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**MEDICAL EXAMINING BOARD**  
**Room 121A, 1400 East Washington Avenue, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**September 17, 2014**

*The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.*

**AGENDA**

**8:00 A.M.**

**OPEN SESSION – CALL TO ORDER – ROLL CALL**

- A) Adoption of Agenda (1-4)**
- B) Approval of Minutes of August 20, 2014 (5-10)**
- C) Administrative Updates**
  - 1) Staff Updates
- D) Board Newsletter - Status**
- E) Credentialing Matters**
  - 1) Online Licensure Application System (OLAS) Presentation **(11)**
    - a) **APPEARANCE** – DSPPS Credentialing Health Staff and DET Staff
- F) Education and Examination Matters**
  - 1) **APPEARANCE** – Peter Schramm, CE Specialist
    - a) Physician Continuing Education Compliance Audit Report **(12-14)**
  - 2) **APPEARANCE** – Aaron Knautz, Licensing Examination Specialist
    - a) Administration of Oral Examinations via Telephone – Discussion and Consideration **(15)**
    - b) Physician Oral Examination Review – Status Report **(16)**
- G) Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration**
  - 1) Request for Nominations of Candidates for Elected Office and Committee Appointments **(17-35)**
  - 2) Candidates for FSMB Offices and Appointments **(36)**
  - 3) Interstate Medical Licensure Compact **(37-64)**

**H) Legislative/Administrative Rule Matters:**

- 1) Current and Future Rule Making and Legislative Initiatives
- 2) Administrative Rules Report
- 3) Review and Discussion of Scope Statement for 165 MED 1, 3, and 5 Physician Licensure **(65-70)**
- 4) Review of Proposed Final Draft of 165-MED 18 Informed Consent **(71-77)**
- 5) Review Scope Statement for Med 1 Entrance to Exam **(78-80)**

I) Speaking Engagement(s), Travel, or Public Relation Request(s)

J) Licensing Committee Report

K) Disciplinary Guidelines Committee Report

L) Screening Panel Report

M) Informational Items

N) Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Administrative Updates
- 3) Education and Examination Matters
- 4) Credentialing Matters
- 5) Practice Matters
- 6) Legislation/Administrative Rule Matters
- 7) Liaison Report(s)
- 8) Informational Item(s)
- 9) Disciplinary Matters
- 10) Presentations of Petition(s) for Summary Suspension
- 11) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 12) Presentation of Proposed Decisions
- 13) Presentation of Interim Order(s)
- 14) Petitions for Re-Hearing
- 15) Petitions for Assessments
- 16) Petitions to Vacate Order(s)
- 17) Petitions for Designation of Hearing Examiner
- 18) Requests for Disciplinary Proceeding Presentations
- 19) Motions
- 20) Petitions
- 21) Appearances from Requests Received or Renewed
- 22) Speaking Engagement(s), Travel, or Public Relation Request(s)

O) Public Comments

**CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).**

**P) Full Board Oral Examination of Candidates for Licensure:**

- 1) **9:30 A.M. – APPEARANCE – Lawrence Williamson, M.D. (81-271)**

**Q) Petition for Mental Examination**

- 1) 12 MED 288 – Angelina M. Montermurro, MD **(272-398)**

**R) Monitoring Matters (399-400)**

- 1) Roger Pellmann, M.D. – Requesting Stay of Suspension **(401-486)**
  - a) **9:45 A.M. – APPEARANCE** – Roger Pellmann, M.D.
- 2) Devinder Sidhu, M.D. – Requesting Reduction of Drug Screenings **(487-516)**
- 3) Stephen Haughey, M.D. – Requesting to be Allowed to Work in a Setting Where He has Access to Controlled Substances and Requesting a Reduction in Drug Screens **(517-544)**
- 4) Kevin Weidman, M.D. – Requesting Full Unrestricted License **(545-554)**
- 5) Michael Macatol, M.D. – Requesting Permission to Renew **(555-579)**

**S) Presentation and Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC):**

- 1) Lewis R. Domke, Jr., M.D. – 12 MED 417 **(580-585)**
- 2) Korby J. Krueger, R.C.P. – 13 MED 393 **(586-592)**
- 3) Kaukab P. Shah, M.D. – 14 MED 071 **(593-603)**
- 4) Gregory G. Bullis, M.D. – 14 MED 202 **(604-609)**
- 5) Jan A. Doenier, M.D. – 14 MED 169 **(610-615)**

**T) Presentation and Deliberation on Complaints for Determination of Probable Cause**

- 1) Todd T. Trier, M.D. – 14 MED 321 **(616-625)**

**U) Presentation and Deliberation on Administrative Warnings**

- 1) 12 MED 157 (E.J.Q.) **(626-627)**
- 2) 13 MED 163 (M.R.) **(628-629)**
- 3) 13 MED 414 (J.M.H.) **(630-632)**
- 4) 14 MED 021 (J.F.S.) **(633-635)**

**V) Seeking Equivalency for the 12 Months of ACGME Approved Post-Graduate Training Based on Education and Training**

- 1) Emre Arpali, M.D. **(636-668)**
- 2) Robert Sanders, M.D. **(669-707)**

**W) Case Status Report (708-719)**

**X) Case Closing(s)**

- 1) 13 MED 031 (P.S.B.) **(720-725)**
- 2) 13 MED 198 (M.G.E.) **(726-731)**
- 3) 13 MED 204 (M.H.) **(732-737)**
- 4) 13 MED 313 (S.J.D. and J.H.A.) **(738-742)**
- 5) 13 MED 415 (T.D.M.) **(743-746)**
- 6) 13 MED 498 (R.A.P.) **(747-750)**
- 7) 14 MED 044 (S.I.C.) **(751-754)**

- 8) 14 MED 088 (A.T.H.) **(755-760)**
- 9) 14 MED 090 (S.A.H.) **(761-765)**
- 10) 14 MED 110 (R.N.H.) **(766-769)**
- 11) 14 MED 147 (T.L.S.) **(770-774)**

Y) Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Disciplinary Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petition(s) for Summary Suspensions
- 7) Proposed Stipulations, Final Decisions and Orders
- 8) Administrative Warnings
- 9) Proposed Decisions
- 10) Matters Relating to Costs
- 11) Complaints
- 12) Case Closings
- 13) Case Status Report
- 14) Petition(s) for Extension of Time
- 15) Proposed Interim Orders
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

Z) Consulting with Legal Counsel

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

- AA) Open Session Items Noticed Above not Completed in the Initial Open Session
- BB) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
- CC) Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

**ADJOURNMENT**

**ORAL EXAMINATION OF CANDIDATES FOR LICENSURE  
ROOM 121A, 121B, AND 124E**

**11:45 A.M., OR IMMEDIATELY FOLLOWING FULL BOARD MEETING**

**CLOSED SESSION** – Reviewing applications and conducting oral examinations of four (4) candidates for licensure – Drs. Capodice, Phillips, Vasudevan, and Westlake

**MEDICAL EXAMINING BOARD  
MEETING MINUTES  
August 20, 2014**

**PRESENT:** Mary Jo Capodice, D.O; Greg Collins; Rodney Erickson, M.D.; Suresh Misra, M.D. (*arrived to the meeting at 8:02 a.m.*); Michael Phillips, M.D.; Kenneth Simons, M.D.; Timothy Swan, M.D.; Timothy Westlake, M.D. (*arrived to the meeting at 9:14 a.m.*); Russell Yale, M.D.; and Robert Zondag

**EXCUSED:** James Barr; Carolyn Ogland, M.D.; Sridhar Vasudevan, M.D.

**STAFF:** Tom Ryan, Executive Director; Pam Stach, Legal Counsel; Jelena Gagula, Bureau Assistant; Taylor Thompson, Bureau Assistant; and other Department staff

**CALL TO ORDER**

Kenneth Simons, Chair, called the meeting to order at 8:00 a.m. A quorum of eight (8) members was confirmed.

**ADOPTION OF AGENDA**

**MOTION:** Greg Collins moved, seconded by Robert Zondag, to adopt the agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES**

**MOTION:** Timothy Swan moved, seconded by Michael Phillips, to approve the minutes of July 16, 2014 as published. Motion carried unanimously.

**PRESENTATION OF THE PETITION FOR REHEARING AND PETITION FOR STAY OF ORDER – DR. ZULFIQAR ALI**

*Pam Stach, Legal Counsel, recused herself and left the room for the Presentation of the Petition for Rehearing and Petition for Stay of Order – Dr. Zulfiqar Ali.*

**FEDERATION OF STATE MEDICAL BOARDS (FSMB) MATTERS**

*Dr. Russell Yale recommended a joint venture between the Medical Examining Board and the Pharmacy Examining Board as it relates to the safe prescribing of opioid analgesics item.*

## LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

**MOTION:** Russell Yale moved, seconded by Suresh Misra, to accept all Clearinghouse comments for CR 14-040 relating to Physicians and Informed Consent. Motion carried unanimously.

**MOTION:** Timothy Swan moved, seconded by Mary Jo Capodice, to request that DSPS Staff draft a Scope Statement on Wisconsin Administrative Code Med 1 relating to 2013 Wisconsin Act 114. Motion carried unanimously.

## LEGAL REPRESENTATIVE PRESENT DURING TWO PERSON ORAL EXAMINATION

**MOTION:** Suresh Misra moved, seconded by Michael Phillips, to **deny** the presence of legal representation during the administration of a Two Person Oral Exam. Motion carried unanimously.

## CLOSED SESSION

**MOTION:** Timothy Swan moved, seconded by Russell Yale, to convene to Closed Session to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). The Chair read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Mary Jo Capodice – yes; Greg Collins – yes; Rodney Erickson – yes; Suresh Misra – yes; Michael Phillips – yes; Kenneth Simons – yes; Timothy Swan – yes; Russell Yale – yes; and Robert Zondag – yes. Motion carried unanimously.

The Board convened into Closed Session at 9:10 a.m.

*Dr. Timothy Westlake arrived to the meeting at 9:14 a.m.*

## RECONVENE TO OPEN SESSION

**MOTION:** Suresh Misra moved, seconded by Robert Zondag, to reconvene in Open Session at 11:44 A.M. Motion carried unanimously.

## FULL BOARD ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

**MOTION:** Michael Phillips moved, seconded by Rodney Erickson, to find that Justin Ribault, M.D., **passed** the MEB Full Board Oral Examination. Motion carried unanimously.

**MOTION:** Suresh Misra moved, seconded by Michael Phillips, to **grant** the request of Justin Ribault, M.D. for Full Licensure, once all other requirements are met. Motion carried unanimously. *9-0 Vote.*

## DELIBERATION OF THE PETITION FOR REHEARING – DR. ZULFIQAR ALI

*Pam Stach, Legal Counsel, recused herself and left the room for the Presentation of the Petition for Rehearing and Petition for Stay of Order – Dr. Zulfiqar Ali.*

**MOTION:** Michael Phillips moved, seconded by Greg Collins, to **deny** the Petition for Rehearing of Dr. Zulfiqar Ali. **Reason for Denial:** Dr. Ali did not satisfy the requirements needed for rehearing as found in Wis. Stats. § 227.49(3). Motion carried unanimously.

**MOTION:** Mary Jo Capodice moved, seconded by Suresh Misra, to **deny** the Petition for Stay of Suspension of Dr. Zulfiqar Ali. **Reason for Denial:** Dr. Ali did not satisfy the requirements set forth in the Board Order. Should Dr. Ali petition for a Stay of Suspension in the future, he must first attach proof of compliance with the Board Order 0003287 before the Board will consider the petition. Motion carried unanimously.

### MONITORING MATTERS

#### STEVEN L. ARMUS, M.D. – REQUESTING FULL UNLIMITED LICENSURE

**MOTION:** Suresh Misra moved, seconded by Timothy Westlake, to **grant** the request of Steven L. Armus, M.D. for return of full licensure. Motion carried unanimously.

#### THOMAS A. O’CONNOR, M.D. – REQUESTING FULL UNLIMITED LICENSURE

**MOTION:** Greg Collins moved, seconded by Timothy Swan, to **deny** the request of Thomas A. O’Connor, M.D. for return of full licensure. **Reason for Denial:** The limitations were intended to be permanent. Motion carried. *Mary Jo Capodice voted no.*

### PRESENTATION AND DELIBERATION ON PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS BY THE DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC)

#### JEFFREY J. ENTRESS, M.D. – 13 MED 199

*Dr. Michael Phillips recused himself and left the room for deliberation and voting in the matter concerning Jeffrey J. Entress, M.D.*

**MOTION:** Greg Collins moved, seconded by Mary Jo Capodice, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jeffrey J. Entress, M.D., DLSC case number 13 MED 199. Motion carried unanimously.

