

U.S. Medical Regulatory Trends and Actions



2016



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About the Federation of State Medical Boards

States are authorized under the United States Constitution to establish laws and regulations protecting the health, safety and general welfare of their citizens.

To protect the public from the unprofessional, improper, unlawful or incompetent practice of medicine, each of the states and territories making up the United States has formally adopted a Medical Practice Act, which defines the requirements for the practice of medicine within their borders and gives authority to a medical board to enforce the act's provisions.

The Federation of State Medical Boards (FSMB) represents the 70 medical boards within the United States, its territories and the District of Columbia. It assists these boards as they go about their mandate of protecting the public's health, safety and welfare through proper licensing and discipline of physicians and, in many jurisdictions, physician assistants and other health care professionals.

The FSMB offers relevant policy, programs, education and services to state medical boards that result in improved patient care and safety through effective and fair medical regulation.

The FSMB also strives to enhance the role of state medical boards in an evolving health care environment by leading, anticipating and responding to trends in medical regulation at the federal and state government level.

NOTE: Information in this report was provided by state and territorial medical boards during 2016. For the most up-to-date information about specific state or territorial boards, readers should contact individual state boards directly.

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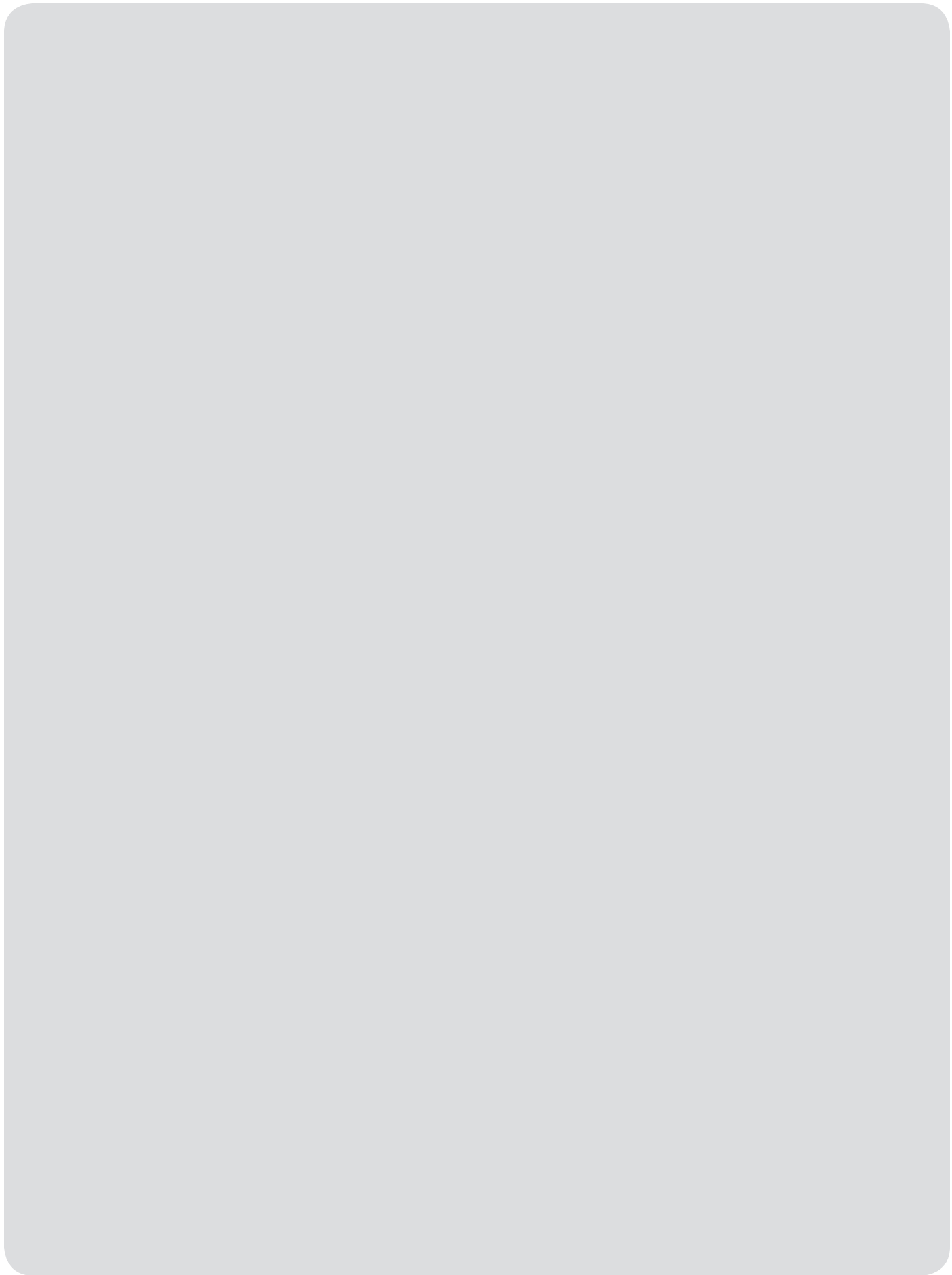
This U.S. Medical Regulatory Trends and Actions report, compiled by the Federation of State Medical Boards (FSMB), provides information to the public about the work of the nation's state medical boards and their mission of public protection.

The report includes national data on physician licensure and discipline, demographic trends and information about licensed physicians, and details about the structure and operations of each of the nation's 70 state and territorial medical boards.

Also included is background information about the role and function of state medical boards and special resources for consumers — ranging from how to access information about a physician's disciplinary record to how and when to file a medical complaint.

The *U.S. Medical Regulatory Trends and Actions* report provides aggregated national data about medical licensing and disciplinary trends and actions and key data about state board governance and activities. It is not intended to provide detailed, comprehensive and comparative data about medical board disciplinary activities on a state-by-state basis. The tremendous variance in statutory, funding, judicial, administrative and geographic environments from state to state, along with widely divergent methods for gathering and classifying categories of disciplinary activities, preclude meaningful state-by-state comparative reporting of disciplinary statistics.

More detailed information about the activities of specific states is available from individual state boards, which can be contacted using the board directory in Section I of this report or by visiting www.fsmb.org.



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Section 1: State Medical Boards and Public Protection

About State Medical Boards

The 10th Amendment of the United States Constitution authorizes states to establish laws and regulations protecting the health, safety and general welfare of their citizens. The practice of medicine is not an inherent right of an individual, but a privilege granted by the people of a state acting through their elected representatives.

To protect the public from the unprofessional, improper and incompetent practice of medicine, each of the 50 states, the District of Columbia and the U.S. territories have enacted laws and regulations that govern the practice of medicine and outline the responsibility of state medical boards to regulate that practice. This guidance is outlined in a state statute, usually called a Medical Practice Act. Seventy state and territorial medical boards are currently authorized to regulate physicians.

All state medical boards issue licenses for the general practice of medicine. State licenses are undifferentiated, meaning physicians in the United States are not licensed based upon their specialty or practice focus, and certification in a medical specialty is not absolutely required in order to obtain a license to practice medicine.

In many states, other health care professionals are also licensed and regulated by medical boards in addition to physicians. Examples include physician assistants and acupuncturists.

In addition to licensing physicians, state medical boards investigate complaints, discipline those who violate the law, conduct physician evaluations and facilitate rehabilitation of physicians when appropriate. State medical boards also adopt policies and guidelines related to the practice of medicine and designed to improve the overall quality of health care in the state.

Medical Board Structure

The structure and authority of medical boards vary from state to state. Some boards are independent and maintain all licensing and disciplinary powers, while others are part of a larger umbrella agency, such as a state department of health, exercising varied levels of responsibilities or functioning in an advisory capacity.

State medical boards are typically made up of volunteer physicians and members of the public who are, in most cases, appointed by the governor. In recent years, non-physician board members — often referred to as “public members” — have become common. The vast majority of boards in the United States now have public members.

The state legislature determines the financial resources of most boards. Funding for medical board activities comes from physician licensing and registration fees. Most boards employ an administrative staff that includes an executive officer, attorneys, investigators and licensing specialists. Some boards share staff — such as investigators and attorneys — with other state regulatory agencies.

How Physicians Gain Licenses to Practice Medicine

Obtaining a license to practice medicine in the U.S. is a rigorous process (see “Becoming a Licensed Physician in the United States,” Section II). Through licensing, state medical boards ensure that all practicing physicians have appropriate education and training, and that they abide by recognized standards of professional conduct while serving their patients.

Those entering the profession must meet predetermined qualifications that include medical school graduation, postgraduate training, and passage of a comprehensive national medical licensing examination that tests their knowledge of health and disease management and effective patient care. Applicants must submit proof of their education and training and provide details about their work history. They also must reveal information that may affect their ability to practice, such as health status, malpractice judgments/settlements and criminal convictions. Only those who meet a state’s qualifications are granted permission to practice medicine in that state.

After physicians are licensed, they must renew their license periodically, usually every one or two years, to continue their active status. During this license renewal process, physicians must demonstrate that they have maintained acceptable standards of ethics and medical practice and have not engaged in improper conduct. In nearly all states, physicians must also show that they have participated in a program of continuing medical education.

The Interstate Medical Licensure Compact

In 2015, a group of U.S. state medical boards joined together to launch the Interstate Medical Licensure Compact, which offers a new, expedited pathway to licensure for qualified physicians who wish to practice in multiple states.

A compact is a legal agreement that allows states to collectively work together to address shared needs or issues. They are authorized by the Compact Clause of the U.S. Constitution. There are more than 200 interstate compacts in effect today.

Among the issues driving the need for the Interstate Medical Licensure Compact are physician shortages, the recent influx of millions of new patients into the health care system, and the growing need to increase access to health care for individuals in underserved or rural communities through the use of telemedicine. Proponents of telemedicine have often cited the state-by-state licensure process required for multiple-license holders as a barrier to telemedicine's growth, and the Compact is intended to help overcome this hurdle.

In addition to significantly streamlining the process of gaining medical licenses in multiple states for physicians, the Compact is designed to increase access to health care for patients in underserved or rural areas, and to allow them to more easily connect with medical experts through the use of telemedicine technologies. Any state or territory may join the Compact. As of late 2016, 18 states are participating members.

States participating in the Compact formally agree to adopt common rules and procedures that streamline medical licensure, thus substantially reducing the time it takes for physicians to obtain multiple state licenses. The Interstate Medical Licensure Compact Commission provides oversight and the administration of the Compact, creating and enforcing rules governing its processes, but each participating state maintains its individual authority and control over the practice of medicine within its borders. Participating states retain the authority to issue licenses, investigate complaints, and discipline physicians practicing in their state.

