



FEDERATION OF
STATE MEDICAL BOARDS

States with Enacted and Proposed Additional IMG Licensure Pathways
State-by-State Overview

- **Eight (8) states** have enacted legislation that allows qualifying international medical graduates (IMGs) to gain full licensure **without** accredited (North American) PGT
 - FL, IA, ID, IL, LA, TN, VA, and WI
- **Nine (9) states** have proposed similar legislation
 - AZ, GA, KY, MA, ME, MD, MI, MN, and NC
- At least **three (3) states** have pathways to gain **limited** licensure without any additional GME
 - CA, NY, and WA
- Nearly **every** jurisdiction has one or more pathway to licensure through “eminence:” extraordinary ability or distinction, faculty, research, or at the Board’s discretion.
 - These “eminence” pathways are beyond the scope of this chart.

State	Status	Detail	Citation
AZ	Failed	<p>Bill would have permitted the Board to grant provisional licenses to IMGs who have an offer of employment at any health care provider in a designated medically underserved area, have Federal immigration status, have completed a residency or “substantially similar” PGT, practiced for at least five years, and had been licensed to practice <i>within</i> the last five years in Australia, Canada, Hong Kong, Ireland, Israel, New Zealand, Singapore, South Africa, Switzerland, UK, <i>OR</i> any additional country added by the Board.</p> <p>The Board is empowered to establish licensing and renewal fees for provisional licenses, which must be renewed annually. Provisional licensees must practice under supervision, and the Board may promulgate supervision guidelines. If an IMG licensee is terminated or leaves employment, the Board must be notified, and the provisional license may be terminated unless the licensee is working for another qualifying employer in a medically underserved area. Employers may require competency tests, and the Board can discipline or revoke provisional licenses based on clear evidence, subject to appeal. Lastly, the legislation provides that provisional licenses automatically convert to full licenses after four years, provided the licensee practices in a designated medically underserved area, receives a letter of recommendation from their supervising physician, and remains free of Board discipline during that period.</p>	SB 1406 (2024)
CA	Enacted (limited licensure)	<p>The Physicians from Mexico Pilot Program (MPP) grants a <i>time-limited IMG license</i> to Mexican doctors Licensed, certified (by entities listed), and in good standing in their specialty in Mexico that have a passing score on a specialty board review course (equivalent to that needed by U.S. applicants), have specialty specific requirements, completed a six month orientation distance learning program, completed ESL classes, and have a U.S. Social Security card (valid to work only) or Individual Taxpayer Identification Number (ITIN).</p> <p>Physicians enroll in a six-month externship program with a nonprofit community health center approved by the Board. MPP licenses are valid for three years and nonrenewable. The program is capped at 30 Mexican physicians that must complete 25 CE credits per year and 75 total.</p>	AB 1045 (2002)
FL	Enacted	<p>Qualifying IMGs must have an active, unencumbered license to practice medicine in a foreign country, have actively practiced medicine the entire four-year period preceding their application, completed a “residency or substantially similar postgraduate medical training” that is “substantially similar to a residency program accredited by the ACGME,” had their credentials evaluated by the ECFMG, have an ECFMG certification, and passed ECFMG examinations (USMLE Steps 1 & 2 and Occupational English Test, Medicine (OET)).</p> <p>IMGs must have an offer for full-time employment as a physician from a health care provider in the state, must maintain their employment for at least two consecutive years in accordance with rules adopted by the Board, and must notify the Board within five business days of any change of employer.</p>	SB 7016 (2024)