**VIBHA AGRAWAL, M.D. – 13 MED 225**

**MOTION:** Mary Jo Capodice moved, seconded by Michael Phillips, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Vibha Agrawal, M.D., DLSC case number 13 MED 225. Motion carried. *Greg Collins voted no.*

**JAMES J. LOGAN, M.D. – 13 MED 260**

**MOTION:** Mary Jo Capodice moved, seconded by Michael Phillips, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against James J. Logan, M.D., DLSC case number 13 MED 260. Motion carried unanimously.

**JOHN W.P. HORAN, M.D. – 13 MED 262**

**MOTION:** Timothy Westlake moved, seconded by Suresh Misra, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against John W.P. Horan, M.D., DLSC case number 13 MED 262. Motion carried unanimously.

**DONALD M. JACOBSON, M.D. – 13 MED 275**

**MOTION:** Mary Jo Capodice moved, seconded by Russell Yale, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Donald M. Jacobson, M.D., DLSC case number 13 MED 275. Motion carried unanimously.

**KEVIN C. NEPSUND, M.D. – 14 MED 028**

**MOTION:** Suresh Misra moved, seconded by Timothy Westlake, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Kevin C. Nepsund, M.D., DLSC case number 14 MED 028. Motion carried unanimously.

**FRANCIS E. HARRINGTON, M.D. – 14 MED 055**

**MOTION:** Mary Jo Capodice moved, seconded by Greg Collins, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Francis E. Harrington, M.D., DLSC case number 14 MED 055. Motion carried unanimously.

**JAMES O. STEELE, M.D. – 14 MED 066**

**MOTION:** Timothy Westlake moved, seconded by Suresh Misra, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against James O. Steele, M.D., DLSC case number 14 MED 066. Motion carried unanimously.

**RICHARD N. BARNEY, M.D. – 14 MED 153**

**MOTION:** Michael Phillips moved, seconded by Rodney Erickson, to **table** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Richard N. Barney, M.D., DLSC case number 14 MED 153. Motion carried unanimously.

**PRESENTATION AND DELIBERATION ON COMPLAINTS FOR DETERMINATION OF PROBABLE CAUSE**

**STEVEN G. MERESS, M.D. – 11 MED 363**

**MOTION:** Robert Zondag moved, seconded by Russell Yale, to find probable cause to believe that Steven G. Meress, M.D., DLSC case number 11 MED 363, is guilty of unprofessional conduct, and therefore to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat. § 448.02(3)(b). Motion carried unanimously.

**PRESENTATION AND DELIBERATION ON ADMINISTRATIVE WARNINGS**

**MOTION:** Suresh Misra moved, seconded by Michael Phillips, to issue administrative warnings and to close the cases in the matter of case numbers:

- 1) 13 MED 008 (B.N.)
- 2) 13 MED 323 (D.L.Z.)
- 3) 13 MED 323 (R.J.T.)
- 4) 13 MED 448 (R.N.)
- 5) 13 MED 453 (B.C.)
- 6) 13 MED 453 (J.H.)
- 7) 13 MED 529 (A.M.D.)
- 8) 14 MED 160 (K.F.K.)

Motion carried unanimously.

**SEEKING EQUIVALENCY FOR THE 12 MONTHS OF ACGME APPROVED POST-GRADUATE TRAINING BASED ON EDUCATION AND TRAINING  
NITINRAI PANDYA, M.D.**

**MOTION:** Rodney Erickson moved, seconded by Russell Yale, to find that the training and education of Nitinrai Pandya, M.D. is **not** substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2). Motion carried. *Michael Phillips and Mary Jo Capodice voted no.*

## **CASE CLOSING(S)**

**MOTION:** Suresh Misra moved, seconded by Timothy Westlake, to close the following cases according to the recommendations by the Division of Legal Services and Compliance:

- 1) 13 MED 089 (M.B.B.) for prosecutorial discretion (P2)
  - 2) 13 MED 089 (H.K.) for prosecutorial discretion (P3)
  - 3) 13 MED 269 (D.H., R.M., D.P., Q.Q., and A.S.) for no violation (NV)
  - 4) 13 MED 453 (P.S.) for no violation (NV)
  - 5) 13 MED 454 (L.P.S.) for no violation (NV)
  - 6) 13 MED 484 (T.A.Z. and K.M.S.) for no violation (NV)
  - 7) 13 MED 495 (C.L.) for no violation (NV)
  - 8) 14 MED 067 (K.A.W.) for prosecutorial discretion (P7)
  - 9) 14 MED 223 (G.D.M.) for prosecutorial discretion (P2)
- Motion carried unanimously.

## **VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION, IF VOTING IS APPROPRIATE**

**MOTION:** Michael Phillips moved, seconded by Mary Jo Capodice, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

## **DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES**

**MOTION:** Suresh Misra moved, seconded by Robert Zondag, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

## **ADJOURNMENT**

**MOTION:** Mary Jo Capodice moved, seconded by Robert Zondag, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:45 a.m.

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  Kris Hendrickson		2) Date When Request Submitted:  <b>08/21/14</b> Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections:  <b>Medical Examining Board</b>			
4) Meeting Date:  <b>09-17-2014</b>	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>OLAS Presentation</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled?  <input checked="" type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<b>Kris Hendrickson Records and Forms Management Specialist Division of Professional Credential Processing</b>			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin  
Department of Safety and Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b> Peter Schramm, CE Specialist		<b>2) Date When Request Submitted:</b> 9/5/2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Section:</b> Medical Examining Board			
<b>4) Meeting Date:</b> 9/17/2014	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Physician Continuing Education Compliance Audit Report	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	<b>8) Is an appearance before the Board being scheduled?</b> <input checked="" type="checkbox"/> Yes (Fill Out Board Appearance Request) <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b>  Report on the continuing education compliance audit of the most recent biennium for Physician (M.D. and D.O.), make motion to send non-compliant license holders to DLSC			
<b>11) Authorization:</b>			
Peter Schramm		9/5/2014	
Signature of person making this request		Date	
Jill M. Remy		9/5/2014	
Supervisor signature (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
<b>Directions for including supporting documents:</b> <ol style="list-style-type: none"> <li>1. This form should be attached to any documents submitted to the agenda.</li> <li>2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.</li> <li>3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.</li> </ol>			

# Physician Continuing Education Audit Compliance Report (M.D. 2011-2013, D.O. 2012-2014)

## Physician M.D. (Reg Type 20) Audit

Of 1,135 licensees audited, 94 were not in compliance representing a 91.7 % compliance rate; following are reasons for noncompliance:

- 29 licensees returned the certified mail receipt, but did not submit any of the requested audit materials
- 21 licensees submitted CME hours that occurred outside of the acceptable time period of 1/1/2012-12/31/2013
- 18 licensees had their final notices returned as 'undeliverable' by the post office
- 11 licensees submitted less than 30 hours of acceptable CME
- Four (4) licensees submitted no CME
- Three (3) licensees submitted no audit materials and we received no reply or an 'undeliverable' returned final notice by the post office
- Two (2) licensees submitted a table that listed the required CME, but submitted no supporting documentation to verify it
- Two (2) licensees claimed medical hardship and requested a waiver
- One (1) licensee claimed all documents had been lost and claimed medical hardship
- One (1) licensee claimed retirement
- One (1) licensee was living abroad. Two notices were sent via regular mail with no response to either
- One (1) licensee submitted hours that were not acceptable under Med 13.03

## Physician D.O. (Reg Type 21) Audit

Of 81 licensees audited, 7 were not in compliance representing a 91.3 % compliance rate; following are reasons for noncompliance:

- Three (3) licensees returned the certified mail receipt, but did not submit any materials
- Two (2) licensees submitted CME hours that occurred outside of the acceptable time period of 1/1/2012-12/31/2013
- 1 (1) licensee submitted a table with no CME hours and requested a refund of the paid license renewal fee
- 1 (1) licensee had their final notice returned as 'undeliverable' by the post office

**BOARD APPEARANCE REQUEST FORM**

**Appearance Information**

**Board Name:** Medical Examining Board

**Board Meeting Date:** 09/17/2014

**Person Submitting Agenda Request:** Peter Schramm, CE Specialist

**Person(s) requesting an appearance:** Peter Schramm, CE Specialist

*(NOTE: Contact information is not required for Department staff.)*

**Reason for Appearance:** Presentation of Report of Physician Continuing Education Compliance Audit

**Appearance Contact Information**

*(NOTE: If the appearing party is represented by an attorney skip the "Appearance Contact Information" section and complete the "Attorney Contact Information" section.)*

**Mailing address:**

**Email address:**

**Telephone #:**

\*\*\*\*\*

**Attorney Contact Information**

**Attorney Name:**

**Attorney's mailing address:**

**Attorney's e-mail address:**

**Attorney's telephone #:**

**State of Wisconsin  
Department of Safety and Professional Services**

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request: Aaron Knautz, Licensing Examination Specialist		2) Date When Request Submitted: 9/5/2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Section: Medical Examining Board			
4) Meeting Date: 9/17/2014	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Administration of Oral Examinations via Telephone – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill Out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  At the August 20, 2014 meeting, the Board requested a discussion regarding administration of telephone oral examinations to take place at the September meeting; make motions as necessary.			
11) <b>Authorization:</b>			
Aaron Knautz		9/5/2014	
Signature of person making this request		Date	
Jill M. Remy		9/5/2014	
Supervisor signature (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin  
Department of Safety and Professional Services**

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request: Aaron Knautz, Licensing Examination Specialist		2) Date When Request Submitted: 9/5/2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Section: Medical Examining Board			
4) Meeting Date: 9/17/2014	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Physician Oral Examination Review - Status Report	
7) Place Item in: <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes ( <a href="#">Fill Out Board Appearance Request</a> ) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  Discussion on status of the review of the Physician oral exam item bank and procedures project; make motions as necessary.			
<b>11) Authorization:</b>			
Aaron Knautz		9/5/2014	
Signature of person making this request		Date	
Jill M. Remy		9/5/2014	
Supervisor signature (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: <ol style="list-style-type: none"> <li>1. This form should be attached to any documents submitted to the agenda.</li> <li>2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.</li> <li>3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.</li> </ol>			

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b>  FSMB		<b>2) Date When Request Submitted:</b> 8/19/2014 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul>	
<b>3) Name of Board, Committee, Council, Sections:</b>  Medical Examining Board			
<b>4) Meeting Date:</b>  9/17/2014	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b>  Request for Nominations of Candidates for Elected Office and Committee Appointments	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	<b>8) Is an appearance before the Board being scheduled? If yes, who is appearing?</b>  No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b>  Board Consideration.			
<b>11) Authorization</b>			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	



August 18, 2014

Dear Colleague,

FSMB Needs YOUR Leadership Skills.

One of the most rewarding experiences for members of state medical boards is the opportunity to serve on FSMB's Board of Directors or its Nominating Committee, helping guide our organization's vision and mission. Each year, FSMB's Nominating Committee seeks capable and committed individuals for consideration as candidates, and we would like to hear from you.

Service in a leadership position brings many benefits, notably the opportunity to make a real impact in the direction and policy of a national organization with a vital role in health care.

Nominations are open starting today, August 18, 2014, and will close January 5, 2015. Details regarding the nomination process are attached. We encourage you to make national service a part of your experience as an FSMB Fellow.

Sincerely,

A handwritten signature in black ink that reads "Humayun J. Chaudhry, DO, MACP". The signature is written in a cursive style.

Humayun J. Chaudhry, DO, MACP  
President and CEO



## INSTRUCTIONS FOR NOMINATIONS OF CANDIDATES FOR FSMB ELECTED OFFICE

### Eligibility

Any person who is or will be a Fellow of the FSMB at the time of the election on April 25, 2015 is eligible for nomination. The Bylaws of the FSMB define Fellows as: *An individual member who as a result of appointment holds full time membership on a Member Medical Board shall be a Fellow of the FSMB during the member's period of service on a Member Medical Board, and for a period of 36 months thereafter.*

### Core Competencies of Candidates

A candidate for elected office should:

- Support the vision, mission, values and strategic goals of the FSMB;
- Possess a positive outlook on the role and function of state medical boards in the medical regulatory field;
- Bring a broad, national perspective to specific issues;
- Have adequate time and commitment necessary to fulfill the responsibilities of the office (*please see attached "Responsibilities of Elected Positions"*);
- Demonstrate personal integrity.

**Additional Qualifications for Chair-elect of the Board of Directors:** Suggested but not mandatory: One or more years experience on the FSMB Board of Directors and, if applicable, a commitment of time that may require reduction by one-third or more of patient care duties in medical practice.

**Additional Qualifications for Board of Directors:** These are strongly suggested but not mandatory: One-and-a-half or more years on a State Medical Board; Committee or Task Force participation with the FSMB. Significant experience on a non-profit Board of Directors or Foundation may be considered an equivalent for one of the above.