The Compact's multi-state licensing process is expected to begin in 2017. To be eligible for licensure by utilizing the Compact process, physicians will need to possess a full and unrestricted license in a Compact member state, be certified (or "grandfathered") in a medical specialty, have no history of being disciplined, penalized or punished by a court, a medical licensing agency or the Drug Enforcement Administration, and meet several other robust requirements. It is estimated that approximately 80% of the physician population licensed in the United States could be eligible for expedited licensure via the Compact, once its process formally begins.

To participate, an eligible physician will designate a member state as the State of Principal Licensure and select the other member states in which a medical license is desired. Upon receipt of this verification in the additional Compact states, the physician will be granted a separate, full and unrestricted license to practice in each of those states.

The Compact is voluntary for both states and physicians. Physicians who cannot or do not want to participate in the Compact's expedited licensure process will still be able to seek additional licenses in those states where they desire to practice by applying through that state's traditional and existing licensure processes.

In order for a state to join the Interstate Medical Licensure Compact, its state legislature must enact the Compact into state law. Since 2015, half of the states in the nation have either introduced or enacted legislation for the Compact.

To learn more, please visit www.licenseportability.org.

How State Medical Boards Regulate Physicians after Licensing

The ongoing duty of a state medical board goes far beyond the licensing and re-registration of physicians. Boards also have the responsibility of determining when a physician's professional conduct or ability to practice medicine warrants modification, suspension or revocation of a license to practice medicine.

Boards review and investigate complaints and/or reports received from patients, other state medical boards, health professionals, government agencies and health care organizations about physicians who may be incompetent or acting unprofessionally, and take appropriate action against a physician's license if the person is found to have violated the law. State laws require that boards assure fairness and due process to any physician under investigation.

Board members devote much time and attention to overseeing the practice of physicians. When a board receives a complaint about a physician, the board has the power to investigate, hold hearings and impose discipline, including suspension, probation or revocation of a physician's license, public reprimands and fines.

While medical boards find it necessary to suspend or revoke licenses when appropriate, some problems can be resolved with additional education or training in appropriate areas. Boards may place restrictions on a physician's license or put a physician on probation to protect the public while a physician receives special training or rehabilitation aimed at an existing issue.

What Is Considered Unprofessional Conduct?

Each state's Medical Practice Act defines unprofessional conduct within the state. Although laws vary from jurisdiction to jurisdiction, some examples of unprofessional conduct include the following:

- Alcohol and substance abuse
- Sexual misconduct
- Neglect of a patient
- Failing to meet the accepted standard of care in a state
- Prescribing drugs in excess or without legitimate reason
- Dishonesty during the license application process
- Conviction of a felony
- Fraud
- Delegating the practice of medicine to an unlicensed individual
- Inadequate record keeping
- Failing to meet continuing medical education requirements

The Rights of Physicians under Investigation

Whatever the complaint, physicians are afforded the right of due process as a state medical board investigates an allegation of unprofessional conduct.

Due process asserts that an individual is innocent until proven guilty. This principle applies to formal hearings and judicial procedures that the medical board conducts. Boards must adhere to established rules and principles to ensure that a physician is not treated unfairly, arbitrarily or unreasonably. In instances when the alleged behavior threatens patients with immediate harm, such as sexual misconduct or impairment from alcohol or drug abuse, boards have authority to issue an emergency suspension until the investigation of the physician is completed.

Understanding the Difference between a Medical Board Disciplinary Action and Malpractice

The differences between a disciplinary action taken by a medical board and a malpractice judgment or settlement against a physician are significant.

Board actions and malpractice claims are two different things. Board actions are issued against physicians after a formal process of complaint, investigation and hearing. While an action taken by a medical board against a physician indicates that a violation of the Medical Practice Act has occurred, malpractice claims are not always reliable measures of a physician's competence or a violation of the law. Issues such as a physician's time in practice, the nature of his or her specialty, the types of patients treated, and geographic location can have a significant influence on the number and amounts of malpractice judgments and settlements.

Malpractice settlements are sometimes handled by insurance companies who opt for settlement based on the terms of coverage, not the validity of the underlying claim. These terms may also authorize settlement of a claim without any consultation of the physician involved or an ultimate determination of fault.

It is common practice for medical boards to use malpractice data as a tool to detect unprofessional conduct that may violate the Medical Practice Act. Some boards have built-in levels of malpractice that trigger investigations, such as a certain number of malpractice settlements in a certain span of time.

How State Medical Boards Share Information about Disciplined Physicians

All state medical boards engage in an ongoing, cooperative effort to share licensure and disciplinary information with one another by regularly contributing data to the FSMB's Physician Data Center—a comprehensive data repository that contains information about the more than 900,000 actively licensed physicians in the United States, as well as board disciplinary actions dating back to the early 1960s.

Medical boards use the Physician Data Center in several ways. Boards query the Data Center when new applicants apply for licensure in a state. The Data Center alerts boards if an applicant has been disciplined in another jurisdiction. The Data Center's Disciplinary Alert Service proactively alerts all states in which a disciplined physician is licensed within 24 hours after a disciplinary action taken by one of those states has been reported to the Data Center. This service helps prevent disciplined doctors from practicing undetected across state lines.

The Importance of Reporting

While the overwhelming majority of patient-physician interactions that occur each day in the United States are conducted in an appropriate and professional manner, state medical boards recognize that issues such as physician alcohol and substance abuse, fraud and sexual misconduct exist. These issues are taken very seriously by state medical boards, which in recent years have advocated for strengthened reporting requirements to ensure individuals or organizations who are aware of, or witness, inappropriate behavior come forward to report the problem. Physicians, hospitals, law enforcement agencies and consumers all can help reduce future issues by reporting inappropriate behavior. To help address the issue of under-reporting, the Federation of State Medical Boards House of Delegates unanimously adopted new policy in 2016 that urges physicians, hospitals and health organizations, insurers and the public to be proactive in reporting instances of unprofessional behavior to medical boards whenever it is suspected. Consumers must feel safe and secure in any medical interaction, and they should always speak up if they suspect inappropriate behavior. Information and tips to help consumers are provided in the next section.

Information for Consumers

How State Medical Boards Serve the Public

As they fulfill their role of overseeing the practice of medicine in a state, medical boards provide value for both patients and physicians. By following up on complaints and disciplining physicians when needed, medical boards ensure public trust in the basic standards of competence and ethical behavior in their physicians. By striving to ensure that physicians have been properly trained and are maintaining their professional skills, medical boards help protect the integrity of the medical profession.

By defining the practice of medicine in a state, boards play an influential role in how medical care is delivered. A state's Medical Practice Act may contain many important regulations on the use of medical devices, the administering of certain kinds of drugs and the conditions under which medical care can be provided.

One of the most important roles state medical boards play is serving as a repository of publicly available information about physicians. This information can be useful to consumers in helping them choose a physician when they need medical care. Boards provide a valuable service to consumers who are seeking information about

physicians by disclosing if a physician is currently licensed in good standing, if disciplinary action has ever been imposed, or if formal disciplinary charges are pending.

The public can also inquire if the board has other public information in a physician's record, such as criminal convictions, sanctions taken by hospitals, and malpractice judgments and settlements.

Consumers who believe that a physician has engaged in unprofessional conduct or that the quality of medical care they received is substandard should contact their state medical board. (For more information, see "How and When to File a Complaint Against a Physician," page 10.)

The Consumer's Role

With the rise of consumer empowerment in recent years, and the expanding influence of the Internet, patients have begun to play a much more proactive role in learning about physicians' credentials and background. Patients are increasingly likely to verify their physician's credentials and ask questions about their training and qualifications to perform certain procedures.

One simple way state medical boards can help is by providing information about physicians' training in certain specialties or modes of practice. While the vast majority of licensed physicians practice within their areas of training, if a physician operates outside of his or her scope of expertise and provides substandard care that harms a patient, he or she will be held accountable by a state medical board for failing to meet standards.

Other mechanisms are built into the health care system to prevent physicians from practicing in areas of training in which they may not be able to practice safely. For example, hospitals often require physicians to be board certified in a medical specialty before they will grant privileges to practice in the hospital.

But a good first step for consumers to learn more about a physician is to check a physician's credentials and training through a state medical board.

How to Check a Physician's Qualifications

State medical boards have responded to the growing trend toward consumer empowerment in recent years by greatly improving access to meaningful information about the physicians licensed in their respective states.

Once a patient has identified a physician he or she is interested in seeing, it is wise to invest some time and energy in learning more about their skills and training, as well as the quality of care they provide. Here are some resources to help find out more about a physician's qualifications.

State Medical Board Physician Profiles

State medical boards make available a variety of physician information on their individual state websites through online "physician profiles." At a minimum, medical board profiles include licensure status and disciplinary history. More comprehensive profile systems may include full board orders of disciplinary actions, malpractice judgments and criminal convictions.

Some also provide information that creates important context to help consumers make decisions about their health care providers. For example, a profile including data on physician medical malpractice may include details about the length of a physician's time in practice, the nature of his or her specialty, the types of patients treated and geographic location — all of which can significantly influence the number and size of malpractice judgments, settlements and awards.

Much of this information may be available at your state medical board's website. The types of information available from your state board may include:

- Medical licenses (active or inactive)
- Final disciplinary orders or actions by regulatory boards or agencies, including state medical boards, the U.S. Drug Enforcement Administration and Medicare
- Final suspensions or revocations of hospital privileges
- Criminal convictions
- Malpractice payment information
- Medical schools attended and graduation dates
- Graduate medical training (residency) programs attended and completion dates
- Specialty board certifications
- Area(s) of practice

A list of information available on state physician profiles and links to state profile websites is available at the FSMB's website at www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/GRPOL_Physician_Profiling.pdf.

FSMB National Database (DocInfo)

For consumers, the FSMB has made available its national database of consolidated physician licensure and disciplinary information. This is the same database used by state medical boards and various U.S. and international health care entities during the licensure and credentialing process.

The service, called DocInfo, is available at www.docinfo.org. DocInfo includes:

- Disciplinary actions
- License history
- Medical school
- Type of degree
- American Board of Medical Specialties (ABMS) specialty
- American Osteopathic Association (AOA) specialty

How and When to File a Complaint Against a Physician

Many consumers are unaware of where they should turn when they encounter an issue of competence or ethics with a physician. State medical boards are the designated state agencies to investigate complaints about physicians and, when warranted, take action against them.

Depending on the size of a state's physician population, medical boards typically will receive hundreds to thousands of complaints annually, each of which must be investigated by board staff. Complaints are prioritized according to the potential for patient harm; cases in which an investigator determines imminent patient harm is possible are typically "fast-tracked" to ensure swift action by the medical board. Examples of complaints receiving high priority by investigators may include a physician engaging in sexual misconduct, practicing medicine while under the influence of alcohol or drugs, and providing substandard care.

