FEDERATION OF STATE MEDICAL BOARDS

States with Enacted and Proposed Licensure Pathways for Internationally Trained Physicians

State-by-State Overview

- **Twenty-four (24) states, plus Guam and the Northern Mariana Islands** have enacted legislation that allows qualifying ITPs to gain full licensure **without** accredited (North American) PGT:
  - AR, FL, GA, IA, ID, IL, IN, KY, LA, MA, MN, NE, NC, NV, OK, OR, RI, TN, TX, VA, VT, WA, WI, and WV; + GU, MP
- **Seventeen (17) states** have pending or proposed similar legislation in the recent past (exclusive of those that have enacted legislation and introduced new legislation):
  - AZ, CA, CT, KS, ME, MD, MI, MS, MO, ND, NH, NJ, NY, OH, PA, SC, and WY
- At least **two (2) states** have pathways to gain **limited** licensure without any additional GME:
  - CA and NY
- 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.
- To see the status of these bills, please see our "***Licensure Pathways Legislative Tracker***"

State	Status	Detail	Citation
AR	**Enacted**	Revises foreign medical graduate (FMG) laws in the state, requiring the FMG's medical school be approved by ECFMG instead of the Board (ASMB) and creates a pathway to licensure for FMGs without foreign or domestic (ACGME-accredited) PGT (as prescribed by Ark. Code § 17-95-403(b)(3)(iii)(b)) for applicants that have: been offered full-time employment as a physician from an Arkansas healthcare provider, defined as an entity "licensed or certified to provide healthcare services… by the ASMB" in an underserved or health professional shortage area; an active, unencumbered license to practice medicine in a foreign country; actively practiced medicine during the four year period preceding their application; credentials evaluated by the ECFMG; ECFMG certification; and "pass the exam used by the ECFMG" (USMLE Steps 1 & 2 and the Occupational English Test (OET) Medicine). Applicants must appear personally in front of the ASMB with their licensed, sponsoring physician, provide "information as to what area or department in which [they] will be practicing medicine." The provisional license is valid for one year, and licensees that wish to continue must complete renewal forms and pay a fee, and may be requested to appear in person before the ASMB again. Licensees must maintain remain employed by a qualified employer for at least three consecutive years, and notify the Board within five business days after any change of employer. After two years of practice under the provisional license, the licensee is eligible for a full, unrestricted license (but must continue to practice at the qualified employer for at least one more year). Notably, Board rulemaking authority is not mentioned in the legislation.	SB 601 (2025)
AZ	Failed	Bill would have expanded existing statute to authorize the Board to issue a full medical license to internationally trained physicians who qualify under ECFMG Pathway 1 (including holding an unsupervised license on or after January 1, 2021, no disciplinary history, and no failure of USMLE Step 2), have federal immigration status, and hold a job offer with a rural health care provider (county population under one million). Applicants must otherwise meet state licensure requirements except for completion of a 12-month internship, residency, or fellowship, including completing a training unit on state law and rules and having no disqualifying conduct or investigations. Unlike other ITP pathways, the bill does not require an active foreign license and does not create a provisional licensure period, instead granting immediate full licensure limited to rural practice. The legislation does not specify how long the physician must remain at the rural site and grants no new rulemaking authority to the Board beyond its existing powers to verify credentials, assess equivalency, conduct background checks, and enforce professional standards.	HB 2435 (2026)

State	Status	Detail	Citation
	Failed	Would have authorized Arizona's medical and osteopathic boards to issue renewable provisional licenses to qualified international medical licensees with equivalent education and residency, English fluency, at least five years of recent practice in approved countries, legal immigration status, and a job offer in a county under one million residents. Provisional licensees would have practiced under physician supervision, met CME and malpractice requirements, and after four years of compliant practice could have automatically converted to full licensure if ECFMG-certified, un-disciplined, and endorsed by a supervisor. Employers would have been required to report terminations and could administer competency tests, while boards could revoke licenses as needed. The bill included reporting requirements, a 2033 sunset, a December 31, 2025 effective date, and a one-year exemption from state rulemaking procedures.	SB 1108 (2025)
		Would have created the Arizona Licensure Program for Foreign Medical Graduates and Nurses, allowing medical and nursing boards to issue provisional licenses to eligible international applicants. Candidates must have a qualifying medical or nursing degree, legal U.S. status, English proficiency, and pass a background check. Credentials must be verified through ECFMG or a similar body. Provisional licensees would work under supervision in designated health care shortage areas, with licenses valid for one year and renewable for up to two years. Supervisors must be fully licensed and provide regular evaluations. The Boards must tailor supervision to each specialty, offer assessments, mentorship, and help with training and exam preparation. To qualify for full licensure, applicants must complete supervised practice, pass licensure exams, and work two to four years in underserved areas, depending on specialty and community need. The Boards must also create orientation programs, language support, and placement partnerships, and submit annual progress reports and a comprehensive review every five years.	HB 2148 (2025)
		Very similar to SB 1108 (2025); for more information, reference the summary or the bill linked in the citation column.	SB 1406 (2024)
CA	Enacted (limited licensure)	The Physicians from Mexico Pilot Program (MPP) grants a *time-limited IMG license* 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). 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.	AB 1045 (2002)
	Proposed	Requires the Board to grant a full, unrestricted license to physicians who complete the existing Physicians from Mexico Pilot Program (MPP) in good standing after at least three years of practice (within the program's six-year limit), hold ECFMG certification, have passed all USMLE Steps, receive positive annual peer-review evaluations from their FQHC CMO, complete CME requirements, and secure continued employment at a California FQHC, hospital, or clinic. The bill also creates a separate provisional license for qualifying ITPs who hold a full, unrestricted int'l physician's license in good standing for at least three years, have completed Board-determined substantially equivalent residency or international PGT, possess ECFMG certification, have passed USMLE Steps 1 and 2, demonstrate English proficiency and U.S. work authorization, and have a job offer from a California health care facility or practice; MPP graduates are ineligible for this route. The provisional license is valid for five years and renewable once, during which time the physician must practice under supervision, and after five years of discipline-free supervised practice, may seek full licensure upon passing USMLE Step 3 and obtaining a positive recommendation from their supervisor or medical director, with the Board empowered to set associated fees.	AB 2386 (2026)
CT	Failed	"Shell bill" would have mandated that statutes be amended "to facilitate qualified and experienced foreign medical doctors who lawfully migrated to the U.S. in becoming licensed to practice medicine in the state" by providing provisional licenses to IMGs who: Completed a residency *and* received education and training outside of the U.S. that is "substantially similar" to the education and training that physicians obtain in the U.S. Provisional licensees must have practiced under supervision of a Connecticut-licensed physician, and after two years, licensees would have been eligible for an unrestricted license.	SB 1054 (2025)

