-O	—	X	—	X	X	—	—	—
NH	—	X	—	—	X	—	—	X
NJ	0	X	—	—	—	—	X	—
NM-M	—	X	—	X	—	—	—	—
NM-O	X	X	X	—	—	—	—	X
NY	X (PMC)	X (PMC)	X (BM)	—	—	—	X (PMC)	—
NC	X	—	—	X	X	—	—	—
ND	—	X	—	X	—	—	—	X
OH	X	X	—	—	X	—	—	—
OK-M	X	X	—	X	X	—	—	—
OK-O	—	—	—	X	X	—	—	—
OR	—	X	—	—	X	—	—	—
PA-M	—	—	X	—	—	—	X	—
PA-O	—	—	X	—	—	—	X	—
PR	X	X	X	—	X	—	X	—
RI	X	—	—	—	—	—	X	—
SC	X	—	—	—	—	—	X	—
SD	—	X	—	1	X	—	—	—
TN-M	—	—	X	—	—	—	X	—
TN-O	—	—	X	—	—	—	X	—
TX	X	X	—	—	X	—	—	—
UT-M	X	X	X	—	—	—	—	—
UT-O	X	X	X	—	—	—	—	—
VT-M	—	X	X	—	X	—	—	—
VT-O	X	—	—	—	—	—	X	—
VI	—	X	—	—	—	—	—	—
VA	—	X	—	X	—	—	X	—
WA-M	X	X	—	—	X	—	—	—
WA-O	—	X	—	—	X	—	—	—
WV-M	X	X	—	—	X	—	—	—
WV-O	X	X	—	—	—	—	—	X
WI	X	X	X	—	—	—	—	—
WY	—	X	—	X	X	—	—	—

## Hearing Officers' Employment Status

	Employed by the board	Employed by the Attorney General	Employed by another state agency	Employed by outside contractor	All licensing agencies within the state share hearing office from a central panel
AL	X	—	—	—	—
AK	—	—	X	—	—
AZ-M	—	—	X	—	X
AZ-O	—	—	X	—	X
AR	—	—	—	—	—
CA-M	—	—	X	—	X
CA-O	—	—	X	—	X
CO	—	—	X	—	X
CT	—	—	X	—	—
DE	—	—	X	—	—
DC	—	—	X	—	X
FL-M	—	—	—	—	X
FL-O	—	—	—	—	X
GA	—	—	X	—	X
GU	—	X	—	—	—
HI	—	—	—	—	X
ID	—	—	—	X	—
IL	—	—	—	—	X
IN	—	—	—	—	—
IA	—	—	X	—	—
KS	—	—	X	—	X
KY	X	—	—	—	—
LA	X	—	—	—	—
ME-M	X	—	—	—	No
ME-O	—	—	—	—	X
MD	—	—	X	—	X
MA	—	—	X	—	—
MI-M	—	—	—	—	X
MI-O	—	—	—	—	X
MN	—	—	X	—	X
MS	—	—	—	—	—
MO	—	—	—	—	—
MP	—	—	X	—	—
MT	—	—	X	—	—
NE	—	—	X	—	—
NV-M	—	—	—	—	—
NV-O	—	—	—	—	—
NH	—	X	—	—	—
NJ	—	—	X	—	—
NM-M	—	—	—	X	—
NM-O	—	—	—	X	X
NY	—	—	X (PMC)	—	—
NC	X	—	—	—	—
ND	—	—	—	—	X
OH	X	—	—	—	—
OK-M	—	—	—	—	—
OK-O	X-contract	—	—	—	—
OR	—	—	X	—	X
PA-M	—	—	X	—	X
PA-O	—	—	X	—	X
PR	X	—	—	—	—
RI	—	—	X	—	—
SC	-	—	x	—	—
SD	X	—	—	—	X
TN-M	—	—	—	—	—
TN-O	—	—	—	—	—
TX	—	—	X	—	X
UT-M	—	—	—	—	X
UT-O	—	—	—	—	X
VT-M	X	—	—	—	—
VT-O	—	—	—	—	X
VI	—	—	—	—	—
VA	—	—	—	—	—
WA-M	—	—	X	—	—
WA-O	X	—	X	—	—
WV-M	X	—	—	—	—
WV-O	—	—	—	X	—
WI	—	—	X	—	—
WY	X	—	X	—	—

## Board Budget Authority and Reserve Fund Information 1

	Type of budget authority			Board drafts its own budget	Board approves its own budget	Frequency with which budget is set
	Independent	Semi-independent	Advisory			
AL	X	—	—	X	X	Annually
AK	—	—	X	—	—	Annually
AZ-M	—	—	—	X	—	Annually
AZ-O	—	—	—	X (Subject to Legislature approval)	—	Annually
AR	—	X	—	X	—	Annually and biennially
CA-M	—	X	—	X	—	Annually
CA-O	—	X	—	—	—	Annually
CO	—	—	X	—	—	Annually
CT	—	—	—	—	—	N/A
DE	—	—	X	—	—	Biennially
DC	—	X	—	—	—	Annually
FL-M	—	X	—	—	—	Annually
FL-O	—	X	—	—	—	Annually
GA	—	X	—	X	—	Annually
GU	—	—	X	—	—	N/A
HI	—	—	X	—	—	N/A
ID	X	—	—	X	—	Annually
IL	—	—	—	—	—	N/A
IN	—	—	X	—	—	N/A
IA	X	—	—	X	X	Annually
KS	—	X	—	X	—	Biennially
KY	—	X	—	X	X	Biennially
LA	X	—	—	X	X	Annually
ME-M	Yes	—	—	X	—	Biennially
ME-O	X	—	—	X	—	Annually
MD	—	X	—	X	—	Annually
MA	—	X	—	X	X	Annually
MI-M	—	—	X	—	—	Annually
MI-O	—	—	X	—	—	Annually
MN	—	X	—	X	X	Biennially
MS	—	X	—	X	—	Annually
MO	—	X	—	X	—	Annually
MP	X	X	—	X	—	Annually
MT	—	—	—	—	—	Biennially, based on legislative appropriation to Department
NE	—	—	—	—	—	Annually
NV-M	X	—	—	X	X	Annually
NV-O	X	—	—	X	X	Annually
NH	—	—	—	—	—	Biennially
NJ	X	—	—	X	X	As needed
NM-M	—	X	—	X	—	Annually
NM-O	—	—	—	X	—	Annually
NY	—	X (PMC)	X (BM)	X (PMC)	—	Annually (PMC)
NC	X	—	—	X	X	Annually
ND	X	—	—	X	X	Annually
OH	—	—	—	X	—	Biennially (July 1 - June 30 fiscal year)
OK-M	X	—	—	X	—	Annually
OK-O	—	X	—	X	X	Annually
OR	—	—	—	X	X	Biennially, approved by governor and legislature
PA-M	—	—	X	—	—	Annually
PA-O	—	—	X	—	—	Annually
PR	X	—	—	—	—	Annually
RI	—	—	X	—	—	N/A
SC	—	—	X	—	—	Annually
SD	X	—	—	X	X	Annually
TN-M	—	—	X	—	—	Annually
TN-O	—	—	X	—	—	Annually
TX	—	X	—	X	—	Biennially
UT-M	—	—	X	—	—	Annually by legislature
UT-O	—	—	X	—	—	Annually by legislature
VT-M	—	—	—	—	—	Annually
VT-O	—	X	—	—	—	Annually
VI	—	X	X	—	—	Annually
VA	—	X	—	—	X	Biennially
WA-M	X	—	—	X	X	Biennially
WA-O	—	—	X	—	—	Biennially
WV-M	—	X	—	X	—	Annually
WV-O	X	X	—	X	—	Annually
WI	—	X	X	—	—	Biennial budget
WY	—	X	—	X	—	Biennially

## Board Budget Authority and Reserve Fund Information 2

	Board has a reserve fund	Percentage of funds generated by board's activities for budget
AL	X	100%
AK	—	
AZ-M	X	100%
AZ-O	X	90% self-funded, 10% to state general fund
AR	—	100%
CA-M	X	100%
CA-O	X	100%
CO	—	100%
CT	—	N/A
DE	X	
DC	X	100%
FL-M	X	100%
FL-O	X	100%
GA	—	25%
GU	—	
HI	—	0%
ID	X	100%
IL	X	—
IN	—	N/A
IA	X	100% (licensure fees)
KS	X	100%
KY	X	100%
LA	X	100%
ME-M	X	100%
ME-O	X	
MD	X	100%
MA	X	100%
MI-M	—	
MI-O	—	
MN	X	100%
MS	X	
MO	X	100%
MP	—	80% license fees + 20% state general fund
MT	—	100%
NE	—	100%
NV-M	—	100%
NV-O	X	100%
NH	—	125%
NJ	—	100%
NM-M	X	100%
NM-O	X	100%
NY	—	100% (PMC)
NC	X	100%
ND	X	100%
OH	X	98% (a portion of physician renewal fee goes to Physician Loan Repayment Program)
OK-M	X	90% of gross revenues
OK-O	X	90% self-funded 10% to state
OR	X	100%
PA-M	—	100%
PA-O	—	100%
PR	X	
RI	—	0%
SC	—	
SD	—	100%
TN-M	X	
TN-O	X	
TX	—	100%
UT-M	X	0%
UT-O	X	0%
VT-M	X	100%
VT-O	X	100%
VI	—	Unknown
VA	X	100%
WA-M	X	100%
WA-O	X	
WV-M	X	100%
WV-O	X	100%
WI	—	100% (separate appropriation)
WY	X	100%

## Entities Required to Report Possible Violations to the Board 1

	Self-reporting required	Peer licensees	Courts	Hospitals	Managed care organizations	Liability insurance organizations	Local medical/ osteopathic societies	Local professional societies	Other state agencies
AL	X	X	—	X	—	X	X	X	—
AK	X	X	—	X	X	—	—	—	—
AZ-M	X	X	X	X	—	X	X	X	X
AZ-O	—	X	—	X	—	X	—	—	—
AR	X (Malpractice)	—	—	X	—	—	—	—	X
CA-M	X	—	X	X	X	X	X	X	X
CA-O	X	—	X	X	X	X	—	—	X
CO	X	X	—	—	—	X	—	—	—
CT	X	X	X	X	X	X	X	X	X
DE	X	X	X	X	X	X	X	X	X
DC	X	—	X	X	—	X	—	—	X
FL-M	X	X	—	X	—	X	X	X	—
FL-O	X	X	—	X	—	X	X	X	—
GA	X	—	—	—	—	X	—	—	—
GU	X	X	X	X	X	—	X	X	X
HI	X	—	X	X	—	—	—	—	—
ID	X	X	—	X	X	—	—	—	—
IL	X	—	X	X	—	X	X	X	X
IN	X	X	—	X	—	—	—	—	—
IA	X	X	—	X	—	X	—	—	X
KS	X	X	—	X	—	X	—	—	—
KY	X	X	X	X	—	X	X	—	—
LA	X	—	X	X	—	X	—	—	—
ME-M	X	X	—	X	X	X	X	X	X
ME-O	X	X	—	X	X	X	X	X	X
MD	X	—	X (moral turpitude)	X	X	X (at final disposition)	—	—	X
MA	X	X	X	X	X	X	X	X	X
MI-M	X	X	X	X	—	—	—	—	—
MI-O	X	X	X	X	—	—	—	—	—
MN	X	X	X	X	X	X	X	X	X
MS	X	X	—	X	X	X	X	X	—
MO	X	—	—	X	—	X	—	—	—
MP	X	X	X	X	X	—	X	X	X
MT	X	X	—	X	—	X	X	X	X
NE	X	X	—	X	X	X	X	X	—
NV-M	X	X	X	X	—	X	X	—	X
NV-O	X	X	X	X	—	X	X	—	X
NH	X	X	X	X	X	X	X	X	X
NJ	X	X	—	X	X	X	—	—	X
NM-M	X	—	—	X	X	X	X	X	—
NM-O	X	—	—	—	—	—	—	—	—
NY	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)
NC	X	—	—	X	X	X	—	—	—
ND	X	X	—	X	—	—	—	—	X
OH	X	X	X	X	X	X	X	X	X
OK-M	X	X	—	X	X	X	X	X	—
OK-O	—	—	—	—	—	—	—	—	—
OR	X	X	—	X	—	X	X	X	X
PA-M	X	X	—	X	—	—	—	—	—
PA-O	X	X	—	X	—	—	—	—	—
PR	X	X	X	X	X	X	X	—	X
RI	X	X	X	X	X	X	—	—	X
SC	X	—	—	X	X	X	—	—	X
SD	X	X	—	X	—	—	—	—	X
TN-M	X	—	X	X	—	X	—	—	—
TN-O	X	—	X	X	—	X	—	—	—
TX	X	X	X	X	—	X	X	X	X
UT-M	X	X	X	X	X	X	X	X	X
UT-O	X	X	X	X	X	X	X	X	X
VT-M	X	—	X	X	X	X	—	—	—
VT-O	X	—	X	X	X	X	—	—	—
VI	X	X	X	X	X	X	X	X	X
VA	X	X	X	X	X	X	X	X	X
WA-M	X	X	—	X	X	X	X	X	—
WA-O	X	X	X	X	X	X	X	X	X
WV-M	X	X	X	X	X	X	—	—	—
WV-O	X	X	X	X	X	X	X	X	X
WI	X	X	X	X	X	X	X	X	X
WY	—	—	—	X	—	X	—	—	—

## Entities Required to Report Possible Violations to the Board 2

	State/ local law enforcement agencies	State medical/ osteopathic societies	State professional/ specialty societies	Peer review committees/ organizations	Other professional organizations	Other health care professions	Federal agencies	Other individuals or entities
AL	—	X	X	—	X	—	—	
AK	—	—	—	—	—	—	—	PHC program reports non-compliance
AZ-M	X	X	X	—	—	—	—	
AZ-O	X	X	—	X	—	X	—	
AR	—	—	—	—	—	—	—	PHC reports non-compliance
CA-M	—	X	X	X	X	—	—	Accredited outpatient surgery centers, court clerks, coroners, and prosecuting agencies
CA-O	—	—	—	X	—	—	X	Accredited outpatient surgery centers, court clerks, coroners, and prosecuting agencies
CO	—	—	—	X	—	—	—	
CT	X	X	X	X	X	X	—	X
DE	X	X	X	X	X	X	X	X
DC	X	—	—	—	—	X	—	Other boards within the regulatory department
FL-M	—	X	X	X	X	X	—	
FL-O	—	X	X	X	X	X	—	
GA	—	—	—	—	—	—	—	
GU	X	X	X	X	—	X	—	
HI	—	—	—	X	—	—	—	
ID	—	—	—	X	—	—	X	Other State Agencies
IL	X	X	X	X	X	—	—	Postgraduate training programs
IN	—	—	—	—	—	X	—	
IA	—	—	—	—	—	—	—	State Revenue Dept reports non-payment of state debt, default on student loans
KS	—	—	—	X	—	—	—	
KY	—	X	—	—	—	—	—	
LA	—	—	—	—	—	—	—	Postgraduate training programs
ME-M	—	X	X	X	—	—	—	
ME-O	—	X	X	X	—	—	—	
MD	—	—	—	—	—	—	—	Hospitals and related institutions, Health Care Arbitration Office and Courts
MA	X	X	X	—	X	X	X	Physician Health Services program reports noncompliance
MI-M	—	—	—	—	—	X	—	
MI-O	—	—	—	—	—	X	—	
MN	X	X	X	X	X	X	X	—
MS	—	X	X	X	—	—	X	
MO	—	—	—	—	—	—	—	
MP	X	X	X	X	X	X	X	X
MT	—	X	X	X	—	—	X	
NE	—	X	X	X	X	X	—	
NV-M	X	X	—	—	—	X	—	
NV-O	—	X	—	—	—	X	X	—
NH	X	X	X	X	X	X	X	
NJ	—	—	—	—	—	—	—	
NM-M	—	—	X	X	X	—	—	National Practitioner Data Bank
NM-O	—	—	—	—	—	—	—	National Practitioner Data Bank
NY	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)
NC	—	—	—	—	—	—	—	—
ND	X	—	—	X	X	X	—	—
OH	X	X	X	X	X	X	—	X
OK-M	—	X	X	X	X	—	—	
OK-O	—	—	—	—	—	—	—	No one is required by law to report violations to us
OR	—	X	X	X	—	X	—	—
PA-M	—	—	—	—	—	—	—	The District Attorney of each county in Pennsylvania
PA-O	—	—	—	—	—	—	—	The District Attorney of each county in Pennsylvania
PR	X	—	—	—	X	X	X	X
RI	—	—	—	X	—	—	—	
SC	—	—	—	—	—	X	—	
SD	—	—	—	—	—	—	—	The SD Division of Insurance reports by law, SDCL 58-23A-5
TN-M	X	—	—	—	—	—	—	
TN-O	X	—	—	—	—	—	—	
TX	—	X	X	X	X	X	X	
UT-M	X	X	X	X	X	X	X	
UT-O	X	X	X	X	X	X	X	
VT-M	—	—	—	X	—	—	—	Medical society required only in its role as current contractor for PHP and only in certain circumstances
VT-O	—	—	—	—	—	—	—	
VI	X	X	X	X	X	X	X	
VA	—	X	X	X	—	X	—	Virginia Workers' Compensation Commission
WA-M	—	X	X	X	—	—	—	
WA-O	—	X	—	X	X	X	—	
WV-M	—	X	X	X	X	—	—	
WV-O	X	X	X	X	X	X	—	
WI	—	X	X	—	—	X	X	
WY	—	—	—	—	—	—	—	



## Information About Complaints or Reports of Possible Violations

	Penalties	Confidentiality		
	Civil penalties authorized for failure to report violations	Confidentiality assured to those reporting violations in good faith	Disclosure of identity required before filing a complaint or report	Complainant's identity shared with the practitioner whose conduct is in question
AL	X	X	X	X
AK	X	X	X	—
AZ-M	—	—	X	—
AZ-O	X	X	—	—
AR	—	—	X	X
CA-M	X	—	—	—
CA-O	X	X	—	—
CO	—	—	—	X
CT	—	—	—	X
DE	—	X	X	X
DC	X	—	—	X
FL-M	—	X	—	X
FL-O	—	X	—	X
GA	—	X	—	—
GU	X	—	—	X
HI	X	X	X	—
ID	—	X	X	X
IL	X	X	—	—
IN	X	—	X	X
IA	X	—	—	—
KS	X	—	—	X
KY	X	—	X	X
LA	—	X	X	X
ME-M	X	—	X	X
ME-O	—	—	X	X
MD	X	X	—	X
MA	X	X	—	X
MI-M	—	X	X	—
MI-O	—	X	X	—
MN	X	X	—	Only with complainant's written authorization
MS	—	X	X	X
MO	—	—	—	X
MP	X	X	—	X
MT	—	X	—	X
NE	X	X	—	—
NV-M	—	X	—	—
NV-O	—	X	—	—
NH	—	—	X	X
NJ	X	X	X	X
NM-M	X	X	—	X
NM-O	X	—	X	X
NY	—	X (PMC)	—	—
NC	X	X	—	X
ND	X	X	—	X
OH	X	X	—	—
OK-M	—	X	—	—
OK-O	—	X	—	—
OR	X	X	—	—
PA-M	X	—	—	—
PA-O	X	—	—	—
PR	X	X	—	X
RI	—	—	X	X
SC	—	X	—	X
SD	—	X (Immunity)	—	PRN
TN-M	—	X	—	—
TN-O	—	X	—	—
TX	X	X	X	—
UT-M	X	X	—	—
UT-O	X	—	—	—
VT-M	X	—	—	X
VT-O	—	X	X	—
VI	X	X	—	X
VA	X	—	—	X
WA-M	—	X	—	X (If complainant has waived confidentiality)
WA-O	—	—	—	X
WV-M	—	—	—	X
WV-O	X	X	—	X
WI	X	—	—	X
WY	X	X (May be requested, subject to approval of Board officers)	X	X

## Confidentiality of Complaints or Reports of Possible Violations Made in Good Faith

	Complaints are made public	Complaints are shared with other boards	Other requirements or policies regarding confidentiality
AL	—	X	Complaints are shared with other boards to the extent allowed by statute
AK	—	—	
AZ-M	—	X	
AZ-O	—	X	
AR	X	X	Complaints are shared with other boards upon request
CA-M	—	—	If a case goes to administrative action, information is released during discovery
CA-O	—	—	If action is taken based upon complaint then complaint can be shared with other boards
CO	—	X	CMB Policy 30-05 authorizes release under conditions established by the board
CT	X	—	Complaints are only public if a statement of charges is issued, a consent order is reached or if the investigation of the complaint is over 18 months
DE	—	—	The Executive Director may maintain the confidentiality of the complaining party or the respondent from the Board. In the absence of an Executive Director or acting Executive Director, the Secretary of State may exercise that discretion.
DC	—	—	Complaints that also name another health care professional in the District are referred to that board
FL-M	X	X	Complaint becomes public after probable cause is found, a complainant's identity is not always shared with physician, and other boards receive our final actions on request
FL-O	X	X	Complaint becomes public after probable cause is found, a complainant's identity is not always shared with physician, and other boards receive our final actions on request
GA	X	—	Code Section 43-34-8
GU	X	X	
HI	—	—	Regulated Industries Complaints Office (RICO) investigates allegations of professional misconduct by licensee
ID	—	X	
IL	—	X	Complaints may be released to law enforcement after receipt of a criminal subpoena
IN	—	—	
IA	—	X	The confidentiality of the complainant is released to the respondent when the charge is filed if the respondent contests the charge and a hearing is scheduled
KS	—	—	We may share information with law enforcement or other state agencies with same jurisdictional authority
KY	X	X	
LA	—	X	
ME-M	X	X	Complaints are confidential during the investigation, but can be shared with certain state and federal agencies
ME-O	—	X	
MD	—	X	Once licensee is charged, charging document is published
MA	X	X	Complaints are shared with other boards to the extent allowed by statute
MI-M	—	X	
MI-O	—	X	
MN	—	X	
MS	—	X	Complaints are shared with other boards if other boards are involved in the complaint. Complainant's identity shared with the practitioner if confidentiality is not requested.
MO	—	X	
MP	—	—	The Open Government Act determines the extent to which the Board's records, files and other information shall be privileged and confidential and may be protected from disclosure
MT	—	X (Case by case)	Complaints are confidential up to the point that reasonable cause is found, at which point the process becomes public
NE	—	X	The identity of the complainant or mandatory reporter may be made public in a contested case before the Department
NV-M	—	X	Unlicensed practice complaints with law enforcement agencies
NV-O	—	X	Complaint resolutions not shared with public or complainant, unless approved in writing by Respondent (licensee)
NH	—	X	
NJ	—	—	Complaint information becomes public when public disciplinary action is taken against the physician
NM-M	—	X	Pursuant to NMSA 1978, § 61-6-34, all information and records maintained in the investigation file are confidential and are not available to the public, except in the event that the matter goes to a formal hearing
NM-O	—	X	A complaint is shared with the public when it reaches the stage of Notice of Contemplated Action
NY	—	—	Investigations are shared with other boards by virtue of subpoena; however, complaints are kept confidential. (PMC)
NC	—	X	Board accepts anonymous complaints under several circumstances: in writing; in cases not involving a boundary violation; submitted by someone other than a patient; and sufficiently detailed.
ND	—	—	Can share evidence of a crime with law enforcement
OH	—	X	In compliance with confidentiality requirements of Section 4731.22(F) (5), Ohio Revised Code. Information shared on case-by-case basis.
OK-M	—	X	
OK-O	—	X	Formal complaints are public record. Reports of misconduct are in investigative files – not public.
OR	—	X	Statute allows the ability to share investigative materials with other state agencies and other states.
PA-M	—	—	Confidentiality is waived for law enforcement if a written request is submitted affirming that it is needed for a criminal investigation
PA-O	—	—	Confidentiality is waived for law enforcement if a written request is submitted affirming that it is needed for a criminal investigation
PR	—	—	
RI	—	X	
SC	X	X	SC Code 40-47-190
SD	—	X (Through the Interstate Medical Licensure Compact)	
TN-M	—	—	
TN-O	—	—	
TX	—	X	The board requires that complainants disclose their identity before filing a complaint/report but only to the board staff
UT-M	—	—	The division requires complainant information to be private. No complaints are public, only disciplinary action taken.
UT-O	—	—	The division requires complainant information to be private. No complaints are public, only disciplinary action taken.
VT-M	—	X	Complaints are confidential unless and until a stipulated order or charges are filed
VT-O	—	—	Complaints are confidential unless and until charges are filed
VI	—	X	If warranted by nature of the complaint
VA	—	X	Investigations, like complaints, are confidential
WA-M	X	X	
WA-O	X	X	
WV-M	—	—	
WV-O	—	—	
WI	X	X	
WY	—	X	Confidentiality granted for good cause; otherwise licensee knows complainant identity