The most common complaint received by medical boards is an allegation that a physician has deviated from the accepted standard of medical care in a state. Some of the most common standard-of-care complaints include:

- Overprescribing or prescribing the wrong medicine
- Failure to diagnose a medical problem that is found later
- Failure to provide a patient with medical test results in a timely manner, which can lead to harm
- Failure to provide appropriate post-operative care
- Failure to respond to a call from a hospital to help a patient in a traumatic situation

To file a complaint against a physician, please contact the state medical board in your state. A directory of state boards is available in the next section of this report and at www.fsmb.org.

How the Complaint Process Works

While the details, terminology, and order of events vary from state to state, once a complaint is received by a state medical board the complaint process commonly includes the following steps:

1. The complaint is assessed for jurisdiction. When a complaint arrives at the medical board, the first step is to determine whether the board has the authority to investigate it under the state's Medical Practice Act.

If yes: Go to Step 2.

If no: The complaint may be referred to another agency with jurisdiction. If that isn't possible, the person who lodged the complaint is sent a letter stating that the board has no jurisdiction.

2. The case is prioritized and an investigation begun. Before taking any action, the board determines if there is an imminent threat to the public. If this is the case, it typically has the power to immediately suspend a physician's license and order the physician to cease seeing patients. Other restrictions may also be applied if there is an imminent threat.

3. The investigation proceeds; all parties involved are contacted. After the case is prioritized, the board begins a comprehensive investigation, identifying all the individuals and facilities that may have pertinent information. Individuals involved in the case are asked to describe the events that took place and provide any information they may have.

4. The physician and complainant receive formal notification. At this stage a letter is typically sent to the physician, stating the allegation, seeking a response to the complaint and requesting any relevant records. The complainant is also notified.

5. The case is given medical review. Investigators for the board determine whether a patient's medical care has been impacted as a result of the complaint or whether the complaint involves other issues, such as fraud or behavioral/ethical problems. During this stage, an expert with professional credentials in the same specialty as the physician in question may be called in to provide an additional opinion about the care provided.

6. The board decides what action to take. A wide variety of disciplinary measures or other actions in response to the original complaint are available to boards, ranging from revoking or placing restrictions on a physician's medical license to imposing fines. For the most serious cases, especially those that impact patient safety, the board may opt to file a formal complaint against the physician, leading to disciplinary action that may include suspension or revocation of a license. For less serious offenses, options may include, but are not limited to, a letter of concern; an appearance before the board; or the requirement of a physical, medical or psychiatric competency evaluation.

For serious infractions or issues, which warrant filing of a formal complaint: Go to Step 7.

For lesser infractions or issues: Board may consider imposing lower-level options or closing the case without formal action.

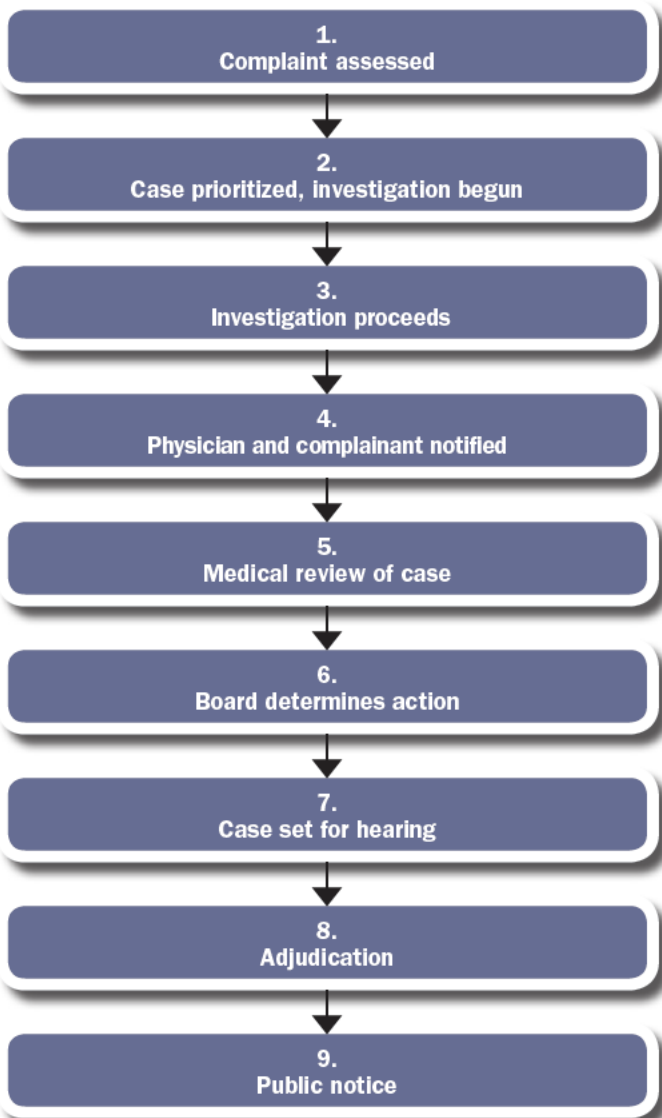
7. The case is set for a hearing. For serious infractions or issues, state medical boards schedule a hearing – a formal review of the case in which physicians have an additional opportunity to respond to the complaint. As sometimes happens in the U.S. legal system, some cases may be settled before the hearing date. When that happens, the settlement offer goes before the full board at a regularly scheduled board meeting, where a decision is made about whether to accept the settlement agreement. If accepted, it is placed into effect. If not, the matter proceeds to a hearing before the board.

If no settlement: Go to Step 8.

If settlement: Board closes case.

8. Adjudication. Cases that are not settled are adjudicated, meaning they go to a full hearing, similar to a court trial. There is a formal proceeding, with presentation of evidence and witnesses. Afterward, the board deliberates and makes findings on whether one or more violations of a state's Medical Practice Act have been proven. If a violation has been proven, the board determines the appropriate disciplinary actions to impose on the physician, which can include a reprimand; conditions or restrictions placed on the physician's license; or suspension or revocation of the license.

9. Public notice. If a board finds that a violation of the Medical Practice Act has taken place, and disciplinary action has been taken, this information is entered into the public record. The information becomes part of the physician's permanent professional record and is shared with other state medical boards via the FSMB's Physician Data Center. Patients have access to this information directly from their state medical board or by accessing the FSMB's DocInfo online service (www.docinfo.org).



Contacting Your State Medical Board

If you are searching for information about a physician's qualifications, or if you want to file a complaint against a physician, you should contact your state medical board.

A directory of all boards in the Federation of State Medical Boards is included here. The directory can also be accessed at the FSMB website, www.fsmb.org.

Alabama Board of Medical Examiners

Larry D. Dixon, Executive Director
 P.O. Box 946
 Montgomery, AL 36101-0946
 (Street address: 848 Washington Ave.)
 (334) 242-4116 / Fax: (334) 242-4155
 (800) 227-2606
www.albme.org

Alaska State Medical Board

Debora J. Stovern, CMBE, Executive Administrator
 550 West Seventh Ave., Suite 1500
 Anchorage, AK 99501-3567
 (907) 269-8163 / Fax: (907) 269-8196
www.commerce.alaska.gov/web/

Arizona Medical Board

Patricia E. McSorley, JD, Executive Director
 9545 East Doubletree Ranch Road
 Scottsdale, AZ 85258-5514
 (480) 551-2700 / Fax: (480) 551-2704
 Toll Free: (877) 255-2212
www.azmd.gov

Arizona Board of Osteopathic Examiners in Medicine and Surgery

Jenna Jones, CPM, Executive Director
 9535 East Doubletree Ranch Road
 Scottsdale, AZ 85258-5539
 (480) 657-7703 / Fax: (480) 657-7715
www.azdo.gov

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Section 2: U.S. Medical Licensure and Disciplinary Information

Physician Discipline

Introduction

The primary responsibility and obligation of state medical boards is to protect consumers of health care by ensuring that all physicians in a state are properly licensed and comply with various laws and regulations pertaining to the practice of medicine. One of the important roles of state medical boards is the responsibility for disciplining physicians who engage in unprofessional, improper or incompetent medical practice. The FSMB has collected and shared information about state medical board disciplinary activities since its founding in 1912, maintaining a comprehensive repository of national disciplinary data. This report includes national physician disciplinary statistics in a variety of categories for the year 2015.

How Disciplinary Information is Collected

State medical boards discipline physicians by issuing mandates known as board orders. When a board decides to take action against a physician, it creates a board order that stipulates which actions are to be taken against the physician. These actions represent a wide variety of forms of discipline, ranging from being assigned continuing medical education to having one's license revoked. Boards also issue board orders for less serious issues or administrative problems, such as when a physician is late in renewing his or her license.

The FSMB maintains the Physician Data Center, which is a repository of disciplinary data from jurisdictions in the United States and its territories. The Physician Data Center collects, maintains and reports board actions taken against physicians. This repository is updated continuously, as the FSMB regularly receives reports of disciplinary actions. The information includes the disciplinary actions taken by state medical boards, as well as actions that are taken by other entities, ranging from U.S. government agencies, such as the Department for Health and Human Services, to international licensing authorities.

When the FSMB receives board orders or disciplinary reports, it matches them to existing records in the Physician Data Center. For efficiency and to optimize matching accuracy, all data in the Physician Data Center is extracted from multiple data sets and cross-checked using an algorithm that relies on the physician's name and various combinations of key identifiers, such as a physician's date of birth, last four numbers of a Social Security number, medical school name and medical school

graduation year. In total, the Physician Data Center contains 1.9 million physician records, including information about physicians who are currently licensed, no longer licensed or deceased.

Disciplinary actions entered into the Data Center are verified in writing and accompanied by supporting documentation, such as copies of board orders which include the findings of fact, conclusions of law, final decrees, and stipulations. Each action is reviewed carefully and categorized based on the state board's report before it is added to the database. At various times throughout the year, the FSMB conducts quality control audits to give state medical boards the opportunity to reconcile their data with the disciplinary information maintained by the FSMB.

How the FSMB Uses National Disciplinary Information to Assist State Medical Boards

The FSMB provides services that draw upon its repository of data on disciplinary actions to bolster state board efforts to protect the public. One of the key services is the FSMB Disciplinary Alert Service (DAS), which was created to alert state boards when one of their physicians received disciplinary action in another state.

Many physicians, including those who have been disciplined, hold licenses in more than one state. To prevent them from changing jurisdictions undetected, medical boards voluntarily share licensee data with the FSMB's Physician Data Center. This information enables the DAS to proactively notify boards within 24 hours when one of their licensees has been disciplined in another state. The notified board can then initiate its own actions. In 2015, state boards received 12,555 alerts from the FSMB's Disciplinary Alert Service.