### Letter of Nomination - Contents

The letter of nomination from the candidate's state medical board to the Nominating Committee should specify (1) the name of the candidate to be considered; (2) the office for which the candidate is being recommended; (3) a description of the candidate's ability to demonstrate the core competencies and/or additional position-specific qualifications stated above; (4) the candidate's agreement to the submission of his/her name for potential nomination; (5) the candidate's affirmation that he/she is aware of the time commitment required for the position to which he/she may be elected; and (6) the candidate's mailing address, daytime telephone number, fax number and email address.

### Attachments to State Medical Board's Letter of Nomination

The following materials should accompany the letter of nomination:

1. **Candidate's General Information Questionnaire (attached).** In the interest of uniformity and fairness to all candidates, the Nominating Committee requests that the information contained on the Candidate's General Information Questionnaire be limited to the space provided, *except where otherwise stated.*
2. **Signatory Form (attached).** The candidate must submit a **signed** confirmation that the candidate 1) will be a Fellow as defined by the FSMB Bylaws at the time of the election on Saturday, April 25, 2015; 2) is aware of the time commitment required for the position to which he/she may be elected; and 3) is disclosing any potential conflict(s) of interest.
3. **Candidate's photograph – color (jpg preferred).** Copies of the photo will be included in the Nominating Committee meeting agenda book. If the candidate is selected, the photo will also be used in the Election Manual that is

distributed at the Annual Meeting and placed on the Candidates Website. Questions regarding photos should be directed to David Hooper, Sr. Director of Marketing, at 817-868-4070 or [dhooper@fsmb.org](mailto:dhooper@fsmb.org).

4. **Personal statement by the candidate (sample attached) – WORD version; no greater than 500 words.** The candidate should state why he/she wants to serve in the particular position in which he/she will be campaigning for election; how he/she fulfills the core competencies and/or additional position-specific qualifications of candidates, and what he/she will contribute to FSMB. The personal statement will be included in the Election Manual and placed on the Candidates Website.

5. **Electronic copy of the candidate's curriculum vitae (CV) (a maximum of five (5) pages) and a one-page bio or summary CV.** Please provide relevant information including important appointments, honors and awards received, etc. **Please note that these documents will be published on the Candidates Website; therefore, social security numbers and all other private information must be removed prior to forwarding with letters of nomination.**

#### **Deadline for Submission of Letters and Materials**

The members of the Nominating Committee request that all nominations be submitted in writing by mail, fax or email to:

Jon V. Thomas, MD, MBA, Chair  
Nominating Committee  
c/o Pat McCarty, Director of Leadership Services  
Federation of State Medical Boards  
400 Fuller Wiser Road, Suite 300  
Eules, TX 76039-3855  
Fax: (817) 868-4167  
Email: [pmccarty@fsmb.org](mailto:pmccarty@fsmb.org)

All letters of nomination and accompanying materials should be received at the Eules, TX office by EOB on Monday, January 5, 2015. **No nominations will be accepted after January 5.**

A confirmation acknowledging receipt of nominations will be sent within one week. If you do not receive confirmation, please contact Pat McCarty at (817) 868-4067 or at the email above.

## RESPONSIBILITIES OF ELECTED POSITIONS

### Board of Directors

The FSMB Board of Directors is responsible for the control and administration of the FSMB and reports to the House of Delegates; the Board provides leadership in the development and implementation of the FSMB's Strategic Goals and the Board's Annual Action Plan; the Board is responsible for governing and conducting the business of the corporation, including supervising the President/CEO; and, under the leadership of the Chair and President/CEO, represents the FSMB to other organizations and promotes recognition of the FSMB as the premier organization concerned with medical licensure and discipline. The Board of Directors is the fiscal agent of the corporation.

### GENERAL RESPONSIBILITIES

The Board of Directors is responsible for the following:

1. Set goals, objectives and priorities necessary to achieve the FSMB Strategic Goals.
2. Set goals, objectives and critical success factors for the President/CEO.
3. Ensure effective management of the FSMB's financial resources.
4. Approve systems for assessing and addressing needs of member boards.
5. Implement adopted Board of Directors professional development and self-assessment plans.
6. Promote use of FSMB services among targeted customer groups.
7. Enhance communication with and among member boards.
8. Enhance support and education for member board executives and their staff.

### TIME COMMITMENT

The Board of Directors will meet five times during the 2015-2016 fiscal year:

April 26, 2015 – Fort Worth, TX (immediately following the Annual Meeting)  
July 7-12, 2015 – Middleburg, VA  
October 5-10, 2015 – Arlington, VA  
February 2016 – site and actual dates TBD  
April 27-May 1, 2016 – San Diego, CA (in conjunction with the Annual Meeting)

Newly elected directors will also be asked to participate in a New Directors Orientation scheduled June 21-22, 2015 at the FSMB Eules, TX Office.

## Nominating Committee

### COMMITTEE CHARGE

The charge of the Nominating Committee as currently set forth in the FSMB Bylaws is to submit a slate of one or more nominees for each of the offices and positions to be filled by election at the Annual Meeting of the House of Delegates. The Committee will mail its slate of candidates to Member Boards not fewer than 60 days prior to the meeting of the House of Delegates.

Tasks of the Committee include:

1. Soliciting recommendations for candidates for elected positions from Member Boards and Fellows of the FSMB.
2. Assertively recruiting individuals who have the core competencies set forth on page 2 and who represent diversified backgrounds, experiences and cultures.
3. Educating potential candidates on core competencies for FSMB leadership roles and the responsibilities associated with respective leadership positions.
4. Reviewing letters of recommendation and supporting material of each individual nominated or recruited as a candidate for election.
5. Verifying that candidates have the core competencies for FSMB leadership positions.
6. Verifying that queries of FSMB Board Action Data Bank have been completed on physician candidates and that no actions have been reported which could call into question an individual's fitness for FSMB leadership.
7. Affirming that all candidates for elected leadership have disclosed any potential conflicts of interests.
8. Considering the importance of public representation on the FSMB Board of Directors and assuring the slate of candidates provides for election of adequate/qualified public representation.
9. Selecting and narrowing the slate of candidates to those who best demonstrate the core competencies; have the necessary qualifications and eligibility for a position; and bring valuable talents and perspectives to the FSMB.
10. Preparing a report to the House of Delegates that includes a slate of nominees for positions to be filled by election at the House of Delegates annual business meeting.
11. Determining process for notifying candidates of the Nominating Committee's decisions as soon as possible following the Committee meeting and providing the Nominating Committee report to the FSMB Board of Directors.

### TIME COMMITMENT

Members of the Nominating Committee serve two-year terms. The Committee will have its kick-off session in Fort Worth, TX on the morning of Sunday, April 26, 2015 directly after the FSMB's Annual Meeting. The Committee will meet again via teleconference in July 2015 (date to be determined) and in person at the FSMB Eules, TX Office in January 2016.

CANDIDATE'S GENERAL INFORMATION QUESTIONNAIRE

PLEASE TYPE OR PRINT AND LIMIT YOUR INFORMATION TO THE SPACE PROVIDED  
(except where otherwise stated)

*GENERAL*

NAME: \_\_\_\_\_

CANDIDATE FOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_

EMAIL AND/OR FAX: \_\_\_\_\_

*EDUCATION*

UNDERGRADUATE: \_\_\_\_\_

MEDICAL SCHOOL/GRADUATE SCHOOL: \_\_\_\_\_  
\_\_\_\_\_

POSTGRADUATE EDUCATION: \_\_\_\_\_  
\_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_

AREA OF SPECIALIZATION: \_\_\_\_\_

*FEDERATION ACTIVITIES*

BOARD and/or COMMITTEES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER FSMB ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CANDIDATE SIGNATORY PAGE

### *STATE MEDICAL BOARD ACTIVITIES*

On which state medical board are you currently serving?

\_\_\_\_\_

If not serving, when did you leave the board?    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How long have you served (did you serve) on your state medical board?

\_\_\_\_\_

- I will be a Fellow as defined by the FSMB Bylaws at the time of the election on Saturday, April 26, 2014 and understand that only an individual who is a Fellow at the time of the individual's election shall be eligible for election. The Bylaws of the FSMB defines Fellow as:  
*An individual member who as a result of appointment holds full time membership on a Member Medical Board shall be a Fellow of the FSMB during the member's period of service on a Member Medical Board, and for a period of 36 months thereafter.*
- I am aware of the time commitment for the position I wish to be elected.
- I am disclosing any potential conflict(s) of interest.

*SIGNATURE:* \_\_\_\_\_

Potential Conflict(s) of Interest

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SAMPLE PERSONAL STATEMENT [500 words or less]

*Please provide this document in WORD format*

NAME: \_\_\_\_\_

CANDIDATE FOR: [Chair-elect, Board of Directors or Nominating Committee]

[SAMPLE TEXT – please describe your own experiences using your own words]

I am a candidate for [elected office]. Since beginning my medical career in a small rural town over 20 years ago, I have been involved in professionalism and upholding the higher standards of being a physician. Currently, I am the Chairman of the Department of [specialty] at the School of Medicine in [city].

My experiences with medical licensure began in the 90's when I was appointed to the advisory committee for athletic trainers of the [state medical board]. Subsequently, I was appointed as a member of the [state medical board] in 2009. I was elected Vice President in 2010 and have been serving as President since 2011.

Since being appointed to the [state medical board], I have been serving the [state medical board] in a number of capacities, which have included [committee/workgroups, etc.].

Additionally, I have worked as [other professional experiences and associations].

It is with great anticipation that I am running for [elected office]. I have the energy, enthusiasm and experience to represent the FSMB. My qualifications are broad and strong, which will allow me to function well within a system that is focused on licensure, discipline and protection of the public.



**DATE:** August 18, 2014

**TO:** Active Fellows of the Federation and  
Medical Board Executive Directors/Secretaries

**FROM:** Humayun J. Chaudhry, DO, MACP  
President and Chief Executive Officer

**RE:** FIRST Call for Committee Appointment Recommendations

---

### Committee Appointments

Following the 2015 Annual Meeting, FSMB's incoming Chair, J. Daniel Gifford, MD, will finalize appointments to the Audit, Bylaws, Editorial, Education, Ethics and Professionalism, and Finance Committees, and potentially to an FSMB Special Committee(s).

Committee responsibilities and time commitments vary, but to complete their charges successfully, all committees require dedicated and knowledgeable members. To begin the appointment process, individuals interested in serving on a committee, or those wishing to recommend an individual, should submit letters of interest/recommendations by **January 5, 2015** via mail, fax or email to:

J. Daniel Gifford, MD, Chair-elect  
Federation of State Medical Boards  
c/o Pat McCarty, Director of Leadership Services  
400 Fuller Wiser Road, Suite 300  
Euless, Texas 76039-3855  
Fax: (817) 868-4167  
Email: [pmccarty@fsmb.org](mailto:pmccarty@fsmb.org)

Additionally a copy of the individual's CV (a maximum of five pages) and/or biographical sketch, including state medical board and/or FSMB experience, should be forwarded to the email above.

**A confirmation acknowledging receipt of appointment recommendations will be sent within one week. If you do not receive confirmation, please contact Pat McCarty at (817) 868-4067 or by email.**

**FEDERATION OF STATE MEDICAL BOARDS**  
**Responsibilities of Appointed Positions**

**Audit Committee**

COMMITTEE CHARGE

The primary charge of the Audit Committee, as currently set forth in the FSMB Bylaws, Article VIII, Section B, is to review the audit of the corporation and the accompanying financial statements.

Tasks of the Committee include:

1. Reviewing the auditor's report with particular attention to material deficiencies and recommendations.
2. Reviewing the annual Statement of Financial Position, Statement of Activities and Statement of Cash Flows resulting from the audit process.

TIME COMMITMENT

Members of the Audit Committee serve one-year terms. Due to advances in technology and common practice of audit committees within the U.S., the Audit Committee traditionally meets via teleconference two to four times during the year, with the potential for one face-to-face meeting.

**Bylaws Committee**

COMMITTEE CHARGE

The charge of the Bylaws Committee, as currently set forth in the FSMB Bylaws, Article VIII, Section C, is to continually assess the Articles of Incorporation and the Bylaws and receive all proposals for amendments thereto. The Committee will, from time to time, make recommendations to the House of Delegates for changes, deletions, modifications and interpretations to the Bylaws.

Tasks of the Committee include:

1. Receiving requests for amendments or revisions from the Board of Directors or from Member Boards. Upon receiving requests, the Committee drafts Bylaws language that is appropriate in style and placement. The Bylaws Committee members may also propose amendments or revisions to the Bylaws, and draft language that is appropriate for inclusion.
2. Advising the House of Delegates with regard to each modification they have drafted, citing in their report to the House their choice to support, oppose or remain neutral regarding the language they have drafted. Members of the Committee may give testimony in support of their position before a Reference Committee.
3. Interpreting the Bylaws upon request of the Board of Directors, Member Boards or others.
4. Reviewing the Bylaws and Articles of Incorporation on a continual basis.