State	Status	Detail	Citation
FL	**Enacted**	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). 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. 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. Legislation implies that after the two-year probationary period at a designated health care provider, the license converts to full.	SB 7016 (2024)
GA	**Enacted**	Enacted May 11, 2026 and effective upon funds being appropriated for its purpose, authorizes the Board to issue a limited provisional license to ITPs who are legally authorized to work in the U.S., completed 130 weeks of medical education at a WDOMS school, hold or are eligible for ECFMG certification. Eligible applicants must have a current or recently active foreign license in good standing, at least two years of PGT plus five years of active practice or ten years of post-graduation practice, no history of license discipline anywhere, and no felony, moral-turpitude, or practice-related criminal convictions. They must also demonstrate competence through a Board-approved exam, a recognized licensing exam from an IAMRA member country, specialty board certification, or a comprehensive Board-approved clinical assessment, and have an employment offer under a supervising physician at a rural medical practice or a qualifying hospital, FQHC, or accredited medical school, with an interview at the Board's discretion. After four years of satisfactory practice at a qualifying facility with no discipline, pending investigations, or criminal convictions, provisional licensees become eligible for full licensure, but they must then provide an additional two years of service in an underserved area. The Board must employ one or more medical directors (fully licensed physicians) to design and run the pathway, evaluate site readiness, audit supervision, review performance data, recommend discipline, advise on rulemaking, and coordinate with public health and other agencies, and it must submit annual reports on applicants, their countries of origin and licensure, practice locations, full licenses granted, and complaints. The Board is empowered to adopt rules needed to implement the pathway, and the statute is effectively repealed prospectively if the state fails to fund the program.	SB 427 (2026)
	Failed	Bill would have allowed the Board to issue a two-year, nonrenewable provisional license to qualified IMGs with legal immigration status who graduated from an accredited foreign medical school, held an ECFMG (or Board-approved equivalent) credential, passed USMLE Steps 1 and 2, had at least three of the last 10 years in licensed practice, secured full-time employment with an approved safety-net or teaching institution, and met any additional Board criteria. Provisional licensees who maintained good standing, passed Step 3, and obtained another qualifying full-time position could then convert to a renewable two-year restricted license limited to shortage/underserved areas, after which (at a minimum of four years total) they could apply for full licensure, with the Board setting and enforcing all standards, criteria, and implementing rules.	SB 142 (2025)
	Failed	SB 529, which failed, was quite similar to SB 142, however, it did not have a limitation on time out of practice, like the new bill has.	SB 529 (2024)
GU	**Enacted**	Effective April 7, 2026, amends existing code to authorize the Board, with DPHSS, to grant **full licenses** to foreign medical graduates (FMGs) that hold a medical degree, are eligible for unrestricted licensure in the country where they trained, completed 36 months of Board-approved postgraduate training, passed a Board-acceptable exam that assesses basic medical knowledge, obtained ECFMG certification, and demonstrated English or Chamorro language competency. Preference is given to applicants who commit to serving at least three years in Guam public health facilities, and the Board is empowered to define acceptable postgraduate training, designate credentialing bodies such as WDOMS and ECFMG, and adopt additional rules to recruit FMGs—particularly in specialties where Guam lacks adequate provider coverage.	206-38 (2025)
ID	**Enacted**	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	H 542 (2024)

State	Status	Detail	Citation
		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. 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. 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.	
IN	**Enacted**	Authorizes the Board to issue a limited license to an ITP that pays a $100 application fee; has a medical doctorate or substantially similar degree from an international medical program in good standing as determined by the Board; has ECFMG certification; is in good standing with the medical licensing or regulatory institution in their country of practice *and* has no pending discipline; completed a residency, clinical training, or PGT "substantially similar, as determined by the Board" to those ACGME-accredited; has practiced medicine or osteopathic medicine for at least *five years of the last six years* preceding application; passed *all Steps* of the USMLE; has Federal immigration status; is proficient in English; and has a written offer of employment at a health care facility, defined as a hospital, birthing center, or "other medical facility," in an underserved area, which are designated by the Dept. of Health; and that facility both agrees to sponsor and supervise the provisional licensee. Limited licensees must practice at qualifying health care facilities defined above, may not practice "outside the scope of specialty of the onsite board-certified supervising physician," patients must be informed that they are being seen by a limited licensee, and the licensee's prescriptive abilities are limited, must be supervised, delineated in a written practice agreement, and a statement from the facility's governing body granting the licensee practicing privileges. The limited license must be renewed biennially and is valid for six years. After a minimum of five years, the limited license may be converted to full at the discretion of the Board. The Board is empowered to require a comprehensive evaluation to assess the licensee's competency prior to issuing a full license, and also may revoke the limited license if the licensee ceases practicing at a qualifying facility, or there is another "compelling reason" to do so. The bill is effective July 1, 2025, and sunsets December 31, 2040. Unrelated to additional pathways, the bill also requires applicants for osteopathic licensure to complete COMLEX within 10 years of passing COMLEX Level 1.	HB 1555 (2025)
IL	**Enacted**	Effective January 1, 2025, "shell bill" 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.	SB 1298 (2023)
		On January 14, 2025, the IDFPR promulgated rules to implement SB 1298. The rules define IMGs as: Medical graduates trained outside the U.S. whose education has "been certified by the ECFMG;" having passed all steps of the USMLE; having an unencumbered license from another country; and not licensed to practice medicine in the U.S. IMGs are eligible to apply for a limited license to practice medicine in the state, and the IDFPR, upon its determination of fitness, may issue the license, which is valid for two years. Applicants must: Submit an application, plus $100 fee; provide an official transcript and diploma; provide their ECFMG certificate (waivable if the applicant hails from a "non-cooperating country"); have practiced in at least three of the last 10 years, and if the applicant has *not* practiced within the last three years, they must show evidence of U.S. clinical experience; submit to a background check; and enter into an agreement	IDFPR Rules (*see* § 1285.345)

State	Status	Detail	Citation
		with a sponsoring entity, defined as a hospital, critical access teaching hospital, FQHC, state facility, CHC, or another facility approved by the IDFPR; that "provides an assessment and evaluation program designed to develop, assess, and evaluate the physician's nonclinical and clinical skills and familiarity with standards appropriate for medical practice." Limited licensees may only practice within the sponsoring entity and under the supervision of a "faculty supervisor" that is a fully licensed physician, and must file a practice agreement between themselves and the sponsoring entity with the IDFPR. The sponsoring entity maintains professional responsibility for the licensee, the licensee must notify the IDFPR if the practice agreement is terminated. The limited license may be renewed every two years, in accordance with Ill. Admin. Code tit. 68 § 1285.120, with an exception to the CME requirements in the initial licensure period. After at least two years of practice under the limited license, licensees may apply for a restricted license, which entitles licensees to practice independently in health professional shortage areas (HPSAs) as defined by the IDFPR. Applicants for the restricted license must: Successfully complete the two-year supervised work experience at the sponsoring entity, including the assessment and evaluation program; show proof of "anticipated" employment in an HPSA; and pay a $230 fee. After at least two years of restricted practice (at least four years total), the licensee is eligible to apply for a full, unrestricted medical license.	
IA	**Enacted**	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 (*which steps not explicitly mentioned*). The provisional license *may* 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.	SF 477 (2023)
KS	Failed	Bill would have required the Board to issue a provisional license to qualifying international physicians (IPs) that have a medical doctorate or substantially similar degree by a domestic or international medical program, defined as any medical school, residency or internship program whose graduates are eligible for ECFMG certification; completed a residency or "substantially similar" postgraduate medical training program ***or*** has practiced as a medical professional for at least *seven years* after medical school graduation; been in good standing *within* the last five years and without pending disciplinary action; practiced medicine for at least *five years* if completed foreign PGT; ECFMG certification; passed *all Steps* of the USMLE; basic English fluency; Federal immigration status (although IPs may apply for provisional licensure prior to receiving this status); and an offer of employment at a healthcare provider in the state, defined as "a for-profit or nonprofit entity or individual that provides, bills or is paid for healthcare procedures or services." The Board may require the IP to submit evidence of satisfactory similar training, passage of exams, satisfactory results of a background investigation, and confirm payment of fees, among other aspects. The Board is allowed to revoke a provisional license if the licensee is not practicing at a qualifying healthcare provider, is without employment for more than 30 days, or violates any section of KS Stat § 65-2836. After three years of active practice in the state under the provisional license, the license is automatically converted to full status.	HB 2251 (2025)
KY	**Enacted**	Effective July 9, 2026, authorizes the Board to issue a provisional license to a qualifying ITP that has: English proficiency; graduated from a medical or osteopathic school or college outside the U.S. or Canada and "approved by the Board;" completed a residency or substantially similar postgraduate medical training; practiced as a physician for at least five years; good license standing in their licensing country within the last five years; completed an examination "prescribed by the Board;" an ECFMG certification or U.S. specialty board certification; and an employment offer as a physician with a sponsor that is a "professional practice, healthcare entity, or corporation that operates and is licensed in the Commonwealth."	SB 137 (2026)

