

INTERSTATE MEDICAL LICENSURE COMPACT

Advisory Opinions

OPINION NO. 02-2017 – ADVISORY OPINION ON STATE OF PRINCIPAL LICENSE ELIGIBILITY REQUIREMENTS FOR EXPEDITED LICENSURE THROUGH THE COMPACT

State of principal license requirements – June 13, 2017 – IMLCC Rule Chapter 4 has been revised on November 16, 2018 and November 19, 2019. This Opinion has been retired and is provided as a historical record.

An applicant for a letter of qualification for expedited licensure through the Interstate Medical Licensure Compact must designate a Compact member state as a state of principal license, pursuant to Section 4 of the Compact. The applicant must meet one of the state of principal license eligibility requirements when the application for a letter of qualification is reviewed by the designated state of principal license's medical board. Member boards shall apply these requirements contemporaneously.

AUTHORITY: The Executive Committee issues this advisory opinion under authority of the Interstate Medical Licensure Compact Commission.

- **Compact Section 12c** – “(The commission shall) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the compact, its bylaws, rules, and actions.”
- **Compact Section 11k** – “...The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session....”

ISSUE: Requirements for designating a state of principal license for the purposes of registration for expedited licensure through the Interstate Medical Licensure Compact.

- **Compact Section 4a** – Requires that a physician possess a full and unrestricted license to practice in the state the physician designates as the state of principal license at the time the physician applies for a letter of qualification. In addition, the physician must be able to demonstrate one of the following conditions:
 - **Compact Section 4a(1)** – the state is the primary residence of the physician;
 - **Compact Section 4a(2)** – the state is where at least 25 percent of the physician's practice of medicine occurs;

- **Compact Section 4a(3)** – the state is the location of the physician’s employer;
- **Compact Section 4a(4)** – the state is the physician’s residence for purposes of federal income tax.

QUESTION: Is a physician who resided or practiced medicine in a member state in the past year, but is neither residing or practicing in that state at the time the physician applies for a letter of qualification, eligible to designate that state as a state of principal license, pursuant to **Section 4** of the Compact?

ADVISORY OPINION: An applicant for a letter of qualification for expedited licensure through the Interstate Medical Licensure Compact must designate a Compact member state as a state of principal license, pursuant to **Section 4** of the Compact. The applicant must meet one of the state of principal license eligibility requirements when the application for a letter of qualification is reviewed by the designated state of principal license’s medical board. Member boards shall apply these requirements contemporaneously.

The state of principal license’s medical board has the weighty responsibility to determine if the applicant is eligible for licensure through the Compact. Consequently, the state of principal license is expected to have active and meaningful connections to the applicant for a letter of qualification for the purposes of local accountability. These connections are expressed in the present tense in **Section 4a** of the Compact. When an applicant applies for a letter of qualification, the applicant must attest that a requirement identified in **Section 4a** is met at the time of the application is reviewed by the designated state of principal license. The state of principal license may verify through independent sources that the applicant’s attestation is valid, or ask the physician to provide appropriate documentation.

Section 4b of the Compact asserts that a physician may re-designate a member state as a state of principal license.

Section 4c of the Compact grants the Interstate Commission authority to write rules to facilitate re-designation of another member state as the state of principal license. This implies that if the applicant is determined to be eligible for licensure through the Compact and is licensed through the Compact, then the applicant must continuously meet a requirement in **Section 4a** to maintain the state of principal license designated at the time of the application for the letter of qualification. If the physician no longer can lawfully designate a state as the state of principal license, then the physician must designate another member state.

(It is possible that an applicant may no longer meet requirements to maintain the designed member state as the state of principal license and the applicant is unable to designate another member state. This circumstance – what it means if a physician

licensed through the Compact no longer has a state of principal license – could be addressed through rulemaking, pursuant to **Section 4c** of the Compact.)

Regarding the requirement expressed in **Section 4a(2)**, the physician's attestation may be verified by the state medical board of the designated state of principal license to ascertain that at least 25 percent of the physician's practice is in the designated state of principal license at the time the letter of qualification application is reviewed by the designated state of principal license.

APPLICABILITY: This opinion applies to all member states in their capacity as a state of principal license in determining if an applicant is eligible for licensure through the Compact.

EFFECTIVE DATE: This opinion is effective upon issuance by the Executive Committee of the Interstate Medical Licensure Compact Commission (June 13, 2017).

Reviewed and Retired: 6/15/2021 by the Rules and Administrative Procedures Committee