TIME COMMITMENT

Members of the Bylaws Committee serve one-year terms. The Committee will meet once by teleconference or as many times as is needed.

## Editorial Committee

### COMMITTEE CHARGE

The charge of the Editorial Committee, as currently set forth in the FSMB Bylaws, Article VIII, Section D, is to advise the Editor-in-Chief on editorial policy for the FSMB's official publication (*Journal of Medical Regulation*) and otherwise assist the Editor-in-Chief in the performance of duties as appropriate and necessary.

Tasks of the Committee include:

1. Reviewing all articles submitted for publication in a timely manner.
2. Supplying the names of at least two authors (four is preferred) who are able to write an article(s) for the *Journal*.
3. Writing or working with the *Journal* Editor-in-Chief to create an editorial for the *Journal*.
4. Serve as ongoing ambassadors for the *Journal* during any appropriate business meetings or discussions with colleagues — distributing the PDF Call for Papers in printed or electronic form whenever and wherever appropriate.

### TIME COMMITMENT

Members of the Editorial Committee serve three-year terms. The Committee will meet once each year at FSMB headquarters or other location and will also meet via teleconference two to four times each year. The Committee will also be asked to read manuscripts throughout the year.

## Education Committee

### COMMITTEE CHARGE

The charge of the Education Committee as currently set forth in the FSMB Bylaws, Article VIII, Section E is to assist in the development of educational programs for the FSMB. This includes the Annual Meeting program as well as webinars, teleconferences and other educational offerings.

Tasks of the Committee include:

1. Providing consultation and recommendations in the development and review of the FSMB's annual education agenda.
2. Identifying and prioritizing educational topics in accordance with the mission, vision, core values and goals of the FSMB.
3. Evaluating education trends and opportunities to provide quality educational programming to FSMB membership.

### TIME COMMITMENT

Members of the Education Committee serve one-year terms. The Committee will meet several times per year either in person or via teleconference. The frequency of regular meetings will be determined by need, but will occur at least quarterly.

## **Ethics and Professionalism Committee**

### COMMITTEE CHARGE

The charge of the Ethics and Professionalism Committee as currently set forth in the FSMB Bylaws, Article VIII, Section F is to address ethical and professional issues pertinent to medical regulation.

Tasks of the Committee include:

1. Addressing ethical and/or professional concerns expressed by state medical boards.
2. Researching data pertinent to the issues and/or obtaining input from experts in the particular subject areas being considered.
3. Developing model policies for use by state medical boards to be submitted for approval by the FSMB House of Delegates.

### TIME COMMITMENT

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## **Finance Committee**

### COMMITTEE CHARGE

The charge of the Finance Committee as currently set forth in the FSMB Bylaws, Article VIII, Section G is to review the financial condition of the FSMB, review and evaluate the costs of the activities and/or programs to be undertaken in the forthcoming year, and recommend a budget to the Board of Directors for its recommendation to the House of Delegates at the Annual Meeting, and perform such other duties as are assigned to it by the Board of Directors.

Tasks of the Committee include:

1. Assessing prior financial performance in comparison to budget.
2. Reviewing the draft budget for alignment with organizational goals, programs and services.
3. Approving the budget for recommendation to the Board of Directors.

### TIME COMMITMENT

Members of the Finance Committee serve one-year terms. The Committee will meet several times per year either in person or via teleconference. The frequency of regular meetings will be determined by need.

## **Special Committees**

Special Committees are appointed by the Chair as necessary and are established for a specific purpose. Special Committees usually meet three times per year, in person and via teleconference, and continue their work for about two years. Special Committees for 2015-2016 are to be determined.



**DATE:** August 18, 2014

**TO:** Active Fellows of the Federation and  
Medical Board Executive Directors/Secretaries

**FROM:** Humayun J. Chaudhry, DO, MACP  
President and Chief Executive Officer

**RE:** FIRST Call for Committee Appointment Recommendations

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Committee responsibilities and time commitments vary, but to complete their charges successfully, all committees require dedicated and knowledgeable members. To begin the appointment process, individuals interested in serving on a committee, or those wishing to recommend an individual, should submit letters of interest/recommendations by **January 5, 2015** via mail, fax or email to:

J. Daniel Gifford, MD, Chair-elect  
Federation of State Medical Boards  
c/o Pat McCarty, Director of Leadership Services  
400 Fuller Wiser Road, Suite 300  
Euless, Texas 76039-3855  
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Additionally a copy of the individual's CV (a maximum of five pages) and/or biographical sketch, including state medical board and/or FSMB experience, should be forwarded to the email above.

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**FEDERATION OF STATE MEDICAL BOARDS**  
**Responsibilities of Appointed Positions**

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Tasks of the Committee include:

1. Reviewing the auditor's report with particular attention to material deficiencies and recommendations.
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Tasks of the Committee include:

1. Receiving requests for amendments or revisions from the Board of Directors or from Member Boards. Upon receiving requests, the Committee drafts Bylaws language that is appropriate in style and placement. The Bylaws Committee members may also propose amendments or revisions to the Bylaws, and draft language that is appropriate for inclusion.
2. Advising the House of Delegates with regard to each modification they have drafted, citing in their report to the House their choice to support, oppose or remain neutral regarding the language they have drafted. Members of the Committee may give testimony in support of their position before a Reference Committee.
3. Interpreting the Bylaws upon request of the Board of Directors, Member Boards or others.
4. Reviewing the Bylaws and Articles of Incorporation on a continual basis.

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Tasks of the Committee include:

1. Reviewing all articles submitted for publication in a timely manner.
2. Supplying the names of at least two authors (four is preferred) who are able to write an article(s) for the *Journal*.
3. Writing or working with the *Journal* Editor-in-Chief to create an editorial for the *Journal*.
4. Serve as ongoing ambassadors for the *Journal* during any appropriate business meetings or discussions with colleagues — distributing the PDF Call for Papers in printed or electronic form whenever and wherever appropriate.

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## **Finance Committee**

### COMMITTEE CHARGE

The charge of the Finance Committee as currently set forth in the FSMB Bylaws, Article VIII, Section G is to review the financial condition of the FSMB, review and evaluate the costs of the activities and/or programs to be undertaken in the forthcoming year, and recommend a budget to the Board of Directors for its recommendation to the House of Delegates at the Annual Meeting, and perform such other duties as are assigned to it by the Board of Directors.

Tasks of the Committee include:

1. Assessing prior financial performance in comparison to budget.
2. Reviewing the draft budget for alignment with organizational goals, programs and services.
3. Approving the budget for recommendation to the Board of Directors.

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**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Ken Simons</b>		2) Date When Request Submitted:  <b>7/22/14</b>	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul>	
3) Name of Board, Committee, Council, Sections:  <b>Medical Examining Board</b>			
4) Meeting Date:  <b>9/17/2014</b>	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>Candidates for FSMB Offices and Appointments</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  The Board will consider interest from Board members in FSMB offices and appointments.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Taylor Thompson, Bureau Assistant, on behalf of Executive Director Tom Ryan</b>		2) Date When Request Submitted:  9/08/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections:  <b>Medical Examining Board</b>			
4) Meeting Date:  9/17/14	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Discussion and Consideration - Interstate Medical Licensure Compact	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  <b>Review the information from FSMB.</b>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

September 3, 2014

Dear Colleague:

The attached document is a copy of the language for an Interstate Medical Licensure Compact, as finalized by the drafting subcommittee of the Interstate Medical Licensure Compact Taskforce.

This document represents the culmination of the 18 month project undertaken by state medical boards, the FSMB, experts from the Council of State Governments, and interested stakeholder groups that explored the formation of an interstate compact to enhance medical license portability.

This document memorializes the eight consensus principles developed by the Interstate Medical Licensure Compact Taskforce, which included the following:

- Participation in an interstate compact for medical licensure will be strictly voluntary for both physicians and state boards of medicine or osteopathic medicine.
- Generally, participation in an interstate compact creates another pathway for licensure, but does not otherwise change a state's existing Medical Practice Act.
- The practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical or osteopathic board where the patient is located.
- An interstate compact for medical licensure will establish a mechanism whereby any physician practicing in the state will be known by, and under the jurisdiction of, the state medical or osteopathic board where the practice occurs.
- Regulatory authority will remain with the participating state medical and osteopathic boards, and will not be delegated to any entity that would administer a compact.
- A physician practicing under an interstate compact is bound to comply with the statutes, rules and regulations of each compact state wherein he/she chooses to practice.
- State boards participating in an interstate compact are required to share complaint/investigative information with each other.
- The license to practice can be revoked by any or all of the compact states.

Beginning in 2015, state legislatures will introduce the Interstate Medical Licensure Compact for enactment. Although some states may believe that the Compact will not provide a solution to problems of license portability or access to care within their state, it is anticipated that the Interstate Medical Licensure Compact will be introduced in over 15 states next year. Many state medical boards, legislators, and stakeholders have already begun the initial work in support of the enactment process.

I encourage you to review the document and discuss with your state medical board, state elected officials, and other stakeholders the viability of the Interstate Medical Licensure Compact in your state. Please feel free to contact Eric Fish, Sr. Director of Legal Services (202-463-4000 or [efish@fsmb.org](mailto:efish@fsmb.org)) with any questions about the Interstate Medical Licensure Compact or how your state can start the enactment process.

Sincerely,

A handwritten signature in black ink that reads "Humayun J. Chaudhry, D.O., MACP". The signature is written in a cursive style.

Humayun J. Chaudhry, D.O., M.S., MACP, FACOI  
President and Chief Executive Officer

CC: Donald H. Polk, DO  
FSMB Board Chair

# INTERSTATE MEDICAL LICENSURE COMPACT

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*The ideas and conclusions set forth in this document, including the proposed statutory language and any comments or notes, have not been formally endorsed by the Federation of State Medical Boards or its Board of Directors. This document has been prepared as part of a study of the feasibility of an interstate compact, and it does not necessarily reflect the views of the Federation of State Medical Boards, the Board of Directors of the Federation of State Medical Boards, or any state medical board or its members.*

1 **INTERSTATE MEDICAL LICENSURE COMPACT**

2 **SECTION 1. PURPOSE**

3 In order to strengthen access to health care, and in recognition of the advances in the delivery of  
4 health care, the member states of the Interstate Medical Licensure Compact have allied in  
5 common purpose to develop a comprehensive process that complements the existing licensing  
6 and regulatory authority of state medical boards, provides a streamlined process that allows  
7 physicians to become licensed in multiple states, thereby enhancing the portability of a medical  
8 license and ensuring the safety of patients. The Compact creates another pathway for licensure  
9 and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts  
10 the prevailing standard for licensure and affirms that the practice of medicine occurs where the  
11 patient is located at the time of the physician-patient encounter, and therefore, requires the  
12 physician to be under the jurisdiction of the state medical board where the patient is located.  
13 State medical boards that participate in the Compact retain the jurisdiction to impose an adverse  
14 action against a license to practice medicine in that state issued to a physician through the  
15 procedures in the Compact.

16 **SECTION 2. DEFINITIONS**

17 In this compact:

18 (a) "Bylaws" means those bylaws established by the Interstate Commission pursuant to  
19 Section 11 for its governance, or for directing and controlling its actions and conduct.

20 (b) "Commissioner" means the voting representative appointed by each member board  
21 pursuant to Section 11.

22 (c) "Conviction" means a finding by a court that an individual is guilty of a criminal  
23 offense through adjudication, or entry of a plea of guilt or no contest to the charge by the  
24

1 offender. Evidence of an entry of a conviction of a criminal offense by the court shall be  
2 considered final for purposes of disciplinary action by a member board.

3 (d) "Expedited License" means a full and unrestricted medical license granted by a  
4 member state to an eligible physician through the process set forth in the Compact.

5 (e) "Interstate Commission" means the interstate commission created pursuant to Section  
6 11.

7 (f) "License" means authorization by a state for a physician to engage in the practice of  
8 medicine, which would be unlawful without the authorization.

9 (g) "Medical Practice Act" means laws and regulations governing the practice of  
10 allopathic and osteopathic medicine within a member state.

11 (h) "Member Board" means a state agency in a member state that acts in the sovereign  
12 interests of the state by protecting the public through licensure, regulation, and education of  
13 physicians as directed by the state government.

14 (i) "Member State" means a state that has enacted the Compact.

15 (j) "Practice of Medicine" means the clinical prevention, diagnosis, or treatment of  
16 human disease, injury, or condition requiring a physician to obtain and maintain a license in  
17 compliance with the Medical Practice Act of a member state.