State	Status	Detail	Citation
		After three years of practice under the provisional license with the employing sponsor, the licensee's license *automatically* converts to a full, unrestricted license. The Board is authorized to revoke the provisional license if the licensee ceases practice with a qualifying employer, or engaged in unprofessional conduct delineated in KRS § 311.595. The Board is also empowered to set examination requirements.	
	Failed	Bill would have required the Board to create regulations by January 1, 2026, establishing a provisional licensure pathway for international medical graduates (IMGs) to gain full medical licensure. IMGs must have had a valid, unencumbered foreign license for the past five years, no disciplinary history, five years of medical practice, ECFMG certification and credentialing, a residency comparable to ACGME standards, and a full-time physician job offer. To obtain full licensure, provisional licensees must have passed a Board assessment, maintained good standing, met employment terms, and avoided professional misconduct. The bill also mandated Board reporting on the pathway's effectiveness, including applicant numbers, licensure outcomes, and complaint data.	HB 786 (2025)
	Failed	Bill would have authorized the Board to grant provisional licenses to IMGs, so long as the applicant had met the requirements of other IMGs to practice in the state, which included English language fluency, graduation from a medical school outside of the U.S. or Canada "approved by the Board," ECFMG certification, passed "an examination prescribed by the Board", had an offer of employment as a physician "with a sponsor that is a professional practice, healthcare entity, or corporation" within the state, had practiced for at least five years, was in good standing within their country of practice, and completed "substantially similar" postgraduate training. Provisional licenses would have been 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 was authorized to revoke the provisional license if the licensee ceased working with their sponsor before the conclusion of the two year provisional period, or engaged in unacceptable (Ky. Rev. Stat. § 311.595) or unprofessional (Ky. Rev. Stat. § 311.597) conduct.	HB 574 (2024)
LA	**Enacted**	Enacted June 9, 2026 and effective August 1, 2026, requires the Board of Medical Examiners to issue a restricted rural physician license (RRPL) to ITPs who meet specified education and training standards, including a degree from a school listed in the WDOMS, "substantially equivalent" MD/DO education, passage of USMLE Steps 1–3 (or an equivalent exam), ECFMG (or Board-approved equivalent) certification, at least three years of practice or postgraduate training elsewhere, a criminal background check, and sufficient English proficiency to practice safely. RRPL holders may practice only under supervision in rural or medically underserved areas or Board/Health Dept.-approved facilities, under fully licensed, Board-registered supervising physicians, and they may not practice outside qualifying sites or own a practice without Board approval. After five years of continuous, good-standing practice in the qualifying setting with required CME, an RRPL holder may apply for a full, unrestricted license, and the Board is authorized to adopt rules on applications, supervision, credential verification, and evaluation of international medical education equivalence.	HB 1160 (2026)
		Effective August 1, 2024, allows the Board of Medical Examiners 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. 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. The Board *shall* promulgate any necessary rules and regulations to enforce the legislation.	HB 972 (2024)

State	Status	Detail	Citation
ME	Carried over to '26	Same applicant requirements as LD 2268 (*below*). Qualifying ITPs apply directly to a rural graduate medical education collaborative ("collaborative") in the State for screening and placement, which must develop criteria for this purpose. Those selected are granted temporary educational licenses, which are valid for two years and may be renewed twice (for a total of six years). Temporary education licensees that complete the sponsoring institution's assessment program and pass USMLE Step 3 may apply for a renewable two-year license to practice medicine only at participating health care facilities in physician shortage areas. Physicians with this license may practice medicine independently in a primary care setting or a specialty approved by the board. After practicing under this license for a minimum of six years, the ITP may apply for a full and unrestricted license. Lastly, the bill establishes the International Medical Graduates Sponsorship Program Fund to carry out the sponsorship program and requires biennial reports to the Legislature on the status of the program, including number of ITPs in the program and their progress towards full licensure.	LD 105 and HP 70 (2025)
	Failed	Would have created a sponsorship program for international medical graduates (IMGs), funding up to 10 positions at ACGME-accredited hospitals to train and employ eligible applicants. To qualify for a limited license, applicants must have been WHO-recognized medical school graduates, have had at least one year of medical practice, 12 months of state residency, ECFMG certification (waivable), have passed USMLE Steps 1 & 2, and have full-time employment with a sponsoring institution. The limited license would have been valid for two years, renewable twice (up to six years), during which the institution trains and evaluates the licensee. After completing the program and passing USMLE Step 3, licensees would have been able to apply for a renewable two-year restricted license to work independently in underserved areas. After at least two years with the restricted license, they would have been able to apply for full licensure.	LD 2268 (2024)
MD	Failed	Amended bill would have repealed Maryland's existing "Fifth Pathway" and, beginning January 1, 2028, create a new limited license for ITPs who hold an ECFMG-accredited foreign medical degree, have at least two years of qualifying postgraduate training, recent practice experience in good standing, ECFMG certification, no pending discipline, good moral character, and have passed USMLE Steps 1–3 plus either a new State Standards of Care Assessment (SSCA - Part 1) or meet alternative employment-based evaluation and supervision conditions. The three-year, non-renewable limited license restricts practice to specified facilities (such as health systems with ACGME/AOA residencies, medical schools, NIH, and FQHCs), prohibits supervision of PAs, residents, and medical students, and allows the Board to revoke licensure for certain disciplinary or competency issues, while requiring sponsoring employers to submit Board-approved supervision and integration plans with structured oversight, progressive autonomy, training in U.S. standards of care, and biannual competency evaluations. Limited licensees may seek a full license by obtaining two in-state physician recommendations (including one from a non-colleague), passing Part 2 of the SSCA, and completing their facility's evaluation with a chief medical officer attestation; mandates Board rulemaking, reporting, and consultation with MedChi.	HB 598 (amended) and SB 380 (2026)
	Failed	Would have authorized the Board of Physicians to issue a non-renewable, three-year limited license to certain internationally trained physicians who hold an ECFMG-recognized foreign medical degree, have at least two years of residency training accredited by ACGME-I, a WFME-recognized accreditor, or another board-approved body, are in good standing with their prior regulator without disciplinary or competency issues, and have an offer of employment from a participating health care facility such as a local health department, medical school, FQHC, health system, hospital, or freestanding emergency facility. Limited licensees may practice only within such facilities, are subject to discipline up to revocation for practicing outside their scope, facility, or state, and the Board must consult with the state medical society (MedChi) to implement the program; the bill takes effect October 1, 2026, and does not provide a pathway to convert a limited license into a full license.	SB 489 (2026)
	Failed	Would have allowed the Board to issue a non-renewable, three-year license to international medical graduates who: held a WHO-recognized medical degree, completed at least two years of equivalent postgraduate training, have had five years of good-standing licensure, no pending disciplinary issues,	HB 1199 (2025)

State	Status	Detail	Citation
		ECFMG certification, passed all USMLE steps, resided in-state, were proficient in English, and met other Board criteria. The Board would have been authorized to consider past discipline or competency issues when issuing or revoking a license and can revoke it for scope-of-practice violations, job termination, or disciplinary action. The Board would also have been authorized to set regulations for qualifications, fees, licensure pathways, and enforcement. The bill would have taken effect October 1, 2027.	
	Withdrawn	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. 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. 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 *first two years of licensure*, 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.	HB 1054 (2024)
MA	**Enacted**	Creates a limited license for internationally-trained physician (ITP) that have an ECFMG certificate, unless granted an exemption by the board; passed USMLE Steps 1 and 2; received a degree of doctor of medicine or its equivalent from a legally chartered medical school recognized by the WHO; been licensed and practiced medicine for at least one year; and entered into an agreement with a participating healthcare facility, defined as , a federally-qualified health center (FQHC), community health center (CHC), hospital or other healthcare facility approved by the board that will "develop, assess and evaluate the applicant's familiarity with nonclinical skills and standards appropriate for medical practice in the Commonwealth" according to criteria developed or approved by the Board. The Board may require additional criteria to limited practice. The limited license is valid for one year, with one possible renewal. ITPs that pass USMLE Step 3, their facility's assessment, and any additional requirements may apply for a once-renewable, two-year restricted license to practice medicine only in a physician shortage area. However, any additional eligibility prerequisites "shall not include post-graduate clinical training" and the restricted licensee may practice independently in a primary care specialty, psychiatry or other specialty as approved by the board. After at least two years (three to six years overall) of restricted practice, the ITP may apply for a full, unrestricted license to practice medicine	H 5100 (2024)
MI	Pending	Authorizes the Board to issue temporary and limited medical licenses to qualified international medical graduates. A temporary license may be granted to an applicant who has a recognized foreign medical degree, at least one year of authorized medical practice, ECFMG or equivalent certification (which may be waived), completion of USMLE Steps 1 and 2 or an equivalent, and a full-time supervised employment agreement with a Board-approved facility such as a hospital or FQHC. Participating facilities must evaluate the applicant's nonclinical and related skills under Board-developed criteria. The temporary license is valid for two years and may be renewed once. After two years, an applicant who passes USMLE Step 3 (or an equivalent) and demonstrates competent nonclinical skills may obtain a limited license, which allows independent practice in medically underserved areas. The limited license is also valid for two years and may be renewed once. After at least four years of practice under these licenses and fulfillment of all other requirements, the Board may grant a full medical license.	HB 4925 (2025)
	Failed	Would have allowed the Board to issue a temporary license to international medical graduates with a WHO-recognized degree, at least one year of medical practice, ECFMG certification (waivable), USMLE Steps 1 & 2, and a full-time job at an approved healthcare facility.	HB 5613 (2024)

