



Medical Licenses

Updated June 2020



All pediatric trainees are required to have completed all paperwork and testing for a state medical license by the end of internship.

USMLE & COMLEX – Same requirement for all Services: All pediatric trainees are required to have completed and passed USMLE 3 or COMLEX 3 by the end of internship. Since scoring takes up to 6 weeks, and to allow for the possibility to re-take the test if necessary, the NCC Pediatrics Residency requires interns to schedule their USMLE 3 or COMLEX 3 to be taken on or before March 1st. **It is strongly encouraged to take the exam before January 1st.** Residents must take the exam locally during an outpatient block. Exceptions must be requested and approved on a case-by-case basis by the Program Director. The day of the exam is considered a duty day and leave or liberty does not need to be taken.

***** All services take the “proof of passing Step III by the end of internship” extremely seriously. If you do not have proof of passing by June 30th, the resident is placed on administrative leave of absence (LOA) for 90 days or until the resident provides proof of passing the exam. During this time, the resident cannot participate in any patient care duties and the resident’s primary duty is studying to pass the test.***

If proof of Step III passage is not obtained by September 30th, the Army resident will either be reassigned out of the Medical Corps or is separated from the Army with recoupment of scholarship money due to breach of the educational contract.

The 90 days or any portion of it are training and obligation "neutral" - that is, they do not count for training, and do not add to the Active Duty Service Obligation (ADSO). Training is extended by the number of days on administrative LOA. **

Medical Licenses: Medical licenses for trainees must be on file in the Program office by the end of the PGY-2 year. Since processing times varies, the program recommends that you submit your application for a medical license at the end of internship. The earliest an application may be dated is July 1 at the end of the intern year.

You can choose any of the fifty states which offers an **unrestricted** medical license. Many residents choose Virginia as it is the most inexpensive license and allows more flexibility with off-site electives that are located in Virginia. Other residents choose their home state. Some states do not issue licenses to physicians with only one year of post-graduate medical education. If that is the case, PICK ANOTHER STATE.

Obtaining a medical license requires successfully completing an internship and passing part 3 of USMLE's or NBOME's. There is also a significant amount of paperwork that the states require applicants to complete. Since the process is time consuming and since there are filing deadlines and deadlines for application of USMLE, it is imperative that you begin the process early, be aware of the deadlines, and complete the process on schedule.

Navy residents who have not completed the process by the end of PL-1 year have had adverse comments added to their fitness reports and have had to return from overseas duty assignments at their own expense to complete unfinished parts of the licensing process. The Army will place you on academic probation if your license is not obtained by the end of your PL-2 year. Please notify the Program Director when you have completed the licensing process.

Getting a license: the basics

By the Federation of State Medical Boards

Increasing public demand for protection, coupled with the growth in the number and sophistication of fraudulent practitioners over the past 2 decades, has resulted in stronger and more complex licensing boards and licensing statutes throughout the country. As might be expected, the rate of change differs widely among the states' licensing boards, depending on each jurisdiction's resources and Medical Practice Act, as well as on legislative, media, and public expectations. All medical boards have continued to improve licensure processes, and a trend toward uniformity among licensing boards exists to enhance both the initial licensure process and licensure portability.

Many states have expanded what is considered to be the practice of medicine to address new trends in the medical field that need to be regulated by medical boards. For example, a number of states have passed legislation in recent years that empower medical boards to have jurisdiction over the practice of medicine across state boundaries or treatment decisions made by medical directors of managed care organizations.

Within this context, a physician seeking initial licensure or subsequently applying for a license in other states should anticipate the possibility of delays due to the necessary investigation of credentials and past practice, as well as the need to comply with necessary licensing standards. To assist a physician in the quest for licensure, this article attempts to provide some ground rules. These suggestions will not apply in all cases but generally will help most physicians applying for licensure as well as benefit the licensing board of the state in which the physician wishes to practice.