18 (k) "Physician" means any person who:

19 (1) Is a graduate of a medical school accredited by the Liaison Committee on  
20 Medical Education, the Commission on Osteopathic College Accreditation, or a medical school  
21 listed in the International Medical Education Directory or its equivalent;

22 (2) Passed each component of the United States Medical Licensing Examination  
23 (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA)

1 within three attempts, or any of its predecessor examinations accepted by a state medical board  
2 as an equivalent examination for licensure purposes;

3 (3) Successfully completed graduate medical education approved by the  
4 Accreditation Council for Graduate Medical Education or the American Osteopathic  
5 Association;

6 (4) Holds specialty certification or a time-unlimited specialty certificate recognized  
7 by the American Board of Medical Specialties or the American Osteopathic Association's  
8 Bureau of Osteopathic Specialists;

9 (5) Possesses a full and unrestricted license to engage in the practice of medicine  
10 issued by a member board;

11 (6) Has never been convicted, received adjudication, deferred adjudication,  
12 community supervision, or deferred disposition for any offense by a court of appropriate  
13 jurisdiction;

14 (7) Has never held a license authorizing the practice of medicine subjected to  
15 discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action  
16 related to non-payment of fees related to a license;

17 (8) Has never had a controlled substance license or permit suspended or revoked by  
18 a state or the United States Drug Enforcement Administration; and

19 (10) Is not under active investigation by a licensing agency or law enforcement  
20 authority in any state, federal, or foreign jurisdiction.

21 (l) "Offense" means a felony, gross misdemeanor, or crime of moral turpitude.

22 (m) "Rule" means a written statement by the Interstate Commission promulgated  
23 pursuant to Section 12 of the Compact that is of general applicability, implements, interprets, or

1 prescribes a policy or provision of the Compact, or an organizational, procedural, or practice  
2 requirement of the Interstate Commission, and has the force and effect of statutory law in a  
3 member state, and includes the amendment, repeal, or suspension of an existing rule.

4 (n) "State" means any state, commonwealth, district, or territory of the United States.

5 (o) "State of Principal License" means a member state where a physician holds a license  
6 to practice medicine and which has been designated as such by the physician for purposes of  
7 registration and participation in the Compact.

8

9 **SECTION 3. ELIGIBILITY**

10 (a) A physician must meet the eligibility requirements as defined in Section 2(k) to  
11 receive an expedited license under the terms and provisions of the Compact.

12 (b) A physician who does not meet the requirements of Section 2(k) may obtain a license  
13 to practice medicine in a member state if the individual complies with all laws and requirements,  
14 other than the Compact, relating to the issuance of a license to practice medicine in that state.

15

16 **SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE**

17 (a) A physician shall designate a member state as the state of principal license for  
18 purposes of registration for expedited licensure through the Compact if the physician possesses a  
19 full and unrestricted license to practice medicine in that state, and the state is:

20 (1) the state of primary residence for the physician, or

21 (2) the state where at least 25% of the practice of medicine occurs, or

22 (3) the location of the physician's employer, or

23 (4) if no state qualifies under subsection (1), subsection (2), or subsection (3), the

1 state designated as state of residence for purpose of federal income tax.

2 (b) A physician may redesignate a member state as state of principal license at any time,  
3 as long as the state meets the requirements in subsection (a).

4 (c) The Interstate Commission is authorized to develop rules to facilitate redesignation of  
5 another member state as the state of principal license.

6

7 **SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE**

8 (a) A physician seeking licensure through the Compact shall file an application for an  
9 expedited license with the member board of the state selected by the physician as the state of  
10 principal license.

11 (b) Upon receipt of an application for an expedited license, the member board within the  
12 state selected as the state of principal license shall evaluate whether the physician is eligible for  
13 expedited licensure and issue a letter of qualification, verifying or denying the physician's  
14 eligibility, to the Interstate Commission.

15 (i) Static qualifications, which include verification of medical education, graduate  
16 medical education, results of any medical or licensing examination, and other qualifications as  
17 determined by the Interstate Commission through rule, shall not be subject to additional primary  
18 source verification where already primary source verified by the state of principal license.

19 (ii) The member board within the state selected as the state of principal license  
20 shall, in the course of verifying eligibility, perform a criminal background check of an applicant,  
21 including the use of the results of fingerprint or other biometric data checks compliant with the  
22 requirements of the Federal Bureau of Investigation, with the exception of federal employees who  
23 have suitability determination in accordance with U.S. C.F.R. §731.202.

24 (iii) Appeal on the determination of eligibility shall be made to the member state

1 where the application was filed and shall be subject to the law of that state.

2 (c) Upon verification in subsection (b), physicians eligible for an expedited license shall  
3 complete the registration process established by the Interstate Commission to receive a license in  
4 a member state selected pursuant to subsection (a), including the payment of any applicable  
5 fees.

6 (d) After receiving verification of eligibility under subsection (b) and any fees under  
7 subsection (c), a member board shall issue an expedited license to the physician. This license  
8 shall authorize the physician to practice medicine in the issuing state consistent with the Medical  
9 Practice Act and all applicable laws and regulations of the issuing member board and member  
10 state.

11 (e) An expedited license shall be valid for a period consistent with the licensure period in  
12 the member state and in the same manner as required for other physicians holding a full and  
13 unrestricted license within the member state.

14 (f) An expedited license obtained though the Compact shall be terminated if a physician  
15 fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without  
16 redesignation of a new state of principal licensure.

17 (g) The Interstate Commission is authorized to develop rules regarding the application  
18 process, including payment of any applicable fees, and the issuance of an expedited license.

19

## 20 **SECTION 6. FEES FOR EXPEDITED LICENSURE**

21 (a) A member state issuing an expedited license authorizing the practice of medicine in  
22 that state may impose a fee for a license issued or renewed through the Compact.

23 (b) The Interstate Commission is authorized to develop rules regarding fees for expedited

1 licenses.

2

3 **SECTION 7. RENEWAL AND CONTINUED PARTICIPATION**

4 (a) A physician seeking to renew an expedited license granted in a member state shall  
5 complete a renewal process with the Interstate Commission if the physician:

6 (1) Maintains a full and unrestricted license in a state of principal license;

7 (2) Has not been convicted, received adjudication, deferred adjudication,  
8 community supervision, or deferred disposition for any offense by a court of appropriate  
9 jurisdiction;

10 (3) Has not had a license authorizing the practice of medicine subject to discipline  
11 by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to  
12 non-payment of fees related to a license; and

13 (4) Has not had a controlled substance license or permit suspended or revoked by  
14 a state or the United States Drug Enforcement Administration.

15 (b) Physicians shall comply with all continuing professional development or continuing  
16 medical education requirements for renewal of a license issued by a member state.

17 (c) The Interstate Commission shall collect any renewal fees charged for the renewal of  
18 a license and distribute the fees to the applicable member board.

19 (d) Upon receipt of any renewal fees collected in subsection (c), a member board shall  
20 renew the physician's license.

21 (e) Physician information collected by the Interstate Commission during the renewal  
22 process will be distributed to all member boards.

23 (f) The Interstate Commission is authorized to develop rules to address renewal of

1 licenses obtained through the Compact.

2

3 **SECTION 8. COORDINATED INFORMATION SYSTEM**

4

5 (a) The Interstate Commission shall establish a database of all physicians licensed, or  
6 who have applied for licensure, under Section 5.

7 (b) Notwithstanding any other provision of law, member boards shall report to the  
8 Interstate Commission any public action or complaints against a licensed physician who has  
9 applied or received an expedited license through the Compact.

10 (c) Member boards shall report disciplinary or investigatory information determined as  
11 necessary and proper by rule of the Interstate Commission.

12 (d) Member boards may report any non-public complaint, disciplinary, or investigatory  
13 information not required by subsection (c) to the Interstate Commission.

14 (e) Member boards shall share complaint or disciplinary information about a physician  
15 upon request of another member board.

16 (f) All information provided to the Interstate Commission or distributed by member  
17 boards shall be confidential, filed under seal, and used only for investigatory or disciplinary  
18 matters.

19 (g) The Interstate Commission is authorized to develop rules for mandated or  
20 discretionary sharing of information by member boards.

21

22 **SECTION 9. JOINT INVESTIGATIONS**

23 (a) Licensure and disciplinary records of physicians are deemed investigative.

24 (b) In addition to the authority granted to a member board by its respective Medical  
25 Practice Act or other applicable state law, a member board may participate with other member

1 boards in joint investigations of physicians licensed by the member boards.

2 (c) A subpoena issued by a member state shall be enforceable in other member states.

3 (d) Member boards may share any investigative, litigation, or compliance materials in  
4 furtherance of any joint or individual investigation initiated under the Compact.

5 (e) Any member state may investigate actual or alleged violations of the statutes  
6 authorizing the practice of medicine in any other member state in which a physician holds a  
7 license to practice medicine.

8

9 **SECTION 10. DISCIPLINARY ACTIONS**

10 (a) Any disciplinary action taken by any member board against a physician licensed  
11 through the Compact shall be deemed unprofessional conduct which may be subject to discipline  
12 by other member boards, in addition to any violation of the Medical Practice Act or regulations  
13 in that state.

14 (b) If a license granted to a physician by the member board in the state of principal  
15 license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all  
16 licenses issued to the physician by member boards shall automatically be placed, without further  
17 action necessary by any member board, on the same status. If the member board in the state of  
18 principal license subsequently reinstates the physician's license, a license issued to the  
19 physician by any other member board shall remain encumbered until that respective member  
20 board takes action to reinstate the license in a manner consistent with the Medical Practice Act of  
21 that state.

22 (c) If disciplinary action is taken against a physician by a member board not in the state  
23 of principal license, any other member board may deem the action conclusive as to matter of law

1 and fact decided, and:

2 (i) impose the same or lesser sanction(s) against the physician so long as such  
3 sanctions are consistent with the Medical Practice Act of that state;

4 (ii) or pursue separate disciplinary action against the physician under its  
5 respective Medical Practice Act, regardless of the action taken in other member states.

6 (d) If a license granted to a physician by a member board is revoked, surrendered or  
7 relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any  
8 other member board(s) shall be suspended, automatically and immediately without further action  
9 necessary by the other member board(s), for ninety (90) days upon entry of the order by the  
10 disciplining board, to permit the member board(s) to investigate the basis for the action under the  
11 Medical Practice Act of that state. A member board may terminate the automatic suspension of  
12 the license it issued prior to the completion of the ninety (90) day suspension period in a manner  
13 consistent with the Medical Practice Act of that state.

14

15 **SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT**

16 **COMMISSION**

17 (a) The member states hereby create the "Interstate Medical Licensure Compact  
18 Commission".

19 (b) The purpose of the Interstate Commission is the administration of the Interstate  
20 Medical Licensure Compact, which is a discretionary state function.

21 (c) The Interstate Commission shall be a body corporate and joint agency of the member  
22 states and shall have all the responsibilities, powers, and duties set forth in the Compact, and  
23 such additional powers as may be conferred upon it by a subsequent concurrent action of the

1 respective legislatures of the member states in accordance with the terms of the Compact.

2 (d) The Interstate Commission shall consist of two voting representatives appointed by  
3 each member state who shall serve as Commissioners. In states where allopathic and osteopathic  
4 physicians are regulated by separate member boards, or if the licensing and disciplinary authority  
5 is split between multiple member boards within a member state, the member state shall appoint  
6 one representative from each member board. A Commissioner shall be a(n):

7 (1) Allopathic or osteopathic physician appointed to a member board;

8 (2) Executive director, executive secretary, or similar executive of a member  
9 board; or

10 (3) Member of the public appointed to a member board.

11 (e) The Interstate Commission shall meet at least once each calendar year. A portion of  
12 this meeting shall be a business meeting to address such matters as may properly come before the  
13 Commission, including the election of officers. The chairperson may call additional meetings  
14 and shall call for a meeting upon the request of a majority of the member states.

15 (f) The bylaws may provide for meetings of the Interstate Commission to be conducted  
16 by telecommunication or electronic communication.

17 (g) Each Commissioner participating at a meeting of the Interstate Commission is entitled  
18 to one vote. A majority of Commissioners shall constitute a quorum for the transaction of  
19 business, unless a larger quorum is required by the bylaws of the Interstate Commission. A  
20 Commissioner shall not delegate a vote to another Commissioner. In the absence of its  
21 Commissioner, a member state may delegate voting authority for a specified meeting to another  
22 person from that state who shall meet the requirements of subsection (d).