State	Status	Detail	Citation
		Temporary licensees must practice under supervision, with their skills evaluated by the facility using Board-approved criteria. The license is valid for two years and renewable once. After two years, passing USMLE Step 3, and a successful evaluation, licensees may convert to a limited license to practice independently in underserved areas. After four years total, they may apply for full licensure.	
MN	**Enacted**	Authorizes the Board to issue a limited license to an individual that has: Satisfied specified requirements in MN Sec. 147.037, including: A degree medical or osteopathic school approved by the board as equivalent to accredited United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation, or other relevant data; not being under license suspension or revocation; filed an application with the Board and paid a fee; and ECFMG certification; Federal immigration status; practiced medicine for at least 60 months (five years) within the last 12 years outside the U.S.; evidence of an offer to practice medicine "within the context of a collaborative agreement [detailed specifically in the legislation] within a hospital or clinical setting" where the limited licensee and physicians work together to provide patient care in a designated rural area or underserved urban community; submitted two letters of recommendation, one from a physician the applicant has worked with and another from an administrator of the hospital or clinical setting where applicant previously worked, that "attest to the applicant's good medical standing;" and passed Steps 1 and 2 of the USMLE or COMLEX, within three attempts. Employers must pay the limited licensees an amount equivalent to that of a medical resident, carry medical malpractice insurance, and are prohibited from retaliating or discipling an employee for raising a complaint relating to these terms. After one year of limited practice, a collaborating physician must submit a letter to the board attesting that the limited licensee "has a basic understanding of federal and state laws regarding the provision of health care," documentation standards, and standards of care, amount other topics itemized in the legislation. After two years of limited practice in good standing with at least 1,692 hours per year of practice, the board may issue a full, unrestricted license, so long as the licensee submits a letter of recommendation from a physician that participated in their collaborative practice, passed USMLE or COMLEX Step 3 within three attempts, and completed 20 hours of CME. The limited license is not renewable. Additionally, the limited license holder must submit to the board, every six months or upon request, a statement certifying that they are [still] employed as a physician and whether they have been subjected to professional discipline. The board may suspend or revoke a limited license if the licensee violates a rule or statute... Limited licensee can change employers and may petition the Board for a 90 day grace period to regain employment, but must still follow the statute's requirements to achieve full licensure. The bill becomes effective January 1, 2026.	HF 2 (2025)
	Failed	For more information about these bills, please see the links in the citation column.	HF 3891 & SF 3611 (2024)
MP	**Enacted**	Enacted in January 2025, authorizes the Health Care Professions Licensing Board ("Board") to issue a [provisional] license to an ITP that is eligible to live and work in the Commonwealth, have graduated from a medical school listed in the World Directory of Medical Schools, completed at least three years of postgraduate training (internship or residency) in a program accredited by ACGME, FMRAC (Canada), RSCPC, or another Board-approved program, passed the national specialty exam in their licensing country, hold an unrestricted active license with at least two years of practice, provide a recent Letter of Good Standing from their licensing authority, demonstrate English proficiency (e.g., OET), and have good moral character with no convictions related to moral turpitude or medical practice. The provisional license is valid for three years and may be renewed or extended with Board approval, and licensees must practice within their training and experience under a supervisor in accordance with CHCC or other clinic bylaws. Provisional licensees must be employed by the Commonwealth Healthcare Corporation or another established facility that agrees to comply with the regulations. The Board may deny applicants whose postgraduate training is not equivalent to that of U.S.-trained physicians, impose discipline (including revocation) on provisional licensees as it would on fully licensed physicians, and request an in-person interview if it is not fully satisfied with an application.	P.L. No. 23-33 (2025) Proposed Rules (2025)
MS	Failed	Bill would have authorized the Board to issue a provisional license to qualifying internationally trained physicians (ITPs) who have graduated from a substantially similar or ECFMG-evaluated medical program, passed the USMLE, maintained good standing for the previous five years, demonstrated English proficiency and federal immigration status, and secured an in-state employment offer.	HB 313 (2026)

State	Status	Detail	Citation
		Applicants must also have completed a residency or comparable postgraduate training with at least five years of practice experience, or seven years of practice experience without postgraduate training. Physicians currently practicing in select countries—including Australia, Canada, the UK, and others—may qualify under a streamlined pathway. Provisional licenses may be revoked for employment termination or violations of safety, competency, or conduct standards and automatically convert to a full license after three years. The Board may deny applications lacking evidence of equivalent training, exam passage, or satisfactory background checks, and the bill would take effect July 1, 2026.	
	Failed	Bill would have authorized the Board to offer a new, limited license for ITPs who have: an MD, DO, or substantially similar degree that meets ECFMG certification requirements; been licensed in good standing in another country and not the subject of any past or pending disciplinary actions; completed a residency or similar postgraduate medical training and practiced medicine for at least five years after this training; English language proficiency; Federal work authorization; met any other Board-prescribed requirement; and an offer of employment as a physician "in a facility-based or group-practice setting, including a health system, hospital, hospital-based facility, freestanding emergency facility or urgent care clinic." Limited licensees must practice "at the University of Mississippi Medical Center or its affiliated practice sites or in a facility-based or group-practice setting with an ACGME or an ACGME-affiliated setting." The limited license is valid for one year, but it may be renewed up to three times (four years of limited licensure maximum) total if the licensee has passed USMLE Steps 1 and 2 and hold a valid ECFMG certificate. The licensees with a renewed limited license may only practice in a rural or medically underserved area. Limited licensees may apply for full licensure if they have: practiced under the limited license for at least two years; completed the USMLE; acquired a letter from their evaluating physician indicating competence in their chosen specialty; and no pending disciplinary actions and no felony convictions or misdemeanor convictions involving moral turpitude or directly related to the practice of medicine. The Board is also authorized to issue a full, unrestricted license to an ITP that completed a substantially similar process in another state, holds a full license, and is not subject to any disciplinary actions.	SB 2441 (2026)
MO	Failed	The bill would have required the Board to issue provisional licenses to international physicians with a medical degree from a qualifying program, ECFMG certification, USMLE Step 1–3 passage, English fluency, valid immigration status (or pending), and a job offer from an approved in-state healthcare provider. Applicants must also have had completed a qualifying residency or have seven years of post-graduate medical practice, with at least five years of practice if trained abroad, and no recent disciplinary issues. The Board would have been authorized to request documentation of training, background checks, and fees, and can revoke licenses for violations or if the licensee is not employed at an approved facility. After three years of in-state practice in good standing, the provisional license would have automatically converted to full licensure.	HB 1198 (2025)
NC	**Enacted**	Authorizes the Board to issue an "internationally-trained physician (ITP) employee license" to an applicant that has been offered full-time employment as a physician at a state-licensed hospital or medical practice in a rural county, where a fully licensed physician is physically present; a current and active license in good standing from a foreign country, or previously had such a license within the last five years; completed at least 130 weeks (~2.5 years) of medical education at a school listed in the World Dictionary of Medical Schools and "eligible for ECFMG certification;" completed two years of PGT at a program accredited in the applicant's country, or has actively practiced medicine for at least 10 years after graduation; demonstrated competency by passing or receiving one of the NBME, USMLE, FLEX, or other Board-approved exam; or a recognized medical licensing exam from an IAMRA member country "that tests for the ability to practice medicine, medical knowledge of various disciplines, communication and interpersonal skills, and includes an interactive testing component;" or specialty board certification by ABMS, the BOS AOA, the RCPSC, or any other specialty board recognized by the Board; or comprehensive clinical competency assessment by a Board-approved program. The Board may waive these requirements and instead issue a temporary license and require applicants to pass the SPEX or Post-Licensure Assessment Systems within one year; not been subject to licensure discipline or Board investigation; not been convicted of a crime related to the practice of medicine or a felony-equivalent - the applicant must submit a background check from their home country for verification; practiced medicine for at least five years; English proficiency; and U.S.	HB 67 (2025)