## Administrative Hearing Participants and Procedures 1

	Conducted by full board or commission	Special standing committee of board/commission	Panel of board members	Hearing officers	Special qualifications or training required for hearing officers
AL	X	—	X	—	—
AK	—	—	—	X	—
AZ-M	X	—	—	X	—
AZ-O	X	—	—	X	—
AR	X	—	—	—	—
CA-M	—	—	X	X	X
CA-O	—	—	—	X	X
CO	—	—	X	X	—
CT	—	—	X	—	—
DE	—	—	X	X	X
DC	—	—	X	—	—
FL-M	X	—	X	X	X
FL-O	X	—	X	X	X
GA	X	—	—	X	X
GU	X	—	—	X	—
HI	—	—	—	X	—
ID	—	—	—	X	X
IL	—	—	—	X	X
IN	X	—	—	—	—
IA	— (Must have a quorum-6 of 10 members)	—	X	X	X
KS	X	—	X	X	—
KY	—	—	X	X	X
LA	—	—	X	—	—
ME-M	X	—	—	X	X
ME-O	X	—	—	X	X
MD	—	—	—	X	X
MA	X	—	—	X	—
MI-M	—	—	—	X	—
MI-O	—	—	—	X	—
MN	X	—	—	X	X
MS	X	—	—	—	—
MO	—	—	—	X	—
MP	—	—	X	X	X
MT	—	—	—	X	—
NE	—	—	—	X	—
NV-M	—	—	—	X	—
NV-O	—	—	—	X	—
NH	X	—	X	X	—
NJ	X	X	X	X	X
NM-M	—	—	—	X	X
NM-O	X	—	X	X	—
NY	—	—	X (PMC)	X (PMC)	X (PMC)
NC	X	—	X	X	X
ND	—	—	—	X	X
OH	—	—	—	X	X
OK-M	X	—	—	—	—
OK-O	X	—	—	—	—
OR	—	—	—	X	X
PA-M	—	—	—	X	X
PA-O	—	—	—	X	X
PR	X (Only investigate hearings)	X (Only investigative hearings)	X (Only investigative hearings)	X	X
RI	—	—	X	X	—
SC	X	X	—	X	X
SD	X	—	X	X	X
TN-M	X	—	X	—	—
TN-O	X	—	X	—	—
TX	X	—	—	X	—
UT-M	X	—	X	X	—
UT-O	X	—	X	X	—
VT-M	X	—	X	X	—
VT-O	X	—	—	X	—
VI	X	—	—	—	—
VA	X	X	X	X	—
WA-M	—	—	X	X	X
WA-O	—	—	X	X	—
WV-M	X	—	—	X	X
WV-O	—	—	—	X	—
WI	—	—	—	X	X
WY	—	—	X (Board minus investigating board members)	X	X

## Administrative Hearing Participants and Procedures 2

	Additional hearing procedures otherwise applicable or available
<b>AL</b>	Administrative hearings concerning licensure are conducted before the full Medical Licensure Commission. Administrative hearings concerning controlled substances certificates, certificates of qualification, and physician assistants are conducted before a hearing panel of the Board.
<b>AK</b>	Board delegates to hearing officer, but may choose to conduct hearing by full board
<b>AZ-M</b>	Hearing conducted by the full board is a formal interview; administrative hearings are conducted by an independent agency
<b>AZ-O</b>	Board conducts investigative hearings. Most Administrative Hearings are conducted by the Office of Administrative Hearings at a time and place other than Board meetings
<b>AR</b>	
<b>CA-M</b>	The panel of board members review and approve decisions after stipulation or hearing by a hearing officer
<b>CA-O</b>	Board is not present at hearings; however, they vote to adopt or deny a decision by administrative law judge. Additionally, petition for early termination of probation/petition for reinstatement of revoked license hearings are conducted before the board with the administrative law judge present.
<b>CO</b>	
<b>CT</b>	
<b>DE</b>	
<b>DC</b>	The Board can choose to hold a hearing before the full Board or a panel of the Board. The Board can choose to send hearings to an independent hearing tribunal instead of holding hearings themselves.
<b>FL-M</b>	
<b>FL-O</b>	
<b>GA</b>	
<b>GU</b>	
<b>HI</b>	Regulated Industries Complaints Office (RICO) investigates allegations of professional misconduct by licensee
<b>ID</b>	
<b>IL</b>	
<b>IN</b>	
<b>IA</b>	Iowa has a pool of 10 "alternate" board members, three of whom can serve when board doesn't have quorum (six). Hearings may be closed to the public at the discretion of the respondent.
<b>KS</b>	
<b>KY</b>	
<b>LA</b>	
<b>ME-M</b>	Hearings conducted in accordance with the Maine Administrative Procedure Act
<b>ME-O</b>	
<b>MD</b>	Board conducts an exceptions hearing after hearing officer makes recommendation
<b>MA</b>	Hearings at the Division of Administrative Law Appeals; sanction at board meeting
<b>MI-M</b>	A central agency handles all of the hearings for the Bureau
<b>MI-O</b>	A central agency handles all of the hearings for the Bureau
<b>MN</b>	
<b>MS</b>	
<b>MO</b>	
<b>MP</b>	Any disciplinary action taken by a hearing officer or panel designated by the Board is subject to the same procedural requirements which apply to disciplinary actions taken by the Board, and the officer or panel has those powers and duties given to the Board in relation thereto.
<b>MT</b>	Hearing officers provided by department
<b>NE</b>	Decision-maker is the chief medical officer of the Department of Health and Human Services
<b>NV-M</b>	Able to have full board, panel, or board members hold hearing but use hearing officers as preferred method
<b>NV-O</b>	Investigative board member attends hearing
<b>NH</b>	Medical Review Subcommittee forwards all Reports of Investigations to the Board with a recommendation. Board then determines action.
<b>NJ</b>	Hearing officers are administrative law judges at the Office of Administrative Law
<b>NM-M</b>	Individual board members may act as hearing officers or board may contract for these services
<b>NM-O</b>	The oversight committee will make a report that may include non-binding recommendations to both the board of pharmacy and the board of osteopathic medical examiners regarding disciplinary action. Each board can accept or reject the recommendations. [16.17.9.10 NMAC - N, 12-18-15]
<b>NY</b>	
<b>NC</b>	
<b>ND</b>	Hearing officers are administrative law judges
<b>OH</b>	
<b>OK-M</b>	
<b>OK-O</b>	
<b>OR</b>	Hearing officers are administrative law judges appointed by the Office of Administrative Law Judges
<b>PA-M</b>	
<b>PA-O</b>	
<b>PR</b>	Investigate hearings, conducted by members of board, constituting a special committee, and in-house counsel
<b>RI</b>	No member of the board who participated in the investigation may participate in any subsequent hearing or action taken by the remainder of the board
<b>SC</b>	Panel of one lay member and not more than three physician members of the Medical Disciplinary Commission, none of which may reside or have a major part of their practice in the same county as the respondent
<b>SD</b>	
<b>TN-M</b>	
<b>TN-O</b>	
<b>TX</b>	The fact-finding part of the trial is done by the State Office of Administrative Hearings. The penalty part is done by the board.
<b>UT-M</b>	
<b>UT-O</b>	
<b>VT-M</b>	Hearing panels hear contested cases and make recommendation; full board acts on record created by panel but may take evidence. Board contracts with a hearing officer to assist in conducting hearings. Not a voting member of panel; role is to advise, preside over hearing, rule on procedural matters, and assist in drafting decision.
<b>VT-O</b>	
<b>VI</b>	
<b>VA</b>	A formal hearing may be conducted by a hearing officer, a panel of the Board or the full Board. Committee members who participated in the informal conference are excluded from the subsequent formal hearing.
<b>WA-M</b>	
<b>WA-O</b>	
<b>WV-M</b>	The full board only conducts hearings for summary suspensions
<b>WV-O</b>	
<b>WI</b>	Hearing officer issues a proposed decision. Board considers and issues final decision.
<b>WY</b>	Hearing officer presides; board members hear and decide the case

## Standards of Proof Required in Board Disciplinary Matters

	Preponderance of evidence	Clear and convincing evidence	Evidence beyond a reasonable doubt	Evidentiary standard varies according to violation	Explanation if standard varies
AL	—	—	—	—	"Substantial evidence" standard. The Administrative Procedure Act declares that we follow the rules of evidence used in the civil courts of Alabama. Ala. code § 12-21-12 mandates that, in all civil actions brought in any "state court, proof by substantial evidence is required." In § 12-21-12(d), "substantial evidence" is defined as "evidence of such quality and weight that reasonable and fair-minded persons in the exercise of impartial judgement might reach different conclusions as to the existence of the fact sought to be proven."
AK	X	—	—	—	
AZ-M	—	X	—	X	Board's standard of proof is clear and convincing except for sexual misconduct, where it is preponderance of evidence
AZ-O	X	—	—	—	
AR	X	—	—	—	
CA-M	—	X	—	—	
CA-O	—	X	—	—	
CO	X	—	—	—	
CT	X	—	—	—	
DE	X	—	—	—	
DC	X	—	—	—	
FL-M	—	X	—	—	
FL-O	—	X	—	—	
GA	X	—	—	—	
GU	X	—	—	—	
HI	X	—	—	—	
ID	—	X	—	—	
IL	—	X	—	—	
IN	X	—	—	—	
IA	X	—	—	—	
KS	X	—	—	X	If felony conviction, presumed revocation. Licensee has to prove by clear and convincing evidence they are rehabilitated and warrant public trust. KSA 65-2838(b) and KSA 65-2844 provide the two notable exceptions to this standard.
KY	X	—	—	—	
LA	—	X	—	—	
ME-M	X	—	—	—	
ME-O	X	—	—	—	
MD	X	—	—	—	
MA	X	—	—	—	
MI-M	X	X	—	—	For reinstatement, licensee needs to show clear and convincing
MI-O	X	X	—	—	
MN	X	—	—	—	
MS	X	—	—	—	
MO	X	—	—	—	
MP	X	X	—	—	Non-trivial complaints is the standard under which a complaint is determined to move forward Reasonable cause is the standard under which a complaint moves forward
MT	—	—	—	—	
NE	—	X	—	—	
NV-M	X	—	—	—	
NV-O	X	—	—	—	
NH	X	—	—	—	
NJ	X	—	—	—	
NM-M	X	—	—	—	
NM-O	X	—	—	—	
NY	X (PMC)	—	—	—	
NC	X	—	—	—	N/A
ND	X	X	—	—	Clear and convincing required for ex parte suspensions
OH	X	—	—	—	
OK-M	—	X	—	—	
OK-O	—	X	—	—	
OR	X	—	—	—	
PA-M	X	—	—	—	
PA-O	X	—	—	—	
PR	X	X	X	—	
RI	X	—	—	—	
SC	X	—	—	—	
SD	X	X	—	—	
TN-M	X	—	—	—	
TN-O	X	—	—	—	
TX	X	—	—	—	
UT-M	X	X	X	—	
UT-O	X	X	X	—	
VT-M	X	—	—	—	
VT-O	X	—	—	—	
VI	X	—	—	—	
VA	—	X	—	—	
WA-M	—	X	—	—	
WA-O	X	X	—	—	
WV-M	—	X	—	—	
WV-O	X	—	—	—	
WI	X	—	—	—	
WY	—	—	—	X	Clear and convincing when charging licensee; preponderance when licensee is getting license back or restrictions lifted

## Informal Investigations or Informational Conferences

	Informal investigations or informational conferences	If permitted, may conferences be closed?	If conferences may be closed, are disciplinary actions agreed to in writing by the board and the licensee a matter of public record?
AL	Formal, closed interview allowed by statute	X	X
AK	—	—	—
AZ-M	Yes; conducted by investigators	X	X
AZ-O	Investigation Hearings are conducted by the board	—	—
AR	N/A	—	—
CA-M	The board only allows informal conferences to resolve non-disciplinary citations and fines	N/A	N/A
CA-O	X	X	X
CO	N/A	—	—
CT	Pre-hearing conferences	X	X
DE	N/A	—	—
DC	X	X	Any formal order of the Board can be obtained pursuant to a FOIA request
FL-M	Mediation	—	X
FL-O	Mediation	—	X
GA	Investigative interviews	X	Private and public board orders
GU	Informal conference	X	X
HI	N/A	—	—
ID	Physicians may meet with the COPD prior to initiation of disciplinary action	X	X
IL	X	X	X
IN	—	—	—
IA	—	NA	NA
KS	X	X	—
KY	—	—	—
LA	X	X	X
ME-M	Yes - informal conferences available	X	X
ME-O	X	X	X
MD	X	X	X
MA	—	—	—
MI-M	Informational conference with one board member and department	X	X
MI-O	Informational conference with one board member and department	X	X
MN	Investigative and educational conferences	X	X
MS	Interviews with senior staff used to resolve lower-level issues	X	—
MO	X	X	X
MP	X	X	X
MT	—	—	—
NE	—	—	—
NV-M	—	—	—
NV-O	—	—	—
NH	X	—	—
NJ	X	X	X
NM-M	—	—	—
NM-O	—	—	—
NY	—	—	X (PMC)
NC	X	X	X
ND	X	X	X
OH	Investigatory conferences are confidential; no disciplinary action taken at such meetings	X	—
OK-M	X	X	—
OK-O	X	X	X
OR	X	X	X
PA-M	—	—	—
PA-O	—	—	—
PR	—	—	—
RI	—	X	X
SC	X	X	—
SD	X	X	X
TN-M	Screening panels	X	X (disciplinary actions aren't agreed to in screening panels)
TN-O	Screening panels	X	X (disciplinary actions aren't agreed to in screening panels)
TX	X	X	X
UT-M	X	X	X
UT-O	X	X	X
VT-M	X	X	X
VT-O	X	X	X
VI	X	X	X
VA	X	—	X
WA-M	—	—	Any action taken by the Commission is a public record
WA-O	—	—	—
WV-M	X	X	X
WV-O	X	X	X
WI	X	X	X
WY	X	X	X

## Allowable Actions or Sanctions 1

	Revocation of license	Summary suspension of license	Suspension of license	Probation	Stipulation or consent agreements	Collection of fines	Maximum fine permitted
AL	X	X	X	X	X	X	\$10,000 per violation
AK	X	X	X	X	X	X	\$25,000
AZ-M	X	X	X	X	X	X	\$10,000
AZ-O	X	X	X	X	X	X	\$500 per violation
AR	X	—	X	X	X	X	\$1,000 per violation
CA-M	X	X	X	X	X	X	\$5,000
CA-O	X	X	X	X	X	X	\$5,000
CO	X	X	X	X	X	X	\$5,000 per incident
CT	X	X	X	X	X	X	\$25,000 per occurrence
DE	X	X	X	X	X	X	\$10,000
DC	X	X	X	X	X	X	\$5,000 per incident
FL-M	X	X	X	X	X	X	\$10,000 per count
FL-O	X	X	X	X	X	X	\$10,000 per count
GA	X	X	X	X	X	X	\$3000 per violation
GU	X	X	X	X	X	X	
HI	X	X	X	X	X	X	\$5,000
ID	X	X	X	X	X	X	\$10,000 per count
IL	X	X	X	X	X	X	\$10,000 per offense
IN	X	X	X	X	X	X	\$1,000 per violation
IA	X	X	X	X	X	X	\$10,000 per case (not per charge)
KS	X	X	X	X	X	X	1st \$5,000, 2nd \$10,000, 3rd \$15,000
KY	X	—	X	X	X	X	\$5,000
LA	X	X	X	X	X	X	\$5,000
ME-M	X	X	X	X	X	X	\$1,500 per separate violation
ME-O	X	X	X	X	X	X	\$1,500 per violation
MD	X	X	X	X	X	X	\$50,000 for third violation
MA	X	X	X	X	X	X	\$10,000
MI-M	X	X	X	X	X	X	\$250,000
MI-O	X	X	X	X	X	X	\$250,000
MN	X	X	X	—	X	X	\$10,000 per violation
MS	X	X	X	X	X	—	—
MO	X	X	X	X	X	—	—
MP	X	X	X	X	X	X	Not more than \$1,000 for each misdemeanor offense and not more than \$10,000 for each felony offense
MT	X	X	X	X	X	X	\$1,000 per incident
NE	X	X	X	X	X	X	\$20,000
NV-M	X	X	X	X	X	X	\$5,000 per count
NV-O	X	X	X	X	X	X	\$5,000 per violation
NH	X	X	X	X	X	X	Varies
NJ	X	X	X	X	X	X	No limit
NM-M	X	X	X	X	X	X	\$1,000 per violation
NM-O	X	X	X	X	X	X	\$200
NY	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	Not to exceed \$10,000, upon each specification of charges of which respondent is determined to be guilty (PMC)
NC	X	X	X	X	X	X	No limit
ND	X	X	X	X	X	X	\$5,000
OH	X	X	X	X	X	X	Up to \$20,000
OK-M	X	X	X	X	X	X	\$5,000 per convicted allegation
OK-O	X	X	X	X	X	X	\$1,000 per violation
OR	X	X	X	X	X	X	\$10,000
PA-M	X	X	X	X	X	X	—
PA-O	X	X	X	X	X	X	\$10,000
PR	X	X	X	X	X	X	Variable
RI	X	X	X	X	X	—	N/A
SC	X	X	X	X	X	X	\$25,000
SD	X	X	X	X	X	—	—
TN-M	X	X	X	X	X	X	\$1,000 per event
TN-O	X	X	X	X	X	X	\$1,000 per event
TX	X	X	X	X	—	X	\$5,000 per violation
UT-M	X	X	X	X	X	X	Fines vary
UT-O	X	X	X	X	X	X	Fines vary
VT-M	X	X	X	X	X	X	\$1,000 per violation
VT-O	X	X	X	X	X	X	\$1,000
VI	X	X	X	X	X	X	Unknown
VA	X	X	X	X	X	X	\$5,000 per violation
WA-M	X	X	X	X	X	X	\$5,000 per violation
WA-O	X	X	X	X	X	X	\$5,000 per violation
WV-M	X	X	X	X	X	X	\$10,000
WV-O	X	X	X	X	X	X	\$10,000
WI	X	X	X	— (However stay of suspension is used)	X	—	—
WY	X	X	X	X	X	X	\$25,000

## Allowable Actions or Sanctions 2

	Fine may be imposed for each count in a statement of charges	Board follows an established schedule of fines	Board Retains Fine (cells with text indicate where funds are retained because the board does not retain funds)
AL	X	—	X
AK			
AZ-M			
AZ-O			
AR	—	—	X
CA-M	X	—	—
CA-O	X	X	X
CO	X	—	State General Fund
CT	X	—	State General Fund
DE	—	—	State General Fund
DC	X	X (Only for CME violations. Any other fines are determined on a case by case basis.)	State General Fund
FL-M	X	— (case by case basis)	Medical Quality Assurance Trust Fund
FL-O			
GA	—	—	—
GU	—	X	X
HI	X	X	Compliance Resolutoiu Fund
ID	X	— (but fines generally start at \$250 or \$500, depending on infraction)	General Board Fund
IL	X	—	X
IN	X	—	State General Fund
IA	—	—	Fines are deposited in the general fund
KS	X	X (Depends on violation type)	State General Fund (If costs are imposed, Kansas Board retains all recovered costs in Board's fee fund)
KY	X	X (in some cases)	X
LA	X	—	X
ME-M	Yes - so long as each count reflects a separate act or omission that constitutes a violation	—	No - Goes to state general fund
ME-O			
MD	X	X	—
MA	X	—	General Fund
MI-M	N/A	—	N/A
MI-O	N/A	—	N/A
MN	Cost of investigation or up to \$10,000 per violation	—	X
MS	—	—	—
MO	—	N/A	N/A
MP	X	X	—
MT	X	—	State General Fund
NE	X	—	School funding account
NV-M	—	—	—
NV-O	X	—	X
NH	X	X	State General Fund
NJ	X	—	X
NM-M	X (A fine can be imposed for each finding of guilt or for each proven offense)	—	X (in "Other State Funds")
NM-O			
NY	X	\$10,000 per sustained specification charged	State of New York
NC	—	—	NC Office of State Budget and Management
ND	X	—	State General Fund
OH	—	—	X
OK-M			
OK-O	X	X	
OR	X	—	—
PA-M	\$10,000	—	X
PA-O	X	—	X
PR			
RI	—	N/A	N/A
SC	X	X (Min and max amount of civil penalty in statute)	
SD			
TN-M			
TN-O			
TX	X	X	—
UT-M	X	X	Division of Occupational and Professional Licensing
UT-O	X	X	Division of Occupational and Professional Licensing
VT-M	X	—	X
VT-O			
VI			
VA	X	—	Literary Fund of Virginia
WA-M	X	—	
WA-O	X	— (But may assess up to \$5,000 per violation)	X
WV-M	X	X	State General Fund
WV-O			
WI	—	N/A	N/A
WY	X	—	State General Fund per State Constitution