Medical boards have used the information provided by the DAS in many different ways, including:

- Revoking the licenses of dangerous physicians
- Identifying physicians who try to quietly move to a different state without reporting an action taken against them in another state
- Detecting physicians attempting to escape the probation requirements of another jurisdiction
- Ensuring physicians with substance abuse problems relocating to a new state continue monitoring and treatment under the auspices of a state medical board

Key 2015 U.S. Statistics — Disciplinary Actions

State Medical Board Actions	2015
Total state medical board actions	7,942
Board actions by category	
License Restricted	1,238
Reprimand	1,043
Administrative	840
Fine	831
Suspension	706
Probation	693
CME Required	687
Conditions	582
Surrendered	448
Revoked	290
Denied	141
Other	443
Reciprocal actions taken by state boards	1,197
Number of disciplinary alerts issued by the FSMB	12,555
Number of physicians disciplined	4,091
Physicians put on probation	655
Physicians with a license suspension	594
Physicians with a license revocation	267

Source: Federation of State Medical Boards

State medical boards often work together to discipline physicians who practice in multiple jurisdictions. According to FSMB data, 21% of U.S. physicians hold two or more active licenses from different state medical boards. When a state medical board is notified that a physician licensed in its jurisdiction received a board action in another jurisdiction, the board can choose to open its own investigation or in many cases will choose to take a reciprocal action.

Based on the time sequence of physicians receiving disciplinary actions, the total disciplined physician population is comprised of three subgroups: physicians who received initial disciplinary actions; physicians who received reciprocal actions because of actions taken by other state boards; and physicians who received follow-up or additional actions taken later. As seen in Figure 3, there have been relatively minor fluctuations in the number of physicians disciplined for the first time during the past eight years. A look at the trend for reciprocal actions shows a rise in 2012 and 2013 with a return to previously seen levels in 2014 and 2015 (Figure 4).

State medical boards regularly contribute updates of license and discipline data to the FSMB's database. Reports from the DAS include data such as which board took a disciplinary action, the nature of the action (e.g., license revocation or suspension) and why the board took the action. Using this information, medical boards can launch their own investigations of the sanctioned physician or, in cases of particularly egregious behavior, take an emergency summary suspension against the physician's license. Medical boards may also impose a "reciprocal action" — one based on the action taken by the originating board — to prevent or limit the physician from practicing in their state.

State medical boards and organizations that employ physicians are also able to query the FSMB's Physician Data Center to obtain a practitioner profile containing license information and disciplinary actions taken against their physicians. Government agencies such as the Veterans Administration and the Centers for Medicare and Medicaid's Advanced Provider Screening solution and international regulatory authorities also access the Physician Data Center as well as credentials verification services, hospitals, insurance carriers, physician associations, medical groups, medical societies, managed care organizations, and physician placement services. In 2015, more than 340,000 queries were made to the FSMB's Physician Data Center, including 89,315 queries by state medical boards.

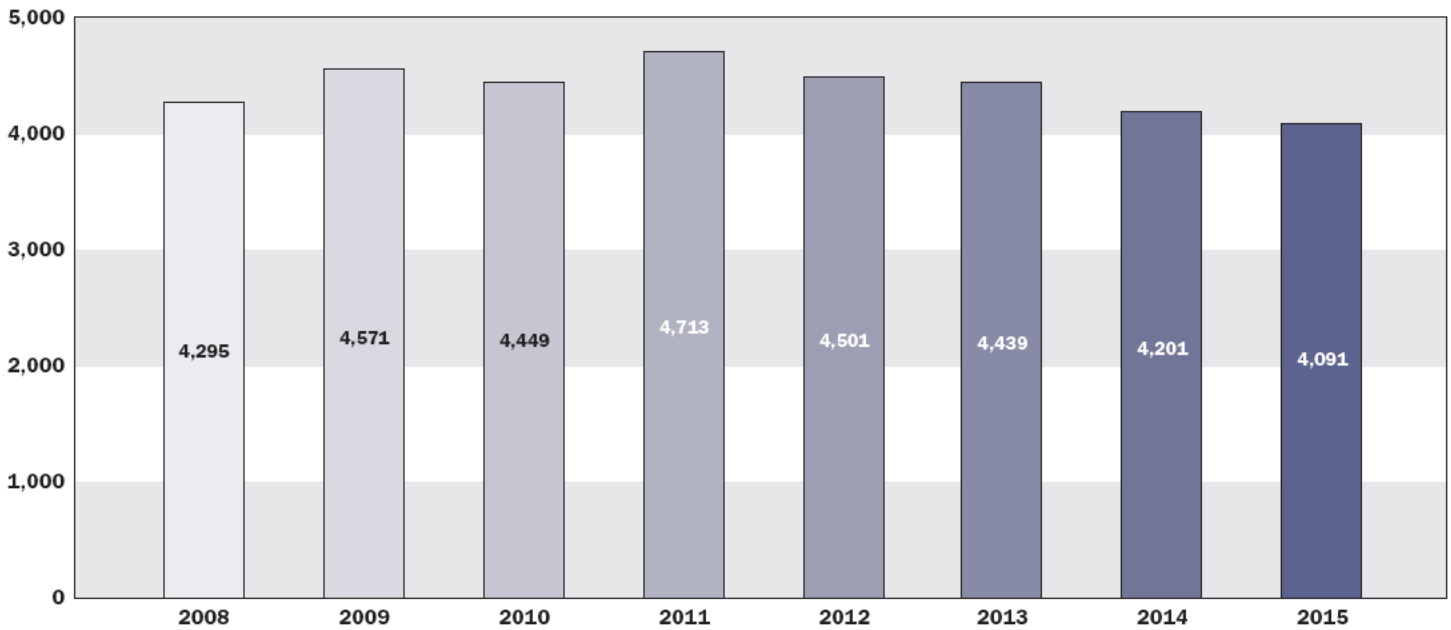
2015 Physician Disciplinary Actions and Trends

The *U.S. Medical Regulatory Trends and Actions* report provides aggregated national data about medical licensing and disciplinary trends as well as key data about state board governance and activities. It does not provide detailed, comprehensive and comparative data about medical board disciplinary activities on a state-by-state basis. Detailed information about the activities of specific states is available from individual state boards, which can be contacted using the board directory in Section I of this report or by visiting www.fsmb.org. National regulatory information included in this report has been compiled using the FSMB's Physician Data Center.

Modern medical boards are using better tools in their efforts to discipline physicians, a trend which may help account for changes in the number and types of actions state boards take against physicians licensed in their jurisdictions. With relatively minor fluctuations, more than 4,000 physicians per year have received actions from state boards during the past eight years (Figure 1).

A comparison of data from 2015 and 2008 demonstrates some categories of board actions have experienced increases, particularly reprimands, requirements for additional continuing medical education, licenses surrendered and revocations. Others, such as restrictions and suspensions, have remained about the same, while actions related to administration, fines, probation, conditions imposed and licenses denied have seen decreases (Figure 2).

Figure 1
Number of Physicians with a Board Action by Year



Source: Federation of State Medical Boards

Understanding Board-Action Categories

State and territorial medical boards utilize a variety of tools as they go about the process of regulating the activities of physicians and other health professionals. When issues arise—whether they are minor, such as failure to pay a fee, or more serious, such as inappropriate behavior with a patient—“board actions” may be taken by state boards, allowing them the flexibility to apply a level of disciplinary response that is appropriate for the issue being addressed. Categories of board actions include:

Administrative action: Non-punitive action that does not result in the modification or termination of a physician’s license. These actions are generally administrative and may be issued for reasons such as failure to pay a licensing fee.

Fine: In some cases, state boards may levy a monetary penalty against a physician.

CME required: Physician is required to complete continuing medical education (CME).

Conditions imposed: Physician must fulfill certain conditions to avoid further sanction by the state board.

License denied: Physician’s application for a medical license or renewal of a current license is denied.

License restricted: Physician’s ability to practice medicine is limited (e.g., loss of prescribing privileges).

License revoked: Physician’s license is terminated; individual can no longer practice medicine within the state or territory.

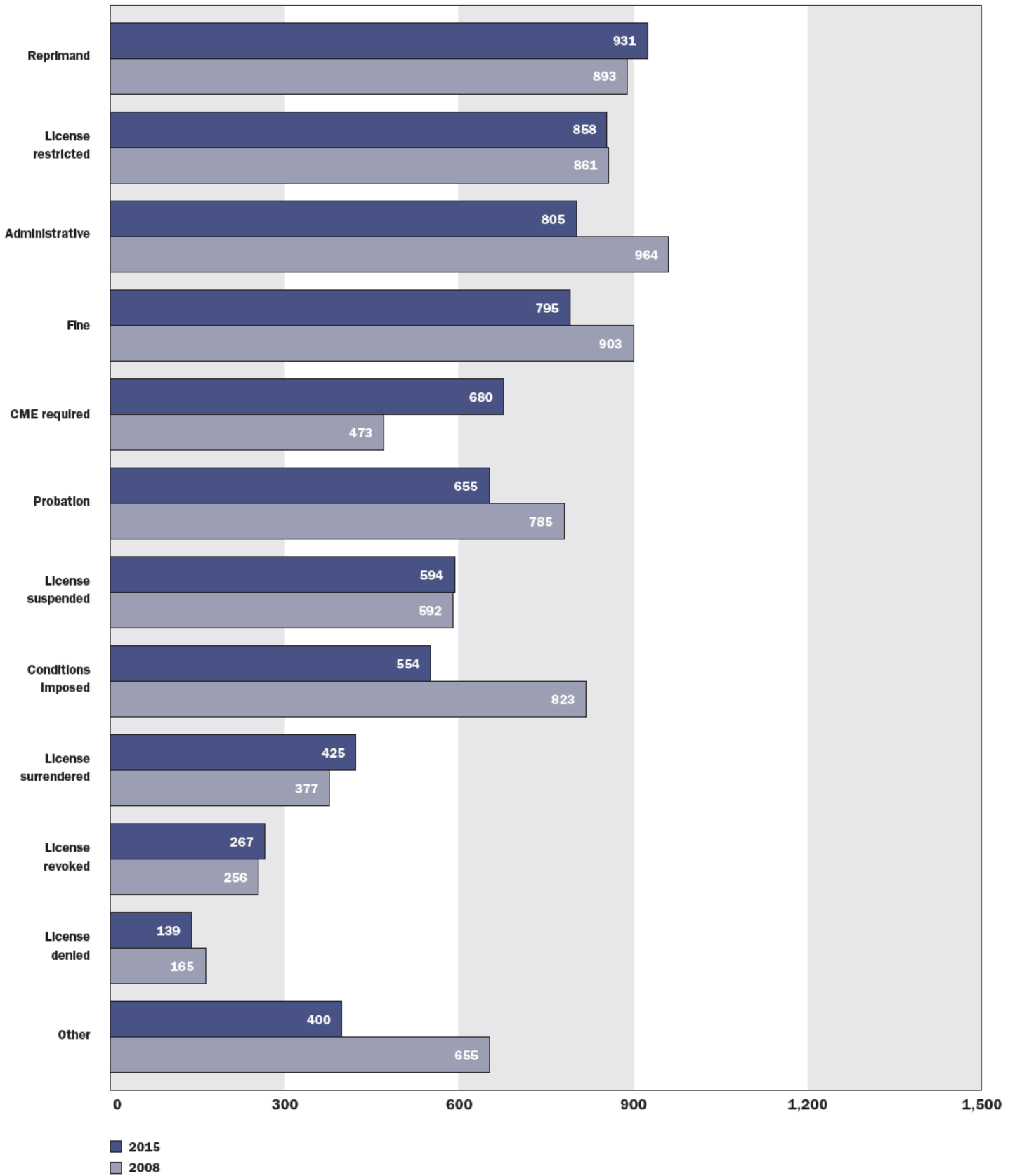
License surrendered: Physician voluntarily surrenders medical license, sometimes during the course of a disciplinary investigation.