State	Status	Detail	Citation
		work authorization, although the applicant may apply for the license before receiving this authorization. ITP licensees may not practice outside of a qualifying facility, doing so subjects the licensee to a misdemeanor, fines, and potential license revocation. The license becomes remains valid so long as the licensee continues to practice at a qualifying facility or "obtains any other license to practice medicine issued by the Board." After four years of practice in good standing, the licensee is eligible for a full license. However, the Board is required to issue the license so long as the applicant has no disciplinary actions, no pending investigations, no felony or misdemeanor [other than traffic violations] convictions, no pending charges, and no adverse actions affecting their privileges or ability to practice. Lastly, the Board is directed, in consultation with partner organizations as needed, to collect data pertaining to the licensure pathway, including the number and types of inquiries from potential applicants, the number of provisional licenses granted and denied, the number of complaints received regarding licensees, and the number of licensees that complete the pathway to full licensure, among other queries. The Board is required to adopt rules to implement the law, and is authorized to ("may") establish a time limit for the provisional license. If enacted, the ITP section of the bill would become effective January 1, 2026.	
	Enacted (without pathway section)	The original bill would have allowed the Board to issue a limited license to internationally trained physicians with a current or recently expired foreign license, at least five years of practice, 130 weeks of WDOMS-recognized education, and either ECFMG eligibility plus two years of accredited postgraduate training or ten years of clinical experience. Applicants must have passed a licensing exam, earned board certification, or completed a Board-approved assessment; have no disciplinary history or serious convictions; be proficient in English; and be legally authorized to work in the U.S. They must be employed by an accredited hospital or rural practice under state-licensed supervision, with Board-defined oversight. These licensees may only practice within the hospital or affiliated sites, and the license becomes inactive if they work elsewhere.	HB 125 (2023)
NE	**Enacted**	Enacted April 14 and operative August 1, 2027, authorizes DHHS, with the Board, to issue a provisional license to ITPs who graduate from an ECFMG-recognized foreign medical school, complete postgraduate training substantially similar to a U.S. residency, hold recent foreign licensure with at least three of the past five years in practice, ECFMG certification, no pending discipline, have passed USMLE Steps 1 and 2, possess valid immigration status, meet any additional board requirements, and have an employment offer from an approved health care entity (such as an FQHC or hospital) that conducts a needs assessment, develops an individualized learning and supervision plan, and regularly evaluates the physician. The provisional license is valid for up to three years and renewable once, requires supervision by a fully licensed physician, mandates employer-provided malpractice coverage, periodic status reports to the Board, notice of employment changes, and guarantees that provisional licensees are covered by facility policies on work hours, nondiscrimination, harassment, and wellness supports. After at least three years of supervised provisional practice, licensees may obtain a transitional license if they have satisfactory facility evaluations attesting to readiness for independent practice, passed USMLE Step 3, and completed any non-PGT prerequisites set by the Board. Following at least six years of provisional practice (three under a provisional license and three under a transitional license), they become eligible for a full and unrestricted license, and both HHS and the Board may discipline licensees—including for misconduct, noncompliance, or poor evaluations—with appeals handled under the state Administrative Procedure Act.	LB 1212 (2026)
NH	Pending	Authorizes the Board to grant a provisional license to internationally trained physicians (ITPs) who have been granted an MD or substantially similar degree by an international medical program of good standing, defined as medical program that provides education or training "substantially similar to that required to practice as a physician in [the] state;" is in good standing with the licensing or regulatory institution with their licensing country; have completed a residency or substantially similar postgraduate training in their licensing country; or practiced as a physician for at least five years; possess basic fluency in English; pay the application fee; provide sufficient evidence of good professional character as well as being a citizen of the U.S. or having legal work status; and have an	SB 457 (2026)

State	Status	Detail	Citation
		offer for employment in the state at a health care provider with an ACGME-accredited residency program, the only location where provisional licensees are authorized to practice. The Office of Professional Licensure and Certification (OPLC) is empowered to revoke the provisional license if the licensee "violate[s] medical safety, competency, or conduct standards" established by the Board of Medicine, although the licensee may appeal this decision. After two years of practice in good standing, OPLC shall grant a full and unrestricted license to the provisional licensee. If signed into law, the bill would become effective 60 days after enactment.	
NJ	Pending	Authorizes the Board of Medical Examiners (BME) to grant a three-year provisional license to qualifying international medical graduates who earned a substantially similar medical degree within the past seven years, maintained good standing with their home-country regulator, completed residency or comparable postgraduate training or practiced for at least five of the last seven years, and met English proficiency, background check, examination, immigration, and employment requirements. Provisional licensees must practice under direct supervision, receive at least 90 percent of prevailing specialty compensation in the same region, and provide patients with written disclosures regarding their medical education. The BME may revoke a provisional license upon clear and compelling evidence of violations of medical safety, competency, or conduct standards, subject to appeal. After three years of compliant practice without misconduct, the provisional license automatically converts to a full license, allowing unrestricted practice. The BME may take anticipatory administrative action to implement the program, which would become effective approximately 13 months after enactment.	A 3398 and S 207 (2026)
	Pending	Authorizes the Board to grant a provisional license to a qualifying international medical graduate that has: been granted a medical doctorate or substantially similar degree by a medical program of good standing; good standing with the medical licensing or regulatory institution of their resident country *and* practiced as a physician for at least five years; a medical license and residency in Australia, Canada, Ireland, Israel, New Zealand, Singapore, South Africa, Switzerland, or the United Kingdom; completed a residency or substantially similar postgraduate medical training in their resident country; satisfactory results of a background investigation; "satisfactory passage of exams;" basic English fluency; Federal immigration status; and an offer for employment as a physician at a physician's office or any licensed healthcare provider in the State. The provisional license "shall" convert to a full license after three years of practice, and the provisional licensee need not practice at the original office or facility for the entire probationary period. The BME is "empowered to continue to perform its role to ensure all internationally-trained applicants have the requisite knowledge and experience to practice medicine in New Jersey."	A 3987 (2026)
	Failed	Bill would have authorized the Board of Medical Examiners (BME) to issue a provisional license to qualifying international medical graduates who hold a medical degree in good standing, are licensed and residency-trained in select countries, have at least five years of practice experience, and meet background check, examination, English proficiency, immigration, and employment requirements. Eligible applicants must be licensed in Australia, Canada, Ireland, Israel, New Zealand, Singapore, South Africa, Switzerland, or the United Kingdom. After three years of practice, the provisional license automatically converts to a full license, and the physician is not required to remain at the original practice site. The BME retains authority to ensure all internationally trained applicants possess the requisite knowledge and experience to practice medicine in the state.	A 6282 (2025)
NY*	Enacted (limited permit)	New York law provides that the Board can grant limited permits for qualifying IMGs that: • "Fulfill all requirements for a physician license except those relating to the examination and citizenship or permanent residence in the U.S.;" • Are ECFMG certified or "passed an examination satisfactory to the Board;" and • Have a non-immigration visa for the continuation of medical study. Permittees are authorized to practice medicine under the supervision of a licensed physician and only in a public, voluntary, or proprietary hospital. Limited permits are valid for two years and may be renewed for up to two additional years if NYSED's Office of the Professions receives written evidence of progress toward licensure and justifying cause for renewal. Limited permits may not be extended beyond four years of practice. Applicants for a limited permit must meet the same educational requirements as those applying for licensure.	NY Educ L § 6525 NYSED License Requirements (Limited Permits) 8 NYCRR Part 60.6
	Failed	Bill would have authorized the Board to issue limited permits to qualified internationally trained physicians (ITPs) that are licensed in another country "meeting standards satisfactory to the Board and in accordance with the Education Dept.'s Commissioner's regulations."	A 7319 and S 7840 (2025)