23 (h) The Interstate Commission shall provide public notice of all meetings and all

1 meetings shall be open to the public. The Interstate Commission may close a meeting, in full or  
2 in portion, where it determines by a two-thirds vote of the Commissioners present that an open  
3 meeting would be likely to:

4 (1) Relate solely to the internal personnel practices and procedures of the  
5 Interstate Commission;

6 (2) Discuss matters specifically exempted from disclosure by federal statute;

7 (3) Discuss trade secrets, commercial, or financial information that is privileged  
8 or confidential;

9 (4) Involve accusing a person of a crime, or formally censuring a person;

10 (5) Discuss information of a personal nature where disclosure would constitute a  
11 clearly unwarranted invasion of personal privacy;

12 (6) Discuss investigative records compiled for law enforcement purposes; or

13 (7) Specifically relate to the participation in a civil action or other legal  
14 proceeding.

15 (i) The Interstate Commission shall keep minutes which shall fully describe all matters  
16 discussed in a meeting and shall provide a full and accurate summary of actions taken, including  
17 record of any roll call votes.

18 (j) The Interstate Commission shall make its information and official records, to the  
19 extent not otherwise designated in the Compact or by its rules, available to the public for  
20 inspection.

21 (k) The Interstate Commission shall establish an executive committee, which shall  
22 include officers, members, and others as determined by the bylaws. The executive committee  
23 shall have the power to act on behalf of the Interstate Commission, with the exception of

1 rulemaking, during periods when the Interstate Commission is not in session. When acting on  
2 behalf of the Interstate Commission, the executive committee shall oversee the administration of  
3 the Compact including enforcement and compliance with the provisions of the Compact, its  
4 bylaws and rules, and other such duties as necessary.

5 (l) The Interstate Commission may establish other committees for governance and  
6 administration of the Compact.

7

8 **SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION**

9 The Interstate Commission shall have the duty and power to:

10 (a) Oversee and maintain the administration of the Compact;

11 (b) Promulgate rules which shall be binding to the extent and in the manner provided for  
12 in the Compact;

13 (c) Issue, upon the request of a member state or member board, advisory opinions  
14 concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;

15 (d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate  
16 Commission, and the bylaws, using all necessary and proper means, including but not limited to  
17 the use of judicial process;

18 (e) Establish and appoint committees including, but not limited to, an executive  
19 committee as required by Section 11, which shall have the power to act on behalf of the  
20 Interstate Commission in carrying out its powers and duties;

21 (f) Pay, or provide for the payment of the expenses related to the establishment,  
22 organization, and ongoing activities of the Interstate Commission;

23 (g) Establish and maintain one or more offices;

24 (h) Borrow, accept, hire, or contract for services of personnel;

- 1 (i) Purchase and maintain insurance and bonds;
- 2 (j) Employ an executive director who shall have such powers to employ, select or appoint  
3 employees, agents, or consultants, and to determine their qualifications, define their duties, and  
4 fix their compensation;
- 5 (k) Establish personnel policies and programs relating to conflicts of interest, rates of  
6 compensation, and qualifications of personnel;
- 7 (l) Accept donations and grants of money, equipment, supplies, materials and services,  
8 and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest  
9 policies established by the Interstate Commission;
- 10 (m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold,  
11 improve or use, any property, real, personal, or mixed;
- 12 (n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any  
13 property, real, personal, or mixed;
- 14 (o) Establish a budget and make expenditures;
- 15 (p) Adopt a seal and bylaws governing the management and operation of the Interstate  
16 Commission;
- 17 (q) Report annually to the legislatures and governors of the member states concerning the  
18 activities of the Interstate Commission during the preceding year. Such reports shall also include  
19 reports of financial audits and any recommendations that may have been adopted by the  
20 Interstate Commission;
- 21 (r) Coordinate education, training, and public awareness regarding the Compact, its  
22 implementation, and its operation;
- 23 (s) Maintain records in accordance with the bylaws;

1 (t) Seek and obtain trademarks, copyrights, and patents; and

2 (u) Perform such functions as may be necessary or appropriate to achieve the purposes of  
3 the Compact.

4  
5 **SECTION 13. FINANCE POWERS**

6 (a) The Interstate Commission may levy on and collect an annual assessment from each  
7 member state to cover the cost of the operations and activities of the Interstate Commission and  
8 its staff. The total assessment must be sufficient to cover the annual budget approved each year  
9 for which revenue is not provided by other sources. The aggregate annual assessment amount  
10 shall be allocated upon a formula to be determined by the Interstate Commission, which shall  
11 promulgate a rule binding upon all member states.

12 (b) The Interstate Commission shall not incur obligations of any kind prior to securing  
13 the funds adequate to meet the same.

14 (c) The Interstate Commission shall not pledge the credit of any of the member states,  
15 except by, and with the authority of, the member state.

16 (d) The Interstate Commission shall be subject to a yearly financial audit conducted by a  
17 certified or licensed public accountant and the report of the audit shall be included in the annual  
18 report of the Interstate Commission.

19  
20 **SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE**  
21 **COMMISSION**

22 (a) The Interstate Commission shall, by a majority of Commissioners present and voting,  
23 adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes

1 of the Compact within twelve (12) months of the first Interstate Commission meeting.

2 (b) The Interstate Commission shall elect or appoint annually from among its  
3 Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such  
4 authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's  
5 absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate  
6 Commission.

7 (c) Officers selected in subsection (b) shall serve without remuneration from the  
8 Interstate Commission.

9 (d) The officers and employees of the Interstate Commission shall be immune from suit  
10 and liability, either personally or in their official capacity, for a claim for damage to or loss of  
11 property or personal injury or other civil liability caused or arising out of, or relating to, an actual  
12 or alleged act, error, or omission that occurred, or that such person had a reasonable basis for  
13 believing occurred, within the scope of Interstate Commission employment, duties, or  
14 responsibilities; provided that such person shall not be protected from suit or liability for  
15 damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of  
16 such person.

17 (1) The liability of the executive director and employees of the Interstate  
18 Commission or representatives of the Interstate Commission, acting within the scope of such  
19 person's employment or duties for acts, errors, or omissions occurring within such person's state,  
20 may not exceed the limits of liability set forth under the constitution and laws of that state for  
21 state officials, employees, and agents. The Interstate Commission is considered to be an  
22 instrumentality of the states for the purposes of any such action. Nothing in this subsection shall  
23 be construed to protect such person from suit or liability for damage, loss, injury, or liability

1 caused by the intentional or willful and wanton misconduct of such person.

2 (2) The Interstate Commission shall defend the executive director, its employees,  
3 and subject to the approval of the attorney general or other appropriate legal counsel of the  
4 member state represented by an Interstate Commission representative, shall defend such  
5 Interstate Commission representative in any civil action seeking to impose liability arising out of  
6 an actual or alleged act, error or omission that occurred within the scope of Interstate  
7 Commission employment, duties or responsibilities, or that the defendant had a reasonable basis  
8 for believing occurred within the scope of Interstate Commission employment, duties, or  
9 responsibilities, provided that the actual or alleged act, error, or omission did not result from  
10 intentional or willful and wanton misconduct on the part of such person.

11 (3) To the extent not covered by the state involved, member state, or the Interstate  
12 Commission, the representatives or employees of the Interstate Commission shall be held  
13 harmless in the amount of a settlement or judgment, including attorney's fees and costs, obtained  
14 against such persons arising out of an actual or alleged act, error, or omission that occurred  
15 within the scope of Interstate Commission employment, duties, or responsibilities, or that such  
16 persons had a reasonable basis for believing occurred within the scope of Interstate Commission  
17 employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission  
18 did not result from intentional or willful and wanton misconduct on the part of such persons.

19

20 **SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE**  
21 **COMMISSION**

22 (a) The Interstate Commission shall promulgate reasonable rules in order to effectively  
23 and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event

1 the Interstate Commission exercises its rulemaking authority in a manner that is beyond the  
2 scope of the purposes of the Compact, or the powers granted hereunder, then such an action by  
3 the Interstate Commission shall be invalid and have no force or effect.

4 (b) Rules deemed appropriate for the operations of the Interstate Commission shall be  
5 made pursuant to a rulemaking process that substantially conforms to the “Model State  
6 Administrative Procedure Act” of 2010, and subsequent amendments thereto.

7 (c) Not later than thirty (30) days after a rule is promulgated, any person may file a  
8 petition for judicial review of the rule in the United States District Court for the District of  
9 Columbia or the federal district where the Interstate Commission has its principal offices,  
10 provided that the filing of such a petition shall not stay or otherwise prevent the rule from  
11 becoming effective unless the court finds that the petitioner has a substantial likelihood of  
12 success. The court shall give deference to the actions of the Interstate Commission consistent  
13 with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable  
14 exercise of the authority granted to the Interstate Commission.

15  
16 **SECTION 16. OVERSIGHT OF INTERSTATE COMPACT**

17 (a) The executive, legislative, and judicial branches of state government in each member  
18 state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate  
19 the Compact’s purposes and intent. The provisions of the Compact and the rules promulgated  
20 hereunder shall have standing as statutory law but shall not override existing state authority to  
21 regulate the practice of medicine.

22 (b) All courts shall take judicial notice of the Compact and the rules in any judicial or  
23 administrative proceeding in a member state pertaining to the subject matter of the Compact  
24 which may affect the powers, responsibilities or actions of the Interstate Commission.

1 (c) The Interstate Commission shall be entitled to receive all service of process in any  
2 such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure  
3 to provide service of process to the Interstate Commission shall render a judgment or order void  
4 as to the Interstate Commission, the Compact, or promulgated rules.

5  
6 **SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT**

7 (a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce  
8 the provisions and rules of the Compact.

9 (b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal  
10 action in the United States District Court for the District of Columbia, or, at the discretion of the  
11 Interstate Commission, in the federal district where the Interstate Commission has its principal  
12 offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and  
13 bylaws, against a member state in default. The relief sought may include both injunctive relief  
14 and damages. In the event judicial enforcement is necessary, the prevailing party shall be  
15 awarded all costs of such litigation including reasonable attorney's fees.

16 (c) The remedies herein shall not be the exclusive remedies of the Interstate Commission.  
17 The Interstate Commission may avail itself of any other remedies available under state law or the  
18 regulation of a profession.

19  
20 **SECTION 18. DEFAULT PROCEDURES**

21 (a) The grounds for default include, but are not limited to, failure of a member state to  
22 perform such obligations or responsibilities imposed upon it by the Compact, or the rules and  
23 bylaws of the Interstate Commission promulgated under the Compact.

1 (b) If the Interstate Commission determines that a member state has defaulted in the  
2 performance of its obligations or responsibilities under the Compact, or the bylaws or  
3 promulgated rules, the Interstate Commission shall:

4 (1) Provide written notice to the defaulting state and other member states, of the  
5 nature of the default, the means of curing the default, and any action taken by the Interstate  
6 Commission. The Interstate Commission shall specify the conditions by which the defaulting  
7 state must cure its default; and

8 (2) Provide remedial training and specific technical assistance regarding the  
9 default.

10 (c) If the defaulting state fails to cure the default, the defaulting state shall be terminated  
11 from the Compact upon an affirmative vote of a majority of the Commissioners and all rights,  
12 privileges, and benefits conferred by the Compact shall terminate on the effective date of  
13 termination. A cure of the default does not relieve the offending state of obligations or liabilities  
14 incurred during the period of the default.

15 (d) Termination of membership in the Compact shall be imposed only after all other  
16 means of securing compliance have been exhausted. Notice of intent to terminate shall be given  
17 by the Interstate Commission to the governor, the majority and minority leaders of the defaulting  
18 state's legislature, and each of the member states.

19 (e) The Interstate Commission shall establish rules and procedures to address licenses and  
20 physicians that are materially impacted by the termination of a member state, or the withdrawal  
21 of a member state.

22 (f) The member state which has been terminated is responsible for all dues, obligations,  
23 and liabilities incurred through the effective date of termination including obligations, the

1 performance of which extends beyond the effective date of termination.

2 (g) The Interstate Commission shall not bear any costs relating to any state that has been  
3 found to be in default or which has been terminated from the Compact, unless otherwise  
4 mutually agreed upon in writing between the Interstate Commission and the defaulting state.

5 (h) The defaulting state may appeal the action of the Interstate Commission by  
6 petitioning the United States District Court for the District of Columbia or the federal district  
7 where the Interstate Commission has its principal offices. The prevailing party shall be awarded  
8 all costs of such litigation including reasonable attorney's fees.

9

#### 10 **SECTION 19. DISPUTE RESOLUTION**

11 (a) The Interstate Commission shall attempt, upon the request of a member state, to  
12 resolve disputes which are subject to the Compact and which may arise among member states or  
13 member boards.

14 (b) The Interstate Commission shall promulgate rules providing for both mediation and  
15 binding dispute resolution as appropriate.

16

#### 17 **SECTION 20. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT**

18 (a) Any state is eligible to become a member state of the Compact.

19 (b) The Compact shall become effective and binding upon legislative enactment of the  
20 Compact into law by no less than seven (7) states. Thereafter, it shall become effective and  
21 binding on a state upon enactment of the Compact into law by that state.