### Allowable Actions or Sanctions 3

	Private reprimand	Public reprimand	Letter/decree of censure	Letter of concern	Collection of costs of proceedings	Additional actions or sanctions permitted
AL	X	X	X	X	X	Allowable actions or sanctions against a medical license are taken by the Medical Licensure Commission. Allowable actions or sanctions against an Alabama Controlled Substances Certificate or certificate of qualification are taken by the Alabama Board of Medical Examiners.
AK	—	X	X	X	—	
AZ-M	X	X	X	—	X	Private reprimand (non-disciplinary advisory letter), also, non-disciplinary continuing medical education
AZ-O	—	X	X	X	X	Non-disciplinary letters of concern and continuing medical education
AR	—	X	—	—	X	
CA-M	—	X	—	—	—	
CA-O	X	X	X	X	X	
CO	—	X	—	X	—	
CT	—	X	X	—	—	
DE	—	X	—	X	—	
DC	X	X	X	X	X	
FL-M	—	X	X	X	X	Continuing medical education, physician assessment, impairment program, voluntary surrender (relinquishment), restrictions on practice
FL-O	—	X	X	X	X	Continuing medical education, physician assessment, impairment program, voluntary surrender (relinquishment), restrictions on practice
GA	X	X	X	X	X	
GU	X	X	X	X	X	
HI	—	X	X	X	—	
ID	X	X	—	X	X	
IL	—	X	—	X (non-public)	—	Non-disciplinary action including care, counseling, and treatment agreements
IN	—	X	X	—	X	Surrender in lieu of discipline
IA	—	X	—	X	— (Board may charge a fee not to exceed \$75 for conducting a hearing which results in discipline)	Letter of warning, letter of education, board appearance. Letters of education and warning are confidential.
KS	—	X	X	X	X	Monitoring, education, clinical skill evaluation
KY	—	X	X	X	X	
LA	X	X	X	X	X	
ME-M	—	X	X	X	X	Practice conditions, restrictions or limitations as part of consent agreements or decisions and orders
ME-O	—	X	X	—	X	Letters of non-disciplinary guidance
MD	—	X	—	X	—	Letter of concern is non-public
MA	—	X	—	X	—	Admonishment, censure, CME, community service, practice restrictions, suspension with probation agreements, revocation, resignation, VANP
MI-M	—	X	—	—	—	Limitation of practice, permanent revocation, restitution, denial
MI-O	—	X	—	—	—	Limitation of practice, permanent revocation, restitution, denial
MN	—	X	—	—	X	Practice limitations or conditions
MS	X	X	X	X	X	The letters of concern are non-public
MO	—	X	—	X	—	In lieu of discipline, voluntary surrender may be requested in limited circumstances
MP	X	X	X	X	X	Conditional license, require further education or training or testing for competency; enjoin; levy fees or require application for licensure.
MT	X	X	X	X	X	Board may order counseling, remedial education or participation in assistance programs, as well as peer review. Licensee pays for peer review.
NE	—	X	X	—	—	Limitation of license, non-disciplinary assurance of compliance
NV-M	—	X	—	X	X	
NV-O	—	X	—	X	X	Fines
NH	—	X	—	X	—	
NJ	—	X	—	—	X	
NM-M	—	X	X	X	X	Non-disciplinary advisory letters may also be issued by board
NM-O	—	X	—	X	X	
NY	—	X (PMC)	—	—	X (PMC)	Annulment of license or registration, limitation of license to a specific area or type of practice, limitation on registration or issuance of any further license, requirement for course of education or training, up to 500 hours of public service (PMC)
NC	—	X	—	X	—	Monetary redress, additional training, license restriction, free medical services, assessment, treatment
ND	X	X	X	X	X	Public/charitable service
OH	—	X	—	—	—	Limitation of scope of license, immediate suspension, automatic suspension
OK-M	—	X	X	—	X	Public service, completion of specific education, permanent revocation
OK-O	X	X	X	X	X	
OR	—	X	—	X	X	X
PA-M	—	X	—	X	X	Compel mental and physical examination
PA-O	—	X	—	X	X	Compel mental and physical examination
PR	X	X	X	X	X	
RI	—	X	—	—	X	Costs can be up to \$10,000
SC	X	X	—	X	X	
SD	X (Letter of Concern)	X	X	X - Private	X	May have conditions or a conditional license, may be admitted to the Medical Board Monitoring Program (MBMP)
TN-M	—	X	—	X	X	
TN-O	—	X	—	X	X	
TX	—	X	—	—	X	Remedial plan—public but non-disciplinary plan that has educational requirements
UT-M	X	X	X	X	X	
UT-O	X	X	X	X	X	
VT-M	—	X	—	X	—	Letters of concern are issued only by investigating committees and only in cases that don't result in charges. They are not public, but may be viewed by investigating committee in a future case.
VT-O	—	X	—	—	—	
VI	X	X	X	X	X	
VA	—	X	—	X	—	Confidential Consent Agreement
WA-M	—	—	—	—	X	Refund of fees billed to customer and surrender of license
WA-O	—	X	—	—	X	
WV-M	—	X	—	—	X	Community service; compel mental and physical evaluations; education; practice monitoring
WV-O	—	X	—	X	X	Physician supervision
WI	—	X	—	—	X	Administrative warning (contents private), remedial education order
WY	X	X	X	X	X	

## Approved or Authorized Impaired Physician Treatment Programs

	Board programs	State society	Other programs	Details of other programs
AL	X	X	X	Other state impaired physician programs are approved for out-of-state physicians
AK	—	X	X	Case-specific referrals
AZ-M	X	—	X	All treatment programs approved and authorized by PHP contractor
AZ-O	X	—	X	
AR	—	X	—	
CA-M	X	—	—	The board was authorized as of January 2017 to establish a program and to contract with an outside vendor to provide the monitoring. Program implementation pending.
CA-O	X	—	—	
CO	X	—	X	Physician Health Program
CT	—	—	X	Impaired health care practitioner program authorized by state statute
DE	—	—	X	VTO throughout the Division of Professional Regulation (umbrella agency)
DC	X	X	X	Affiliated monitors
FL-M	—	—	X	Program is statutorily required but is operated by a state society
FL-O	—	—	X	Program is statutorily required but is operated by a state society
GA	X	—	—	PHP established in 2013
GU	X	—	X	Guam does not have any impaired physician programs. Individual plans are used.
HI	X	—	X	Lapa'au: The Hawaii Program for Healthcare Professionals, is an independent, non-profit organization dedicated to assisting healthcare provider colleagues The PHP is contracted through the state association
ID	X	X	—	
IL	—	—	X	The Illinois Professionals Health Program, an independent entity, provides after care for many impaired physicians. Other programs may be used as approved by the Chief Medical Coordinator.
IN	—	X	—	
IA	X	—	—	
KS	—	X	—	
KY	X	—	—	
LA	X	—	—	
ME-M	—	X	X	Licensee may propose alternative treatment other than faith based AAA or the Medical Professionals Health Program (MPHP)
ME-O	—	X	—	
MD	X	—	—	
MA	—	X	—	
MI-M	—	—	X	Bureau has vendor who offers Health Professional Recovery Program which offers voluntary or disciplinary monitoring agreements
MI-O	—	—	X	Bureau has vendor who offers Health Professional Recovery Program which offers voluntary or disciplinary monitoring agreements
MN	X	—	—	
MS	X	X	—	MS Disabled Physician Law MS Code 73-25-51 thru 73-25-67 on our web <a href="http://www.msbl.ms.gov">www.msbl.ms.gov</a>
MO	—	X	—	
MP	X	X	—	CNMI does not have any program for impaired physicians. Board usually refers for case specific.
MT	X	—	—	
NE	—	—	X	Nebraska Licensee Assistance Program
NV-M	X	—	X	If agreed to by board
NV-O	X	—	X	N/A
NH	X	—	—	
NJ	X	—	—	
NM-M	—	—	X	The board contracts with a monitored treatment program. Board can also impanel an impaired physician committee to evaluate licensees with mental, physical or substance abuse issues. The committee is made up of 3 physicians – 2 psychiatrists and 1 MD in the panel.
NM-O	X	X	—	
NY	—	X (PMC)	X (PMC)	Residential evaluation and treatment centers (PMC)
NC	—	—	—	PHP is an independent 501(c) (3) which is supported by the NCMB and the NC Medical Society
ND	—	—	X	Independent 501(c) (3) PHP created by statute
OH	X	—	—	
OK-M	X	X	—	
OK-O	—	X	X	Private treatment programs
OR	—	—	X	Contracted State Health Professionals' Services Program
PA-M	X	X	—	
PA-O	X	X	—	
PR	X	X	X	Internships and residency
RI	X	X	X	
SC	X	—	—	SC Recovering Professionals Program
SD	X	—	X	Case by case
TN-M	—	X	—	
TN-O	—	X	—	
TX	X	—	—	The board program is the state physician health program
UT-M	X	X	X	Board suggests a complete psychiatric evaluation with a fitness for duty letter to be submitted before returning to work
UT-O	X	X	X	Board suggests a complete psychiatric evaluation with a fitness for duty letter to be submitted before returning to work
VT-M	X	X	—	
VT-O	—	—	—	
VI	X	—	—	No local state programs
VA	X	—	—	
WA-M	X	—	—	
WA-O	X	—	X	
WV-M	—	—	X	Board enters agreements with qualified physician health programs
WV-O	X	—	—	
WI	X	—	—	
WY	—	—	X	Program run by non-profit which contracts with state licensing boards to monitor and report

## Reporting of Participants in Impaired Physician Treatment Programs

	Programs required to report names of participants leaving the state	Programs required to report names of program participants to the board	Programs required to report names of licensees failing to satisfactorily complete program/treatment to the board
AL	—	—	X
AK	—	—	X
AZ-M	—	X	X
AZ-O	—	X	X
AR	—	—	X
CA-M	—	—	X
CA-O	X	X	X
CO	—	—	X
CT	—	—	X
DE	X	—	—
DC	X	—	X
FL-M	—	—	X
FL-O	—	—	X
GA	X	X	X
GU	X	X	X
HI	X	—	X
ID	X	X	X
IL	—	—	X (Only if licensee has been mandated by Department to participate)
IN	—	—	X
IA	—	—	X (Participants identified by name after second violation of program contract)
KS	—	—	X
KY	—	—	X
LA	—	—	X
ME-M	X	Yes – but only if the program participant is mandated into the program. Voluntary participants remain confidential.	X
ME-O	X	X	X
MD	X	—	X
MA	—	—	X
MI-M	—	—	X
MI-O	—	—	X
MN	—	—	X
MS	X	X (there is an anonymous tract with report of relapse)	X
MO	—	—	—
MP	X	X	X
MT	—	—	X
NE	—	—	X
NV-M	—	—	X
NV-O	—	—	X
NH	—	—	X
NJ	X	X	X
NM-M	X	X	X
NM-O	—	—	X
NY	—	—	X (PMC)
NC	—	—	X
ND	—	—	X
OH	—	—	X
OK-M	—	—	X
OK-O	—	—	X
OR	—	—	X
PA-M	X	—	X
PA-O	X	—	X
PR	—	X	X
RI	-	-	X
SC	x	X	X
SD	—	Medical Board Monitoring Program (MBMP) is administered by the Board staff and 1 board member on each case. The full board is unaware.	If failing the confidential MBMP, licensee may be mandated by the full board or may lose the license if cannot participate satisfactorily
TN-M	—	—	X
TN-O	—	—	X
TX	—	—	X
UT-M	—	—	X
UT-O	—	—	X
VT-M	—	—	X
VT-O	—	—	—
VI	—	—	—
VA	—	—	X
WA-M	—	—	X
WA-O	—	—	X
WV-M	—	—	X
WV-O	—	—	X
WI	—	X	X
WY	—	—	X

## Sharing Information with Public and Other Boards 1

	Current license status shared with public	Disciplinary history shared with public	Educational/training specialty background shared with public	Nature/cause of disciplinary action shared with public	Complaints/accusations against licensees (before investigation and decision) shared with		Investigation information (before decision and/or action) shared with	
					Public	Other boards	Public	Other boards
AL	X	X	X	X	—	—	—	—
AK	X	X	X	X	—	—	—	—
AZ-M	X	X	X	X	—	X	—	X
AZ-O	X	X	X	X	X	X	—	—
AR	X	X	X	X	—	—	—	—
CA-M	X	X	X	X	—	X	—	X
CA-O	X	X	X	X	—	—	—	—
CO	X	X	X	—	—	X (case by case basis only)	—	X (case by case basis only)
CT	X	X	X	X	—	—	—	—
DE	X	X	—	X	—	—	—	—
DC	X	X	X	X	—	—	—	—
FL-M	X	X	X	X	—	—	—	—
FL-O	X	X	X	X	—	—	—	—
GA	X	X	X	X	—	—	—	—
GU	X	X	X	X	—	—	—	—
HI	X	X	—	X	X	X	—	—
ID	X	X	X	Varies	—	X	—	X
IL	X	X	X	X	—	X	—	X
IN	X	X	X	X	—	—	—	—
IA	X	X	X	X	—	X	—	X
KS	X	X	X	X	—	—	—	X
KY	X	X	X	X	—	X	—	X
LA	X	X	X	X	—	—	—	X
ME-M	X	X	X	X	—	X	—	X
ME-O	X	X	X	X	—	X	—	X
MD	X	X (public orders)	X	X (public actions)	—	X	—	—
MA	X	X	X	X	—	X	—	X
MI-M	X	X	X	X	—	—	—	—
MI-O	X	X	X	X	—	—	—	—
MN	X	X	X	X	—	X	—	X
MS	X	X	—	X	—	—	—	—
MO	X	X	X	X	—	—	—	—
MP	X	X	X	X	—	—	—	—
MT	X	X	—	X	—	—	—	—
NE	X	X	—	X	—	—	—	X
NV-M	X	X	X	X	—	X	—	X
NV-O	X	X	X	X	—	—	—	X
NH	X	X	X	X	—	X	—	—
NJ	X	X	X	X	—	—	—	—
NM-M	X	X	X	X	—	X	—	X
NM-O	X	X	—	X	—	X	—	X
NY	X (PMC)	X (PMC)	X (PMC)	X (PMC)	—	X (PMC)	—	X (PMC)
NC	X	X	X	X	—	Board may notify and/or communicate with other state boards on a case by case basis as circumstances warrant	—	Board may notify and/or communicate with other state boards on a case by case basis as circumstances warrant
ND	X	X	X	X	—	—	—	—
OH	X	X	X	X	—	X	—	X
OK-M	X	X	X	X	—	X	—	X
OK-O	X	X	X	X	—	—	—	—
OR	X	X	X	X	—	X	—	X
PA-M	X	X	—	X	—	—	—	—
PA-O	X	X	—	X	—	—	—	—
PR	X	X	X	X	—	—	—	—
RI	X	X	X	X	—	X	—	X
SC	X	X	X	X	—	X	—	X
SD	X	Public order posted	X	X	—	X (IMLC)	—	X (IMLC)
TN-M	X	X	X	X	—	—	—	—
TN-O	X	X	X	X	—	—	—	—
TX	X	X	X	X	—	—	—	—
UT-M	X	X	—	X	—	—	—	—
UT-O	X	X	—	X	—	—	—	—
VT-M	X	X	X	X	—	X	—	X
VT-O	X	X	X	X	—	—	—	—
VI	X	X	—	X	—	—	—	—
VA	X	X	X	X	—	X	—	X
WA-M	X	X	—	X	X	X	X	X
WA-O	X	X	X	X	X	X	X	X
WV-M	X	X	X	X	—	—	—	—
WV-O	X	X	X	X	—	—	—	—
WI	X	X	X	X	—	—	—	—
WY	X	X	X	X	—	X	—	X

## Sharing Information with Public and Other Boards 2

	Informal actions/agreements shared with		Formal board actions/agreements shared with		License application denials shared with		Examination irregularities (e.g., allegations of cheating) shared with	
	Public	Other boards	Public	Other boards	Public	Other boards	Public	Other boards
AL	—	X	X	X	X	X		
AK	—	—	X	X	X	X	—	—
AZ-M	—	—	X	X	X	X	—	—
AZ-O	X	X	X	X	X	X	—	—
AR	—	—	X	X	X	X	—	—
CA-M	—	—	X	X	X	X	—	—
CA-O	—	—	X	X	—	X	—	X
CO	X	X	X	X	X	X	—	X
CT	—	—	X	—	X	—	—	—
DE	—	—	X	X	X	X	—	—
DC	—	—	X	X	X	X	X	—
FL-M	X	X	X	X	X	X	—	—
FL-O	X	X	X	X	X	X	—	—
GA	—	—	X	X	X	X	—	—
GU	—	—	X	X	X	X	—	—
HI	X	X	X	X	X	X	—	—
ID	—	X	X	X	X	X	—	X
IL	—	X	X	X	X	X	—	—
IN	N/A	N/A	X	X	X	X	N/A	N/A
IA	—	X	X	X	X	X	—	—
KS	—	—	X	X	X	X	—	X
KY	—	X	X	X	X	X	—	—
LA	—	—	X	X	—	—	—	—
ME-M	—	X	X	X	X	X	X	X
ME-O	—	X	X	X	X	X	—	X
MD	—	—	X	X	X	X	—	—
MA	—	—	X	X	—	X	—	X
MI-M	—	—	X	X	X	X	—	—
MI-O	—	—	X	X	X	X	—	—
MN	—	—	X	X	X	X	—	—
MS	X	X	X	X	X	X	—	—
MO	—	X	X	X	X	X	—	—
MP	—	—	X	X	X	X	—	—
MT	—	—	X	X	X	X	—	—
NE	—	—	X	X	X	X	—	—
NV-M	—	X	X	X	X	X	—	X
NV-O	—	X	X	X	—	X	—	—
NH	—	—	X	X	X	X	—	—
NJ	—	—	X	X	X	X	—	—
NM-M	—	X	X	X	X	X	—	X
NM-O	—	X	X	X	X	X	—	—
NY	—	X (PMC)	X (PMC)	X (PMC)	—	—	—	—
NC	X	X	X	X	X	X	N/A	N/A
ND	X	X	X	X	X	X	—	—
OH	—	—	X	X	X	X	X	X
OK-M	—	X	X	X	X	X	X	X
OK-O	X	X	X	X	X	X	X	X
OR	—	X	X	X	X	X	—	X
PA-M	—	—	X	X	X	X	—	—
PA-O	—	—	X	X	X	X	—	—
PR	—	X	—	X	—	X	—	X
RI	—	X	X	X	X	X	X	X
SC	—	X	X	X	X	X	X	X
SD	—	X	X	X	X	X	X (if there is a Board Order)	X (if there is a Board Order and upon request)
TN-M	—	—	X	X	X	X	—	—
TN-O	—	—	X	X	X	X	—	—
TX	—	—	X	X	X	X	—	—
UT-M	—	—	X	X	X	X	—	X
UT-O	—	—	X	X	X	X	—	X
VT-M	—	—	X	X	X	X	—	—
VT-O	—	—	X	X	X	X	—	—
VI	X	X	X	X	—	—	—	—
VA	X	X	X	X	X	X	—	—
WA-M	X	X	X	X	X	X	—	—
WA-O	X	—	X	—	X	—	X	—
WV-M	—	—	X	X	X	X	—	—
WV-O	X	X	X	X	X	X	X	X
WI	—	—	X	X	X	X	—	—
WY	—	X	X	X	X	X	—	X

## Physician Profile Information 1

	Information included in profile							
	License	Medical education	Specialty board certifications	Board actions	Board actions in other states	Hospital disciplinary actions	Criminal convictions	Medical malpractice
AL	X	X	X	X	—	—	—	—
AK	X	—	—	X	—	—	—	—
AZ-M	X	X	—	X	—	—	X	—
AZ-O	X	X	—	X	—	—	—	—
AR	X	—	—	X	—	—	—	—
CA-M	X	X	X	X	X	X	X	X
CA-O	X	—	X	X	X	X (termination or revocation of privileges)	X	X
CO	X	X	X	X	X	X	X	X
CT	X	X	X	X	X	X	X	X
DE	X	—	—	X	—	—	—	—
DC	X	X	X	X	X	X	X	X
FL-M	X	X	X	X	X	X	X	X
FL-O	X	X	X	X	X	X	X	X
GA	X	X	X	X	X	X	X	X
GU	X	X	X	X	X	X	X	X
HI	X	—	—	X	—	—	—	—
ID	X	—	X	X	—	—	—	—
IL	X	X	X	X	X	X	X	X
IN	X	—	—	X	—	—	—	—
IA	X	X	X	X	—	—	—	—
KS	X	X	X	X	—	—	X	—
KY	X	X	—	X	X	—	—	—
LA	X	X	—	X	—	—	—	—
ME-M	X	X	X	X	—	—	—	—
ME-O	X	X	—	X	—	—	—	—
MD	X	X	X	X	X	—	X (moral turpitude)	X (limited privileges)
MA	X	X	X	X	X	X	X	X
MI-M	X	—	—	X	—	—	—	—
MI-O	X	—	—	X	—	—	—	—
MN	X	X	X	X	X	—	X	Only malpractice judgments occurring on or after July 1, 2013
MS	X	X	X	X	—	—	—	—
MO	X	X	X	X	X	—	—	—
MP	X	X	X	X	X	X	X	X
MT	X	—	X (If provided)	X	—	—	—	—
NE	X	X	—	X	—	—	—	—
NV-M	X	X	X	X	—	—	—	X
NV-O	X	X	X	X	X	X	—	X
NH	X	X	X	X	—	—	—	—
NJ	X	X	X	X	X	X	X	X
NM-M	X	X	X	X	—	—	—	—
NM-O	X	X	—	X	—	—	—	—
NY	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)
NC	X	X	X	X	X	X	X	X
ND	X	X	X	X	—	—	—	—
OH	X	—	—	X	—	—	—	—
OK-M	X	X	X	X	X	—	X	—
OK-O	X	X	X	X	X	X	X	X
OR	X	X	X	X	—	—	—	X
PA-M	X	—	—	X	—	—	—	—
PA-O	X	—	—	X	—	—	—	—
PR	X	X	X	X	—	X	X	X
RI	X	X	X	X	—	—	—	X
SC	X	X	X	X	X	X	X	X
SD	X	—	—	X	X (Case by case basis)	—	—	—
TN-M	X	X	X	X	X	X	X	X
TN-O	X	X	X	X	X	X	X	X
TX	X	X	X	X	X	—	X	X
UT-M	X	X	—	X	—	—	X	—
UT-O	X	X	—	X	—	—	X	—
VT-M	X	X	X	X	X	X	X	X
VT-O	X	—	—	—	—	—	—	—
VI	X	X	X	X	X	—	X	X
VA	X	X	X	X	X	X	X	X
WA-M	X	—	—	X	—	—	—	—
WA-O	X	—	—	X	—	—	—	—
WV-M	X	X	X	X	—	—	—	X
WV-O	X	X	—	X	—	—	—	—
WI	X	—	X	X	—	—	—	—
WY	X	X	X	X	—	—	—	—