State	Status	Detail	Citation
		Limited permittees must practice under supervision at a participating healthcare facility, defined as FQHCs, CHCs, and hospitals in an areas with a physician shortage (as approved by the Board). The limited license is valid for two years, during which time the permittee's "performance… is mentored, assessed, and evaluated" by the supervising physician. Following the completion of the supervised practice period, an ITP shall be granted a two-year restricted license allowing independent practice in primary care, psychiatry, or other Board-approved specialty areas, within a physician shortage area. Following the restricted licensure period (four years of provisional licensure in total), ITPs are eligible for full licensure. The Board, in consultation with the Dept. of Health and Dept. of Education is required to promulgate rules to implement the statute, including program standards for the limited permit period, requirements for participating healthcare facilities to establish full-time employment relationships with ITPs, and regulations to implement the pathway to full licensure. Lastly, the bill requires the Board to report annually on the progress of this pathway, including the number of participating ITPs, their specialty, and the region they are serving. The bill, if enacted, would become effective 180 days after becoming law.	
ND	Failed	The bill would have required the Board to issue a provisional license to international physicians with a qualifying medical degree, ECFMG certification, USMLE Step 1–3 passage, English proficiency, valid immigration status, no recent disciplinary issues, and a job offer from an approved in-state healthcare provider. Applicants must also have completed a qualifying residency or have seven years of medical practice. After three years of in-state practice in good standing, the provisional license would have automatically converted to full licensure. The Board could have revoked licenses for violations or if employment ends, and had authority to verify credentials, exams, and conduct background checks. The bill failed in the Senate, 44–3, on February 24, 2025.	SB 2270 (2025)
NV	**Enacted**	Authorizes the Board to issue a limited license to a qualifying applicant that that has (or has held): a valid and unrestricted license to practice medicine in good standing issued by a foreign country other than Canada (if the applicant is no longer licensed, their license must have been in good standing when deactivated); graduated from a foreign medical school whose curriculum is judged to be acceptable by the Board; completed a residency program "or other PGT program" *or* practiced medicine *within the last five years* immediately preceding application ("or within such other time period as the Board deems acceptable"); basic fluency in the English language, as determined by the Board; "good moral character and reputation;" and passed all Steps of the USMLE (For physicians that have not practiced within two years, the Board may require the applicant to take an exam "similar to USMLE Step 2" to evaluate clinical skills). Upon limited licensure, the licensee must notify the Board of an employment offer at a qualified employer, including FQHCs, nonprofits that provides mental or behavioral health or primary care services, or physician group practices in an underserved area; among other options. The licensee must file a written practice agreement with the Board detailing their supervision, and the limited licensee must practice under supervision (except in an emergency) of a full licensee that practices in a substantially similar specialty, who maintains liability for the limited licensee's practice. The supervisor must "continuously monitor, periodically evaluate and, if required… report to the Board information relating to performance and competence." The Board retains the ability to discipline the licensee according to NRS 630.161 or 630.301-3065. After two years of limited practice, the Board may issue an unrestricted license, so long as the limited licensee is in good standing and has received written recommendations from each supervising physician. Further, the Board must adopt regulations to implement the statute, if enacted, on myriad components including the written practice agreement, governing the prescribing and dispensing of controlled substances, establishing the specialties within which a limited licensee may practice, criteria for	SB 124 (2025)

State	Status	Detail	Citation
		monitoring and evaluating the limited licensee, and licensure and renewal procedures, among other aspects. Lastly, the bill requires the standard reporting requirements, such as the number of applications for limited licenses, and later, full licenses received; an evaluative assessment of the quality of the limited licensees, and data on the specialties of licensees and the facilities in which they are practicing, among other queries. The bill becomes effective July 1, 2026.	
OH	Pending	Authorizes the Board to issue a limited license to ITPs who hold a medical degree from a WDOMS listed school, have completed postgraduate training the Board deems comparable to Ohio or another state's residency (meeting specified core competencies), have recent and substantial practice experience, no pending discipline, ECFMG certification or an equivalent, have passed USMLE Steps 1 and 2 or COMLEX Levels 1 and 2, possess valid immigration status, clear a criminal background check with payment of a $305 fee, and secure full-time employment as a physician with an approved entity such as a hospital, FQHC, or community health center capable of evaluating their performance. Limited licensees must maintain full-time employment at an eligible entity, notify the Board of employment changes, and submit semiannual statements confirming their status; the license is valid for two years and may be renewed once (with another $305 fee). Participating health care entities must employ licensed physicians to assess limited licensees, carry malpractice coverage for them, run an evaluation program aligned with Board criteria, refrain from retaliating when a limited licensee raises concerns, and send the Board a recommendation on the physician's suitability for full licensure when employment ends. A limited license may be converted to a full license after at least two years if the physician has remained in qualifying full-time employment, passed USMLE Step 3/COMLEX Level 3, completed required evaluations (including remediation of any identified deficiencies) and demonstrated independent, unsupervised practice, and pays a $305 conversion fee. The Board may discipline or revoke a limited license if the physician stops practicing at a qualifying entity or engages in unprofessional conduct under state law, and it must also appoint an advisory council to advise on issues related to internationally trained physicians practicing in the state.	HB 763 (2026)
OK	**Enacted**	Makes the ECFMG the arbiter of whether a foreign applicant for full licensure, using the "traditional licensure pathway" (when an ECFMG-certified IMG matriculates through accredited GME prior to licensure), graduated from a satisfactory international medical program. Applicants must meet all requirements in 59 OK Stat § 493.2, including 12-24 months of GME. Regarding additional licensure pathways, the bill authorizes the Board to issue limited licenses to qualifying IMGs that: graduated from a medical school which meets ECFMG requirements; pay an application fee; complete a three-year PGT program in the licensing country *or* practiced medicine for at least three of the last five years outside of the U.S.; has English proficiency, determined by the ECFMG; and has an offer of employment as a physician at a health care provider in the state that operates an ACGME-accredited PGT program. The limited licensee must provide care at a qualifying facility, supervised by the chair of the department within the applicant's intended practice. After three years of limited practice, the Board may grant a full license, so long as the limited licensee is in good standing without disciplinary actions or investigations pending and has passed all steps of the USMLE.	HB 2050 (2025)
OR	**Enacted**	Authorizes the Board to issue a provisional license to an applicant that has a degree substantially similar to a medical doctorate, as determined by the Board; completed a training program "substantially similar to an approved training program," defined as a residency approved by ACGME, AOA, or the RCPSC; practiced medicine in another country for at least three years; is ECFMG certified; is of good moral character; "Complied with all Board rules that apply to similar applicants for a license to practice medicine;" and has an offer of employment at a clinical facility "that will provide supervision and assessment of the applicant" in accordance with standards established by the Board. Provisional licensees must practice under the supervision of a fully licensed physician in good standing, under rules established by the Board regarding supervision. The clinical facility must be a FQHC or other facility that qualifies, according to Board rule. The licensee is considered a fully licensed physician for all purposes, including credentialing, billing, duties, responsibilities, penalties, and sanctions.	SB 476 (2025)