License suspended: Physician may not practice medicine for a specified period of time, perhaps due to disciplinary investigation or until other state board requirements are fulfilled.

Probation: Physician’s license is monitored by a state board for a specified period of time.

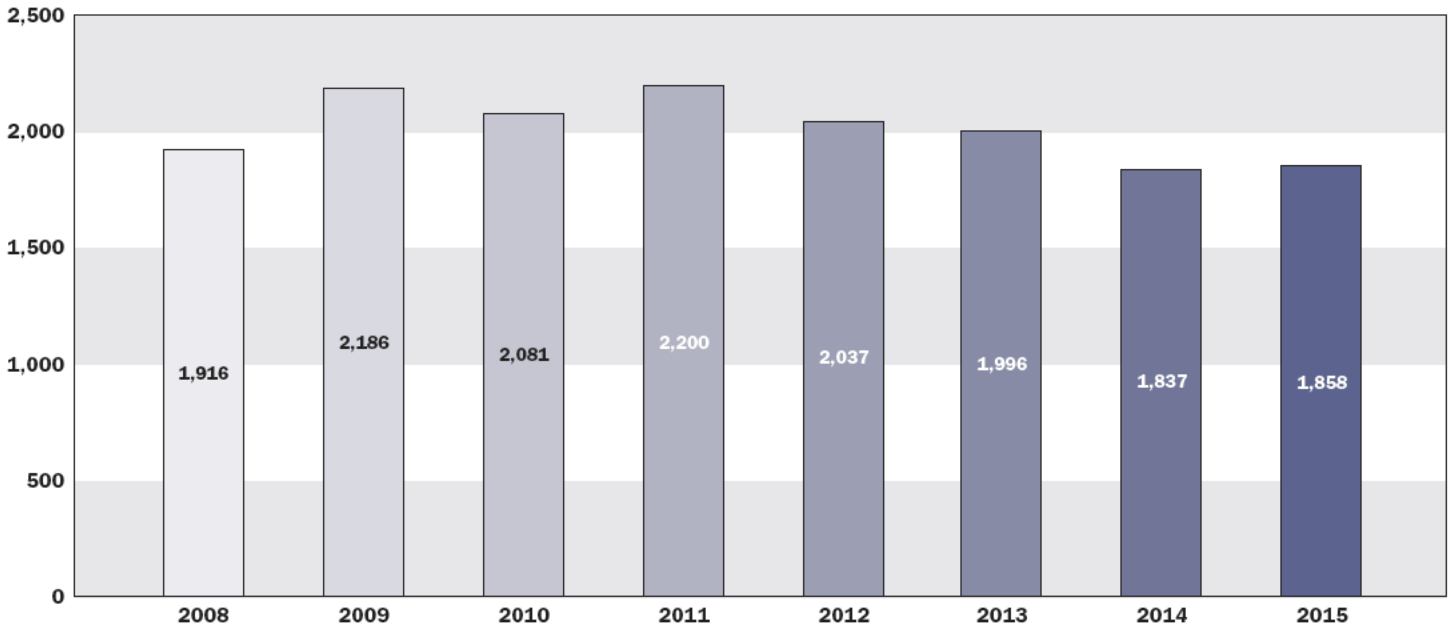
Reprimand: Physician is issued a warning or letter of concern.

Figure 2
Number of Physicians Disciplined by Category of Action, 2008 and 2015



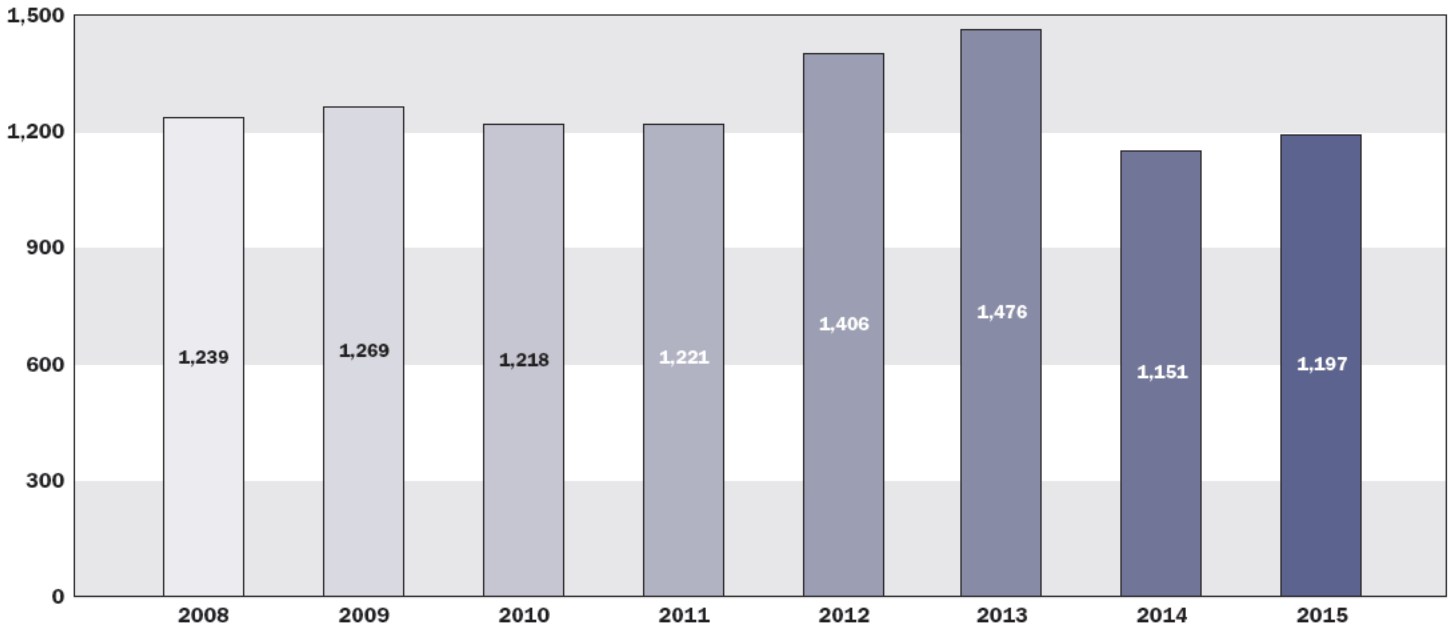
Source: Federation of State Medical Boards

Figure 3
Number of First Time Disciplined Physicians By Year



Source: Federation of State Medical Boards

Figure 4
Number of Reciprocal Actions Taken by State Boards Each Year



Source: Federation of State Medical Boards

Physician Licensure

Introduction

One of the most important functions of the 70 state and territorial medical boards in the United States is issuing licenses to physicians. This section provides background information and statistics about the licensing activities of these medical boards, including information from the FSMB's most recent analysis of licensed physicians in the United States.

Becoming a Licensed Physician in the United States

In the United States, medicine is a licensed profession regulated by the individual states. The nation's medical boards license both allopathic (MD) and osteopathic (DO) physicians. This includes 51 allopathic and composite (MD and DO) licensing boards, 14 osteopathic boards, and boards for the following jurisdictions: Guam, Puerto Rico, the U.S. Virgin Islands and the Commonwealth of the Northern Mariana Islands.

While the specific requirements for obtaining a medical license vary somewhat between jurisdictions, state medical boards review the credentials of applicants and look closely at a number of factors, including:

- Medical education
- Medical training (i.e., residency training)
- Performance on a national licensing examination
- Mental, moral and physical fitness to safely practice medicine

Medical Education: All jurisdictions require that candidates for physician licensure must have obtained an MD or DO degree. For most medical education programs in the United States, the MD or DO degree involves a post-baccalaureate four-year program of education. Graduates of international medical schools (IMGs) may present the equivalent of the MD degree (e.g., MBBS)

There are 147 allopathic and 33 osteopathic medical schools in the United States. All of these medical school programs are accredited by either the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association Commission on Osteopathic College Accreditation (AOA COCA).

It should be noted that acquisition of an MD or DO degree does not automatically confer a license to practice medicine in the United States. Indeed, the medical practice act in most jurisdictions restricts individuals holding a physician credential (i.e., MD or DO) from publicly representing themselves as physicians unless they hold a medical license in that jurisdiction.

Medical Training: After graduation from medical school, physicians routinely enter into postgraduate training (i.e., a residency training program). At one time it was common for physicians to spend their first year of postgraduate training (PGY-1) in an internship exposing them to a broad array of clinical scenarios. After this intern year, the physician then moved into the more specialized training of their chosen residency training program. Most physicians today do not experience a true rotating internship during PGY-1 but instead move directly into the specialized training of their residency program.

All state medical boards require licensure candidates to complete at least one year of postgraduate training in order to be eligible for a full and unrestricted medical license. In some jurisdictions, the requirement is higher—the physician must complete two or three years of residency training to obtain their license. In more than a dozen jurisdictions, progress through postgraduate training requires a physician to successfully complete the licensing examination sequence (see below) and obtain their full, unrestricted license before entering a designated point in their postgraduate training. For example, some jurisdictions require physicians in training to complete the licensing examination sequence prior to entering PGY-2 or PGY-3.

The postgraduate training period often marks the first formal interaction of prospective physicians with a state medical board, as most jurisdictions issue a resident or training permit for physicians to practice within the limited, supervised context of their program. Additionally, state medical boards require that the training be completed in a residency program accredited by either the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA)*. These programs are approximately three to seven years in duration, depending upon the specialty. (Note: Some state medical boards recognize training in accredited programs conducted in other countries, e.g., residency programs accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).)

* The AOA, ACGME, and the American Association of Colleges of Osteopathic Medicine (AACOM), agreed in 2014 to a single accreditation system for graduate medical education program in the United States, which will be implemented between 2015 and 2020.