## Physician Profile Information 2

	Information included in profile
	Other data collected
<b>AL</b>	Internet information includes ACSC status, collaborative practice and physician assistant registrations, license issue date, expiration date, practice location
<b>AK</b>	License expiration date, current issue date, first issue date
<b>AZ-M</b>	Practice location, issue date, renewal date, expiration date
<b>AZ-O</b>	Practice location, issue date, renewal date, expiration date
<b>AR</b>	License issue date, expiration date
<b>CA-M</b>	Hospital disciplinary actions are only public if results in termination or revocation of privileges; felony (criminal) convictions are public and misdemeanor convictions which result in an accusation and disciplinary action; medical malpractice judgments and arbitration awards are public and settlements over \$30,000 if the licensee has 3 or 4 (depending high/low risk specialty) in a 5-year period. Board posts practice location, practice area, gender, ethnicity, and language if individual has reported and wishes this information to be posted on profile. Pursuant to law, public reprimands are removed from the physician's profile after 10 years, although it can be obtained by contacting the Board.
<b>CA-O</b>	Criminal convictions - felonies only; malpractice judgments only, not settlements
<b>CO</b>	Practice location, hospital affiliations
<b>CT</b>	Publications and awards, practice location, member of faculty of CT medical school, CT hospital and nursing home privileges, postgraduate training
<b>DE</b>	
<b>DC</b>	Practice location, hospital affiliations, academic appointments, publications, Medicaid participation, honors/awards
<b>FL-M</b>	Awards, publications, affiliations, staff privileges and training, appointments, languages spoken, Medicaid participation, postgraduate training
<b>FL-O</b>	Awards, publications, affiliations, staff privileges and training, appointments, languages spoken, Medicaid participation, postgraduate training
<b>GA</b>	Practice location, Medicaid participation, staff privileges, medical malpractice coverage
<b>GU</b>	
<b>HI</b>	
<b>ID</b>	Board of Medicine refers inquiries that are not answered on our own website to docinfo.org, the Idaho criminal repository, NPDB (if they have access), AMA, AOA, etc. for the information that is not available on our website. Also, when a person purchases a list of physicians from our Board, the purchaser obtains more demographic information than is available in a simple web search for a single licensee.
<b>IL</b>	Insurance, primary office location, hospital affiliation, academic appointments, publications, honors/awards
<b>IN</b>	
<b>IA</b>	Practice location, birth year of licensee. Specialty board certification is self-reported.
<b>KS</b>	
<b>KY</b>	Practice location
<b>LA</b>	
<b>ME-M</b>	
<b>ME-O</b>	
<b>MD</b>	Hospital privileges, postgraduate training, practice location
<b>MA</b>	Practice location, awards/honors, residency, license renewal date, hospital affiliations, translation services, license issue date, publications, Medicaid participation
<b>MI-M</b>	
<b>MI-O</b>	
<b>MN</b>	Practice location, postgraduate training
<b>MS</b>	
<b>MO</b>	Practice location
<b>MP</b>	Practice locations, hospital affiliation, awards/honors, out of state/country license, publications, etc.
<b>MT</b>	
<b>NE</b>	
<b>NV-M</b>	If hospital action known to board and also a board action, then yes, and public action taken by board (disciplinary documents)
<b>NV-O</b>	Specialty but not board certification
<b>NH</b>	
<b>NJ</b>	Practice location; accepted insurance; languages spoken; awards/honors (voluntarily provided by licensee)
<b>NM-M</b>	
<b>NM-O</b>	
<b>NY</b>	Professional memberships, field of medicine, offices, HIV services, languages available, Medicaid and other government insurance programs, health plans, hospital privileges, professional and community service activities, publications, teaching responsibilities, current limitations, hospital privilege restrictions, hospital failure to renew privileges, doctor's statement. (PMC)
<b>NC</b>	Hospital privileges, out of state/country licenses, practice information (philosophy, language spoken, etc.), areas of practice, years of practice, honors/awards
<b>ND</b>	Practice location
<b>OH</b>	
<b>OK-M</b>	Geographical; multiple practice locations; seeing Medicare, Medicaid, new patients; practice hours; hospital privileges; third-party participation; languages spoken in office
<b>OK-O</b>	
<b>OR</b>	Practice location
<b>PA-M</b>	
<b>PA-O</b>	
<b>PR</b>	
<b>RI</b>	
<b>SC</b>	Hospital affiliations
<b>SD</b>	Contact Information (public address), Licensure (Type, Expiration Date, Status), Specialties (self-reported specialties), Supervision (relationships of supervising or being supervised), Disciplinary
<b>TN-M</b>	Languages spoken, academic appointments, hospital privileges, insurance plans, honors/awards, publications
<b>TN-O</b>	Languages spoken, academic appointments, hospital privileges, insurance plans, honors/awards, publications
<b>TX</b>	Hospital privileges, practice location, languages spoken, Medicaid participation, honors/awards, publications, academic appointments
<b>UT-M</b>	
<b>UT-O</b>	
<b>VT-M</b>	Number of years in practice, hospitals where privileges held, teaching med school or GME, publications, location of primary practice, Medicaid participation, if accepting new patients
<b>VT-O</b>	
<b>VI</b>	Must be requested
<b>VA</b>	Office(s) address/phone number/hours/languages spoken, faculty status, publications, self-designated specialty, Medicare/Medicaid/Accepting patients, continuing education awards and honors
<b>WA-M</b>	
<b>WA-O</b>	
<b>WV-M</b>	Collaborative relationships, practice location
<b>WV-O</b>	Practice location, controlled substances license, license history
<b>WI</b>	
<b>WY</b>	

### Physician Profile Information 3

	Profile information accessible via			
	Internet	800 #	Fax	Mail
AL	X		X	X
AK	X		—	X
AZ-M	X		X	—
AZ-O	X		—	X
AR	X		—	X
CA-M	X		X	X
CA-O	X		—	X
CO	X		—	X
CT	X		—	X
DE	X		—	—
DC	X		—	—
FL-M	X		—	X
FL-O	X		—	X
GA	X		—	X
GU	X		—	X
HI	X		X	X
ID	X		—	X
IL	X		—	—
IN	X		—	—
IA	X		—	X
KS	X		X	X
KY	X		—	—
LA	X		—	X
ME-M	X		X	X
ME-O	X		—	X
MD	X		X	X
MA	X		X	X
MI-M	X		—	X
MI-O	X		—	X
MN	X		X	X
MS	X		—	—
MO	X		X	X
MP	X		—	X
MT	X		—	—
NE	X		—	X
NV-M	X		X	X
NV-O	X		X	X
NH	X		—	X
NJ	X		—	—
NM-M	X		X	X
NM-O	X		—	X
NY	X (PMC)		X (PMC)	X (PMC)
NC	X		X	X
ND	X		—	X
OH	X		—	X
OK-M	X		X	X
OK-O	X		—	X
OR	X		X	X
PA-M	X		—	X
PA-O	X		—	X
PR	—		—	X
RI	X		—	X
SC	X		—	X
SD	X		—	—
TN-M	X		—	—
TN-O	X		—	—
TX	X		X	X
UT-M	X		—	X
UT-O	X		—	X
VT-M	X		—	X
VT-O	X		—	—
VI	—		—	X
VA	X		X	X
WA-M	X		—	—
WA-O	—		—	—
WV-M	X		—	X
WV-O	X		X	X
WI	X		X	X
WY	X		—	—



## Regulations for Dispensing Scheduled Drugs

	Physician dispensing permitted	Physician dispensing regulated by state	Agency/agencies charged with regulation
AL	X	X	Alabama Board of Medical Examiners
AK	X	—	
AZ-M	X	—	Registration required with the Medical Board
AZ-O	X	X	Registration with Osteopathic Board
AR	X	X	Medical Board
CA-M	X	X	MBC, Pharmacy Board, DOJ, DEA
CA-O	X	—	DEA Board may restrict dispensing privileges in discipline
CO	X	X	Medical Board and Pharmacy Board
CT	X	X	Department of Consumer Protection
DE	X	X	Division of Professional Regulation Office of Controlled Substances
DC	X	—	Regulated by Pharmaceutical Control Division
FL-M	X	X	Department of Health
FL-O	X	X	Department of Health
GA	X	X	GA Drugs and Narcotics (GDNA)
GU	X	X	
HI	X	—	
ID	X	X	Board of Pharmacy
IL	X	X	Il. Dept. Fin. Prof. Regulation
IN	X	X	
IA	X	X	Board of Medicine and Board of Pharmacy
KS	X	X	Kansas Board of Pharmacy
KY	X	X	Kentucky Board of Medical Licensure
LA	X	X	Medical Board
ME-M	X	—	Federal DEA
ME-O	X	—	DEA
MD	X	X	Board issues dispensing permits. Other agencies conduct inspections.
MA	X	X	Department of Public Health
MI-M	X	X	Bureau under Board of Pharmacy regulations
MI-O	X	X	Bureau under Board of Pharmacy regulations
MN	X	X	Medical Board and Pharmacy Board
MS	X	—	Must report to Board of Pharmacy
MO	X	X	Bureau of Narcotics and Dangerous Drugs, Board of Healing Arts
MP	X	X	State Health Care Licensing Board/DEA
MT	X	X	Limited circumstances
NE	X	X	Department of Health and Human Services
NV-M	X	X	Board of Pharmacy
NV-O	X	X	Pharmacy Board
NH	X	X	
NJ	X	X	Controlled drug unit/BME
NM-M	X	X	Board of Pharmacy
NM-O	X	X	Board of Pharmacy
NY	X (PMC)	X (PMC)	Department of Health (PMC)
NC	X	X	Board of Pharmacy and NC Medical Board
ND	X	X	Pharmacy Board
OH	X	X	Ohio Board of Pharmacy
OK-M	X	X	Pharmacy Board and Bureau of Narcotics
OK-O	X	X	We issue permits
OR	X	X	—
PA-M	X	X	Medical Board, Pharmacy Board
PA-O	X	X	Osteopathic Board, Pharmacy Board
PR	X	X	
RI	—	X	Board of Pharmacy
SC	X	X	Board of Pharmacy
SD	X	X	Board of Pharmacy, Department of Health
TN-M	X	X	
TN-O	X	X	
TX	X	X	Medical Board and Pharmacy Board and DPS. Only available in certain circumstances
UT-M	—	X	Samples only may be dispensed
UT-O	—	X	Samples only may be dispensed
VT-M	X	—	
VT-O	X	—	
VI	X	—	
VA	X	X	Board of Pharmacy and Board of Medicine
WA-M	X	X	Medical Commission
WA-O	X	—	
WV-M	X	X	Board of Medicine
WV-O	X	X	Board of Pharmacy
WI	X	X	Department of Safety and Professional Services
WY	X	—	

## Prescription Drug Monitoring Program (PDMP) 1

	State has PDMP	All agencies and entities who may access the Prescription Drug Monitoring Program (in addition to prescribing practitioners)
AL	X	Pharmacists, law enforcement personnel, regulatory boards, and delegates appointed by a licensed prescriber
AK	X	
AZ-M	X	All boards of prescribers of controlled substances: MD, DO, PA, nursing, homeopathic, naturopathic, veterinary, pharmacy, law enforcement
AZ-O	X	
AR	X	N/A
CA-M	X	Drug Enforcement Agency, Department of Justice, MBC, BOP individual MDs, other healing arts boards who license prescribers
CA-O	X	Licensing boards, prescribing physicians and dispensers, (pharmacists), law enforcement agencies
CO	X	Prescribers, law enforcement and investigators with subpoena
CT	X	N/A
DE	X	Pharmacies, practitioners prescribing controlled substances
DC	X	The District's PDMP went live for practitioners in October 2016
FL-M	X	Department of Health, law enforcement upon investigation, dispensing physicians
FL-O	X	Department of Health, law enforcement upon investigation, dispensing physicians
GA	X	Medical, Pharmacy and Georgia Drugs and Narcotics
GU	X	
HI	X	Pharmacies, pharmacists
ID	X	Practitioners who are authorized to prescribe, law enforcement and prosecutors, court order, licensing boards, pharmacists, State Medicaid/Medicare, a patient may obtain his own profile
IL	X	Licensed prescribers and dispensers, law enforcement organizations and regulatory agencies
IN	X	Law enforcement agencies; other entities as approved by Board pursuant to state law
IA	X	Access by subpoena; licensing authorities, law enforcement, pharmacy board (all access requires a subpoena)
KS	X	Limited access. Not proactive- state licensing agencies (i.e. healing arts, dental, nursing and pharmacy boards) can only access the Prescription Monitoring Program with a current open investigation on a licensee. State statutes prohibit a state licensing agency from doing a general query of a provider.
KY	X	KBML, Board of Nursing, Board of Dentistry, Board of Pharmacy, law enforcement, Medicaid
LA	X	Licensing authority, state police, pharmacies
ME-M	X	Board staff for investigation, law enforcement for investigation
ME-O	X	Board staff for investigation; law enforcement for investigation
MD	X	PDMP regulated through the Department of Health
MA	X	Office of Attorney General, Drug Enforcement Agency, Board of Registration in Pharmacy, state police, licensing boards, drug control program
MI-M	X	Practitioners and pharmacists; employee or agent of department; state or federal employee responsible for enforcing drug laws; law enforcement with approval; Medicaid program
MI-O	X	Practitioners and pharmacists; employee or agent of department; state or federal employee responsible for enforcing drug laws; law enforcement with approval; Medicaid program
MN	X	Enrolled prescribers, enrolled pharmacists, select pharmacy, health licensing boards conducting related investigations
MS	X	Contact the MS Board of Pharmacy
MO	—	
MP	X	Pharmacy, State Health Care Hospital, DEA
MT	X	Board of Pharmacy
NE	X	In initial stages of implementation; undecided at this time
NV-M	X	Health care boards, law enforcement
NV-O	X	Health boards, licensed physicians
NH	X	Board cannot access the PDMP. PDMP can give limited information to Board.
NJ	X	Pharmacists; Anyone with CDS prescribing privileges
NM-M	X	Refer to Board of Pharmacy Rule 16.19.29.9. The board has regulated certain PMP requirements for its licensees who prescribe controlled substances found at Rule 16.10.14.08.
NM-O	X	Health care professionals, prescribers, pharmacists, licensing authorities, law enforcement
NY	X (PMC)	Prescribers, pharmacies, public (own records), Department of Health Bureau of Narcotic Enforcement (PMC)
NC	X	Licensing boards, SBI, DMA, medical examiners, MDs, DOs, physician assistants, nurse practitioners
ND	X	Practitioners, licensing boards, law enforcement, addiction counselors, patients
OH	X	Physicians, physician assistants, law enforcement and authorized Ohio regulatory agencies
OK-M	X	Medical boards, pharmacy, physicians, Oklahoma Bureau of Narcotics
OK-O	X	Law enforcement and private physicians
OR	X	Medical Board, Board of Dentistry, Board of Pharmacy, Board of Naturopathic Medicine, Board of Nursing
PA-M	X	Dispensers; Office of Attorney General on behalf of all law enforcement agencies (including themselves, local and federal law enforcement agencies) and grand juries investigation a criminal violation related to controlled substances; Approved Department of Health personnel for purpose of conducting internal reviews and analysis; Designated representatives from the DOS and out-of-state boards responsible for licensing or certifying prescribers or dispensers for purposes of conducting administrative investigations or proceedings; Designated Commonwealth personnel who are responsible for the development and evaluation of quality improvement strategies, etc. for the medical assistance program, children's health insurance program, pharmaceutical assistance contract for the elderly (pace), or pharmaceutical assistance contract for the elderly needs enhancement tier (pacenet); Personnel from the Department of Drug and Alcohol programs engaged in the administration of the methadone death and incident review team; A medical examiner or county coroner for the purpose of investigating the death of the individual whose record is being queried; A prescription drug monitoring official, dispenser or prescriber of a state with which this Commonwealth has an interoperability agreement; Upon providing evidence of identity and within 30 days from the date of the request, an individual who is the recipient of a controlled substance prescription entered into the program system, the individual's parent or guardian if the individual is under 18 years of age or the individual's health care power of attorney.
PA-O	X	Refer to comments by PA-M, in cell above.
PR	X	
RI	X	BMLD, Board of Pharmacy, Dental Board. PA Board, Podiatry, Nursing
SC	X	Pharmacy practitioners DHEC
SD	X	Numerous, including practitioners
TN-M	X	Office of General Counsel, Bureau of Investigations (both have very limited access)
TN-O	X	Office of General Counsel, Bureau of Investigations (both have very limited access)
TX	X	Many, including law enforcement, RNs, pharmacy techs, and the medical board
UT-M	X	MDs, DOs, patients for self, division
UT-O	X	MDs, DOs, patients for self, division
VT-M	X	Alerts may be issued to Health Commissioner, who has authority to notify Board
VT-O	X	The Vermont Prescription Monitoring System is overseen by the Vermont Department of Health
VI	—	
VA	X	Prescribers and their delegates; pharmacists; patients; local, state and federal law enforcement that have an ongoing investigation
WA-M	X	Disciplinary authorities, prescribers, law enforcement, public (query themselves only)
WA-O	X	WA State Department of Health
WV-M	X	MDs, pharmacists, authorized members/agents of state police, Drug Enforcement Agency, law enforcement, chief medical examiner, licensing boards
WV-O	X	MDs, pharmacists, authorized members/agents of state police, Drug Enforcement Agency, law enforcement, chief medical examiner, licensing boards
WI	X	Pharmacists, pharmacist delegates, practitioners, practitioner delegates. Program has disclosure obligations in re: law enforcement, coroner, medical examiner and other state and federal governmental agencies
WY	X	Licensing boards, law enforcement, pharmacies, patients (self-query)

## Prescription Drug Monitoring Program (PDMP) 2

	Agency/agencies responsible for operating the Prescription Monitoring Program
<b>AL</b>	Alabama Department of Public Health
<b>AK</b>	Board of Pharmacy
<b>AZ-M</b>	Pharmacy Board
<b>AZ-O</b>	Pharmacy Board
<b>AR</b>	Arkansas Department of Health
<b>CA-M</b>	Department of Justice
<b>CA-O</b>	Department of Justice
<b>CO</b>	Pharmacy Board
<b>CT</b>	Department of Consumer Protection
<b>DE</b>	Division of Professional Regulation
<b>DC</b>	Pharmacy Control Division
<b>FL-M</b>	Department of Health
<b>FL-O</b>	Department of Health
<b>GA</b>	Pharmacy and GDNA
<b>GU</b>	Department of Public Health
<b>HI</b>	State of Hawaii Department of Public Safety
<b>ID</b>	Board of Pharmacy
<b>IL</b>	Department of Human Services
<b>IN</b>	Board of Pharmacy
<b>IA</b>	Board of Pharmacy
<b>KS</b>	Kansas Board of Pharmacy
<b>KY</b>	Cabinet for Health and Family Services, Office of Inspector General
<b>LA</b>	Board of Pharmacy
<b>ME-M</b>	Department of Health and Human Services Office of Substance Abuse
<b>ME-O</b>	Department of Health and Human Services
<b>MD</b>	Health Department
<b>MA</b>	Drug control program, Department of Public Health
<b>MI-M</b>	Bureau of Professional Licensing
<b>MI-O</b>	Bureau of Professional Licensing
<b>MN</b>	Board of Pharmacy
<b>MS</b>	Board of Pharmacy
<b>MO</b>	
<b>MP</b>	Department of Health/Bureau of Narcotic Enforcement
<b>MT</b>	Department of Labor and Industry (Board of Pharmacy)
<b>NE</b>	Department of Health and Human Services and Nebraska Health Information Initiative
<b>NV-M</b>	Board of Pharmacy
<b>NV-O</b>	Pharmacy Board
<b>NH</b>	Board of Pharmacy
<b>NJ</b>	Drug control unit
<b>NM-M</b>	Board of Pharmacy
<b>NM-O</b>	Board of Pharmacy
<b>NY</b>	Department of Health (Bureau of Narcotic Enforcement) (PMC)
<b>NC</b>	North Carolina Department of Health and Human Services
<b>ND</b>	Pharmacy Board
<b>OH</b>	Ohio Board of Pharmacy
<b>OK-M</b>	Oklahoma Bureau of Narcotics and Dangerous Drugs
<b>OK-O</b>	Oklahoma Bureau of Narcotics and Dangerous Drugs
<b>OR</b>	Oregon Health Authority
<b>PA-M</b>	Pennsylvania Department of Health
<b>PA-O</b>	Pennsylvania Department of Health
<b>PR</b>	DEA
<b>RI</b>	Board of Pharmacy
<b>SC</b>	SC Department of Health and Environmental Control
<b>SD</b>	Board of Pharmacy
<b>TN-M</b>	Department of Health
<b>TN-O</b>	Department of Health
<b>TX</b>	Texas Board of Pharmacy
<b>UT-M</b>	The Utah Division of Occupational and Professional Licensing controls and regulates the controlled substance database
<b>UT-O</b>	The Utah Division of Occupational and Professional Licensing controls and regulates the controlled substance database
<b>VT-M</b>	Department of Health
<b>VT-O</b>	Vermont Prescription Monitoring System
<b>VI</b>	
<b>VA</b>	Virginia Department of Health Professions
<b>WA-M</b>	Department of Health
<b>WA-O</b>	WA State Department of Health
<b>WV-M</b>	Board of Pharmacy
<b>WV-O</b>	Board of Pharmacy
<b>WI</b>	Department of Safety and Professional Services
<b>WY</b>	State Board of Pharmacy

## Educational/Informational Programs Offered by Board 1

	To the public	Program description	To licensees	Program description
AL	—		X	Prescribing, professional ethics and collaborative practice
AK	—		—	
AZ-M	—	Will speak to public when requested	X	Licensing expos, conferences, prescribing, board meetings
AZ-O	—	Will speak to public when requested	X	Prescribing, conferences, association meetings, board meetings
AR	—		—	
CA-M	X	Provides presentations when requested and attends outreach events	X	Provides outreach on issues related to the board via in-person presentations and the website
CA-O	—		—	
CO	—		—	
CT	—	—	—	
DE	—		—	
DC	X	Biennial symposium, open session	X	Professionalism and ethics
FL-M	—		X	Presentations
FL-O	—		X	Presentations
GA	X	Lectures/presentations	X	Lectures/presentations
GU	—		—	
HI	—		—	
ID	—		X	Quarterly newsletter with educational articles and links to free CME courses
IL	—		—	
IN	—		—	
IA	X	Fundamental role of board, how to find a physician, how to file complaint with board	X	Regulatory guidance, how licensees can avoid problems with board, etc.
KS	X	Licensure, discipline, informational	X	Licensure, discipline, informational
KY	X	<a href="http://kbml.ky.gov">http://kbml.ky.gov</a>	X	<a href="http://kbml.ky.gov">http://kbml.ky.gov</a>
LA	X	Board orientation	X	Board orientation
ME-M	X	Onsite presentations of board process	X	General board process, laws and rules updates.
ME-O	X	Meetings open to the public	—	
MD	X	Newsletters and website, informative information	X	Online orientation for physicians
MA	X	Website	X	Website, newsletters, grand rounds, presentations at organizations/board meetings
MI-M	—		—	
MI-O	—		—	
MN	—	—	X	Preapproved educational programs/courses to satisfy terms of licensing actions
MS	—		—	
MO	X		X	
MP	—	—	—	—
MT	—		—	
NE	—		—	
NV-M	X	Outreach	X	Outreach
NV-O	X		X	
NH	—		—	
NJ	—		X	Orientation program
NM-M	—	Offered through the state medical association – NM Medical Society	—	Offered through the state medical association - NM Medical Society
NM-O	—		—	
NY	X (BM) (PMC)	Website (BM) (PMC)	X (BM) (PMC)	Website (BM) (PMC)
NC	X	Outreach to public via personal presentations, website tutorials and presentations	X	Outreach to medical and physician-assistant students via personal presentations, website tutorials and presentations; orientation and capstone programs for residents; joint CME with state medical society on appropriate opioid prescribing Resident/hospital/society presentations, newsletter.
ND	—		X	
OH	X	Website; national/state media; topics requested by the event sponsor	X	Board overview; licensure process; controlled substance prescribing; impairment; ethics/professionalism; statute and rule updates; topics requested by event sponsor
OK-M	X	Website usage	X	Pain management, legal medicine, disruptive behavior
OK-O	—		—	
OR	X	General information on the board	X	Supervising physician course, general information
PA-M	—		—	
PA-O	—		—	
PR	—		—	
RI	—		X	CME
SC	—		—	
SD	X	Website and presentations upon request	X	Website and presentations upon request
TN-M	—		—	
TN-O	—		—	
TX	—		X	Live continuing medical education offered on ad hoc basis
UT-M	—		X	Utah has a tutorial/exam for appropriate opioid prescribing which is required of all CS licensees
UT-O	—		X	Utah has a tutorial/exam for appropriate opioid prescribing which is required of all CS licensees
VT-M	—		X	Board-sponsored CME, board participation in CME, grand rounds
VT-O	—		—	
VI	—		—	Not at this time, plans to
VA	—		—	
WA-M	X	Speaker's Bureau where public may request presentation from Commission	X	Pain rule four-hour CME done in collaboration with other entities
WA-O	—		—	
WV-M	X		X	
WV-O	X	Credentialing organizations, hospitals and teaching institutions	X	Board-approved continuing medical education programs
WI	X	Program speakers provided upon request	X	Newsletter published twice per year; annual report published
WY	—		—	