State	Status	Detail	Citation
		After four years of provisional practice, completion of a clinical assessment evaluation, requirements of ORS § 677.100, and any additional rules promulgated by the Board, the licensee may apply for full licensure. The bill also requires the Board to report biennially to the Legislature on the number of applications for provisional licensure, the number of licenses issued or denied, and the list of employers that employ ITPs, among other queries. The bill also requires the Board to report biennially to the Legislature on the number of applications for provisional licensure, the number of licenses issued or denied, and the list of employers that employ ITPs, among other queries.	
PA	Pending	Amends existing law pertaining to temporary licensees (63 P.S. § 422.22) within the state's Medical Practice Act, specifically requiring the Board to grant a full and unrestricted license to a temporary licensee who is a graduate of an international medical school, performed the duties of a physician for at least *three years* outside of the U.S., and demonstrates competency as determined by the Board; good standing with the Board two years after issuance of a temporary license; and sufficient evidence that the temporary licensee has an offer of employment as a physician at a health care facility in the state. Existing statute (63 P.S. § 422.22(b)) allows the Board to issue a temporary license to qualifying applicants that is legal age, of good moral character, and not "addicted to the intemperate use of alcohol or the habitual use of narcotics or other habit-forming drugs;" has not been convicted a felony under the state's *Controlled Substances Act*, with certain possible exceptions; completed educational requirements; "otherwise satisfies the qualifications for the license;" and holds an equivalent license without restriction "granted by another state, territory, possession or country" (63 P.S. § 422.33(b)). If enacted, the bill would become effective in 60 days.	HB 1066 (2025)
	Pending	Amends the state Medical Practice Act to authorize the Board to issue provisional licenses to international medical graduates who have at least three years of physician practice, hold an ECFMG certificate, passed USMLE Steps 1 and 2, demonstrate English proficiency, possess federal work authorization, and secure a full-time job offer from a licensed health care facility. Provisional licensees must practice under supervision and may be limited to underserved areas or Board-approved specialties. Provisional licenses are valid for up to four years and may convert to a full, unrestricted license for physicians in good standing. The bill also requires annual legislative reports on the program and would take effect 60 days after enactment.	HB 2121 (2026)
RI	**Enacted**	Enacted June 23 and effective immediately, authorizes the Board to issue international physician registrations (IPRs) to qualifying internationally-trained physicians (ITPs) that have: received a degree of doctor of medicine or its equivalent from a legally chartered medical school outside the U.S. recognized by the ECFMG; completed "the required years of training" in a residency program accredited by ACGME-I, World Federation for Medical Education (WFME), or other accreditation authority approved by the Board (explicitly clarifying that ACGME-accredited residencies in the U.S. and RCPS-accredited residencies in Canada do not qualify); been licensed or authorized to practice medicine *and* has practiced medicine for at least three years; ECFMG certification (that can be waived at the Board's discretion if the applicant hails from a non-cooperating country); passed USMLE Steps 1 & 2 within three attempts per step; entered into an agreement with the participating healthcare facility, defined as FQHC, CHC, hospital, or other facility approved by the Board; that "that provides a Board-approved assessment, training and evaluation program designed to develop, assess, train and evaluate… clinical and non-clinical skills;" and satisfied any other criteria required by the Board. The IPR is valid for *one year* but is renewable. ITPs in primary care specialties must practice under the IPR for at least three years (those in non-primary care specialties may renew their licenses for the total number of years required for ACGME-accredited residency training in those specific specialties). After this period, licensees are eligible for a full licensure, so long as they: complete the facility's assessment and evaluation; receive an attestation that they are "competent to practice independently;" and pass USMLE Step 3 within three attempts. The license authorizes the holder to practice independently in a primary care specialty, psychiatry, or "other specialty approved by the Board." The RI Dept. of Health Director is empowered to promulgate rules and regulations necessary to carry out the provisions. Notwithstanding the IPR path to full licensure, the bill also creates an alternate route to full licensure, eligible to physicians with 10 years of physician experience in good standing in another state; Board	HB 5108 & SB 347 (2025)

State	Status	Detail	Citation
		certification in a specialty; and membership in a recognized professional organization specific to their specialty.	
SC	Failed	Bill would have required the Board to grant a provisional license to qualifying international physicians that have a medical doctorate or "substantially similar degree" by medical school recognized by the AMA "or its extant accreditation program for medical education, or a successor;" been in good standing with the foreign licensing or regulatory institution at all times for the last *five years* and have no discipline pending; completed a residency or substantially similar PGT *or* have at least *seven years'* practice experience; at least five years of practice experience (if completed a residency/PGT); passed all Steps of the USMLE; English language proficiency; eligibility to obtain Federal immigration status; an offer for employment at any health care provider, defined as health systems, hospitals, hospital-based facilities, freestanding emergency facilities and urgent care clinics; that operates in the state; and completed an application, pays fees, and submits to a criminal background investigation. The Board is empowered to revoke the provisional license if the licensee is not employed by a qualifying employer or if there is "clear and convincing evidence that medical services provided by the licensee have violated state medical safety, competency, or conduct standards." After three years of active practice, the provisional license automatically converts to a full license. Further, the bill requires the Board to grant a provisional license to IPs that are licensed to practice in Australia, Canada, Hong Kong, Ireland, Ireland, Israel, New Zealand, Singapore, South Africa, Switzerland, the UK, or any additional country added by the Board; that is eligible to obtain Federal immigration status. After three years of active practice, the provisional license automatically converts to a full license, however the Board is not required to license IPs "without evidence of equivalent training, without evidence of satisfactory passage of exams, without satisfactory results of a background investigation, without the completion of the license application, and without payment of all required fees."	S 376
TN	**Enacted**	**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; *or* 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. Temporary licensees may only practice at qualifying healthcare facilities. After two years of practice in good standing, the Board *shall* grant a licensee an unrestricted license. **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. 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). **SB 2366:** Enacted May 5 and effective January 31, 2027, revises Tennessee's existing ITP law (§ 63-6-207(g)), requiring the medical and osteopathic boards, barring disqualifications, to issue a provisional training license (PTL) to qualifying ITPs who graduated from a medical school is accepted by the Board, hold ECFMG certification, have either three years of PGT in their licensing country or one year of PGT in the US, are in good standing for the past five years with no pending discipline, are U.S. citizens, qualified aliens, or have applied to live or work in the U.S., demonstrate good moral character, and have an employment offer from a Board-approved employer able to provide a supervising physician to assess their skills and competence. The PTL is valid for two years and may be extended for one additional year, during which practice is limited to qualifying employers that the Board defines by rule but must include FQHCs, RHCs, CHCs, and facilities with ACGME-accredited PGT programs; in all settings, the licensee must be supervised onsite by a fully licensed, unencumbered, board-certified physician in the same specialty. After at least two years of satisfactory provisional practice, demonstrated competence, and passage of USMLE Step 3, the Board must grant the internationally trained physician a full license, and both boards are encouraged to collect and share data on this pathway's effectiveness.	SB 1451 (2023) SB 1936 (2024) SB 2366 (2026)

State	Status	Detail	Citation
	Failed	The amended bills would have repealed existing pathways statute and replace them with a new temporary foreign training license. Specifically, the bills would have required the Board to issue a temporary foreign training license to qualified applicants that have legal status in the U.S.; "sufficient evidence of good moral character;" paid appropriate fees set by the Board; graduated from a medical school that meets the Board's standards; ECFMG certification; completed Steps 1 and 2 of the USMLE; completed three years of PGT *and* practiced for at least *one year*; been licensed in good standing *within five years preceding application* and without pending discipline; and an offer of employment as a physician at a healthcare provider. The Board is authorized to identify the type of employer and clinical facilities to allow for a supervising physician to supervise and assess the skills and competence of ITPs, which *must* include: FQHCs, RHCs, CHCs, hospitals with ACGME-accredited PGTs, and Board-approved supervising physicians. The Board is authorized to add additional qualified providers, based on certain requirements. Training licensees must practice at an eligible employer for the duration of the provisional period. After two years of practice, the Board shall issue a full license, so long as the provisional licensee has passed USMLE Step 3, is in good standing, and "barring any disqualifications from the Board." The Board is "encouraged to collect and share data on the foreign training license pathway to evaluate… effectiveness" and is authorized to promulgate rules to effectuate the act. The bill, if enacted, would become effective January 31, 2026.	SB 1054 and HB 1201 (2025)
TX	**Enacted**	Enacted June 20 and effective September 1, 2025, requires the Board to issue a provisional license to qualified "foreign license holding" applicants that have: been granted a degree of doctor of medicine or substantially similar from a program that meets ECFMG requirements; been licensed and in good standing in another country, without any pending investigations; completed a residency program or a substantially similar postgraduate medical training in their country of licensure; passed the Texas medical jurisprudence examination; English language proficiency; has Federal work authorization; passed USMLE Steps 1 & 2 or an equivalent exam (LMCC, NBOME, NMBE, FLEX (TX Occ Code § 155.0511); and has an offer of employment by a health system, hospital, hospital-based facility, freestanding emergency facility, or urgent care clinic that has an ACGME or AOA residency program, or is ACGME or AOA-affiliated. The Board is empowered to promulgate additional requirements by rule. Provisional licenses cannot be issued to applicants *without visas* from countries deemed by the U.S. Director of Intelligence as a "threat to national security" in their annual threat assessment, or be subject to prohibitions in the International Traffic in Arms Regulations, which is promulgated by the U.S. Dept. of State. This list includes China, Russia, Belarus, Cuba, Iran, North Korea, and Syria. The provisional license is valid for two years, but may be renewed if the licensee has passed USMLE Steps 1 and 2 and is ECFMG certified. Licensees with renewed provisional licenses must practice in a rural community, medically underserved area, or HPSA (which need not be affiliated with ACGME or AOA). The Board shall issue a full license to an applicant that has passed all parts of one the LMCC, NBOME, NMBE, FLEX, or USMLE (TX Occ Code § 155.0511), is not subject to pending discipline, Board investigation, or been convicted of a felony or a misdemeanor involving moral turpitude. The Board is empowered to adopt rules pertaining to the issuing of the provisional license, its renewal, full licensure, and the reporting of board specialty certification requirement information. Regarding physician graduates (PGs – analogous to assistant/associate physicians), requires the Board to create a licensure class for PGs, individuals that: are Texas residents; U.S. citizens *or* legal permanent residents; have English proficiency; have graduated from a U.S. or Canadian medical or osteopathic school *or* an international medical school that the Board deems acceptable *within the last two years;* ***or*** if the applicant is licensed and in good standing in another country and: passed USMLE Steps 1 & 2 or an equivalent exam (LMCC, NBOME, NMBE, FLEX (TX Occ Code § 155.0511)); is not enrolled in a Board-approved residency; has not been subject of disciplinary action from a licensing board; and meets any other requirements prescribed by the Board. Physician graduates must practice under an agreement with a specialty board certified supervising physician who has no past or current disciplinary actions. The Board will determine the number of PGs a physician can oversee. PGs may only work in rural counties (population < 100,000), within their supervising physician's specialty, with the physician assuming legal responsibility for their actions, and under the terms of a supervising practice agreement that is detailed in the legislation. They can use physician titles, be classified as "general practitioners" for CMS, and renew their	HB 2038 (2025)