22 (c) The governors of non-member states, or their designees, shall be invited to participate  
23 in the activities of the Interstate Commission on a non-voting basis prior to adoption of the

1 Compact by all states.

2 (d) The Interstate Commission may propose amendments to the Compact for enactment  
3 by the member states. No amendment shall become effective and binding upon the Interstate  
4 Commission and the member states unless and until it is enacted into law by unanimous consent  
5 of the member states.

6

7 **SECTION 21. WITHDRAWAL**

8 (a) Once effective, the Compact shall continue in force and remain binding upon each  
9 and every member state; provided that a member state may withdraw from the Compact by  
10 specifically repealing the statute which enacted the Compact into law.

11 (b) Withdrawal from the Compact shall be by the enactment of a statute repealing the  
12 same, but shall not take effect until one (1) year after the effective date of such statute and until  
13 written notice of the withdrawal has been given by the withdrawing state to the governor of each  
14 other member state.

15 (c) The withdrawing state shall immediately notify the chairperson of the Interstate  
16 Commission in writing upon the introduction of legislation repealing the Compact in the  
17 withdrawing state.

18 (d) The Interstate Commission shall notify the other member states of the withdrawing  
19 state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection

20 (c).

21 (e) The withdrawing state is responsible for all dues, obligations and liabilities incurred  
22 through the effective date of withdrawal, including obligations, the performance of which extend  
23 beyond the effective date of withdrawal.

1 (f) Reinstatement following withdrawal of a member state shall occur upon the  
2 withdrawing state reenacting the Compact or upon such later date as determined by the Interstate  
3 Commission.

4 (g) The Interstate Commission is authorized to develop rules to address the impact of the  
5 withdrawal of a member state on licenses granted in other member states to physicians who  
6 designated the withdrawing member state as the state of principal license.

7  
8 **SECTION 22. DISSOLUTION**

9 (a) The Compact shall dissolve effective upon the date of the withdrawal or default of the  
10 member state which reduces the membership in the Compact to one (1) member state.

11 (b) Upon the dissolution of the Compact, the Compact becomes null and void and shall  
12 be of no further force or effect, and the business and affairs of the Interstate Commission shall be  
13 concluded and surplus funds shall be distributed in accordance with the bylaws.

14  
15 **SECTION 23. SEVERABILITY AND CONSTRUCTION**

16 (a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence,  
17 or provision is deemed unenforceable, the remaining provisions of the Compact shall be  
18 enforceable.

19 (b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

20 (c) Nothing in the Compact shall be construed to prohibit the applicability of other  
21 interstate compacts to which the states are members.

22  
23 **SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS**

1           (a) Nothing herein prevents the enforcement of any other law of a member state that is  
2 not inconsistent with the Compact.

3           (b) All laws in a member state in conflict with the Compact are superseded to the extent of  
4 the conflict.

5           (c) All lawful actions of the Interstate Commission, including all rules and bylaws  
6 promulgated by the Commission, are binding upon the member states.

7           (d) All agreements between the Interstate Commission and the member states are binding  
8 in accordance with their terms.

9           (e) In the event any provision of the Compact exceeds the constitutional limits imposed  
10 on the legislature of any member state, such provision shall be ineffective to the extent of the  
11 conflict with the constitutional provision in question in that member state.



Med 1.02(3)

A verified certificate showing satisfactory completion by the applicant of 12 months' postgraduate training in a facility approved by the board. The board recognizes as approved those facilities and training programs recognized as approved at the time of the applicant's service therein by the council on medical education of the American medical association, or the American osteopathic association, or the liaison committee on graduate medical education, or the national joint committee on approval of pre-registration physician training programs of Canada, or successors. If an applicant is a graduate of a foreign medical school not approved by the board and if such applicant has not completed 12 months' postgraduate training in a facility approved by the board, but such applicant has had other professional experience which the applicant believes has given that applicant education and training substantially equivalent, such applicant may submit to the board documentary evidence thereof. The board will review such documentary evidence and may make such further inquiry including a personal interview of the applicant as the board deems necessary to determine that such substantial equivalence in fact exists. The burden of proof of such equivalence shall lie upon the applicant. If the board finds such equivalence, the board may accept this in lieu of requiring that applicant to have completed 12 months' postgraduate training in a program approved by the board.

**Comment [SNL1]:** This language will be amended to reflect the 24 month requirement.

**Comment [SNL2]:** This language will be changed to reflect the 24 month requirement

**Comment [SNL3]:** Change to 24 months of required training

### Chapter Med 3 VISITING PROFESSOR LICENSE

**Comment [SNL4]:** Change to Visiting Physician License

**Med 3.01 Authority and purpose.** The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.11 and 448.40, Stats., and govern application for temporary license to practice medicine and surgery under s. 448.04 (1) (b) 2., Stats., (hereinafter "visiting professor license"), and also govern practice thereunder.

**Comment [SNL5]:** Add restricted license to practice medicine and surgery as a visiting physician under 448.04 (1) (bg)

**Comment [SNL6]:** Change to physician

**Med 3.02 Applications, credentials, and eligibility.** An applicant who is a graduate of a foreign medical school located outside of the United States or Canada or osteopathic college that is approved by the board and who is invited to serve on the academic staff of a medical school in this state as a visiting professor-physician may apply to the board for a temporary visiting professor physician license and shall submit to the board the all of following:

**Comment [SNL7]:** Add language

(1) A completed and verified application form for this purpose as required in s. Med 1.02 (1). (1m) Documentary evidence of licensure to practice medicine and surgery outside of this state.

**Comment [SNL8]:** Add which includes proof that the applicant has graduated from and possesses a diploma from a medical or osteopathic college that is approved by the board.

(2) A signed letter from the appointing authority- dean or president of a medical school, facility or college in this state indicating that the applicant has been invited to serve on the academic staff of such medical school as a visiting professor intends to teach, research, or practice medicine and surgery at a medical education facility, medical research facility or medical college in this state.

**Comment [SNL9]:** Add 1(m)

(3) A curriculum vitae setting out the applicant's education and qualifications and a verified photographic copy of the diploma (with translation) conferring the degree of doctor of medicine granted to the applicant by such school.

- (4) A photograph of the applicant as required in s. Med 1.02 (4).
- (5) A verified statement that the applicant is familiar with the state health laws and the rules of the department of health services as related to communicable diseases.
- ~~(6) Documentary evidence of noteworthy attainment in a specialized field of medicine.~~
- (7) Documentary evidence of post-graduate training completed in the United States and/or or foreign countries.
- (8) Oral interview conducted by the board.
- (9) Documentary evidence that the applicant teaches medicine, engages in medical research, or practices medicine and surgery outside of this state.

Comment [SNL10]: Add 9

**Med 3.03 Fees.** The required fees must accompany the application, and all remittances must be made payable to the Wisconsin department of safety and professional services.

**Med 3.04 Practice limitations.** The holder of a temporary visiting professor license may practice medicine and surgery as defined in s. 448.01 (9), Stats., providing such practice is entirely limited to the duties of the academic position to which the holder of such license is appointed.

Comment [SNL11]: Add physician

Comment [SNL12]: Add the medical education facility, medical research facility, or the medical college where the license holder is teaching, researching, or practicing, and only in accordance with the terms and restrictions established by the board.

**Med 3.05 Expiration and renewal.** A temporary visiting professor license shall expire 2 years after the date of its issuance, and may be renewed for additional 2 year periods at the discretion of the board.

Comment [SNL13]: A visiting professor license is valid for one year and may be renewed at the discretion of the board and as long as the license holder is actively engaged in teaching, researching, or practicing medicine and surgery and is lawfully entitled to work in the United States.

**Med 3.06 Examination and interview.** Applicants shall participate in an oral interview conducted by the board, and shall complete an open book examination on statutes and rules governing the practice of medicine and surgery in Wisconsin.

## Chapter Med 5 TEMPORARY EDUCATIONAL PERMIT TO PRACTICE MEDICINE AND SURGERY

Comment [SNL14]: New title: Resident Educational License To Practice Medicine and Surgery

**Med 5.01 Authority and purpose.** The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.11 and 448.40, Stats., and govern application for temporary educational permit resident educational license to practice medicine and surgery under s. 448.04 (1) (e), Stats., s. 448.04 (1) (bm), Stats., (hereinafter "temporary educational permit" "resident educational license"), and also govern practice thereunder.

**Med 5.02 Applications, credentials, and eligibility.** An applicant who has been appointed to a postgraduate training program in a facility in this state approved by the board under the provisions of s. Med 1.02 (3) may apply to the board for a temporary educational permit resident educational license to practice medicine and surgery and shall submit to the board all of the following:

~~(1) A completed and verified application form supplied by the board for this purpose. These application forms are furnished by the board to the directors of training programs in approved facilities in this state and are available to the applicant from such directors.~~

(1m) Documentary evidence that the applicant is a graduate of a medical or osteopathic college that is approved by the board.

~~(2) The documentary Documentary evidence and credentials required under s. Med 1.02 (2); (4) and (5) that the applicant has been accepted into a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or a successor organization.~~

(3) A signed letter from a dean or president of a medical school, facility or college in this state indicating that the applicant has been accepted into a postgraduate training program or confirming that the applicant has been or will be appointed to a position in a postgraduate training program.

(4) A verified statement that the applicant is familiar with the state health laws and rules of the department of health services as related to communicable diseases.

**Med 5.03 Fees.** The required fees must accompany the application, and all remittances must be made payable to the Wisconsin department of safety and professional services.

**Med 5.035 Examination.** Applicants shall complete an open book examination on statutes and rules governing the practice of medicine and surgery in Wisconsin.

**Med 5.04 Practice limitations.** The holder of a ~~temporary educational permit~~ resident educational license to practice medicine and surgery may, under the direction of a person licensed to practice medicine and surgery in this state, perform services requisite to the training program in which that holder ~~licensee~~ is serving. Acting under such direction, the ~~holder of such temporary educational permit licensee~~ shall also have the right to prescribe drugs other than narcotics and to sign any certificates, reports or other papers for the use of public authorities which are required of or permitted to persons licensed to practice medicine and surgery. The ~~holder of such temporary resident educational permit licensee~~ shall confine ~~his or her~~ their training and entire practice to the facility in which the ~~permit license holder~~ is taking the training and to the duties of such training.

**Med 5.05 Revocation.** Violation by the holder of a ~~temporary educational permit~~ resident educational license to practice medicine and surgery of any of the provisions of this chapter or of any of the provisions of the Wisconsin Administrative Code or of ch. 448, Stats., which apply to persons licensed to practice medicine and surgery shall be cause for the revocation of ~~such temporary educational permit~~ the license.

**Med 5.06 Expiration and renewal.** ~~Temporary educational permits~~ A resident educational license granted under this chapter shall expire one year from date of issuance is valid for one year and may be renewed for additional one-year terms as long as the license holder is in enrolled in a postgraduate training program and actively engaged in the practice of medicine and surgery in a postgraduate training program and is lawfully entitled to work in the United States and for cause shown to the satisfaction of the board may be renewed annually for not more than 4 such renewals, and the renewal fee shall be paid for each such renewal.

### Chapter Med 23 Administrative Physician License

**Med 23.01 Authority and purpose.** The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.11 and 448.40, Stats., and govern application for administrative physician license under s.448.04 (1) (ac), Stats., and also govern practice thereunder.

**Med 23.02 Applications, credentials and eligibility.** An applicant for an administrative physician license must be a graduate of a medical school complete the same application and meet the same requirements as an applicant for a regular license to practice medicine and surgery as identified in s.448.04 (1) (a), and shall submit to the board all of the following:

**Comment [SNL15]:** What does the board require of administrative physicians.

**Med 23.03 Fees.** The required fees must accompany the application, and all remittances must be made payable to the Wisconsin department of safety and professional services.

**Med 23.04 Practice limitations.** The holder of an administrative physician license must restrict their responsibilities to administrative or academic duties. An administrative physician license does not include the authority to diagnose, treat patients, issue prescription drugs or controlled substances, delegate medical acts or prescriptive authority or issue opinions regarding medical necessity.

**Comment [SNL16]:** The board may impose additional practice limitations.

**Med 23.05 Expiration and renewal.** An administrative physician license shall expire ever 2 years after the date of its issuance, and may be renewed for additional 2 year periods at the discretion of the board.

**Med 23.06 Examination and interview.** Applicants shall participated in an oral interview conducted by the board, and shall complete an open book examination on statutes and rules governing the practice of medicine and surgery in Wisconsin.