## Educational/Informational Programs Offered by Board 2

	To medical students	Program description	To residents	Program description
AL	X	Orientation presentation to incoming medical students at state medical schools. New for 2018: Partnership with local medical school campus for a student to spend one week observing the agency's day-to-day activities.	X	Orientation presentation to incoming residents
AK	—		—	
AZ-M	X	University of Arizona: 3rd year medical students, campus presentations by board and attendance at board meetings	X	3rd year residents, chief residents: campus presentations by board and attendance at Board meetings
AZ-O	X	Board meetings; campus presentations and board meetings	X	Campus presentations and board meetings
AR	—		—	
CA-M	X	Orientation at medical schools	X	Licensing fairs at postgraduate programs and grand rounds
CA-O	—		—	
CO	—		—	
CT	—		—	
DE	—		—	
DC	X	Professionalism and ethics	X	Professionalism and ethics
FL-M	X	Presentations	—	
FL-O	X	Presentations	—	
GA	X	Lectures, presentations, seminars, medical fairs, recruitment	X	Lectures, presentations, seminars, medical fairs, recruitment
GU	—		—	
HI	—		—	
ID	—		—	
IL	X	Invited to attend administrative hearings and Board meetings	X	Annual training to residency program administrators and program directors regarding the qualifications for licensure
IN	—		—	
IA	X	Help on license applications, regulatory guidance, etc.	X	Regulatory guidance, how licensees can avoid problems with board, etc.
KS	X	Licensure, discipline, informational	X	Licensure, discipline, informational
KY	—		—	
LA	—		—	
ME-M	X	UNE PA program students - rules and laws	X	Ethics, general board processes
ME-O	X	Go to medical school 1x per year	—	
MD	—		—	
MA	X	Licensing	—	Licensing
MI-M	—		X	
MI-O	—		—	
MN	X	As requested by educational programs	X	As requested by residency programs
MS	—		—	
MO	X		X	
MP	—	—	—	—
MT	X	The board has presented to graduating physician assistant students, dietetic interns and medical residents	—	
NE	—		—	
NV-M	X	Outreach	X	Outreach
NV-O	—		—	
NH	—		—	
NJ	X	Orientation program	X	Orientation program
NM-M	—	Offered through the University of New Mexico	—	Offered through the University of New Mexico
NM-O	—		—	
NY	X (BM) (PMC)	Website(BM) (PMC)	X (BM) (PMC)	Website(BM) (PMC)
NC	X	Annual talks to 1st year medical students	X	Invited to attend board meetings and disciplinary hearings
ND	X	Medical school presentations	X	Residency program presentations, newsletter
OH	X	Board overview, ethics/professionalism, impairment, responsibilities of licensure; license process	X	Board overview, statute/rule updates, ethics/professionalism, impairment, responsibilities of licensure, licensure process; topics requested by event sponsor
OK-M	X	Annual panel on medical regulation	X	Sporadic presentations to certain specialty residents
OK-O	X	Training on Medical Act	X	License application procedure
OR	X	Lectures provided by the executive director on board expectations	X	Lectures provided by the executive director
PA-M	—		—	
PA-O	—		—	
PR	—		—	
RI	X		X	
SC	—		—	
SD	X	Website and presentations annually	X	Website and presentations upon request
TN-M	—		—	
TN-O	—		—	
TX	X	Live continuing medical education offered on ad hoc basis	X	Live continuing medical education offered on ad hoc basis
UT-M	—		—	
UT-O	—		—	
VT-M	X	Students may attend board-sponsored CLE. Board participates in seminar on medical regulation for all UVM medical students.	X	Residents may attend board-sponsored CLE
VT-O	—		—	
VI	—	Not at this time, plans to	—	Not at this time, plans to
VA	X	Overview of the Board	X	8-week elective for PGY-4 Psychiatry residents
WA-M	X	Shadowing opportunities at disciplinary meetings	X	Shadowing opportunities at disciplinary meetings
WA-O	X	Annual presentation to students at PNWU-COM	—	
WV-M	X	Extend an invitation to medical schools for Board and/or staff members to meet with students	X	Extend an invitation to medical schools for Board and/or staff members to meet with residents
WV-O	X	Collaboration with WV School of Osteopathic Medicine and MSOPTI	X	Mountain State OPTI collaboration
WI	X	Board members speak to students periodically, Board meetings are occasionally held at medical schools	X	Board members speak to residents periodically, Board meetings are occasionally held at residency training programs
WY	—		X	Introduction to Board of Medicine and medical licensure

## Educational/Informational Programs Offered by Board 3

	To board members	Program description	Online CMEs developed and made available by the board
AL	X	Topics vary	—
AK	—		—
AZ-M	X	Legal training, contractor presentations	—
AZ-O	X	Topics vary	—
AR	—		—
CA-M	X	MBC & DCA orientation, training at board/committee meetings	—
CA-O	X	Board member orientation course	—
CO	—		—
CT	—		—
DE	X	Orientation for newly appointed members and annual training by division	—
DC	X	New member board orientation, professional development, ethics and board governance, strategic planning retreats	—
FL-M	X	Annual disciplinary training	—
FL-O	X	Annual disciplinary training	—
GA	X	Various organizations	—
GU	—		—
HI	X	Orientation	—
ID	X	Orientation by board staff; training through FSMB	—
IL	X	Open Meetings Act education along with Board handbook with relevant information about the functioning of the Board and Department	—
IN	—	Other than new board member training	—
IA	X	Agency overview, public relations, impaired doctors; enforce, license, administrative law processes; FSMB	—
KS	X	Orientation and others as needed	—
KY	—		—
LA	—		—
ME-M	X	Regular training of process, function, policy and rule	X - The Board provided \$35,000 to Quality Counts to develop online modules regarding opioid prescribing
ME-O	—		—
MD	X	Orientation at board with added departmental training	X
MA	X	Orientation and others as needed	X
MI-M	X	Board orientation	—
MI-O	X	Board orientation	—
MN	X	Orientation; relevant educational conferences; presentations on topics of interest at Board meetings	—
MS	X	Orientation for new members, FSMB annual meeting if they wish	—
MO	X		—
MP	X	Board Orientation and Annual Board meetings provided by FSMB, and online training seminars	—
MT	X	Orientation of new Board members; ongoing training of all Board members starting 2018	—
NE	X	New board member orientation	—
NV-M	X	New Board member training	—
NV-O	—		X
NH	—		X
NJ	—	Done by Board Office	—
NM-M	X	Presentations at board meetings on various subjects. Board pays for members to attend FSMB meeting.	X
NM-O	—		X
NY	X (BM) (PMC)	Annual board training, FSMB eNews, Journal of Medical Regulation (PMC)	—
NC	X	Training provided on Medical Practice Act; how to conduct medical board hearings; public records; administrative law; open meetings. Voluntary/reimbursed attendance at FSMB meeting.	X
ND	X	Federation meetings, other ad hoc educational meetings	X
OH	X	Orientation; ethics training; special programs on timely policy issues	X
OK-M	X	Two times a year on board staff operations	X
OK-O	X	Orientation to Board and regularly by General Counsel	X
OR	X	Day-long orientation for new board members; speakers at quarterly board meetings address various topics	X
PA-M	X	Public board member training	X
PA-O	X	Public board member training	X
PR	—		X
RI	X		X
SC	X	Member training	—
SD	X	Member training by Executive Director and by Attorney advising the Board	—
TN-M	—		—
TN-O	—		—
TX	X	This was just approved by board and will be starting soon	X
UT-M	X	Utah has a tutorial/exam for appropriate opioid prescribing which is required of all CS licensees	—
UT-O	X	Utah has a tutorial/exam for appropriate opioid prescribing which is required of all CS licensees	—
VT-M	X	Board member orientation, board retreat	—
VT-O	X	Board member orientation	X
VI	X	Board orientation	X
VA	X	Departmental orientation	—
WA-M	X	Annual conference, luncheon speakers during commission meetings	X
WA-O	—		X
WV-M	X	Orientation booklet/information	—
WV-O	X	Educational sessions at each board meeting and annual board seminars by the state auditor's office	X
WI	X	Case advisor training, credentialing liaison training, board member orientation, ethics and lobbying law trainings, targeted trainings, Board newsletter published twice annually, an annual report is published. Note, the trainings and orientation are provided by the Department to the Board. The newsletter and annual report are issued by the Board and are prepared with Department staff assistance.	—
WY	X	Periodic training on varied topics	—

## Requirements for Licensure of U.S. Medical/Osteopathic School Graduates 1

	Amount of Undergraduate Medical Education (Medical School) ("No" indicated Board does not confirm whether undergraduation medical education was obtained as part of licensure process)
AL	—
AK	
AZ-M	
AZ-O	
AR	Graduate from accredited medical school. If shorter or longer than term of school, applicant must explain.
CA-M	4 years/32 months/4000 hours
CA-O	
CO	Graduate of an approved medical college
CT	Foreign medical graduates only, depending on medical school and months attended
DE	Degree of Doctor of Medicine or Doctor of Osteopathy, or an equivalent degree, from a legally incorporated medical college or school in the U.S. or Canada which is approved by AMA or AOA
DC	Graduate from a recognized medical school.
FL-M	A physician who graduated from medical school after October 1, 1992 is required to have completed 2 academic years of preprofessional, postsecondary education which shall include courses in anatomy, biology and chemistry prior to entering medical school
FL-O	
GA	
GU	4 yrs
HI	—
ID	Diploma
IL	2 yrs
IN	N/A
IA	—
KS	Graduation from an accredited medical school
KY	Graduation from an approved medical or osteopathic school
LA	Medical School Diploma
ME-M	—
ME-O	
MD	Doctor of Medicine or Doctor of Osteopathy degree from an accredited medical school
MA	
MI-M	—
MI-O	—
MN	Medical Degree
MS	—
MO	Four terms of thirty-two weeks of actual instructions in each term and of having received a diploma from some reputable medical college or osteopathic college that enforces requirements of four terms of thirty-two weeks for actual instruction in each term, including, in addition to class work, such experience in operative and hospital work during the last two years of instruction as is required by the American Medical Association and the American Osteopathic Association before the college is approved and accredited as reputable.
MP	
MT	Graduation from approved medical school
NE	Graduation from an accredited school or college of medicine
NV-M	
NV-O	—
NH	2 yrs
NJ	Proof of graduation (diploma/transcript) from an approved or accredited medical school
NM-M	Graduation from a Board approved medical school
NM-O	
NY	2 yrs (Completion of two years of preprofessional education acceptable to the department)
NC	—
ND	N/A
OH	—
OK-M	
OK-O	Graduation from an AOA accredited/approved medical school
OR	—
PA-M	—
PA-O	—
PR	
RI	Graduation from accredited medical school
SC	Graduation from medical school or osteopathic school
SD	
TN-M	
TN-O	
TX	60 hours minimum
UT-M	Degree of Doctor of Medicine from an LCME-accredited medical school or college
UT-O	Degree of Doctor of Osteopathy from an accredited school of osteopathic medicine
VT-M	Graduation from legally chartered college or university authorized to confer degrees in medicine and surgery, which is recognized by the Board
VT-O	
VI	
VA	Successful completion of educational course of study acceptable to the Board in an institution that is acceptable to the Board
WA-M	—
WA-O	Graduation from an accredited school of osteopathic medicine
WV-M	—
WV-O	
WI	Proof of medical degree
WY	Graduation from a school of medicine accredited by the LCME, a school of osteopathy accredited by the AOA, a Canadian accredited school of medicine or has been certified by the ECFMG.

## Requirements for Licensure of U.S. Medical/Osteopathic School Graduates 2

	Amount of accredited U.S. or Canadian GME	Jurisprudence/Ethics/Other Special Purpose Exam	Requirements for permanent medical license may be waived
AL	1 yr	—	—
AK	2 yrs (1 yr if completed medical school before Jan. 1995)	—	—
AZ-M	1 yr	—	—
AZ-O	1 yr AOA- or ACGME-accredited GME	—	—
AR	1 yr	USMLE/COMLEX	Certain waivers may be obtained
CA-M	1 yr (including 4 mos general medicine)	—	—
CA-O	1 yr AOA- or ACGME-accredited GME, including at least 4 mos general medicine (unless applicant completed 1 yr of GME before July 1, 1990)	—	—
CO	1 yr	3 yrs of ACGME/AOA/CCME postgraduate training. Have passed one of the U.S. exams identified by the board.	—
CT	2 yrs	—	—
DE	1 yr	—	X
DC	1 yr	—	The board can accept non-ACGME postgraduate training for individuals who are licensed in another state or who are board certified
FL-M	1 yr	—	—
FL-O	4 yrs	—	—
GA	1 yr	—	—
GU	N/A	—	—
HI	1 yr	—	—
ID	1 yr	—	—
IL	2 yrs (1 yr if entered GME before Jan. 1988)	—	—
IN	1 yr	—	X
IA	1 yr AOA-, ACGME-, RCPSC-, CFPC-accredited GME	—	X
KS	1 yr	— (However, jurisprudence exams required for DC's under purview of board)	X
KY	2 yrs	—	—
LA	1 yr allopathic GME	—	X
ME-M	3 yrs (for those graduating after 7/1/2004) unless possess current national board certification	Jurisprudence Exam	—
ME-O	1 yr AOA- or ACGME-accredited GME	—	—
MD	1 yr	—	—
MA	2 yrs	N/A	X
MI-M	2 yrs	—	—
MI-O	1 yr AOA-approved GME	—	—
MN	1 yr	—	—
MS	1 yr	—	X
MO	1 yr	X	X
MP	—	—	—
MT	Completion of an approved residency	—	X
NE	1 yr	—	X
NV-M	2 yrs with attestation of completion of Residency Program	—	X
NV-O	3 yrs in AOA- or ACGME-accredited program (grads after 1995)	—	—
NH	2 yrs	N/A	X
NJ	2 yrs, and contract for yr 3, if graduated after July 1, 2003; 1 yr if graduated before July 1, 2003	—	—
NM-M	2 yrs	—	X
NM-O	1 yr	—	—
NY	—	—	X (by Board of Regents, not the Med Board)
NC	1 yr	—	—
ND	1 yr	—	X
OH	1 yr	—	—
OK-M	1 yr	—	—
OK-O	1 yr AOA-approved rotating internship or equivalent	—	X
OR	1 yr	—	—
PA-M	2 yrs (1 yr if GME in US before July 1987)	—	X
PA-O	1 yr AOA-approved rotating internship	—	X
PR	1 yr	—	—
RI	2 yrs	—	—
SC	1 yr	—	—
SD	Completion of a residency program in the US or Canada	—	—
TN-M	1 yr	—	—
TN-O	1-yr AOA-approved or ACGME-accredited GME	—	—
TX	1 yr	X (Jurisprudence)	—
UT-M	2 yrs	—	—
UT-O	1 yr (Canadian GME accepted if program accredited by RCPSC or CFPC)	—	—
VT-M	1 yr AOA-approved rotating internship or 3-yr AOA- or ACGME-accredited GME program	—	X
VT-O	1 yr	—	—
VI	N/A	—	—
VA	1 yr	—	—
WA-M	2 yrs (1 yr if completed medical school before July 28, 1985)	—	—
WA-O	1 yr AOA-approved or ACGME-accredited GME, or additional 40 hours	—	—
WV-M	1 yr	—	—
WV-O	1 yr AOA-approved or 40 hours Category 1A, AOA CME with 10 hours of OMT	—	—
WI	2 yrs	—	X (only for the 24 months of ACGME/AOA approved post-graduate education requirement)
WY	2 yrs (1 yr if certified by ABMS or AOA board, or continually licensed in one or more states and/or D.C. for the preceding 5 yrs)	—	—



## Initial Licensure of Canadian Citizens Who Are Graduates of Accredited Canadian Medical Schools

	LMCC approved for licensure by endorsement	GME in accredited Canadian programs accepted as equivalent to ACGME-accredited GME in the United States
AL	X	X
AK	X	X
AZ-M	X	X
AZ-O	N/A	N/A
AR	X	X
CA-M	X	X
CA-O	N/A	N/A
CO	X	X
CT	X	X
DE	X	X
DC	X	X
FL-M	—	X
FL-O	—	X
GA	X	X
GU	—	—
HI	—	X
ID	X	X
IL	X	X
IN	X	X
IA	X	X
KS	X	—
KY	X	X
LA	—	X
ME-M	X	X
ME-O	N/A	N/A
MD	X	X
MA	X	X
MI-M	X	X
MI-O	N/A	N/A
MN	X	X
MS	X	X
MO	X	X
MP	X	X
MT	X	X
NE	X	X
NV-M	X	X
NV-O	N/A	N/A
NH	X	X
NJ	—	X
NM-M	X	X
NM-O	N/A	N/A
NY	X	X
NC	X	X
ND	X	X
OH	X	X
OK-M	X	X
OK-O	N/A	N/A
OR	X	X
PA-M	X	X
PA-O	N/A	N/A
PR	—	X
RI	X	X
SC	X	X
SD	X	X
TN-M	X	X
TN-O	N/A	N/A
TX	—	X
UT-M	X	X
UT-O	N/A	N/A
VT-M	X	X
VT-O	N/A	N/A
VI	N/A	N/A
VA	X	X
WA-M	X	X
WA-O	N/A	N/A
WV-M	X	Reviewed on a case by case basis
WV-O	N/A	N/A
WI	X	X
WY	X	X

## Initial Licensure of International Medical Graduates (IMGs)

	Accepts Fifth Pathway	Maintains/uses list of approved foreign medical schools	Endorses Canadian certificate (LMCC) held by an IMG	Amount of accredited U.S. or Canadian GME required for licensure
AL	X	X	X	3 yrs
AK	X	X (CA list)	X	3 yrs
AZ-M	X	—	X	3 yrs
AZ-O	N/A	N/A	N/A	N/A
AR	X	—	X	3 yrs (1 if currently enrolled in program at U of Arkansas for Med Science)
CA-M	X	X	X	2 yrs (including 4 mos general med)
CA-O	N/A	N/A	N/A	N/A
CO	X	X	—	1 yr for approved; 3 yrs for unapproved
CT	X	X (WHO)	X	2 yrs
DE	X	—	—	3 yrs
DC	X	—	X	3 yrs
FL-M	X	—	—	2 yrs
FL-O	—	—	—	0
GA	X	X	X	1 yr if graduate of approved school; 3 yrs if graduate of school not approved.
GU	—	—	—	3 yrs
HI	X	—	—	2 yrs
ID	X	X	—	3 yrs; Reduced to 2 yrs if in good standing and committed to complete an Idaho GME.
IL	X	—	X	2 yrs (1 yr if entered GME post-1988)
IN	X	X (CA list)	X	2 yrs
IA	X	—	X (with fulfillment of all other licensure requirements)	24 months of continuous, progressive AOA-, ACGME-, RCPSC-, or CFPC-accredited GME
KS	X	X	X	3 yrs (2 yrs in ACGME-accredited program plus 1 other yr)
KY	X	—	X	2 yrs
LA	X	X (WHO, IMED)	—	3 yrs (Fifth Pathway may be counted as 1 yr of required GME)
ME-M	X	X (IMED)	X	3 yrs - unless possesses national board certification
ME-O	N/A	N/A	N/A	N/A
MD	X	—	X	2 yrs ACGME- or RCPSC-accredited GME (as of Oct. 1, 2000)
MA	X	—	N/A	3 yrs
MI-M	X	—	X (with valid Canadian license)	2 yrs
MI-O	N/A	N/A	N/A	N/A
MN	X	X (IMED)	X	2 yrs
MS	X	—	—	3 yrs (or 1 yr plus ABMS certification)
MO	X	—	—	3 yrs
MP	—	X	X	3 years
MT	X	X	—	3 yrs (or ABMS/AOA certification)
NE	X	—	X	Due to recent legislation, as of July 19, 2018, the number of years is reduced from 3 to 2 for foreign medical graduate
NV-M	X	—	X	2 yrs and attestation of completion of residency program
NV-O	N/A	N/A	N/A	N/A
NH	X	—	X	2 yrs
NJ	X	X (FAIMER)	—	2 yrs, and contract for yr 3, if graduated from med school after July 1, 2003; 1 yr if completed before July 1, 1985
NM-M	X	X (CA list)	—	2 yrs
NM-O	N/A	N/A	N/A	N/A
NY	X	—	X (with valid Canadian provincial license and fulfillment of all other licensure requirements)	3 yrs
NC	X	—	X	3 yrs
ND	X	X	X	30 mos
OH	X	X	X	2 yrs (through the 2nd-yr level)
OK-M	X	—	X	2 yrs
OK-O	N/A	N/A	N/A	N/A
OR	X	—	X	3 yrs
PA-M	X	—	X (if passed after 5/70 and in English)	3 yrs (1 yr if GME taken in US before July 1987)
PA-O	N/A	N/A	N/A	N/A
PR	X	—	X	1 yr
RI	X	X (CA list)	X (with valid Canadian provincial license and fulfillment of all other licensure requirements)	2 yrs
SC	X	—	X	3 yrs
SD	—	—	X	Completion of residency in the US or Canada
TN-M	X	X	X	3 yrs
TN-O	N/A	N/A	N/A	N/A
TX	X	X	— (but accepts LMCC examination as licensing examination)	2 yrs
UT-M	—	—	—	2 yrs
UT-O	N/A	N/A	N/A	N/A
VT-M	X	X (CA list)	X	3 yrs
VT-O	N/A	N/A	N/A	N/A
VI	—	—	—	1 yr US GME
VA	X	—	X	1 year
WA-M	X	—	X (if passed after 12/69)	2 yrs (1 yr if medical school completed before July 28, 1985)
WA-O	N/A	N/A	N/A	N/A
WV-M	X	—	X	3 yrs (or 1 yr plus ABMS cert.)
WV-O	N/A	N/A	N/A	N/A
WI	Valid thru 12/31/2009	—	X (if passed after 12/77)	2 yrs
WY	X	—	X	2 yrs (1 yr if ABMS/AOA cert., or continually licensed in one or more states and/or D.C. for past 5 yrs)