Licensing Examination: All state medical boards require completion of either the United States Medical Licensing Examination (USMLE®) or the Comprehensive Osteopathic Licensing Examination-USA (COMLEX).^{*} These are national multi-part examinations taken at various points in the prospective physician's career and designed to assess physician knowledge, clinical and communication skills. Students in U.S. medical schools routinely take the first two Steps of the licensing examination prior to graduation from medical school. The final portion of the examination sequence is usually taken during residency training.

Many state medical boards impose specific criteria relative to the number of attempts and the time utilized by the physicians to complete the licensing examination sequence. Many boards limit the number of attempts a physician can make at the USMLE or COMLEX. Additional attempts are often allowed but only after redirecting physicians for additional training prior to their next sitting for the exam. Most boards place some limit on the time period for completing the examination sequence. These time and attempt limits are designed to ensure the currency and adequacy of knowledge of newly licensed physicians. More detailed information on "State-Specific Requirements for Initial Medical Licensure" is available from the FSMB at www.fsmb.org/licensure/usmle-step-3/state_specific

Fitness to practice: All state medical boards are concerned with the physical, mental and moral fitness of prospective licensure candidates. A number of boards explicitly define the practice of medicine in their licensure applications to ensure that physicians clearly understand the expectations for minimally acceptable performance. The licensure application in each state commonly asks questions about the personal history and background of the applicant, including work history, physical and/or mental conditions that might impact their ability to safely practice medicine. Criminal background checks at the time of license application are also conducted by many boards.

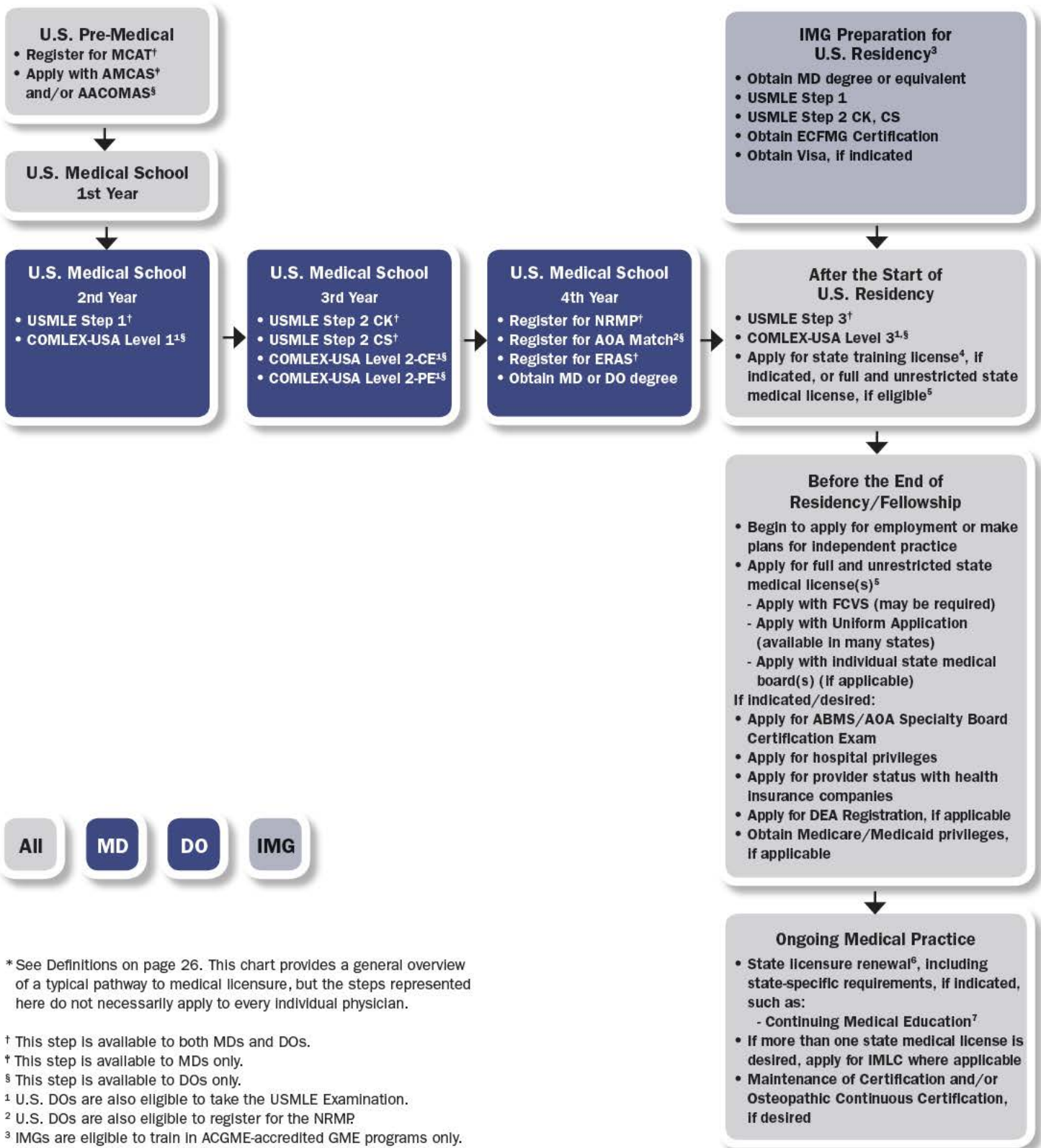
Compared with U.S. medical graduates, IMGs follow a slightly different pathway after completing their medical education at a school outside the United States. Before entering into a residency training program in the United States, they must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG). This certification is required in order for IMGs to enter into an ACGME-accredited residency training program in the United States. ECFMG certification requires verification of the physician's medical degree and successful completion of USMLE Step 1 and 2. The timing with which IMGs complete the USMLE differs somewhat from that of U.S. medical students/graduates. While some IMGs begin the USMLE sequence during their medical school years, many more do not begin the sequence until after their graduation from medical school. Ultimately, IMGs take the same licensing examinations as U.S. MD graduates and obtain residency training in the same accredited programs.

When a physician submits an application and fee for a medical license within a jurisdiction, staff at the state medical board will verify credentials (e.g., medical degree, postgraduate training), confirm passage on the USMLE or COMLEX, query the FSMB's disciplinary data bank and closely review the responses to questions on the licensure application for missing or inconsistent information. In some instances, the board may request that the applicant appear for a formal interview before either the full membership, or a subcommittee, of the board.

The license that the physician receives from a state medical board is for the general, undifferentiated practice of medicine. Physicians in the United States are not licensed based upon their specialty or practice focus. Certification in a medical specialty, such as by a member board of the American Board of Medical Specialties (ABMS), is not required to obtain a medical license. However, other practical considerations (e.g., obtaining hospital privileges) lead most physicians to obtain specialty certification. The majority of physicians in the United States hold specialty certification through the ABMS or the AOA's Bureau of Osteopathic Specialists.

^{*}The USMLE is open to physicians holding an MD or DO degree. Physicians with a DO degree usually complete the COMLEX-USA sequence.

Figure 5
Pathway to Medical Licensure In the United States*



* See Definitions on page 26. This chart provides a general overview of a typical pathway to medical licensure, but the steps represented here do not necessarily apply to every individual physician.

[†] This step is available to both MDs and DOs.

[‡] This step is available to MDs only.

[§] This step is available to DOs only.

¹ U.S. DOs are also eligible to take the USMLE Examination.

² U.S. DOs are also eligible to register for the NRMP.

³ IMGs are eligible to train in ACGME-accredited GME programs only.

⁴ Training licensure requirements vary from state to state

(41 state boards issue a resident/training license).

⁵ Licensure eligibility differs from state to state.

⁶ State licensure renewals vary from 1- to 3-year cycles.

⁷ CME is usually accredited by the ACCME, AMA, AAFP and AOA.

Pathway to Medical Licensure in the United States

Definitions

(Note: These definitions explain terminology used in the Pathway to Medical Licensure chart on the preceding page.)

AACOMAS—The American Association of Colleges of Osteopathic Medicine Application Service is a centralized application service for colleges of osteopathic medicine in the United States through the American Association of Colleges of Osteopathic Medicine®.

AMCAS®—The American Medical College Application Service®, a program of the Association of American Medical Colleges, is a centralized application processing service that is only available to applicants to first-year entering classes at participating allopathic (MD) U.S. medical schools.

COMLEX-USA—The Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) is a multi-part assessment given by the National Board of Osteopathic Medical Examiners (NBOME) to students and graduates of osteopathic medical education programs accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation. The NBOME eligibility criterion requires COMLEX Level 1 to be taken after successful completion of the 1st academic year of an osteopathic medical school program. Level 2 Cognitive and Performance Evaluations (CE and PE) cannot be taken until after successful completion of the 2nd academic year and passing Level 1. The COMLEX-USA Level 3 is usually taken during residency training and after successful completion of Levels 1-2, though in certain circumstances Level 3 may be taken by osteopathic medical school graduates prior to beginning residency training.

ECFMG®—The Educational Commission for Foreign Medical Graduates (ECFMG) provides a certification program for international medical graduates (IMGs) to assess their readiness prior to entering into ACGME-accredited residency or fellowship training programs in the United States.

ERAS®—The Electronic Residency Application Service (ERAS®) was developed by the Association of American Medical Colleges (AAMC) to allow medical school students and graduates to apply electronically for residency positions in accredited U.S. programs of graduate medical education.

FCVS—The Federation Credentials Verification Service, a service of the Federation of State Medical Boards, establishes a permanent, lifetime repository of primary-source verified core credentials (medical education, postgraduate training, examination history, board action history, board certification and identity) for physicians and physician assistants. This repository can be forwarded, at the applicant's request, to nearly any state medical board, hospital, health care facility or other entity.

IMLC—The Interstate Medical Licensure Compact offers a new, voluntary, expedited pathway to licensure for qualified physicians who wish to practice in multiple states. While making it easier for physicians to obtain licenses to practice in multiple states, the Compact

strengthens public protection by enhancing the ability of states to share investigative and disciplinary information. The Compact is being implemented in a growing number of states, with others expected to adopt it soon (www.licenseportability.org).

MCAT®—The Medical College Admission Test® is a standardized, multiple-choice examination designed to assess the examinee's problem solving, critical thinking, knowledge of science concepts and principles prerequisite to the study of medicine.

MOC®—The American Board of Medical Specialties (ABMS) assists 24 approved medical specialty boards in the development and use of standards in the ongoing evaluation and certification of physicians. In 2000, the 24 Member Boards of ABMS agreed to evolve their recertification programs to one of continuous professional development—ABMS Maintenance of Certification® (ABMS MOC®). In 2006, all Member Specialty Boards received approval of their ABMS MOC programs, which have 8-10 year renewal cycles.

NRMP®—The National Resident Matching Program provides a uniform date of appointment to positions in graduate medical education (GME). It provides an impartial venue for matching applicants' and programs' preferences for each other consistently.