State	Status	Detail	Citation
		licenses if they meet CME requirements and maintain their practice agreement. Notably, the bill does not address converting a PG license to full licensure.	
	Failed	The bill would have required the Texas Medical Board to license international medical graduates (IMGs) who are residents and licensed in good standing in select countries or who graduated from an approved foreign medical program (FMP), passed a qualifying exam (e.g., USMLE), held a recognized medical degree, completed residency or have had at least two years of practice, are proficient in English, and had federal work authorization. For IMGs outside the listed countries, the Board would have been required to adopt rules for approving FMPs that offer substantially similar training to U.S. schools. FMPs could have appealed denials, and must have been approved if five graduates had been licensed. A public list of approved FMPs was required. The bill also mandated provisional licenses for IMGs meeting similar criteria and with a job offer from a qualifying health care provider. These licenses would have been valid for up to three years and converted to full licenses if requirements are met. The Board would have been required to implement rules by December 1, 2025. The bill would have taken effect September 1, 2025.	HB 994 & HB 296 (2024)
	Failed	The bill would have required the Board to issue provisional licenses to qualified applicants who were state residents, held a foreign medical degree, had been licensed and practicing abroad for three years, completed three years of residency or similar training, had ECFMG certification, passed a qualifying exam within seven years, passed a background check, had federal work authorization, and a job offer from a qualifying health facility with an ACGME-accredited training program. Provisional licensees would have been required to practice under supervision for up to two years, after which a full license would have been issued if no discipline or investigations are pending. The Board must have adopted implementing rules by December 1, 2025. The bill would have taken effect September 1, 2025.	HB 2852 (2025)
VA	**Enacted**	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." 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. 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.	HB 995 (2024)
VT	**Enacted**	Enacted June 18, 2026, requires the Dept. of Health, with the Board of Medical Practice, to submit a report to the Legislature by January 15, 2027 proposing a licensure pathway for ITPs, including potential qualifications, supervision requirements, recency-of-practice standards, needed resources/authority, and an implementation plan; this section is effective immediately. Beginning July 1, 2027, the Board must adopt rules defining the scope of this pathway, under which provisional licensees must be supervised in-state by fully licensed physicians who provide mentoring and evaluation, may not treat out-of-state patients, and must be covered by facility malpractice insurance, with protections against retaliation for employment-related complaints.	S 142 (2025-26)

State	Status	Detail	Citation
		Starting July 1, 2028, the Board may issue provisional licenses to qualified ITPs practicing in approved hospitals, FQHCs, or CHCs that can run Board-designed assessment programs, with eligibility for full licensure upon successful completion of the pathway.	
WA	**Enacted**	Enacted March 23, 2026 and effective June 11, 2026, directs the WMC to establish a "clinical experience graduate pilot program" (CEGPP) that allows IMGs who already hold the state's International Medical Graduates Clinical Experience (MDCE) license and who have at least two years of continuous supervised practice under the MDCE, no significant disciplinary history, satisfactory clinical assessments, and attestations from their supervising physician and medical director—to obtain a second, more advanced provisional license and practice in a wider set of settings, including hospitals, FQHCs, government entities, certain large private practices, and WMC-approved mental and behavioral health facilities. Under this structure, the MDCE license is valid for up to eight years (an initial two-year term plus three two-year renewals), and after at least two years with the MDCE license and two additional years under the second provisional license, participants may qualify for full licensure by passing USMLE Step 3, completing all MDCE program requirements, and passing a WMC-approved clinical competency assessment; the WMC must also work with ABMS to explore board-certification options for program participants and submit annual reports to the Legislature from 2027 through 2035 on the pilot's outcomes, with the CEGPP scheduled to sunset June 30, 2035.	SB 5185 (2025-26)
	Enacted (limited licensure)	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. 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). 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.	SHB 1129 (2021) IMG Clinical Experience License
WI	**Enacted**	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 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. 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.	AB 954 (2024)
WV	**Enacted**	Enacted April 1, 2026 and effective June 7, 2026, authorizes the Board to grant a full medical license to qualifying ITPs that hold an MD or equivalent from an approved medical school outside the U.S., Puerto Rico, and Canada and meet all general licensure requirements except completion of two years of an accredited U.S. residency, including passing all steps of the USMLE (or an equivalent exam) within ten years, having either ECFMG certification or at least five years of prior practice, having no reportable past or pending discipline, and demonstrating English proficiency. The applicant must also have completed an international GME program plus at least two years of non-accredited but related U.S. fellowship training at an institution that sponsors an ACGME-accredited residency. In addition, they must have an offer of employment and a sponsorship letter from the prospective employer endorsing the applicant for licensure and outlining the proposed practice plan.	HB 5458 (2026)
WY	Failed	Bill would have authorized the Board to grant a provisional license to qualifying international physicians who hold a Board-approved medical degree, have been in good standing with a foreign	HB 129 (2026)

State	Status	Detail	Citation
		regulator for the past five years, completed a residency or equivalent postgraduate training plus at least five years' practice (or 12 years' practice without such training), passed USMLE Steps 1 and 2 within three attempts each, hold ECFMG certification, are eligible for federal immigration status, complete all application, fee, background check requirements, and have an employment offer from an in-state health care provider. The provisional licensee must practice under a Board-approved supervising physician with at least three years of unrestricted in-state licensure, no discipline or pending investigation, and national board certification, with the supervisor and employer submitting monthly performance reports and the licensee maintaining liability insurance. During the first year, supervision must occur in the same facility, then may shift to availability within 15 minutes (including by phone); prescribing of controlled substances is limited to supervised practice in year one and thereafter remains subject to ongoing review, and provisional licensees may not supervise PAs. The provisional license is valid for three years, after which it may convert to full, unrestricted licensure if the physician has no discipline under the cited statutes, complies with Board rules (including CME), and passes USMLE Step 3 within three attempts.	
	Failed	Bill would have required the Board to grant provisional licenses to international physicians who met specific qualifications, including a recognized medical degree, at least five years of recent practice experience, USMLE passage, English proficiency, eligibility for immigration status, and a job offer from a health care provider in the state. Applicants must have also completed an application, paid fees, and passed a background check. Licensees must have annually verified employment and continuing education. The Board would have been authorized to revoke or discipline the license for noncompliance. After three years of good-standing practice, the provisional license automatically would have become a full license.	SF 155 (2025)

- 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 advocacy@fsmb.org