## Additional Policies Concerning International Medical Graduates (IMGs)

	Has state board requirements for appointment to GME program other than ECFMG certificate or limited license	May accept GME completed in foreign countries other than Canada for credit toward license	May accept specialty certificates of foreign boards (e.g., Royal College of Physicians of the United Kingdom) for credit toward a license
AL	—	—	—
AK	X (residency permit required)	—	—
AZ-M	X (residency permit required)	—	—
AZ-O	N/A	N/A	N/A
AR	—	X	—
CA-M	X (Postgraduate Training Authorization Letter [PTAL] required)	—	—
CA-O	N/A	N/A	N/A
CO	—	—	—
CT	X (residency permit required)	X	X
DE	X (residency permit required)	—	—
DC	—	—	—
FL-M	—	—	—
FL-O	—	—	—
GA	—	—	—
GU	—	—	—
HI	—	—	—
ID	—	—	—
IL	X	X	X
IN	—	—	—
IA	—	—	—
KS	X (residency permit required)	—	—
KY	X (residency permit required for 2nd yr)	—	—
LA	X (passage of FLEX/NBME/USMLE)	—	—
ME-M	—	X	X
ME-O	N/A	N/A	N/A
MD	—	—	—
MA	X (passage of FLEX/NBME/USMLE)	N/A	—
MI-M	X (certification of medical education)	—	—
MI-O	N/A	N/A	N/A
MN	X (residency permit required)	—	—
MS	X	—	—
MO	X	—	—
MP	—	—	—
MT	—	—	X
NE	—	X	—
NV-M	X	—	—
NV-O	N/A	N/A	N/A
NH	—	X, including 10 years of practice	—
NJ	X (residency intern permit required)	—	—
NM-M	—	—	—
NM-O	N/A	N/A	N/A
NY	X	X	X
NC	X	—	—
ND	—	—	X
OH	—	X	X
OK-M	—	X	X
OK-O	N/A	N/A	N/A
OR	—	—	—
PA-M	X	—	—
PA-O	N/A	N/A	N/A
PR	—	—	—
RI	—	X (UK only)	X; may accept certificates of boards in England, Scotland, and Ireland
SC	—	—	—
SD	—	—	—
TN-M	—	—	X; specialty board must be AMA-recognized
TN-O	N/A	N/A	N/A
TX	—	—	—
UT-M	—	—	—
UT-O	N/A	N/A	N/A
VT-M	X	—	X; specialty board must be recognized by ABMS, RCPS, or CFPC
VT-O	N/A	N/A	N/A
VI	N/A	N/A	N/A
VA	—	—	—
WA-M	—	—	—
WA-O	N/A	N/A	N/A
WV-M	—	—	—
WV-O	N/A	N/A	N/A
WI	—	The Board considers equivalency in certain instances	—
WY	—	—	At board's discretion

**Accredited Subspecialties and Non-Accredited Fellowships  
That Satisfy Graduate Medical Education Requirements (GME) for Licensure**

	Accepts subspecialty GME accredited by ACGME	Accepts clinical fellowships not accredited by ACGME	Accepts research fellowships not accredited by ACGME
AL	X	—	—
AK	X	—	—
AZ-M	X	—	—
AZ-O	N/A	N/A	N/A
AR	X	—	—
CA-M	X	—	—
CA-O	X	—	—
CO	X	—	—
CT	X	—	—
DE	X	—	—
DC	X	X (with board approval)	X (with board approval)
FL-M	X	—	—
FL-O	X	—	—
GA	X	X (with board approval)	—
GU	X	—	—
HI	X	X (with board approval)	X (with board approval)
ID	X	—	—
IL	X	X (after review by the MLB)	—
IN	X	—	—
IA	X	—	—
KS	X	—	—
KY	X	—	—
LA	X	—	—
ME-M	X	—	—
ME-O	N/A	N/A	N/A
MD	X	X (with board approval)	—
MA	X	N/A	—
MI-M	X	—	—
MI-O	X	—	—
MN	X	—	—
MS	X	—	—
MO	X	X	—
MP	X	—	—
MT	X	—	—
NE	X	—	—
NV-M	X	—	—
NV-O	N/A	N/A	N/A
NH	X	—	—
NJ	X	—	—
NM-M	X	—	—
NM-O	N/A	N/A	N/A
NY	X	X	—
NC	X	X (with board approval)	—
ND	X	—	—
OH	X	X	X
OK-M	X	—	—
OK-O	N/A	N/A	N/A
OR	X	—	—
PA-M	X	—	—
PA-O	N/A	N/A	N/A
PR	—	—	—
RI	X	X (with board approval)	—
SC	X	—	—
SD	X	No	No
TN-M	X	—	—
TN-O	N/A	N/A	N/A
TX	X	X (if board-approved)	—
UT-M	X	X (if combined with an ACGME-accredited program)	—
UT-O	N/A	N/A	N/A
VT-M	X	—	—
VT-O	N/A	N/A	N/A
VI	X	N/A	N/A
VA	X	X	—
WA-M	X	X	—
WA-O	N/A	N/A	N/A
WV-M	X	—	—
WV-O	N/A	N/A	N/A
WI	X	—	—
WY	X	—	—

## Initial Licensure Fees and Requirements\*

	Initial licensure application fee (base fee. Not including additional fees that may be charged, including but not limited to: late fees, paper application fees)	Licensure renewal fee	Licensure renewal interval
AL	\$175	\$300	1 yr
AK	\$500	\$300	2 yrs
AZ-M	\$500	\$500	2 yrs
AZ-O	\$400	\$636	2 yrs
AR	\$500	\$220	1 yr
CA-M	\$442 application fee; \$783 licensure fee; \$12 PDMP fee; and \$25 loan repayment fund fee	\$783 licensure fee; \$12 PDMP fee; and \$25 loan repayment fund fee	2 yrs
CA-O	\$200	\$400	2 yrs
CO	\$412	\$238	2 yrs
CT	\$569.75	\$575	1 yr
DE	\$378	\$378	2 yrs
DC	\$805	\$500	2 yrs
FL-M	\$429	\$391	2 yrs
FL-O	\$429	\$400	2 yrs
GA	\$500	\$230	2 yrs
GU	\$400	\$250	2 yrs
HI	MD \$392 (issued 2/1 even numbered yr – 1/31 odd numbered year); \$221 (issued 2/1 odd numbered yr – 1/31 even numbered yr); DO \$510 (issued 7/1 even numbered – 6/30 odd numbered year); \$384 (issued 7/1 odd numbered – 6/30 even numbered yr)	MD on-time \$402; MD late \$408; DO on-time \$312; DO late \$392	2 yrs
ID	\$500	\$250	1 yrs
IL	\$700	\$700	3 yrs
IN	\$250	\$200	2 yrs
IA	\$450	\$450 online; \$550 paper	Prorated in initial period then every 2 yrs
KS	\$300	\$300	1 yr
KY	\$300	\$150	1 yr
LA	\$382	\$330	1 yr
ME-M	\$700	\$500	2 yr
ME-O	\$350	\$525	2 yrs
MD	\$790	\$512 (subject to change biennially)	2 yrs
MA	\$600	\$600	2 yrs
MI-M	\$156.00	\$156 for endorsement; \$176 if lapsed and relicensure needed	3 yrs
MI-O	\$156.00	\$156 for endorsement; \$176 if lapsed and relicensure needed	3 yrs
MN	\$392 (application & registration)	\$192 annual registration; \$40 endorsement fee; \$60 late fee	1 yrs
MS	\$550	\$200	1 yr
MO	\$75	\$100	1 yr
MP	\$300	\$300	2 yrs
MT	\$500	\$500 Active renewal; \$400 inactive renewal	2 yrs
NE	\$300	\$121	2 yrs
NV-M	\$1050	\$750	2 yrs
NV-O	\$600	\$450	1 yr
NH	\$300	\$350	2 yrs
NJ	\$805	\$580	2 yrs
NM-M	\$400	\$600	3 yrs
NM-O	\$400	\$200	1 yr
NY	\$735	\$600	2 yrs
NC	\$400	\$250	1 yr
ND	\$205	\$205	1 yr
OH	\$305	\$305	2 yrs
OK-M	\$500	\$200	1 yr
OK-O	\$575	\$225	1 yr
OR	\$486	\$375 Biennial	2 yr
PA-M	\$35	\$360	2 yrs
PA-O	\$45	\$220	2 yrs
PR	\$0	\$250	3 yrs
RI	\$1090	\$1090	2 yrs
SC	\$580	\$155	2 yrs
SD	\$400	\$400	2 yr in the odd numbered year
TN-M	\$410	\$235	2 yrs
TN-O	\$410	\$235	2 yrs
TX	\$817	\$464	2 yrs
UT-M	\$200	\$183	2 yrs
UT-O	\$200	\$183	2 yrs
VT-M	\$650	\$525	2 yrs
VT-O	\$500	\$500	2 yrs
VI	\$250	\$1000	2 yr
VA	\$302	\$270	2 yrs
WA-M	\$491	\$657	2 yrs
WA-O	\$441	\$466	1 yr
WV-M	\$400	\$400	2 yrs
WV-O	\$400	\$400	2 yrs
WI	\$75	\$141	2 yrs
WY	\$600	\$250	1 yr

\*Not including USMLE or NBOME examination fees

## Endorsement Policies for Currently Licensed Physicians

			Credential(s) also accepted (in addition to USMLE, NBME)					
	Time limit for endorsement after exam	Requirements if time limit not met	LMCC	NBOME	SBE	COMLEX	FLEX	ABMS/AOA
AL	10 yrs	SPEX, ABMS or AOA Board Certification	X	X	—	X	X	—
AK	None		X	X	—	—	—	—
AZ-M	None		X	—	—	—	—	—
AZ-O	None		—	X	—	X	—	—
AR	None		X	X	—	—	—	—
CA-M	None	N/A	X	—	—	—	X	—
CA-O	None		—	X	—	X	—	—
CO	None		X	—	—	—	—	—
CT	None		X	X	X	—	—	—
DE	None		X	X	X	X	X	—
DC	None		X	X	X	X	X	—
FL-M	None		—	—	—	—	—	—
FL-O	None		—	x	—	—	—	—
GA	None		X	X	—	X	—	—
GU	10 yrs	SPEX	X	X	—	X	X	—
HI	None		X	X	—	—	—	—
ID	No time limit if have valid license in another US State, territory, or district of the US or Canada.	SPEX	X	X	X	X	X	—
IL	None		X	X	—	—	—	—
IN	None		X	X	X	X	X	—
IA	None		X	X	X	X	X	—
KS	None		X	X	X	X	X	—
KY	None		X	X	—	X	—	—
LA	10 yrs	SPEX, ABMS	—	—	X	—	—	—
ME-M	None		X	—	X	—	X	—
ME-O	None	SPEX	—	X	—	—	—	—
MD	15 yrs	SPEX/COMVEX	X	X	X	X	X	—
MA	—	Current evaluation	X	X	X	X	X	N/A
MI-M	—		X	—	X	—	—	—
MI-O	—		—	X	X	—	—	—
MN	10 yrs	SPEX or ABMS/AOA specialty certification	X	X	X	X	X	—
MS	10 yrs	SPEX, ABMS	X	X	X	X	X	—
MO	—		X	X	—	—	—	—
MP	—		X	X	X	X	X	X
MT	—		X	X	X	X	X	X
NE	None		X	X	X	X	X	—
NV-M	None		X	—	—	—	—	—
NV-O	10 yrs	ABMS, COMVEX, SPEX	—	X	—	X	X	—
NH	None	N/A	X	X	—	X	X	X
NJ	None		X	—	—	—	—	X
NM-M	None		X	—	X	—	X	—
NM-O	—		—	X	—	X	X	—
NY	—	Endorsements are only for foreign and out-of-state licenses	X	X	—	—	—	—
NC	10 yrs	Training, SPEX, CFPC, FRCS, ABMS CAQ	X	X	X	X	X	X
ND	None		X	X	X	X	X	—
OH	—	—	X	X	—	X	X	—
OK-M	None		X	—	—	—	—	—
OK-O	N/A		—	X	—	—	—	—
OR	10 yrs	SPEX	X	X	X	X	X	X
PA-M	None		X	—	—	—	X	—
PA-O	None		—	X	X	X	X	—
PR	None		—	—	—	—	—	—
RI	None		X	X	—	—	—	—
SC	10 yrs	SPEX	X	X	X	X	X	X
SD	None	ABMS certification	X	X	X	X	X	a waiver for regular pathway and a requirement for IMLC
TN-M	None		X	—	—	—	—	X
TN-O	N/A	N/A	—	X	—	—	—	—
TX	—	—	X	—	—	—	—	—
UT-M	None	Retake exams	X	—	X	—	—	—
UT-O	N/A		—	—	—	—	—	—
VT-M	None		X	—	X	—	X	—
VT-O	N/A	N/A	—	X	X	—	—	—
VI	N/A		—	—	—	—	—	—
VA	None		X	X	X	X	X	X
WA-M	None		X	—	—	—	—	—
WA-O	N/A		—	X	X	—	—	—
WV-M	None		X	—	X	—	X	—
WV-O	N/A		—	X	X	X	—	—
WI	None		X	X	—	X	X	—
WY	None		X	X	X	X	X	—

## Additional Requirements for Endorsement of Licenses Held by International Medical Graduates (IMGs)\*

	Must have ECFMG certificate	Must have graduated from state-approved foreign medical school	Must appear for interview	Must appear for possible interview	Amount of accredited U.S. or Canadian GME Required
AL	X	X	—	X	3 yrs
AK	X	X	—	X	3 yrs
AZ-M	X	—	—	—	3 yrs
AZ-O	N/A	N/A	N/A	N/A	N/A
AR	X	X	—	—	3 yrs
CA-M	X	X	—	—	2 yrs
CA-O	N/A	N/A	N/A	N/A	N/A
CO	X	—	—	—	1 yr for approved; 3 yrs for unapproved
CT	X	X	—	—	2 yrs
DE	X	—	—	X	3 yrs
DC	X	—	—	—	3 yrs
FL-M	X	—	—	X	2 yrs
FL-O	X	—	—	X	2 yrs
GA	X	X	—	X	1 yr
GU	X	—	—	X	3 yrs
HI	X	—	—	—	2 yrs
ID	X	X	—	—	3 yrs; Reduced to 2 yrs if in good standing and committed to complete an Idaho GME
IL	X	—	—	X	2 yrs
IN	X	X	—	X	2 yrs
IA	X	—	—	—	24 months of continuous, progressive training
KS	X	—	—	X	2 yrs
KY	X	X	—	X	2 yrs
LA	X	X	—	X	3 yrs
ME-M	X	X	—	—	3 yrs
ME-O	N/A	N/A	N/A	N/A	N/A
MD	X	—	—	—	2 yrs
MA	X	N/A	—	X	3 yrs
MI-M	X (Must also pass TOEFL-IBT if school taught in English)	—	—	—	2 yrs
MI-O	N/A	N/A	N/A	N/A	N/A
MN	X	X	—	X	2 yrs
MS	X	X	—	—	3 yrs
MO	X	X	—	X	3 yrs
MP	X	X	—	—	3 years
MT	X	X	—	—	3 yrs
NE	X	—	—	—	3 yrs
NV-M	X	X	—	X	1-3 yrs
NV-O	N/A	N/A	N/A	N/A	N/A
NH	X	—	—	—	2 yrs
NJ	X	—	—	—	Depends on graduation year
NM-M	X	X	—	X	2 yrs
NM-O	N/A	N/A	N/A	N/A	N/A
NY	X	—	—	—	3 yrs
NC	X	—	—	X	3 yrs
ND	X	X	—	X	30 mos
OH	X	—	—	—	2 yrs
OK-M	X	X	—	—	2 yrs
OK-O	N/A	N/A	N/A	N/A	N/A
OR	X	X	—	—	3 yrs
PA-M	X	—	—	X	3 yrs
PA-O	N/A	N/A	N/A	N/A	N/A
PR	X	X	—	—	1 yr
RI	X	X	—	X	3 yrs
SC	X	—	X	—	3 yrs
SD	X	X	Upon request	Upon request	Completion of 3 or more years
TN-M	X	X	—	X	3 yrs
TN-O	N/A	N/A	N/A	N/A	N/A
TX	X	X	—	—	2 yrs
UT-M	X	—	—	X	2 yrs
UT-O	N/A	N/A	N/A	N/A	N/A
VT-M	X	X	—	— (At Board's discretion)	3 yrs
VT-O	N/A	N/A	N/A	N/A	N/A
VI	N/A	N/A	N/A	N/A	N/A
VA	X	—	—	X	1 year
WA-M	X	—	—	—	2 yrs
WA-O	N/A	N/A	N/A	N/A	N/A
WV-M	X	X	—	—	3 yrs
WV-O	N/A	N/A	N/A	N/A	N/A
WI	X	—	—	—	2 yrs
WY	X	—	—	—	2 yrs

\*IMGs must also meet all the requirements for endorsement listed in previous table.

## Types of Licenses Issued (In Addition to Full, Unrestricted License)

	Limited/special purpose	Temporary	Retired/inactive	Resident	Locum Tenens License	Volunteer	Administrative	Emeritus	Institutional Practice
AL	X	—	X	X	—	X	—	—	X
AK	X	X	X	X	X	—	X	—	—
AZ-M	—	X	X	X	X	X	X	—	—
AZ-O	X	X	X	X	X	X	X	—	—
AR	-	X	—	—	—	—	X	—	X
CA-M	X	—	X	—	—	X	X	—	—
CA-O	X	—	X	—	—	X	—	—	—
CO	X	—	X	X	—	X	X	—	—
CT	—	—	—	X	—	—	X	—	—
DE	—	—	—	X	—	X	—	—	X
DC	X	X	X	X	—	—	X	—	—
FL-M	X	—	X	X	—	X	X	—	X
FL-O	X	—	X	X	—	X	X	—	X
GA	X	X	X	X	—	X	X	—	X
GU	X	X	—	—	—	—	—	—	—
HI	X	X	—	X	—	—	X	—	—
ID	—	X	X	X	—	X	—	—	—
IL	X	X	—	X	—	—	—	—	—
IN	X	X	X	X	—	—	—	—	—
IA	—	X	—	X	—	—	X	—	X
KS	X	X	X	X	—	X	X	X	X
KY	X	X	—	X	—	—	—	—	X
LA	X	X	X	X	—	X	X	—	—
ME-M	X	X	X	X	X	X	X	X	—
ME-O	—	—	—	X	X	—	—	—	—
MD	X (limited license for postgraduate teaching)	—	X	—	—	X	—	X	—
MA	X	X	X	X	—	X	X	—	—
MI-M	X	X	—	X	—	X	—	—	X
MI-O	X	X	—	X	—	X	—	—	X
MN	—	—	X (Registration only)	Residency permit registration	—	—	—	X	X
MS	X	X	—	X	—	X	X	—	X
MO	X	X	X	X	—	—	X	—	—
MP	X	X	X	X	X	X	X	X	—
MT	—	—	X (Inactive only)	X	—	—	—	—	—
NE	X	—	X	X	X	—	—	—	—
NV-M	X	X	X	X	X	X	X	—	X
NV-O	X	X	X	X	X	X	—	—	—
NH	X	X	—	X	X	—	X	—	—
NJ	—	X	X	—	—	X	—	—	—
NM-M	X	X	X	X	—	—	—	—	—
NM-O	—	X	—	—	—	—	—	—	—
NY	X	—	—	—	—	—	—	—	—
NC	X	—	X	X	—	X	—	—	—
ND	X	X	—	X	X	—	X	X	—
OH	X	—	—	X	—	X	—	X	—
OK-M	X	X	X	X	—	X	—	X	—
OK-O	—	X	X	X	—	X	—	—	—
OR	X	X	X	X	X	X	X	X	X
PA-M	X	X	X	X	—	X	—	—	X
PA-O	—	X	X	X	—	X	—	—	—
PR	X	X	—	X	—	—	—	—	—
RI	X	X (1 year and renewable X1-full license)	—	X	—	X	—	—	X
SC	X	X	—	X	—	X	—	—	—
SD	X	X	—	X	X	—	—	—	—
TN-M	X	X	X	X	X	X	X	—	X
TN-O	X	—	X (Retired)	—	X	X	X	—	—
TX	X	X	X	X	—	X	X	X	—
UT-M	X	X	X	X	—	X	—	—	—
UT-O	X	X	X	X	—	X	—	—	—
VT-M	—	—	—	X	—	X	—	—	—
VT-O	X	—	—	—	—	—	—	—	—
VI	X	X	—	—	X	—	—	—	X
VA	X	X	X	X	—	X	—	—	X
WA-M	X	X	X	X	—	—	—	—	X
WA-O	X	X	X	X	—	—	—	—	—
WV-M	X	X	X	—	—	X	—	—	—
WV-O	X	X	—	X	—	X	—	—	—
WI	X	X	—	X	X	—	X	—	—
WY	X	X	X	X	—	X	X	X	—