# Timeline for Med 3 and 5 Physician Licensure

<u>Action</u>	<u>Date</u>
<u>Emergency Rules</u>	
Develop scope statement	June 1, 2014
Get Board approval of scope statement	June 18, 2014
Get Governor approval of scope statement and transmit to LRB	June 20, 2014
Scope statement printed in <i>Wisconsin Administrative Register</i>	August 15, 2014
Scope statement implemented	September 9, 2014
Finalize emergency rule and send to Board for approval	November 19, 2014
Send to Governor for approval	December 5, 2014
Send to Board for adoption	December 22, 2014
Emergency rule adoption date and send to WSJ	January 9, 2015
Emergency rule effective date	January 15, 2015
Emergency rule and permanent rule Hearing date	April 13, 2015
Draft request for 1st extension	April 24, 2015
Expiration of emergency rule	June 13, 2015
Draft request for 2nd extension	June 24, 2015
Expiration of 1st extension	August 12, 2015
Expiration of 2nd extension	October 11, 2015

<u>Permanent Rules</u>	
Get Board approval of draft rules	January 9, 2015
Finalize the draft rules, and post the EIA Notice	January 26, 2015
End of comment period for draft Economic Impact Analysis	February 9, 2015
Finalize Economic Impact Analysis	February 20, 2015
Get approval to announce Hearing and transmit to LRB	March 6, 2015
Announcement noticed in <i>Register</i>	April 1, 2015
Permanent rule and emergency rule Hearing date	April 13, 2015
Finalize rule materials for legislative review	April 27, 2015
Get Secretary approval for legislative review	May 4, 2015
Get GORC approval for legislative review	May 11, 2015
Transmit for legislative review	May 12, 2015
Assignment of rules	May 26, 2015
Senate and Assembly review ends (includes no hearing)	June 25, 2015
Rules sent to Joint Committee for Review of Administrative Rules	June 29, 2015
JCRAR review ends (no extension included)	July 29, 2015
Adoption and filing of rules	August 6, 2015
Rules in effect (includes 1.5 months for printing)	October 1, 2015

*Assumptions in addition to those listed above in parentheses, to avoid a too-soon sunset of the e-rule:*

1. Each Secretary approval occurs within two weeks, as does the Governor's and GORC's, except approval for legislative review and for final adoption occur within one week.
2. Defendable emergency rule, analysis and finding can be developed within one month.
3. Dwelling Code Council will meet no later than the day of adoption of the emergency rule.
4. Economic impact will be moderate, including for homeowners and the insurance industry.
5. Council, EIA and Hearing inputs can each be adequately addressed within 9 to 10 business days.
6. Presiding officers of both legislative chambers elect to assign rules to standing committees in advance of next year's session.
7. Emergency rule will be extended as requested.

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b>  <b>Shawn Leatherwood, Administrative Rule Coordinator</b>		<b>2) Date When Request Submitted:</b>  <b>September 3, 2014</b> <small>Items will be considered late if submitted after 12:00 p.m. and less than:              ▪ 8 work days before the meeting</small>	
<b>3) Name of Board, Committee, Council, Sections:</b> <b>Medical Examining Board</b>			
<b>4) Meeting Date:</b>  <b>September 17, 2014</b>	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b>  <b>Review of Proposed Final Draft of 165-Med 18 Informed Consent</b>	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	<b>8) Is an appearance before the Board being scheduled? If yes, who is appearing?</b>  <input type="checkbox"/> Yes by _____ (name)  <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>  N/A	
<b>10) Describe the issue and action that should be addressed:</b>  <p>The Board will review and approve the Legislative Report and Proposed Final Draft of Clearinghouse Rule 14-040 (165- Med 18 Informed Consent) for submission to the Governor's Office and Legislature.</p>			
<b>11) Authorization</b> <b>Shawn Leatherwood</b>		<b>September 3, 2014</b>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



The Board held a public hearing on August 20, 2014. The following people either testified at the hearing, or submitted written comments:

Mark Grapentine, Wisconsin Medical Society

The Board summarizes the comments received either by hearing testimony or by written submission as follows:

Mark Grapentine testified in favor of the rule. He concurred with the recommendations made in the Clearinghouse Report.

The Board explains modifications to its rule-making proposal prompted by public comments as follows:

The Board made no modification as a result of public comments.

**VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:**

All of the recommendations suggested in the Clearinghouse Report have been accepted.

**VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS:**

None.

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 14-040)

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PROPOSED ORDER

An order of the Medical Examining Board to amend Med 18.02 (3), 18.04 (3) and (5) and 18.05; to repeal and recreate chapter Med 18 (title) Med 18.03 (title); and to create Med 18.04 (6), relating to physicians and informed consent.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:**

Section 448.30, Stats.

**Statutory authority:**

Sections 15.08 (5) (b), 227.11 (2) (a), and 448.40 (2) (a), Stats., 2013 Wisconsin Act 111

**Explanation of agency authority:**

Examining boards are authorized by s. 15.08 (5) (b), Stats., to promulgate rules that will provide guidance within their profession. Section 227.11 (2) (a), Stats., grants authority to boards to promulgate rules interpreting the statutes it enforces or administers as long as the proposed rule does not exceed proper interpretation of the statute. This proposed rule will interpret s. 448.30, Stats., which sets forth the guidelines physicians must follow in order to properly inform their patients regarding alternate modes of treatment. Section 448.40 (2) (a), Stats. grants express authority from the legislature to the Medical Examining Board to draft rules regarding informed consent.

**Related statute or rule:**

None.

**Plain language analysis:**

Recent legislation, 2013 Wisconsin Act 111, significantly impacted s. 448.30, Stats., and Wis. Admin Code s. Med 18. Before the Act, physicians had a duty to inform their

patients, under s. 448.30, Stats., of all alternate viable medical modes of treatment and about the benefits and risks of those treatments. After the passage of Act 111, physicians are required to inform their patients of reasonable alternate medical modes of treatment. The latter standard is not as broad as the former standard and in fact lessens the burden on physicians.

Another major change is the reasonable physician standard has replaced the reasonable patient standard. The reasonable physician standard requires doctors to disclose only the information that a reasonable physician in the same or similar medical specialty would know and disclose under the circumstances. The reasonable patient standard requires a physician to disclose information necessary for a reasonable person to make an intelligent decision with respect to the choices of treatment. The reasonable physician standard is a more objective approach and is the standard to which Wisconsin physicians must now adhere.

#### **Summary of, and comparison with, existing or proposed federal regulation:**

Several federal agencies, including but not limited to the Food and Drug Administration, have rules protecting human subjects participating in investigative trials. Investigators are required to obtain informed consent of each person that will participate in experimental studies, 21 CFR 50.20, including experiments involving drugs for human use found in 21 CFR 312.60. Obtaining informed consent from participants in the investigatory research is not intended to preempt any applicable federal, state, or local laws which require additional information to be disclosed in order for informed consent to be legally effective.

#### **Comparison with rules in adjacent states:**

**Illinois:** Illinois does not have a comparable statute or rule.

**Iowa:** Iowa statutes create a presumption that informed consent was given if it is documented in writing. "A consent in writing to any medical or surgical procedure or course of procedure in patient care which meets the requirements of this section shall create a presumption that informed consent was given." IOWA CODE § 147.137.

**Michigan:** Michigan's statute has comparable language which is directed towards physicians who are treating breast cancer patients. Physicians are required to inform patients verbally and in writing about alternative modes of treatment of cancer. The statute sets forth the reasonable physician standards. "A physician's duty to inform a patient under this section does not require disclosure of information beyond what a reasonably well-qualified physician licensed under this article would know." MCLS §333.17013 (6).

**Minnesota:** Minnesota does not have comparable statute or rule.

#### **Summary of factual data and analytical methodologies:**

No factual data was required for the rule-making in this proposal, due to the changes being necessitated by the passage of 2013 Wisconsin Act 111. For that reason, no factual data or analytical methodologies were used in the preparation of these proposed rules.

**Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:**

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis are attached.

**Effect on small business:**

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

**Agency contact person:**

Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-4438; email at Shancethea.L Leatherwood@wisconsin.gov.

**Place where comments are to be submitted and deadline for submission:**

Comments may be submitted to Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Shancethea.L Leatherwood@wisconsin.gov. Comments must be received on or before August 20, 2014 to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION 1. Chapter Med 18 (title) is repealed and recreated to read:

CHAPTER MED 18 (title)  
INFORMED CONSENT

SECTION 2. Med 18.02 (3) is amended to read:

**Med 18.02 (3)** ~~“Viable” as used in s. 448.30, Stats., to modify the term “medical modes of treatment” means modes of treatment~~ “Modes of treatment” means treatment, including diagnostic procedures, generally considered by the medical profession to be within the scope of current, acceptable standards of care.

SECTION 3. Med 18.03 is repealed and recreated to read:

**Med 18.03 (title) Informed consent.** Any physician who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician standard is the standard for informing a patient. The reasonable physician standard requires disclosure only of information that a reasonable physician in the same or a similar medical specialty would know and disclose under the circumstances.

SECTION 4. Med 18.04 (3) and (5) are amended to read:

**Med 18.04 (3)** A physician is not required to communicate any mode of treatment which is not ~~viable~~ a reasonable alternate mode of treatment or which is experimental.

**Med 18.04 (5)** A physician may simplify or omit communication of ~~viable~~ reasonable alternate modes of treatment if the communication would unduly confuse or frighten a patient or if a patient refuses to receive the communication.

SECTION 5. Med 18.04 (6) is created to read:

**Med 18.04 (6)** A physician is not required to communicate information about alternate medical modes of treatment for any condition the physician has not included in his or her diagnosis at the time the physician informs the patient.

SECTION 6. Med 18.05 is amended to read:

**Med 18.05 Recordkeeping.** A physician shall indicate on a patient's medical record he or she has communicated to the patient reasonable alternate ~~viable~~ modes of treatment.

SECTION 7. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

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(END OF TEXT OF RULE)  
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This Proposed Order of the Medical Examining Board is approved for submission to the Governor and the Legislature.

Dated \_\_\_\_\_

Agency \_\_\_\_\_

Chairperson  
Medical Examining Board

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Shawn Leatherwood, Administrative Rule Coordinator</b>		2) Date When Request Submitted:  <b>September 3, 2014</b> <small>Items will be considered late if submitted after 12:00 p.m. and less than:              ▪ 8 work days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: <b>Medical Examining Board</b>			
4) Meeting Date:  <b>September 17, 2014</b>	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>Review of Scope statement for Med 1 Entrance to exam</b>	
7) Place item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?  <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:  N/A	
10) Describe the issue and action that should be addressed:  <p>The Board will review and approve the scope statement for Med 1 entrance to exam for submission to the Governor's office, publication in the register and to authorize the chair to approve the scope for implementation no less than 10 days after publication.</p>			
11) <b>Authorization</b> <b>Shawn Leatherwood</b> Signature of person making this request		<b>September 3, 2014</b> Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

# STATEMENT OF SCOPE

## MEDICAL EXAMINING BOARD

Rule No.: Med 1

Relating to: Entrance to exams

Rule Type: Permanent

**1. Finding/nature of emergency (Emergency Rule only):**

None.

**2. Detailed description of the objective of the proposed rule:**

The purpose of the proposed rule is to bring current Wisconsin Administrative Code in line with recent legislation, specifically 2013 Wisconsin Act 114.

**3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:**

Pursuant to the enactment of 2013 Wisconsin Act 114, the Department of Safety and Professional Services and its attached boards may no longer require any person applying for professional licensure to complete their postsecondary education prior to being eligible to take an examination for a credential. In accordance with this legislation, the Wisconsin Medical Examining Board must allow applicants for physician licensure to take their credentialing exam before completing their postsecondary education. The proposed rule will implement this change by amending Wis. Admin. Code ch. Med 1.

**4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):**

Section 15.08 (5) (b), Stats., provides examining boards, "shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . ." The proposed rule seeks to provide guidance on eligibility for licensure examination.

Section 227.11 (2) (a), Stats., discusses the parameters of an agency's rule-making authority by stating that an agency, "may promulgate rules interpreting provisions of any statute enforced or administered by the agency. . . .but a rule is not valid if it exceeds the bounds of correct interpretation. . ." This section allows an agency to promulgate administrative rules which interpret the statutes it enforces or administers as long as the proposed rule does not exceed proper interpretation of the statute.

Section 440.071 (1), Stats., provides that, "the department or a credentialing board or other board in the department may not require a person to complete any postsecondary education or other program before the person is eligible to take an examination for a credential the department or credentialing board or other board in the department grants or issues."

**5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:**

State employees will spend approximately 50 hours developing the proposed rule.

**6. List with description of all entities that may be affected by the proposed rule:**

The proposed rule will affect applicants for physician licensure.

**7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:**

None.

**8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):**

The proposed rule is likely to have minimal or no economic impact on small businesses.

**Contact Person:** Shawn Leatherwood 608-261-4438 [Shancethea.Leatherwood@wisconsin.gov](mailto:Shancethea.Leatherwood@wisconsin.gov)

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Authorized Signature

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Date Submitted