OCC—The American Osteopathic Association (AOA) Bureau of Osteopathic Specialists consists of 18 specialty certifying boards. Effective in 2013, each AOA specialty-certifying board requires an Osteopathic Continuous Certification (OCC) process for all doctors of osteopathic medicine (DOs) with time-limited certifications. OCC runs on a 6-10 year cycle depending upon the specific specialty board.

UA—The Uniform Application, a service of the Federation of State Medical Boards, is a Web-based application that standardizes, simplifies and streamlines the licensure application process for MDs, DOs and Residents. Applicants fill out the online UA once and then use it whenever they apply for a license in another state for the rest of their careers. The UA is a standard licensure application form that serves as the core of a state's license application without replacing unique state-level requirements, which are collected and submitted via a state-specific addendum.

USMLE®—The United States Medical Licensing Examination® (USMLE®) is a jointly sponsored program of the Federation of State Medical Boards and the National Board of Medical Examiners®. The USMLE is open to students/graduates of accredited medical school programs issuing the MD or DO degree and to students/graduates of international medical schools eligible for certification by the ECFMG. In general, Step 1 is usually taken at the end of the 2nd academic year of medical school; Step 2 Clinical Knowledge (CK) and Step 2 Clinical Skills (CS) are generally taken before the end of the 3rd academic year. Most examinees take Step 3 within the first 18 months of residency training, though under certain circumstances some IMGs and U.S. medical school graduates may take Step 3 prior to beginning residency training.

FSMB Physician License Data

During the past 150 years, state medical boards in the United States have steadily evolved from entities that simply issued medical licenses based on minimal qualifications that at one time did not include a high school diploma prior to admission into medical school. Today, boards are multi-faceted and multi-staffed authorities responsible for protecting the public by granting licenses to only qualified individuals and ensuring that disciplinary and competency standards are upheld.

Because an active license is required to legally practice medicine, and physicians sometimes have more than one license, accurate information about a physician's credentials and licensure status has always been crucial to state medical boards to enable them to monitor a physician's practice, protect the public and promote quality health care. Accurate and up-to-date aggregate information about physicians' licensure status and credentials is also of critical value to state and federal policymakers interested in health care workforce assessments, predictions and planning.

Since 2010, the FSMB has been gathering information about physician licensure status and publishing it in the form of a national census of licensed physicians. The FSMB has published three censuses since 2010 and will publish its next census in 2017. Provided in this report are a summary, analysis and discussion of updated license statistics using FSMB's 2015 data from each of the state medical boards in the United States and the District of Columbia. In aggregate, the information included in this report offers a snapshot of the number, gender, age, specialty board certification and location by state of all actively licensed physicians in the United States.

License data is drawn from the Physician Data Center (PDC), the FSMB's central repository of data from every state medical board in the United States. To obtain an accurate count and precise information about physicians with an active, current license to practice medicine, the FSMB conducted a comprehensive analysis using 2015 license data obtained by the Physician Data Center.

License data is continuously provided throughout the year to the Physician Data Center by the 51 state medical boards (which regulate both allopathic and osteopathic physicians) and 14 state osteopathic boards (which only regulate osteopathic physicians) in the United States and the District of Columbia. Four additional territorial medical boards (Guam, U.S. Virgin Islands, Commonwealth of Northern Mariana Islands and Puerto Rico) are also member boards

of the FSMB, but their physician data was excluded from the current analysis. Because of their differing capacities and resources, state boards submit information to the Physician Data Center at varying intervals throughout the year. Most state boards provide medical licensure information to the Physician Data Center on a monthly basis, with some boards able to provide such data weekly or even daily.

A physician record in the Physician Data Center is typically initiated when a U.S. medical school student or an international medical graduate (IMG) first registers to take the United States Medical Licensing Examination (USMLE), a program created in 1992 that is co-sponsored by the Federation of State Medical Boards and the National Board of Medical Examiners and is required of U.S. and IMG allopathic physicians for licensure eligibility by state medical boards.

For U.S. osteopathic medical students who do not register for the USMLE* and for physicians who were first licensed prior to the introduction of the USMLE and the Comprehensive Osteopathic Medical Licensure Examination (COMLEX-USA) in the early 1990s, license files from state boards serve as the initial Physician Data Center record and the source for a physician's record of successful completion of a licensure examination.

When the Physician Data Center receives additional physician data, each record is matched to a master physician identity table using a set of algorithms developed by the FSMB. This systematic process allows the FSMB to track the same physician across multiple jurisdictions if more than one state license is sought at any time during the physician's professional career.

Though physicians in the United States are not licensed based on their specialty or practice focus, and specialty board certification is not a requirement for medical licensure, the Physician Data Center receives and supplements license data provided by state boards with specialty and subspecialty certification information obtained from the American Board of Medical Specialties (ABMS) and the American Osteopathic Association (AOA). Deceased physicians are also identified and flagged in the Physician Data Center by cross-referencing physician records with the Death Master File of the Social Security Administration (SSA), a federal database that contains more than 94 million records of reported deaths.

* Doctors of Osteopathic Medicine (DO) usually take the Comprehensive Osteopathic Medical Licensure Examination (COMLEX-USA)

2015 Physician License Statistics and Trends

An analysis of license data collected in 2015 in the United States and the District of Columbia reveals that there were 931,921 physicians with an active license to practice medicine, representing a net increase of 6% since 2012. State medical boards issued 79,629 new licenses to physicians during 2015, a figure which includes physicians obtaining their first license, one or more additional licenses (enabling practice in multiple jurisdictions) or a new license when moving from one jurisdiction to another. 20,857 physicians received their first medical license from a state medical board in 2015.

Table 1
2015 Physician License Statistics

Physicians with an Active License to Practice Medicine in the United States and the District of Columbia	Counts	Percentages
Total Number of Licensed Physicians in the United States	931,921	100.0%
Total Number of Licenses Issued during 2015		
Total	79,629	8.5%
First Licenses Issued	20,857	2.2%
Degree Type		
Doctor of Medicine (MD)	852,534	91.5%
Doctor of Osteopathic Medicine (DO)	77,228	8.3%
Unknown	2,159	0.2%
Medical School Type		
U.S. and Canadian Graduates (MD or DO)	699,661	75.1%
International Medical Graduates	210,703	22.6%
Unknown	21,557	2.3%
Age		
Less than 30 years	17,453	1.9%
30–39 years	202,910	21.8%
40–49 years	224,660	24.1%
50–59 years	216,253	23.2%
60–69 years	177,556	19.1%
70 + years	87,290	9.4%
Unknown	5,799	0.6%
Gender		
Male	608,203	65.3%
Female	306,691	32.9%
Unknown	17,027	1.8%
ABMS or AOA Board Certified vs. Non-Board-Certified		
Yes	744,833	79.9%
No	187,088	20.1%
Number of Active Licenses		
1	735,507	78.9%
2	141,547	15.2%
3 or more	54,867	5.9%

Source: 2015 FSMB Census of Licensed Physicians

As in 2012, the vast majority (92%) of actively licensed physicians in 2015 are allopathic physicians (MDs), while osteopathic physicians account for 8% of the actively licensed population (Table 1). Although there are substantially fewer physicians with a DO degree compared to those with a MD degree, the osteopathic medical profession is growing at a faster rate. From 2012 to 2015, the number of licensed physicians with a DO degree increased by 22%, compared to a 5% increase in the number of licensed physicians with an MD degree.

In 2015, 75% of physicians graduated from a U.S. or Canadian medical school (allopathic or osteopathic), 23% were international medical graduates (IMGs), and for 2% of physicians, the medical school of graduation could not be determined because the information was not provided to the PDC. The actively licensed physicians identified in 2015 graduated from a total of 1,993 medical schools in 167 countries around the world. From 2012 to 2015, the number of actively licensed physicians who graduated from U.S. or Canadian medical schools increased by 6%, compared to a 7% increase of IMGs.

Table 2 lists the 10 U.S. allopathic and osteopathic medical schools with the largest number of graduates who have an active license to practice medicine in the United States. The 10 largest allopathic programs have produced about 10% of all licensed allopathic physicians. The 10 colleges of osteopathic medicine with the largest number of licensed physicians account for the majority (63%) of the nation's osteopathic physicians.

Table 3 provides a list of the 10 medical schools outside the United States or Canada that had the largest number of graduates with an active license to practice medicine in the United States. These 10 international medical schools account for 20% of IMGs with an active license in the United States.

Among the 210,703 actively licensed IMG physicians, the most graduated from India (48,704 or 23%), followed by the Caribbean (33,340 or 16%), the Philippines (13,662 or 6%), Pakistan (12,028 or 6%) and Mexico (10,032 or 5%). The data also highlights a continued and substantial increase in the number of actively licensed physicians who graduated from a medical school in the Caribbean (Figure 6).^{*} Caribbean medical school graduates represent 16% of actively licensed IMG physicians in 2015 compared to 13% in 2012. While the total number of IMGs with an active license in the United States increased by only 7% since 2012, the number of physicians who graduated from the Caribbean increased by 28% during the same time period (Figure 7). More than half (58%) of the licensed IMGs from Caribbean medical schools are U.S. citizens, an increase of 43% since 2012 (Figure 8).

^{*} Medical schools in Puerto Rico and the U.S. Virgin Islands are not included in the FSMB's census in the listing of graduates from medical schools in the Caribbean because they are territories of the United States and have medical schools that are accredited by the Liaison Committee on Medical Education.