State	Status	Detail	Citation
		<p>The Board may, at its discretion, “exclude foreign medical school[s] from consideration as an institution[s] that provide medical education that is reasonably comparable” to that of U.S. institutions.</p> <p>Legislation implies that after the two-year probationary period at a designated health care provider, the license converts to full.</p>	
GA	Failed	<p>Bill would have authorized the GCMB to issue a provisional license to a physician licensed outside of the U.S., so long as the applicant has Federal immigration status, received a degree from an accredited medical school outside of the U.S., been licensed and practiced medicine for at least three years, received an ECFMG certificate or “other credential evaluation service approved by the Board,” passed USMLE Steps 1 and 2, entered into an agreement for full-time employment with a hospital licensed by the Dept. of Community Health, a Board-approved medical school, a teaching hospital, a FQHC, or a clinic that services Medicaid or underserved populations.</p> <p>The Board is empowered to require additional criteria to issue the provisional license, which is valid for two years and is nonrenewable, <i>but individuals who complete two years of service with the provisional license can convert it to a restricted license</i>, which allows licensees to practice in health professional shortage and underserved areas, so long as they have maintained their provisional license in good standing, passed USMLE Step 3, and entered into another agreement for full-time employment similar to that of provisional licensees.</p> <p>The restricted license is valid for a period of two and is renewable, but after two years (four years total), licensees may apply for full licensure, though “the Board may establish standards for evaluating such applications.”</p>	SB 529 (2024)
ID	Enacted	<p>Effective January 1, 2025, allows international physicians that have matriculated through an international medical program, defined as any “medical education or training outside of the U.S. or Canada that is substantially similar” to the training required for physicians in Idaho and has been certified by ECFMG” to apply for the licensure pathway, so long as they are not a legal resident of the U.S. or Canada, completed a residency or PGT, practiced medicine for at least three years post PGT or completed at least 500 hours of clinical experience, are in good standing, and practiced within the last five years prior to application, possess basic fluency in English (passed OET), and have an offer of employment from a sponsoring entity, defined as health systems, hospitals, freestanding emergency departments, independent physician practices, primary care clinics, and urgent care clinics.</p> <p>Qualifying international physicians are granted three-year, provisional licenses so long as they obtain federal immigration status and pass USMLE Steps 1 and 2. An applicant that fails to pass either step on two separate occasions “may be required to be interviewed, evaluated, or examined by the Board.” The applicant must submit to a background test and notify the Board of any changes in employment, and must work with a sponsoring entity for the duration of the provisional license.</p> <p>Provisional licenses convert to full licenses after three years of practice, so long as they are not under investigation, are given a letter of recommendation from their supervising physician, and passed USMLE Step 3.</p>	H 542 (2024)
IL	Enacted	<p>Effective January 1, 2025, authorizes the Dept. of Financial and Professional Regulation (IDFPR) to issue limited licenses to qualified IMGs, pursuant to rules the IDFPR must adopt regarding qualifications and fees. According to the Illinois State Medical Society, IMGs “would work for two years with limited practice under supervision... in an area with medical need or with a health professional who treats underserved populations.” Relatedly, HB 2948 (2023) creates a new ombudsman position within IDFPR to help eligible IMGs navigate the relicensing process.</p>	SB 1298 (2023)
IA	Enacted	<p>Effective January 1, 2025, allows the Board to grant provisional licenses to IMGs that are graduates of foreign medical schools evaluated by the ECFMG, licensed and in good standing for the immediately preceding five years, without pending disciplinary action; have completed a residency or “substantially similar” PGT in their resident country, have practiced medicine for at least five years following their PGT, possess basic English fluency and Federal immigration status, have an offer of employment at an Iowa health care facility; and have passed the USMLE (<i>which steps not explicitly mentioned</i>).</p> <p>The provisional license <i>may</i> be converted to a full license after three years of practice in good standing and without violation of Iowa Stat. § 148.6, as long as the licensee was employed by the health care facility for the entirety of the three-year period and passes a background check, among other administrative components.</p>	SF 477 (2023)
KY	Failed	<p>Bill would have authorized the Board to grant provisional licenses to IMGs, so long as the applicant has met the requirements of other IMGs to practice in the state, which include English language fluency, graduation from a medical school outside of the U.S. or Canada “approved by the Board,”</p>	HB 574 (2024)