## License Types and Applications

	Types of licenses issued (in addition to full, unrestricted license)			Online applications					
	Faculty/educational	Camp doctor license/registration	Military	Application for initial licensure available online	Application for initial licensure must be completed online	Application for licensure renewal available online	Application for licensure renewal must be completed online	Requests for duplicate certificates available online	Online renewal notices automatically generated
AL	X	—	—	X - By the time this survey is published, the application should be accessible online	—	X	—	X	—
AK	—	—	—	X	—	X	—	—	—
AZ-M	X	—	—	—	—	X	—	X	X
AZ-O	X	—	—	—	—	X	—	—	X
AR	X	—	—	X	—	X	X	X	X
CA-M	X	—	X	X	—	X	—	X	—
CA-O	—	—	—	—	—	X	—	X	X
CO	X	—	—	X	—	X	—	X	X
CT	—	X	—	X	X	X	X	X	X
DE	—	—	—	X	—	X	X	X	—
DC	—	—	—	—	—	X	X	—	X
FL-M	X	—	X	X	—	X	—	X	—
FL-O	X	—	X	X	—	X	—	X	—
GA	X	—	—	X	—	X	—	X	X
GU	—	—	—	—	—	—	—	—	—
HI	X	—	—	X	—	X	—	X	X
ID	—	—	Idaho Code Section 67-2620 provides Board may accept military education and training toward license reqmts	X	X	X	X	—	X
IL	X	—	—	X	—	X	—	X	X
IN	X	—	—	X	—	X	—	X	X
IA	X	X	—	X	X	X	—	X	—
KS	X	—	X	X	—	X	—	X	—
KY	X	—	—	X	X	X	X	X	X
LA	X	—	—	—	—	X	—	X	X
ME-M	—	X	—	X	X	X	No – but preferred	X	X
ME-O	X	X	—	X	X	X	X	X	X
MD	X	—	—	X (hard copy)	—	X	X	X (hard copy)	X
MA	X	—	—	—	—	X	—	X	X
MI-M	X	—	X	X	—	X	X	X	X
MI-O	X	—	X	X	—	X	X	X	X
MN	X	X	—	—	—	X	—	—	—
MS	X	X	—	X	X	X	X	—	—
MO	X	—	—	X	—	X	—	X	—
MP	—	—	X	X	—	X	—	X	X
MT	—	—	—	X	—	X	—	X	—
NE	X	—	X	X	—	X	—	X	X
NV-M	X	X	X	—	—	X	—	—	X
NV-O	X	X	X	X	—	X	—	—	—
NH	X	X	—	X	X	—	—	—	—
NJ	—	—	—	X	X	X	X	X	X
NM-M	—	X	—	X	—	X	—	—	—
NM-O	X	X	X	—	—	X	—	—	X
NY	—	—	—	X	—	X	—	—	—
NC	X	—	X	X	X	X	X	X	X
ND	X	X	—	X	—	X	—	X	X
OH	X	—	X	X	X	X	X	X	X
OK-M	—	—	—	X	—	X	—	X	X
OK-O	X	X	X	X	—	X	X	—	—
OR	X	X	X	X	X	X	—	X	X
PA-M	X	X	X	X	X	X	X	X	X
PA-O	X	X	X	X	X	X	X	X	X
PR	X	X	X	X	N/A	X	—	X	X
RI	X	X	X	X	X	X	X	—	X
SC	X	—	—	X	—	X	—	X	X
SD	—	—	—	X	X	X	X	X	—
TN-M	X	X	X	X	—	X	—	—	X
TN-O	X	X	X	X	—	X	—	—	X
TX	X	—	X	X	X	X	X	X	X
UT-M	X	X	X	X	—	X	X	X	X
UT-O	X	X	X	X	—	X	X	X	X
VT-M	X	—	—	X	X	X	X	X	—
VT-O	X	X	X	X	—	X	—	X	—
VI	X	X	X	—	—	—	—	—	—
VA	X	X	—	X	—	X	—	X	X
WA-M	X	X	X	X	—	X	—	X	—
WA-O	X	X	X	X	—	X	—	—	X
WV-M	X	X	—	X	X	X	X	X	—
WV-O	—	X	X	X	X	X	X	—	—
WI	X	X	—	X	—	X	—	—	—
WY	—	X	—	X	—	X	—	—	—

## Uniform Application for Licensure

	Currently using form	Format	Implementation in process
AL	—		X
AK	X	Electronic	
AZ-M	—		
AZ-O	—		
AR	—		X
CA-M	—		—
CA-O	—		
CO	—		
CT	—		—
DE	—		
DC	—		In discussion
FL-M	—		
FL-O	—		
GA	—		X
GU	X	Electronic	
HI	—		
ID	X	Electronic	
IL	—		—
IN	X	Paper	
IA	X	Electronic	
KS	X	Electronic	
KY	—		
LA	—		X
ME-M	X	Electronic	
ME-O	X	Electronic	
MD	—		X
MA	—		
MI-M	—		
MI-O	—		
MN	X	Electronic	—
MS	—	—	—
MO	—		
MP	X	Electronic	X
MT	X	Electronic	
NE	—		
NV-M	X	Electronic	
NV-O	—	—	—
NH	X	—	—
NJ	—		
NM-M	X	Electronic	
NM-O	—		
NY	—		
NC	—		
ND	—		
OH	X	Electronic	—
OK-M	X	Paper	
OK-O	X	Electronic	
OR	—	—	—
PA-M	—		
PA-O	—		
PR	—		
RI	X	Electronic	
SC	—		
SD	—		
TN-M	—		
TN-O	—		
TX	X	Electronic	
UT-M	—		
UT-O	—		
VT-M	X	Electronic	
VT-O	—		
VI	X	Electronic	
VA	—		
WA-M	X	Electronic	
WA-O	X	Electronic	
WV-M	X	Electronic	
WV-O	X		—
WI	X	Electronic	
WY	X	Electronic	

## Regulations on the Practice of Telemedicine and Out-of-State Physicians

	State requires full license for practice of telemedicine	State board issuing telemedicine license certificate or requires registration specific to the practitioner of telemedicine	State has adopted specific telemedicine regulations
<b>AL</b>	X - A physician may apply for a full or Special Purpose license for the practice of telemedicine	X - A physician may apply for a full or Special Purpose license for the practice of telemedicine	—
<b>AK</b>	X	—	—
<b>AZ-M</b>	X	—	X
<b>AZ-O</b>	X	—	—
<b>AR</b>	X	—	X
<b>CA-M</b>	X	—	X
<b>CA-O</b>	X	—	—
<b>CO</b>	X	—	— (Board has policy)
<b>CT</b>	X	—	X
<b>DE</b>	X	—	X
<b>DC</b>	X	—	X
<b>FL-M</b>	X	—	X
<b>FL-O</b>	X	—	X
<b>GA</b>	X	—	X
<b>GU</b>	—	—	X
<b>HI</b>	X	—	X
<b>ID</b>	X	—	X
<b>IL</b>	X	—	—
<b>IN</b>	X	X (Out-of-State)	X
<b>IA</b>	X	—	X
<b>KS</b>	X	—	—
<b>KY</b>	X	—	X
<b>LA</b>	—	X	X
<b>ME-M</b>	X	X	X
<b>ME-O</b>	X	—	—
<b>MD</b>	X	—	X
<b>MA</b>	X	—	X
<b>MI-M</b>	X	—	—
<b>MI-O</b>	X	—	—
<b>MN</b>	—	X	X
<b>MS</b>	X	—	X
<b>MO</b>	X	—	—
<b>MP</b>	—	—	—
<b>MT</b>	X	—	Proposed in May 2018, not adopted yet addressed through statute
<b>NE</b>	X	—	—
<b>NV-M</b>	—	—	—
<b>NV-O</b>	X	—	X
<b>NH</b>	X	—	X
<b>NJ</b>	X	—	In process
<b>NM-M</b>	—	X	X
<b>NM-O</b>	X	—	—
<b>NY</b>	X	—	—
<b>NC</b>	X	—	—
<b>ND</b>	X	—	X
<b>OH</b>	—	X	—
<b>OK-M</b>	X	—	X
<b>OK-O</b>	X	X	X
<b>OR</b>	X	X	X
<b>PA-M</b>	X	—	X
<b>PA-O</b>	X	—	—
<b>PR</b>	X	X	In progress
<b>RI</b>	X	—	— (Board has policy)
<b>SC</b>	X	—	X
<b>SD</b>	X	—	—
<b>TN-M</b>	X	X	X
<b>TN-O</b>	X	X	X
<b>TX</b>	—	X	X
<b>UT-M</b>	X	—	X
<b>UT-O</b>	X	—	X
<b>VT-M</b>	X	—	X
<b>VT-O</b>	X	—	—
<b>VI</b>	N/A	N/A	N/A
<b>VA</b>	X	—	—
<b>WA-M</b>	X	—	X
<b>WA-O</b>	X	—	—
<b>WV-M</b>	X	—	X
<b>WV-O</b>	X	—	X
<b>WI</b>	X	—	X
<b>WY</b>	X	—	—

## Administration of the U.S. Medical Licensing Examination Steps 1 and 2

	Number of times candidates for licensure may take USMLE Step 1	Number of times candidates for licensure may take USMLE Step 2	Amount of time within which Steps 1 and 2 of USMLE must be passed
AL	No limit	No limit	No limit
AK	2	2	7 yrs
AZ-M	No limit	No limit	No limit
AZ-O	N/A	N/A	N/A
AR	3	3	No limit
CA-M	No limit	No limit	No limit
CA-O	N/A	N/A	N/A
CO	No limit	No limit	7 yrs (all 3 steps)
CT	No limit	No limit	No limit
DE	6	6	7 yrs (all 3 steps)
DC	No limit	No limit	7 yrs (all 3 steps); 10 yrs for MD/PhDs
FL-M	No limit	No limit	No limit
FL-O	N/A	N/A	N/A
GA	No limit	No limit	7 yrs (all 3 steps); 9 yrs for MD/PhDs
GU	N/A	N/A	N/A
HI	No limit	No limit	No limit
ID	After 2 failed attempts, licensee may be interviewed or evaluated by the Board	After 2 failed attempts, licensee may be interviewed or evaluated by the Board	7 yrs (all 3 steps)
IL	5	5	7 yrs (all 3 steps)
IN	3	3	10 yrs (all 3 steps)
IA	6	6 combined	—
KS	No limit	No limit	10 yrs (all 3 steps)
KY	4	4	No limit
LA	No limit	4	No limit
ME-M	No limit	No limit	7 yrs (all 3 steps)
ME-O	N/A	N/A	N/A
MD	No limit – However, physicians are required to meet certain criteria if they fail an exam 3 or more times	No limit – However, physicians are required to meet certain criteria if they fail an exam 3 or more times	No limit - However, physicians are required to meet certain criteria if they fail an exam 3 or more times.
MA	No limit	No limit	7 yrs (all 3 steps)
MI-M	Not more than 3 attempts for any Step	Not more than 3 attempts for any Step	Must satisfy requirements of FSMB
MI-O	N/A	N/A	N/A
MN	3	3	5 yrs or before end of training (Step or level 2)
MS	No limit	No limit	No limit
MO	3	3	7 yrs (all 3 steps)
MP			
MT	No limit	No limit	7 yrs (all 3 steps)
NE	4	4	10 yrs (all 3 steps)
NV-M	No limit	No limit	7 yrs (for all 3 steps and 9 total attempts); no more than 3 attempts on Step 3. (10 yrs for MD/PhD programs)
NV-O	N/A	N/A	N/A
NH	3	3	No limit
NJ	No limit	No limit	7 yrs (all 3 steps)
NM-M	6	6	7 yrs (all 3 steps)
NM-O	N/A	N/A	N/A
NY	No limit	No limit	No limit
NC	3	3	No limit
ND	3	3	7 yrs (all 3 steps)
OH	5	5	
OK-M	3	3	10 yrs (all 3 steps)
OK-O	N/A	N/A	N/A
OR	No limit	No limit	7 yrs (all 3 steps)
PA-M	No limit	No limit	No limit
PA-O	N/A	N/A	N/A
PR	No limit	No limit	7 yrs
RI	3	3	7 yrs
SC	3	3	10 yrs (all 3 steps)
SD	3 as long as other steps have no failure	3 as long as other steps have no failure	7 yrs (all 3 steps); 10 yrs for MD/PhDs combined program; no more than two failures of any step
TN-M	4	4	No limit
TN-O	N/A	N/A	N/A
TX	3	3	7 calendar yrs (all 3 steps); 2 years after required GME for MD/PhDs; time frame waived if practicing in an MUA or HPSA
UT-M	3	3	7 yrs (10 yrs for MD/PhD programs)
UT-O	N/A	N/A	N/A
VT-M	No limit	No limit	No limit
VT-O	N/A	N/A	N/A
VI	N/A	N/A	N/A
VA	6	6	10 yrs (all 3 steps)
WA-M	No limit	No limit	No limit
WA-O	N/A	N/A	N/A
WV-M	6	6	7 yrs
WV-O	N/A	N/A	N/A
WI	3	3	10 yrs (all 3 steps)
WY	7 attempts (all three parts)	7 attempts (all three parts)	7 yrs

## Administration of the U.S. Medical Licensing Examination Step 3: Time Limits for Completion 1

	Number of times candidates for licensure may take USMLE Step 3	Requirements to repeat Step 3 if not passed in designated number of attempts
AL	3	Further education or training
AK	2	
AZ-M	No limit	
AZ-O	N/A	
AR	3	Must have either completed additional PGT or be ABMS certified.
CA-M	4	Minimum of 4 years continuous licensure in another state and ABMS certified may be considered
CA-O	N/A	N/A
CO	No limit	
CT	No limit	None
DE	6	
DC	No limit	After 3 failed attempts, 1 additional yr ACGME- or AOA-approved GME
FL-M	No limit	N/A
FL-O	N/A	N/A
GA	3	1 yr of additional Board-approved training
GU	No limit	
HI	No limit	
ID	After 2 failed attempts, licensee may be interviewed or evaluated by the Board	Remedial training; may be required to be interviewed, evaluated, or examined by the Board
IL	5	A person who has failed any combination of steps 5 times must undergo remedial education
IN	3	
IA	3	After 3 failed attempts, 3 yrs of progressive GME required
KS	3	After 3 failed attempts, must appear before Board for approval to take a fourth or subsequent attempt
KY	4	
LA	4	
ME-M	3	After 3 failed attempts, applicant may request waiver
ME-O	N/A	N/A
MD	No limit – However, physicians are required to meet certain criteria if they fail an exam 3 or more times	
MA	3	—
MI-M	Not more than 3 attempts for any Step	Must pass within 4 yrs of first sitting for Step 3; Otherwise, must complete 1 yr of postgraduate training before re-sitting
MI-O	N/A	N/A
MN	3 (4 if currently licensed in another state and specialty board certified)	—
MS	3	After 3 failed attempts, 1 additional yr ACGME- or AOA-approved GME
MO	3	
MP		
MT	6	—
NE	4	
NV-M	No limit	
NV-O	N/A	N/A
NH	3	Further education, training, or experience
NJ	5	Further education, training, or experience
NM-M	6 (within 7 yrs of first pass)	
NM-O	N/A	N/A
NY	No limit	
NC	3	—
ND	3	
OH	5	No applicant may have failed any step more than 5 times
OK-M	3	
OK-O	N/A	N/A
OR	4	After 3 failed attempts, 1 yr of GME required before 4th attempt
PA-M	6	
PA-O	N/A	N/A
PR	No limit	
RI	3	
SC	3	
SD	3 as long as other steps have no failure	None
TN-M	4	
TN-O	N/A	N/A
TX	3	
UT-M	3	Remedial training
UT-O	N/A	
VT-M	3	
VT-O	N/A	N/A
VI	N/A	
VA	6	—
WA-M	3	Remedial training
WA-O	N/A	
WV-M	6	
WV-O	N/A	
WI	3	Board Review
WY	7 attempts (all 3 steps)	1 additional year of training or other assessment, training, or evaluation program(s)

## Administration of the U.S. Medical Licensing Examination Step 3: Time Limits for Completion 2

	Time limit for completion of all steps of USMLE	Time limit for MD/PhD or dual-degree candidates	Time limit may be waived in event of extenuating circumstances
AL	7 yrs	10 yrs	X (if ABMS or AOA certified)
AK	7 yrs	N/A	No
AZ-M	7 yrs (initial applicants only)	N/A	No
AZ-O	N/A	N/A	N/A
AR	No limit	No limit	No
CA-M	10 yrs	—	Yes
CA-O	N/A	N/A	N/A
CO	7 yrs	10 yrs	Yes
CT	7 yrs	No	No
DE	7 yrs	N/A	No
DC	7 yrs	10 yrs	Yes
FL-M	No limit	N/A	N/A
FL-O	N/A	N/A	N/A
GA	7 yrs	9 yrs	Yes
GU	7 yrs	N/A	No
HI	No limit	No limit	N/A
ID	7 yrs	10 yrs	Yes
IL	7 yrs	N/A	Yes
IN	10 yrs	10 yrs	Yes
IA	10 yrs (If not, then active ABMS or AOA board certification or proof delay was due to participation in joint MD/PhD program)	—	Yes
KS	10 yrs	N/A	Yes
KY	No limit	N/A	No
LA	10 yrs	N/A	Yes
ME-M	7 yrs	—	Yes
ME-O	N/A	N/A	N/A
MD	No limit	No limit	No limit
MA	7 yrs	7 years with a maximum of 10 years	X
MI-M	7 yrs	N/A	No
MI-O	N/A	N/A	N/A
MN	Within 5 yrs of passing Step 2 or by end of training	N/A	X (medical illness)
MS	7 yrs	N/A	Yes
MO	7 yrs	N/A	—
MP			
MT	7 yrs	Exception may be granted	X
NE	10 yrs	N/A	—
NV-M	No limit	No limit	N/A
NV-O	N/A	N/A	N/A
NH	No limit	N/A	N/A
NJ	7 yrs	N/A	X
NM-M	7 yrs	10 yrs	X
NM-O	N/A	N/A	N/A
NY	No limit	N/A	—
NC	No limit	N/A	N/A
ND	7 yrs	Exception may be granted	No
OH	10 yrs	10 yrs	Yes
OK-M	10 yrs	10 yrs	No
OK-O	N/A	N/A	N/A
OR	7 yrs	Exception may be granted	Yes
PA-M	No limit	N/A	N/A
PA-O	N/A	N/A	N/A
PR	7 yrs	N/A	N/A
RI	7 yrs	N/A	Yes
SC	10 yrs	N/A	No
SD	7 yrs	10 yrs must be a dual-degree program	Yes (if ABMS certified)
TN-M	10 yrs	N/A	Yes
TN-O	N/A	N/A	N/A
TX	7 yrs	2 years after required GME	Yes
UT-M	7 yrs	10 yrs	No
UT-O	N/A	N/A	N/A
VT-M	7 yrs	10 yrs	X (if specialty board certified and other conditions are met)
VT-O	N/A	N/A	N/A
VI	N/A	N/A	No
VA	10 yrs	—	X (if ABMS certified)
WA-M	7 yrs	10 yrs	Yes
WA-O	N/A	N/A	N/A
WV-M	10 yrs	10 yrs	No
WV-O	N/A	N/A	N/A
WI	10 yrs	12 yrs	No
WY	7 yrs	8 yrs	No

## Administration of the Comprehensive Osteopathic Medical Licensing Examination: Time Limits for Completion

	Number of times candidates for licensure may take COMLEX	Time limit for completion of all levels of COMLEX
AL	No limit	No limit
AK	2 attempts per Level	7 yrs
AZ-M	N/A	N/A
AZ-O	No limit	No limit
AR	3 attempts per Level	No limit
CA-M	N/A	N/A
CA-O	No limit	No limit
CO	No limit	7 yrs
CT	No limit	No limit
DE	No limit	No limit
DC	No limit	7 yrs; 10 yrs for DO/PhD candidates
FL-M	N/A	N/A
FL-O	6 times/more if an exception is obtained	N/A
GA	3 attempts	No limit
GU	N/A	N/A
HI	No limit	No limit
ID	No limit	No limit
IL	5 attempts total	No limit
IN	5 attempts per Level	7 yrs
IA	6 attempts for Level 1; 6 attempt combined for Level 2; 3 attempts for Level 3	10 yrs
KS	3 attempts for Level 3	10 yrs
KY	4 attempts per Level	10 yrs
LA	4 attempts at Levels 2 or 3	10 yrs
ME-M	—	—
ME-O	No limit	No limit
MD	No limit	No limit
MA	3 attempts for Level 3; 1 yr of GME before 4th attempt	7 yrs
MI-M	N/A	N/A
MI-O	6	7 yrs
MN	3 attempts	5 yrs or before end of training (Step or level 2)
MS	No limit	No limit
MO	3 attempts	No limit
MP		
MT	No limit	No limit
NE	4 attempts per Level	10 yrs
NV-M	N/A	N/A
NV-O	No limit	No limit
NH	3 attempts	No limit
NJ	5 attempts	7 yrs
NM-M	N/A	N/A
NM-O	No limit	No limit
NY	No limit	No limit
NC	3 attempts per Level	No limit
ND	3 attempts per Level	7 yrs
OH	5 attempts per level	10 yrs
OK-M	N/A	N/A
OK-O	No limit	No limit
OR	3 attempts for Level 3, plus 1 yr GME for 4th attempt	7 yrs
PA-M	N/A	N/A
PA-O	No limit	No limit
PR	N/A	N/A
RI	3 attempts per Level	No limit
SC	3 attempts per Level (4 with ABMS/AOA certification)	10 yrs
SD	3 as long as other steps have no failure	7 yrs
TN-M	N/A	N/A
TN-O	No limit	No limit
TX	3 attempts per Level	7 yrs (2 years past required GME for DO/PhD applicants)
UT-M	N/A	N/A
UT-O	3 attempts per Level	7 yrs (10 yrs for DO/PhD candidates)
VT-M	N/A	N/A
VT-O		7 yrs
VI	N/A	
VA	No limit	No limit
WA-M	N/A	N/A
WA-O	No limit	No limit
WV-M		
WV-O	No limit	No limit
WI	3	10 yrs
WY	7 attempts	7 yrs (8 yrs for DO/PhD candidates)

## Continuing Medical Education Requirements 1

			Category/content hours requirement
	Required number of CME credits	CME interval year(s)	Controlled Substances (including pain management and prescribing practices in general. Entries with an asterisk indicate that the hours requirement may be fulfilled by multiple topics)
AL	25	1	2 hrs for all Alabama Controlled Substance Certificate holders 12 hours for QACSC issuance and 4 hours for QACSC renewal
AK	50	2	2, if possess DEA
AZ-M	40	2	—
AZ-O	40	2	—
AR	20	1	—
CA-M	50	2	12 (one time)
CA-O	100	2	12 (one time)
CO	0	None	—
CT	50	2	—
DE	40	2	—
DC	50	2	—
FL-M	40	2	X
FL-O	40	2	X
GA	40	2	3, if possess DEA
GU	100	2	—
HI	40	2	—
ID	40	2	—
IL	150	3	—
IN	2	2 years	2
IA	40 Category 1	2	2, if primary care
KS	50	1	—
KY	60	3	4.5
LA	20	1	3, if possess CDS license (one time)
ME-M	40 Category 1	2	3 hours
ME-O	100	2	3, if prescribe controlled substances
MD	50	2	—
MA	50	2	3, if prescribe controlled substances
MI-M	150	3	3
MI-O	150	3	3
MN	75	3	—
MS	40	2	5, if possess DEA
MO	50	2	—
MP	50	2	—
MT	None		
NE	50	2	Due to recent legislation, 3 hours is required on prescribing opiate medication
NV-M	40	2	2*
NV-O	35	1	2*- annually under new law
NH	100	2 yrs	3
NJ	100	2	X
NM-M	75	3	5, if possess DEA
NM-O	75	3	—
NY	2	4	3, if possesses DEA
NC	60	3	3, if prescribe controlled substances
ND	60	3	—
OH	100	2	20, if physician owner/operator of pain management clinic
OK-M	60	3	—
OK-O	16	1	1 (every other year)
OR	60	2	6
PA-M	100	2	2
PA-O	100	2	2
PR	60	3	X
RI	40	2	4*
SC	40	2	2
SD	0	None	—
TN-M	40	2	2
TN-O	40	2	1
TX	48	2	If practicing in pain management clinics
UT-M	40	2	—
UT-O	40	2	—
VT-M	30	2	2, if possess DEA
VT-O	30	2	—
VI	25	1	—
VA	60	2	2
WA-M	200	4	—
WA-O	150	3	—
WV-M	50	2	3
WV-O	32	2	3
WI	30	2	2 credits required through current biennium on the Board's opoid prescribing guideline
WY	60	3	—