1. When contacting a licensing board for the first time, ask for a copy of its current licensing requirements and the average time it takes to process applications. This will provide the physician with a solid idea of when to consider closing an existing practice and/or plan a move as well as with information about the potential problem areas to be addressed in completing an application. While initial licensure requirements for domestic and international medical graduates differ somewhat among states, all states will require proof of prior education and training and proof of the completion of a rigorous licensure examination approved by the board. Specifically, all physicians must submit proof of successful completion of all three steps of the United States Medical Licensing Examination (USMLE). However, because some medical students and physicians had completed portions of the National Board of Medical Examiners and Federation Licensing Examination (FLEX) sequences before the implementation of USMLE in 1994, certain combinations of examinations may be considered by medical licensing authorities as comparable to the USMLE. The USMLE program recommends that such combinations be accepted for medical licensure only if completed prior to the year 2000. For information on the USMLE, physicians should contact the USMLE Office of the Secretariat at

3750 Market St
Philadelphia, PA 19104-3910
(215) 590-9700
(215) 590-9470 Fax
<http://www.usmle.org>

2. At the initial contact, the physician should provide the licensing board with a resume or curriculum vitae. This will allow a licensing board to evaluate potential problem areas early in the process. In short, the initial contact should be used to develop a set of reasonable expectations about the duration and complexity of the licensing process in a state to avoid frustration about the time required to obtain licensure. Unreasonable expectations can result in financial jeopardy due to the premature closing of a practice or failure to meet a starting date with an employer in the new state.
3. A physician should never try to hide derogatory information from a licensing board. It is much better to come forward with the information, assist the board in obtaining records and other necessary data, and provide information about mitigating circumstances that would prevent license denial. Full and frank disclosure of all information requested is by far the best approach to successful licensure. A physician should remember that in most states, making a false statement on an application for licensure is grounds for denial or future restriction.
4. A physician who is actively involved in the licensing process can often shorten the length of time it takes to obtain a license. Personally contacting and following up with the medical schools, training programs, and appropriate hospitals will motivate these institutions to verify credentials more expeditiously. Following up with the licensing boards in other states where the physician holds or has held a license also may assist in shortening the time for licensure. It is important to note a difference between follow-up and excessive use of phone contact, which often delays the processing of requested verification materials, since the physician's application or request may need to be pulled from the "stack" to answer an inquiry. A short note to the organization processing the request for information 30 days after the initial letter or form was mailed may be a better course to follow than frequent phone contact.

Another option for physicians applying for licensure is the Federation Credentials Verification Service (FCVS). The FCVS was created in 1996 by the Federation of State Medical Boards of the United States to provide a centralized, uniform process for state medical boards—as well as private, governmental and commercial entities—to obtain a verified, primary source record of a physician's core credentials. The FCVS repository of

information allows a physician to establish a confidential, lifetime professional portfolio that can be forwarded, at the physician's request, to any entity that has established an agreement with FCVS. Currently, the majority of licensing authorities accept FCVS-verified documents for licensure. For more information on FCVS, call toll free, (888) ASK-FCVS (275-3287).

5. A wise physician will exercise patience and courtesy in the licensing process. State licensing boards and their staff, in most cases, do the best job possible to protect the public with the resources provided them. This requires taking the necessary time to fairly evaluate each application for licensure. In that same context, all actively practicing physicians should be cognizant of state laws; they may be providing care or performing acts that might not, until recently, have required them to hold a license.

Even for physicians with uncomplicated histories who submit complete and accurate applications, delays in obtaining a medical license may be encountered. Physicians should plan for at least a 60-day period from the time they submit a completed application for license and the actual date licensure is granted. Physicians who are graduates of a medical school outside the United States should anticipate a slightly longer period. All physicians should be cognizant of the fact that, in general, the highest volume of licensure applications is received between the months of April and September. This is the peak period because physicians with families want to relocate before the academic school year starts for their children, residents want and need licensure to begin practicing, and state employees with school-age children often take their earned vacation time during this period. Finally, it is important to remember that hospital credentialing and qualification for medical malpractice insurance are based on possession of full and unrestricted licensure. This too may mean additional time before a physician can actually begin practicing.

Physicians informed about the process and working cooperatively with the licensing board need not find licensing an unpleasant experience. Members of the medical profession should always remember that the business of medical licensing boards is to protect the public from unqualified and unfit physicians. However, licensing boards also strive to ensure a process that protects the legal rights and privileges of physicians. While maintaining this balance often appears bureaucratic and cumbersome, the end result is improved health care for the people of the United States.

Details on state license are at the link below. License listed as 'military-only' are not authorized as they are not full state licenses.

<http://www.fsmb.org/step-3/state-licensure/>