State	Status	Detail	Citation
		<p>ECFMG certification, passed “an examination prescribed by the Board”, has an offer of employment as a physician “with a sponsor that is a professional practice, healthcare entity, or corporation” within the state, has practiced for at least five years, and is in good standing within their country of practice, and completed “substantially similar” postgraduate training.</p> <p>Provisional licenses are converted to full licenses after three years of practice with the employing sponsor, after which, the licensee need not continue practice with the original sponsor. The Board may revoke the provisional license if the licensee ceases working with their sponsor before the conclusion of the two year provisional period, or engages in unacceptable (Ky. Rev. Stat. § 311.595) or unprofessional (Ky. Rev. Stat. § 311.597) conduct.</p>	
LA	Enacted	<p>Effective August 1, 2024, allows the Board to issue licenses to IMGs that hold a degree from an international medical program that is “substantially similar” to the education or training required to practice in the state, are licensed in good standing with the regulatory body in their home country, have completed a residency or similar PGT in their licensing country, or have at least five years’ experience as a practicing physician, have U.S. or Canadian citizenship or legal work status in the U.S., as well as English proficiency, and have an offer of employment at a facility owned or operated by state-licensed hospitals.</p> <p>Licensees must practice at these licensed facilities for the first two years of their licensure but “after such time the licensee is no longer subject to this limitation,” and the Board can revoke the license with “clear and convincing evidence” that services rendered violated medical safety, competency, or conduct standards established by the Board.</p> <p>The Board <i>shall</i> promulgate any necessary rules and regulations to enforce the legislation.</p>	HB 972 (2024)
ME	Pending	<p>Bill would establish a sponsorship program for IMGs, allocating funding for up to 10 positions at any given time within sponsoring institutions, defined as ACGME-accredited hospitals, responsible for training and employing eligible graduates. Eligible applicants for a limited license are graduates of a medical school recognized by the World Health Organization (WHO) that have practiced medicine for at least a year, been residents of the state for at least 12 months, have ECFMG certification (waivable by Board discretion), passed USMLE Steps 1 & 2; and entered into a full-time employment relationship with a sponsoring institution.</p> <p>Limited licenses are valid for two years at a sponsoring institution, which will develop, assess and evaluate the applicant’s familiarity with nonclinical skills and standards. The Board may develop further criteria for applicants and for assessing licensees. The limited license is valid for two years and may be renewed twice, for a total of six years of limited practice.</p> <p>After completion of the institution’s program and passing USMLE Step 3, licensees <i>may apply for a renewable two year restricted license</i> at an in-state facility in a physician shortage area, but may practice independently. After a minimum of two years of practice with the restricted license (four years total), licensees may apply for full licensure.</p>	LD 2268 (2024)
MD	Withdrawn	<p>Bill would have created a licensure pathway for “foreign practicing physicians” (FPPs) that graduated from medical schools outside of the U.S. and Canada, practiced for at least five years prior to application and are in good standing with their regulatory authority, have an offer of employment as a physician with a health care provider in Maryland that operates an accredited PGT program, and met any other qualification that the Board promulgates.</p> <p>FPPs can convert their licenses to full if they pass an examination devised by a newly established consortium, without any additional restrictions (minimum of two years of provisional practice is implied). If the FPP fails, the Board “may extend the license... for one year for preparing and repeating the examination.” The Board may not renew the license if the FPP fails to achieve a passing score in three years. The FPP must practice with a health care provider with an accredited PGT program for the duration of their limited license.</p> <p>The bill requires the Board to establish a consortium to “develop, implement, and administer an examination to assess the ability of a FPP to meet the standard of care for independent practice,” including requiring the FPP to keep a logbook of all patients seen in their <i>first two years of licensure</i>, and have the consortium review and assess cases, determine the passing score, develop the procedures for repeating the examination if necessary, and policies for educational requirements and license restrictions for this cohort.</p>	HB 1054 (2024)
MA	Pending	<p>Bills would authorize the Board to issue limited licenses to qualifying IMGs that have graduated from a medical school recognized by the WHO, practiced medicine for at least a year, have an ECFMG</p>	H 4459 (2024)