## Continuing Medical Education Requirements 2

	Category/content hours requirement Entries with an asterisk indicate that the hours requirement may be fulfilled by multiple topics)				
	Primary area of practice	Medical ethics	Risk management	End-of-life care	Other(List number of hours and subject)
AL	—	—	—	—	—
AK	—	—	—	—	—
AZ-M	—	—	—	—	—
AZ-O	—	—	—	—	—
AR	10	—	—	—	—
CA-M	—	—	—	—	10 (Geriatric medicine, if internist/family physician > 25% of patient population 65 years or older)
CA-O	—	—	—	—	10 (Geriatric medicine, if internist/family physician > 25% of patient population 65 years or older)
CO	—	—	—	—	—
CT	50	—	1	—	5 (Every 6 years, 1 hour each: infectious disease, cultural competency, sexual assault, domestic violence, behavioral health)
DE	—	—	—	—	—
DC	—	—	—	—	3 (HIV and AIDS) & 2 (LGBTQ)
FL-M	—	—	2	—	1 (HIV and AIDS, 1st renewal only) 2 (Medical errors) 2 (Domestic violence, every 3rd renewal)
FL-O	—	1	2	—	1 (HIV and AIDS, 1st renewal only) 2 (Medical errors) 2 (Domestic violence, every 3rd renewal)
GA	—	—	—	—	—
GU	—	—	—	—	—
HI	—	—	—	—	—
ID	—	—	—	—	—
IL	—	—	—	—	—
IN	—	—	—	—	—
IA	—	—	—	2, if primary care	2 (Child abuse, if pediatric primary care) 2 (Dependent adult abuse, if adult primary care)
KS	—	—	—	—	—
KY	—	—	—	—	2 (HIV and AIDS, every 10 years) one-time course (Domestic violence, if primary care)
LA	—	—	—	—	One-time course (Jurisprudence)
ME-M	—	—	—	—	—
ME-O	—	—	—	—	—
MD	—	—	—	—	—
MA	—	—	10	2 (one time)	2 (Jurisprudence) 3 (EHR) State required training on: child abuse, domestic violence, and sexual violence
MI-M	—	1	—	—	—
MI-O	—	1	—	—	—
MN	—	—	—	—	—
MS	—	—	—	—	—
MO	—	—	—	—	—
MP	—	—	—	—	—
MT	—	—	—	—	—
NE	—	—	—	—	—
NV-M	20	2*	—	—	2 (Suicide, every 4 years) 4 (WMD/bioterrorism, one time)
NV-O	—	2* - Every even year	—	—	2 (under new law, suicide, within 2 years of initial license, then every 4 years)
NH	—	—	—	—	—
NJ	—	—	—	X	6 (Cultural competence) Newly licensed physician orientation
NM-M	—	—	—	—	—
NM-O	—	—	—	—	—
NY	—	—	—	—	2 (Child abuse) Infection control/barrier precautions coursework/training, every 4 years
NC	X	—	—	—	X
ND	—	—	—	—	—
OH	—	—	—	—	—
OK-M	—	—	—	—	—
OK-O	—	—	—	—	—
OR	X	—	—	—	—
PA-M	—	—	12	—	2 (Child abuse)
PA-O	—	—	12	—	2 (Child Abuse)
PR	X	X	X	X	X
RI	—	4*	4*	4*	4* ethics, risk management, pain, palliative care, antimicrobial stewardship)
SC	30	—	—	—	—
SD	—	—	—	—	—
TN-M	—	—	—	—	—
TN-O	—	—	—	—	—
TX	—	24	—	—	—
UT-M	—	—	—	—	—
UT-O	—	—	—	—	—
VT-M	—	—	—	1	—
VT-O	—	—	—	—	—
VI	—	—	—	—	—
VA	—	—	—	—	—
WA-M	—	—	—	—	6 (Suicide, one-time)
WA-O	—	—	—	—	6 (Suicide, one-time)
WV-M	30	—	—	—	—
WV-O	—	—	—	—	—
WI	—	—	—	—	2 (Board guidelines)
WY	—	—	—	—	—

## Online Access to Medical Practice Act and Relevant Board Rules

	Medical Practice Act	Relevant rules
<b>AL</b>	<a href="http://www.albme.org/laws.html">www.albme.org/laws.html</a>	<a href="http://www.albme.org/rules.html">www.albme.org/rules.html</a>
<b>AK</b>	<a href="https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedical-Board.aspx">https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedical-Board.aspx</a>	<a href="https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedical-Board.aspx">https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedical-Board.aspx</a>
<b>AZ-M</b>	<a href="http://www.azmd.gov/Statutes-Rules/Statutes-MD.aspx">http://www.azmd.gov/Statutes-Rules/Statutes-MD.aspx</a>	<a href="http://www.azmd.gov/Statutes-Rules/Rules-MD.aspx">http://www.azmd.gov/Statutes-Rules/Rules-MD.aspx</a>
<b>AZ-O</b>	<a href="http://www.azdo.gov">www.azdo.gov</a>	<a href="http://www.azdo.gov">www.azdo.gov</a>
<b>AR</b>	<a href="http://www.armedicalboard.org">www.armedicalboard.org</a>	<a href="http://www.armedicalboard.org">www.armedicalboard.org</a>
<b>CA-M</b>	<a href="http://www.mbc.ca.gov/About_Us/Laws/California_Law.aspx">http://www.mbc.ca.gov/About_Us/Laws/California_Law.aspx</a>	<a href="http://www.mbc.ca.gov/About_Us/Laws/">http://www.mbc.ca.gov/About_Us/Laws/</a>
<b>CA-O</b>	<a href="http://www.ombc.ca.gov">www.ombc.ca.gov</a>	<a href="http://www.ombc.ca.gov">www.ombc.ca.gov</a>
<b>CO</b>	<a href="http://www.dora.state.co.us/medical/statutesrulespolicies">www.dora.state.co.us/medical/statutesrulespolicies</a>	<a href="http://www.dora.state.co.us/medical/statutesrulespolicies">www.dora.state.co.us/medical/statutesrulespolicies</a>
<b>CT</b>	<a href="https://www.cga.ct.gov/current/pub/chap_370.htm">https://www.cga.ct.gov/current/pub/chap_370.htm</a>	<a href="http://www.portal.ct.gov/-/media/sots/regulations/Title_20/010pdf.pdf?la=en">http://www.portal.ct.gov/-/media/sots/regulations/Title_20/010pdf.pdf?la=en</a>
<b>DE</b>	<a href="http://delcode.delaware.gov/title24/c017/index.shtml">http://delcode.delaware.gov/title24/c017/index.shtml</a>	<a href="http://regulations.delaware.gov/AdminCode/title24/1700.shtml">http://regulations.delaware.gov/AdminCode/title24/1700.shtml</a>
<b>DC</b>	<a href="http://www.doh.dc.gov/node/128972">www.doh.dc.gov/node/128972</a>	<a href="http://www.doh.dc.gov/node/129252">www.doh.dc.gov/node/129252</a>
<b>FL-M</b>	<a href="http://www.leg.state.fl">www.leg.state.fl</a>	<a href="http://www.flrules.org">www.flrules.org</a>
<b>FL-O</b>	<a href="http://www.leg.state.fl">www.leg.state.fl</a>	<a href="http://www.flrules.org">www.flrules.org</a>
<b>GA</b>	<a href="http://www.lexisnexis.com/hot topics/gacode/default.asp">www.lexisnexis.com/hot topics/gacode/default.asp</a>	<a href="http://www.rules.sos.state.ga.gov">www.rules.sos.state.ga.gov</a>
<b>GU</b>	N/A	N/A
<b>HI</b>	<a href="http://cca.hawaii.gov/pvl/boards/medical/statute_rules/">http://cca.hawaii.gov/pvl/boards/medical/statute_rules/</a>	<a href="http://cca.hawaii.gov/pvl/boards/medical/statute_rules/">http://cca.hawaii.gov/pvl/boards/medical/statute_rules/</a>
<b>ID</b>	<a href="http://www.legislature.idaho.gov/idstat/Title54/T54CH18.htm">http://www.legislature.idaho.gov/idstat/Title54/T54CH18.htm</a>	<a href="https://adminrules.idaho.gov/rules/current/22/index.html">https://adminrules.idaho.gov/rules/current/22/index.html</a>
<b>IL</b>	<a href="http://www.idfpr.com/PROFS/Info/Physicians.asp">http://www.idfpr.com/PROFS/Info/Physicians.asp</a>	<a href="http://www.idfpr.com/PROFS/Info/Physicians.asp">http://www.idfpr.com/PROFS/Info/Physicians.asp</a>
<b>IN</b>	<a href="http://www.in.gov/pla/3874.htm">http://www.in.gov/pla/3874.htm</a>	<a href="http://www.in.gov/pla/3874.htm">http://www.in.gov/pla/3874.htm</a>
<b>IA</b>	<a href="http://www.medicalboard.iowa.gov/iowa_code/index.html">http://www.medicalboard.iowa.gov/iowa_code/index.html</a>	<a href="http://www.medicalboard.iowa.gov/iowa_code/index.html">http://www.medicalboard.iowa.gov/iowa_code/index.html</a>
<b>KS</b>	<a href="http://www.ksbha.org/statutes.shtml">http://www.ksbha.org/statutes.shtml</a>	<a href="http://www.ksbha.org/regs.shtml">http://www.ksbha.org/regs.shtml</a>
<b>KY</b>	<a href="http://kbml.ky.gov/board/laws.htm">http://kbml.ky.gov/board/laws.htm</a>	<a href="http://kbml.ky.gov/board/laws.htm">http://kbml.ky.gov/board/laws.htm</a>
<b>LA</b>	<a href="http://www.legis.state.la.us/lss/lss.asp?doc=93139">http://www.legis.state.la.us/lss/lss.asp?doc=93139</a>	<a href="http://www.doa.la.gov/osr/lac/46v43/46v43.doc">http://www.doa.la.gov/osr/lac/46v43/46v43.doc</a>
<b>ME-M</b>	<a href="http://www.maine.gov/md">www.maine.gov/md</a> (see board web site)	<a href="http://www.maine.gov/md">www.maine.gov/md</a> (see board web site)
<b>ME-O</b>	<a href="http://www.maine.gov/osteo/administrative/rules.htm">http://www.maine.gov/osteo/administrative/rules.htm</a>	<a href="http://www.maine.gov/osteo/administrative/rules.htm">http://www.maine.gov/osteo/administrative/rules.htm</a>
<b>MD</b>	<a href="https://www.mbp.state.md.us/resource_information/res_pro/resource_practitioner_laws.aspx">https://www.mbp.state.md.us/resource_information/res_pro/resource_practitioner_laws.aspx</a>	<a href="https://www.mbp.state.md.us/resource_information/res_pro/resource_practitioner_laws.aspx">https://www.mbp.state.md.us/resource_information/res_pro/resource_practitioner_laws.aspx</a>
<b>MA</b>	<a href="http://malegislature.gov/Laws/GeneralLaws/Search">http://malegislature.gov/Laws/GeneralLaws/Search</a>	<a href="http://www.mass.gov/eohhs/gov/departments/borim/physicans/regulations/">http://www.mass.gov/eohhs/gov/departments/borim/physicans/regulations/</a>
<b>MI-M</b>	<a href="http://legislature.mi.gov/doc.aspx?mcl-368-1978-15">http://legislature.mi.gov/doc.aspx?mcl-368-1978-15</a> and <a href="http://legislature.mi.gov/doc.aspx?mcl-368-1978-7">http://legislature.mi.gov/doc.aspx?mcl-368-1978-7</a>	<a href="http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&amp;AdminNum=33802301&amp;Dpt=LG&amp;RngHigh=">http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&amp;AdminNum=33802301&amp;Dpt=LG&amp;RngHigh=</a>
<b>MI-O</b>	<a href="http://legislature.mi.gov/doc.aspx?mcl-368-1978-15">http://legislature.mi.gov/doc.aspx?mcl-368-1978-15</a> and <a href="http://legislature.mi.gov/doc.aspx?mcl-368-1978-7">http://legislature.mi.gov/doc.aspx?mcl-368-1978-7</a>	<a href="http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&amp;AdminNum=33800101&amp;Dpt=LG&amp;RngHigh=">http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&amp;AdminNum=33800101&amp;Dpt=LG&amp;RngHigh=</a> <a href="http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&amp;AdminNum=33800091&amp;Dpt=LG&amp;RngHigh=">http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&amp;AdminNum=33800091&amp;Dpt=LG&amp;RngHigh=</a>
<b>MN</b>	<a href="https://www.revisor.mn.gov/statutes/?id=147">https://www.revisor.mn.gov/statutes/?id=147</a>	<a href="https://www.revisor.mn.gov/rules/?id=5606">https://www.revisor.mn.gov/rules/?id=5606</a>
<b>MS</b>	<a href="http://www.msbl.ms.gov">www.msbl.ms.gov</a> (rules and regs, laws and policies are available as well as stat data)	<a href="http://www.msbl.ms.gov">www.msbl.ms.gov</a> (rules and regs, laws and policies are available as well as stat data)
<b>MO</b>	<a href="http://pr.mo.gov/healingarts-rules-statutes.asp">http://pr.mo.gov/healingarts-rules-statutes.asp</a>	<a href="http://pr.mo.gov/healingarts-rules-statutes.asp">http://pr.mo.gov/healingarts-rules-statutes.asp</a>
<b>MP</b>	<a href="http://cnmibpl-hcplb.net/sec.asp?secID=2">http://cnmibpl-hcplb.net/sec.asp?secID=2</a>	<a href="http://cnmibpl-hcplb.net/sec.asp?secID=2">http://cnmibpl-hcplb.net/sec.asp?secID=2</a>
<b>MT</b>	<a href="http://leg.mt.gov/bills/mca/title_0370/chapter_0030/parts_index.html">http://leg.mt.gov/bills/mca/title_0370/chapter_0030/parts_index.html</a>	<a href="http://mtrules.org">http://mtrules.org</a>
<b>NE</b>	<a href="https://nebraskalegislature.gov/laws/statutes.php?statute=38-2001">https://nebraskalegislature.gov/laws/statutes.php?statute=38-2001</a>	<a href="http://dhhs.ne.gov/publichealth/pages/crlMedSurgRegsStats.aspx">http://dhhs.ne.gov/publichealth/pages/crlMedSurgRegsStats.aspx</a>
<b>NV-M</b>	<a href="http://www.medboard.nv.gov">www.medboard.nv.gov</a>	<a href="http://www.medboard.nv.gov">www.medboard.nv.gov</a>
<b>NV-O</b>	<a href="http://www.leg.state.nv.us/nac/nac-633.html">http://www.leg.state.nv.us/nac/nac-633.html</a>	<a href="http://www.leg.state.nv.us/nrs/nrs-633.html">http://www.leg.state.nv.us/nrs/nrs-633.html</a>
<b>NH</b>	<a href="http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXX-329.htm">http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXX-329.htm</a>	<a href="http://www.gencourt.state.nh.us/rules/state_agencies/med.html">http://www.gencourt.state.nh.us/rules/state_agencies/med.html</a>
<b>NJ</b>	<a href="http://www.njmedicalboard.gov">www.njmedicalboard.gov</a>	<a href="http://www.njmedicalboard.gov">www.njmedicalboard.gov</a>
<b>NM-M</b>	<a href="http://www.nmmb.state.nm.us/governing.html">www.nmmb.state.nm.us/governing.html</a>	<a href="http://www.nmmb.state.nm.us/governing.html">www.nmmb.state.nm.us/governing.html</a>
<b>NM-O</b>		<a href="http://www.RLD.state.nm.us">www.RLD.state.nm.us</a>
<b>NY</b>	<a href="http://www.health.ny.gov/professionals/doctors/conduct/laws.htm">www.health.ny.gov/professionals/doctors/conduct/laws.htm</a> and <a href="http://www.op.nysed.gov/prof/med">www.op.nysed.gov/prof/med</a>	<a href="http://www.health.ny.gov/professionals/doctors/conduct/laws.htm">www.health.ny.gov/professionals/doctors/conduct/laws.htm</a> and <a href="http://www.op.nysed.gov/prof/med">www.op.nysed.gov/prof/med</a>
<b>NC</b>	<a href="https://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_1.html">https://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_1.html</a>	<a href="https://www.ncmedboard.org/resources-information/professional-resources/laws-rules-position-statements/rules">https://www.ncmedboard.org/resources-information/professional-resources/laws-rules-position-statements/rules</a>
<b>ND</b>	<a href="http://www.ndbom.org">www.ndbom.org</a>	<a href="http://www.ndbom.org">www.ndbom.org</a>
<b>OH</b>	<a href="http://codes.ohio.gov/orc/4731">http://codes.ohio.gov/orc/4731</a>	<a href="http://codes.ohio.gov/oac/4731">http://codes.ohio.gov/oac/4731</a>
<b>OK-M</b>	<a href="http://www.okmedicalboard.org/laws">http://www.okmedicalboard.org/laws</a>	<a href="http://www.okmedicalboard.org/laws">http://www.okmedicalboard.org/laws</a>
<b>OK-O</b>	<a href="http://www.osboe.ok.gov">www.osboe.ok.gov</a>	<a href="http://www.osboe.ok.gov">www.osboe.ok.gov</a>
<b>OR</b>	<a href="http://www.leg.state.or.us/ors/677.html">http://www.leg.state.or.us/ors/677.html</a>	<a href="http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_847/847_tofc.html">http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_847/847_tofc.html</a>
<b>PA-M</b>	<a href="http://www.dos.pa.gov/med">www.dos.pa.gov/med</a>	<a href="http://www.dos.pa.gov/med">www.dos.pa.gov/med</a>
<b>PA-O</b>	<a href="http://www.dos.pa.gov/med">www.dos.pa.gov/med</a>	<a href="http://www.dos.pa.gov/med">www.dos.pa.gov/med</a>
<b>PR</b>	N/A	N/A
<b>RI</b>	<a href="http://webserver.rilin.state.ri.us/Statutes/title5/5-37/INDEX.HTM">http://webserver.rilin.state.ri.us/Statutes/title5/5-37/INDEX.HTM</a>	<a href="http://www.health.ri.gov/healthcare/medicine/about/safeopioidprescribing/index.php">http://www.health.ri.gov/healthcare/medicine/about/safeopioidprescribing/index.php</a>
<b>SC</b>	<a href="http://www.scstatehouse.gov/code/t40c047.php">http://www.scstatehouse.gov/code/t40c047.php</a>	<a href="http://www.scstatehouse.gov/coderegs/c081.php">http://www.scstatehouse.gov/coderegs/c081.php</a>
<b>SD</b>	<a href="http://www.sdbmoe.gov">www.sdbmoe.gov</a> (menu on homepage: Laws)	<a href="http://www.sdbmoe.gov">www.sdbmoe.gov</a> (menu on homepage: Laws)
<b>TN-M</b>	<a href="http://share.tn.gov/sos/rules/0880/0880.htm">http://share.tn.gov/sos/rules/0880/0880.htm</a>	<a href="http://www.state.tn.us/sos/rules/0880/0880-02.20100620.pdf">http://www.state.tn.us/sos/rules/0880/0880-02.20100620.pdf</a>
<b>TN-O</b>	<a href="http://tn.gov/health/article/osteo-statutes">http://tn.gov/health/article/osteo-statutes</a>	<a href="http://www.state.tn.us/sos/rules/0880/0880-02.20100620.pdf">http://www.state.tn.us/sos/rules/0880/0880-02.20100620.pdf</a>
<b>TX</b>	<a href="http://www.tmb.state.tx.us/rules/rules.php">http://www.tmb.state.tx.us/rules/rules.php</a>	<a href="http://www.tmb.state.tx.us/rules/rules.php">http://www.tmb.state.tx.us/rules/rules.php</a>
<b>UT-M</b>	<a href="http://www.dopl.utah.gov">www.dopl.utah.gov</a>	<a href="http://www.dopl.utah.gov">www.dopl.utah.gov</a>
<b>UT-O</b>	<a href="http://www.dopl.utah.gov">www.dopl.utah.gov</a>	<a href="http://www.dopl.utah.gov">www.dopl.utah.gov</a>
<b>VT-M</b>	<a href="http://www.leg.state.vt.us/statutes/sections.cfm?Title=26&amp;Chapter=023">http://www.leg.state.vt.us/statutes/sections.cfm?Title=26&amp;Chapter=023</a>	<a href="http://www.healthvermont.gov/sites/default/files/documents/pdf/BMP_Board%20Rules%20Effective%202017.pdf">http://www.healthvermont.gov/sites/default/files/documents/pdf/BMP_Board%20Rules%20Effective%202017.pdf</a>
<b>VT-O</b>	<a href="http://vtprofessionals.org/opr1/osteopaths">http://vtprofessionals.org/opr1/osteopaths</a>	<a href="http://vtprofessionals.org/opr1/osteopaths">http://vtprofessionals.org/opr1/osteopaths</a>
<b>VI</b>		
<b>VA</b>	X	X
<b>WA-M</b>	<a href="http://apps.leg.wa.gov/RCW/default.aspx?cite=18.71">http://apps.leg.wa.gov/RCW/default.aspx?cite=18.71</a> , <a href="http://apps.leg.wa.gov/RCW/default.aspx?cite=18.71A">http://apps.leg.wa.gov/RCW/default.aspx?cite=18.71A</a> , <a href="http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130">http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130</a>	<a href="http://apps.leg.wa.gov/WAC/default.aspx?cite=246-918">http://apps.leg.wa.gov/WAC/default.aspx?cite=246-918</a> , <a href="http://apps.leg.wa.gov/WAC/default.aspx?cite=246-919">http://apps.leg.wa.gov/WAC/default.aspx?cite=246-919</a>
<b>WA-O</b>	<a href="http://apps.leg.wa.gov/RCW/default.aspx?cite=18.57">http://apps.leg.wa.gov/RCW/default.aspx?cite=18.57</a>	<a href="http://apps.leg.wa.gov/WAC/default.aspx?cite=246-853">http://apps.leg.wa.gov/WAC/default.aspx?cite=246-853</a>
<b>WV-M</b>	<a href="https://wvbom.wv.gov/Medical_Practice_Act.asp">https://wvbom.wv.gov/Medical_Practice_Act.asp</a>	<a href="https://wvbom.wv.gov/Legislative_Procedural%20Rules.asp">https://wvbom.wv.gov/Legislative_Procedural%20Rules.asp</a>
<b>WV-O</b>	<a href="http://www.legis.state.wv.us">www.legis.state.wv.us</a>	<a href="http://www.wv.gov">www.wv.gov</a>
<b>WI</b>	<a href="https://docs.legis.wisconsin.gov/statutes/statutes/448.pdf">docs.legis.wisconsin.gov/statutes/statutes/448.pdf</a>	<a href="https://docs.legis.wisconsin.gov/code/admin_code/medl.pdf">docs.legis.wisconsin.gov/code/admin_code/medl.pdf</a>
<b>WY</b>	<a href="https://sites.google.com/a/wyo.gov/wyomedboard/resources/board-of-medicine-rules-and-regulations">https://sites.google.com/a/wyo.gov/wyomedboard/resources/board-of-medicine-rules-and-regulations</a>	<a href="https://sites.google.com/a/wyo.gov/wyomedboard/resources/board-of-medicine-rules-and-regulations">https://sites.google.com/a/wyo.gov/wyomedboard/resources/board-of-medicine-rules-and-regulations</a>