State	Status	Detail	Citation
		<p>certificate “or other valid certificate from a credential evaluation service approved by the Board,” which may be waived at the Board’s discretion; passed USMLE Steps 1 & 2, and entered into an employment agreement with a participating facility.</p> <p>Participating facilities must assess and evaluate the licensee’s familiarity with nonclinical skills and standards according to evaluation criteria developed or approved by the Board, which also may require other criteria for provisional licensure. The limited license is valid for one year and can be renewed once.</p> <p>Limited licensees can convert their license to <i>restricted</i> after passing the facility’s evaluation, USMLE Step 3, and any other criteria the Board promulgates. The restricted licensee must practice in an underserved area, but can practice independently in primary care, psychiatry or other specialty approved by the Board. The restricted license is two years in duration and can be renewed once. After a minimum of two years of practice with the restricted license (four years total), licensees may apply for full licensure.</p>	<p>H 4722 (2024)</p> <p>S. 2856 (2024)</p> <p>S. 2869 (2024)</p>
MI	Pending	<p>Bill would authorize the Board to issue a temporary license to an IMG with a medical degree from a school recognized by the WHO, that has practiced medicine for at least one year, has ECFMG certification (waivable by Board discretion), passed USMLE Steps 1 & 2, and entered into a full-time employment relationship with a participating health care facility, defined as an FQHC, hospital, or other facility approved by the Board.</p> <p>Temporary licensees must practice under supervision and the participating facility must assess and evaluate the applicant’s familiarity with nonclinical skills and standards according to evaluation criteria developed or approved by the Board. The temporary license is valid for two years and can be renewed once.</p> <p>Temporary licensees can <i>convert their licenses to limited</i> after two years of practice and passing USMLE Step 3, as well as the facility’s evaluation. Limited licensees may practice without supervision but must practice in medically underserved areas. After a minimum of two years of practice with the temporary license (a minimum of four years total), licensees may apply for full licensure.</p>	<p>HB 5613 (2024)</p>
MN	Failed	<p>The amended bill would have authorized the Board to grant limited licenses to IMG applicants with Federal immigration status, a medical degree from a program approved by the Board, or accredited by the Liaison Committee on Medical Education (LCME)¹ or the American Osteopathic Association (AOA),² are ECFMG certified with “working” ability in English, passed the USMLE, or if the applicant has not practiced in 10+ years, either pass SPEX/COMVEX or be board certified, not faced license suspension or revocation, or “engaged in conduct warranting disciplinary action; practiced for 60 months (five years) in the last 10 years and completed a PGT “substantially similar to a residency program” in their practicing country, have an offer to practice under a collaborative practice agreement in a hospital or clinical setting, and provide at least two letters of recommendation, including one from a physician the applicant has worked with and one from an administrator the applicant has worked under.</p> <p>Licensees must provide care in a designated rural area or underserved urban community, submit confirmation every six months or upon request proof that they are employed as a physician and have not faced license discipline. The limited license converts to full after two years of practice in good standing, at least 1,692 hours of practice, and a letter of recommendation from their collaborating physician.</p>	<p>HF 3891 & SF 3611 (2024)</p>
NC	Enacted without pathway section	<p>Original bill would have permitted the Board to issue an “internationally-trained hospital physician employee” license to IMGs that possess an active license in good standing from a foreign country or had such a license that expired within the last five years, practiced medicine for a minimum of five years, completed 130 weeks of medical education at a school in the World Directory of Medical Schools (WDOMS), eligible for ECFMG certification, completed two years of PGT at a World Federation for Medical Education (WFME) accredited program or practiced medicine for at least 10 years, passed a medical licensing exam or received board specialty certification or submitted to a comprehensive assessment approved by the Board; never had a license revoked, suspended, restricted, or otherwise acted against in any jurisdiction and not subject to pending investigations, nor have any convictions regarding “moral turpitude,” felonies, or involving the practice of medicine, be proficient in English and have legal authorization to work in the U.S.</p>	<p>HB 125 (2023)</p>

¹ The LCME only accredits medical education programs in the U.S. and Canada

² Similarly, all AOA-accredited osteopathic medical schools are in the U.S.

State	Status	Detail	Citation
		<p>Applicants must be offered employment at an accredited hospital or at a rural practice supervised by a physician licensed in the state, with rules for supervision promulgated by the Board;</p> <p>These licensees are prohibited from practicing medicine or surgery outside the confines of the North Carolina hospital or its affiliates, and the license becomes inactive if the physician chooses to do so within the ambiguous provisional license phase.</p> <p>Conversion to full licensure (unbound by practice limitations) is not mentioned.</p>	
NY*	Enacted (limited licensure)	<p>New York law provides that the Board can grant limited licenses for qualifying IMGs that “fulfill all requirements for a physician license <i>except</i> those relating to the examination and citizenship or permanent residence in the U.S.,” ECFMG certification <i>or</i> “passed an examination satisfactory to the Board,” and have non-immigration visa for the continuation of medical study.</p> <p>Permittees are authorized to practice medicine under the supervision of a licensed physician and only in a public, voluntary, or proprietary hospital. The limited permit is valid for two years. It may be renewed biennially at the discretion of the department.</p>	NY Educ L § 6525 (2022)
TN	Enacted	<p>SB 1451: Effective July 1, 2024, allows the Board to issue a temporary license to IMGs that have demonstrated competency as “determined by the Board,” completed a three-year post-graduate training program in their licensing country; <i>or</i> has otherwise practiced as a physician for at least three of the last five years outside the U.S., and an offer for employment as a physician at a healthcare provider in the state with an ACGME-accredited PGT program.</p> <p>Temporary licensees may only practice at qualifying healthcare facilities. After two years of practice in good standing, the Board <i>shall</i> grant a licensee an unrestricted license.</p> <p>SB 1936: Enacted May 6, 2024, but not effective until January 1, 2025, amends SB 1451 by requiring IMGs on the alternate pathway to complete three years’ of PGT in their licensing country and practice as a physician for at least three years outside of the U.S.</p> <p>The legislation also empowers the Board to use their discretion in licensing decisions, stating that the Board may issue a full license after two years of provisional licensure (previously, bill language was that the Board shall issue this license).</p>	<p>SB 1451 (2023)</p> <p>SB 1936 (2024)</p>
VA	Enacted	<p>Effective July 1, 2024, allows the Board to grant a provisional license to a qualified IMG for up to two years, that have received a degree from a medical school recognized by the WHO, are licensed in another country and practiced medicine for at least five years, have a valid ECFMG certificate (waivable upon the Board’s discretion), passed USMLE Steps 1 and 2, has entered into an employment agreement with a medical care facility “that provides an assessment and evaluation program designed to develop, assess, and evaluate the physician’s nonclinical skills and familiarity with [state] standards... “according to criteria developed or approved by the Board” and has “satisfied any other criteria that the Board may require for issuance of a provisional license.”</p> <p>Licensees may apply for a renewable two-year extension if they practice in a medically underserved area, achieve a passing score on USMLE Step 3, enter another full-time employment relationship with a medical facility.</p> <p>After at least two years of practice under the renewable license (at least four years overall), the physician may apply for a full, unrestricted license.</p>	HB 995 (2024)
WA*	Enacted (limited licensure)	<p>The “clinical experience” license works as a “bridge to residency” for qualifying IMGs that are a Washington state resident for at least one year, ECFMG certified, have passed all steps of the USMLE, completed a background check, have an offer from specified state agencies and maintain practice agreement with the Washington Medical Commission’s (WMC) supervising physician.</p> <p>Licensees may only “practice... in connection with his or her duties in employment with the city or county health department.” License valid for two years, with one possible renewal (total practice time of four years).</p> <p>At the conclusion of the license period, IMGs must still complete a residency to achieve full licensure. According to FSMB’s International Medical Graduates GME Requirements (Key Issue Chart), Washington requires two years of accredited PGT.</p>	<p>SHB 1129 (2021)</p> <p>IMG Clinical Experience License</p>
WI	Enacted	<p>Effective July 1, 2024, allows the Board to grant provisional licenses for qualifying IMGs that have an offer for employment as a physician from a FQHC, CHC, hospital, ASC, or any other health care facility approved by the Board, a medical degree from an international medical program approved by the</p>	AB 954 (2024)

State	Status	Detail	Citation
		<p>ECFMG or a program that is “substantially similar” to those required to qualify for a medical license in the state, completed a residency program or PGT “substantially similar” to a residency, practiced for at least five years in their home country post-PGT, and for at least one year continuously out of the previous five prior to application; are ECFMG certified, have Federal immigration status and basic English fluency, and passed all Steps of the USMLE.</p> <p>Provisional license holders must submit a statement to the Board every six months certifying that they are still practicing and whether they have faced any license discipline, with the condition that the license may be revoked if the licensee is no longer working for a qualifying employer. Provisional licensees must practice under supervision, but the provisional license can convert to full licensure after three consecutive years of practice in good standing. The Board is authorized to promulgate rules defining what degrees and PGT are “substantially similar” to requisite medical degrees and residency training.</p>	

- The accompanying map to this chart can be found here: **States with Enacted and Proposed Additional IMG Licensure Pathways (Map)**
- You may also be interested in FSMB’s [International Medical Graduates GME Requirements \(Key Issue Chart\)](#)

For informational purposes only: This document is not intended as a comprehensive statement of the law on this topic, nor to be relied upon as authoritative. Non-cited laws, regulation, and/or policy could impact analysis on a case-by-case or state-by-state basis. All information should be verified independently.

Questions, comments, or corrections? Please contact Andrew Smith (asmith@fsmb.org)