Table 2
U.S. Medical Schools and Colleges of Osteopathic Medicine

U.S. Medical Schools and Colleges of Osteopathic Medicine with the Greatest Number of Graduates Having an Active License to Practice Medicine in the United States, 2015	City and State	Number of Actively Licensed Physicians
Medical Schools		
Indiana University School of Medicine	Indianapolis, IN	11,150
University of Minnesota Medical School	Minneapolis, MN	10,028
Wayne State University School of Medicine	Detroit, MI	9,043
Ohio State University College of Medicine and Public Health	Columbus, OH	8,917
SUNY Downstate Medical Center	Brooklyn, NY	8,864
University of Illinois College of Medicine	Chicago, IL	8,660
Jefferson Medical College of Thomas Jefferson University	Philadelphia, PA	8,603
University of Michigan Medical School	Ann Arbor, MI	8,045
University of Texas Medical Branch	Galveston, TX	8,019
New York Medical College	Valhalla, NY	7,893
Colleges of Osteopathic Medicine		
Philadelphia College of Osteopathic Medicine	Philadelphia, PA	7,361
Des Moines University, College of Osteopathic Medical Center	Des Moines, IA	6,459
Kansas City University of Medicine and Biosciences	Kansas City, MO	6,206
NY Institute of Technology College of Osteopathic Medicine	Old Westbury, NY	5,129
Kirksville College of Osteopathic Medicine	Kirksville, MO	5,126
Midwestern University	Downers Grove, IL	4,694
Western University, College of Osteopathic Medicine of the Pacific	Pomona, CA	4,048
Nova Southeastern University, College of Osteopathic Medicine	Fort Lauderdale, FL	3,522
UNT Health Science Center, Texas College of Osteopathic Medicine	Fort Worth, TX	3,440
Michigan State University College of Osteopathic Medicine	East Lansing, MI	2,685

Source: 2015 FSMB Census of Licensed Physicians

Table 3
International Medical Schools

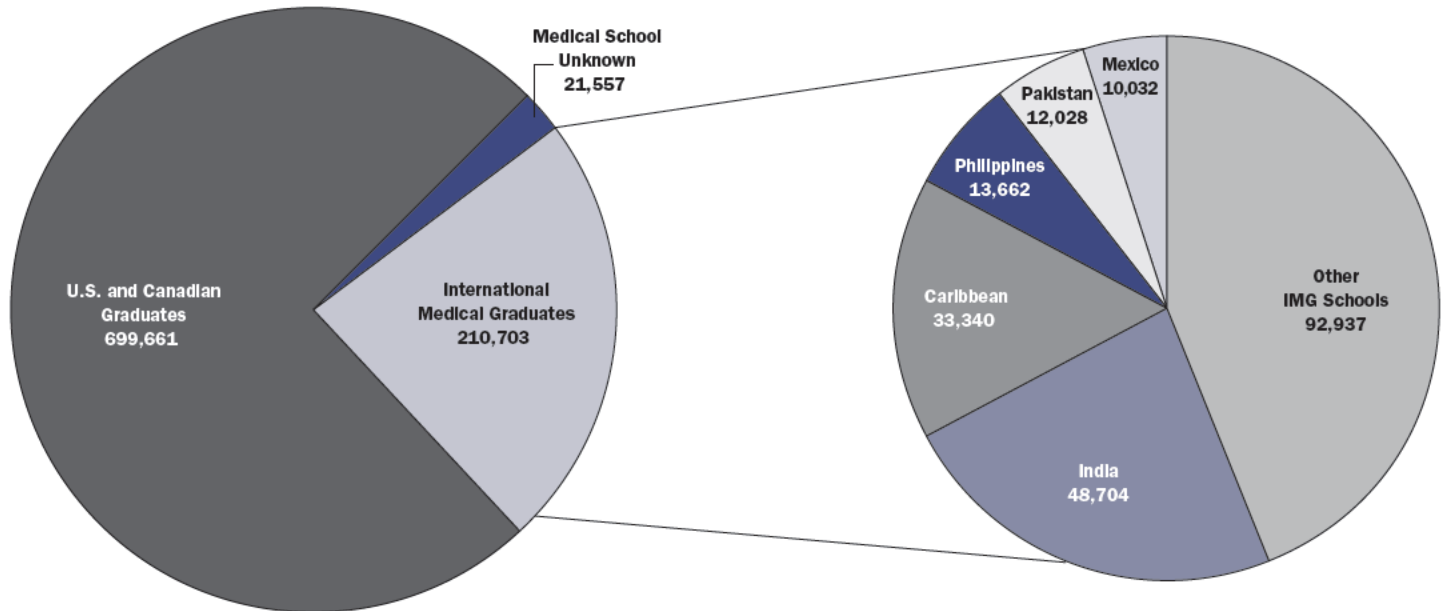
International Medical Schools with the Greatest Number of Graduates Having an Active License to Practice Medicine in the United States, 2015	Country	Number of Actively Licensed Physicians
International Medical School		
St. Georges University	Grenada	8,573
Ross University	Dominica	7,827
Universidad Autonoma De Guadalajara	Mexico	5,719
University of Santo Tomas	Philippines	4,635
American University of the Caribbean	Saint Maarten	4,016
Dow Medical College, University of Karachi	Pakistan	3,147
University of Damascus	Syria	2,678
Osmania Medical College	India	2,138
University of the East, Ramon Magsaysay Memorial Medical Center	Phillippines	2,083
University of the Philippines	Phillippines	2,044

Source: 2015 FSMB Census of Licensed Physicians

The age composition of the licensed physician population reflects the gradual, but significant and certain shift seen in the general population during the past several years. Figure 9 shows the licensed physicians in 2015 who are 60 years of age or older continue to represent the single

largest age category of physicians (28%, up from 26% in 2012). From 2012 to 2015, the physician population 60 years of age and older increased by 15%, compared to 8% for the population of physicians 49 years of age or younger.

Figure 6
Physicians with Active Licenses in the U.S. and the District of Columbia by Location of Medical School Graduation, 2015



Source: 2015 FSMB Census of Licensed Physicians

Figure 7
Locations with the Largest Number of International Medical Graduates Actively Licensed in the United States and the District of Columbia, 2012 and 2015

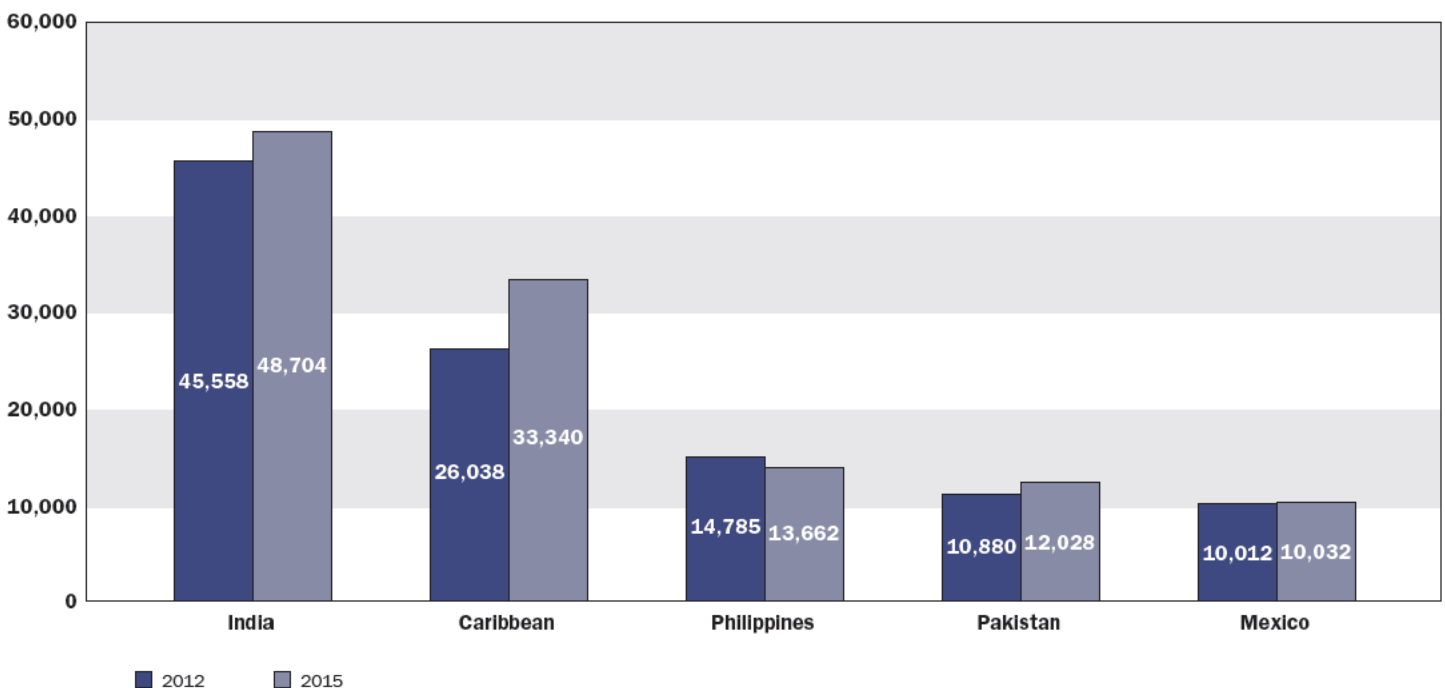
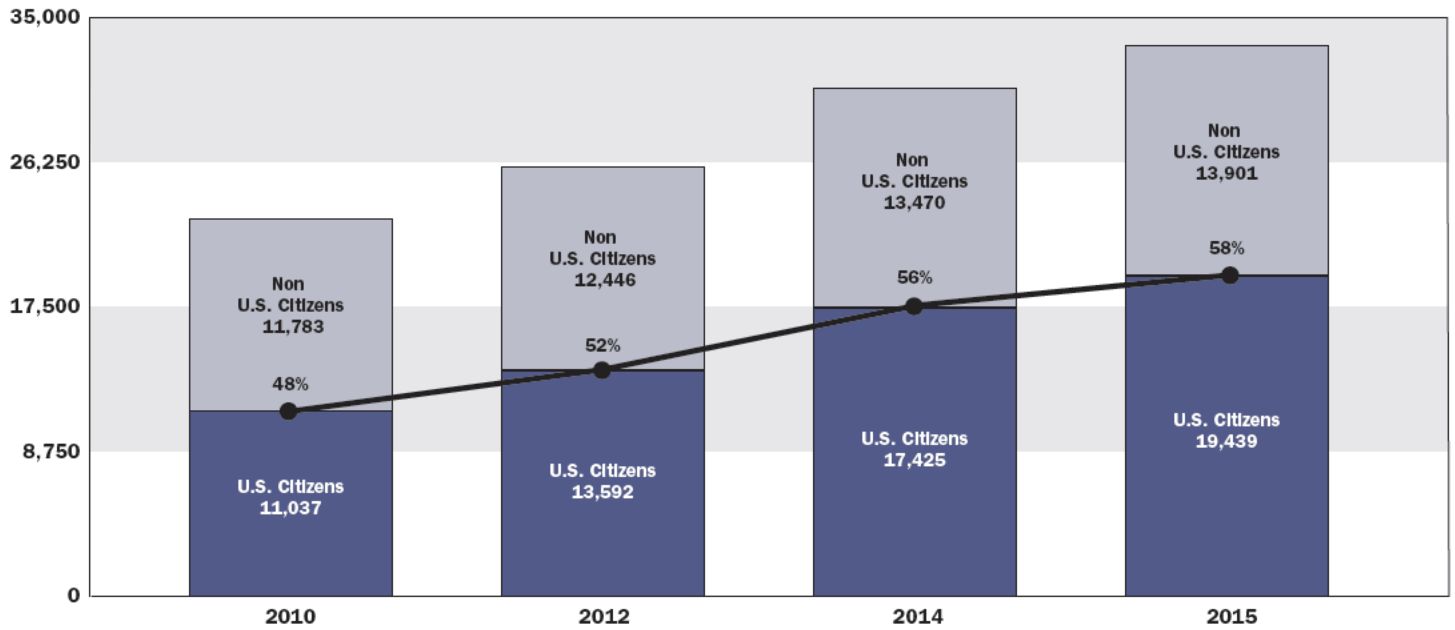


Figure 8

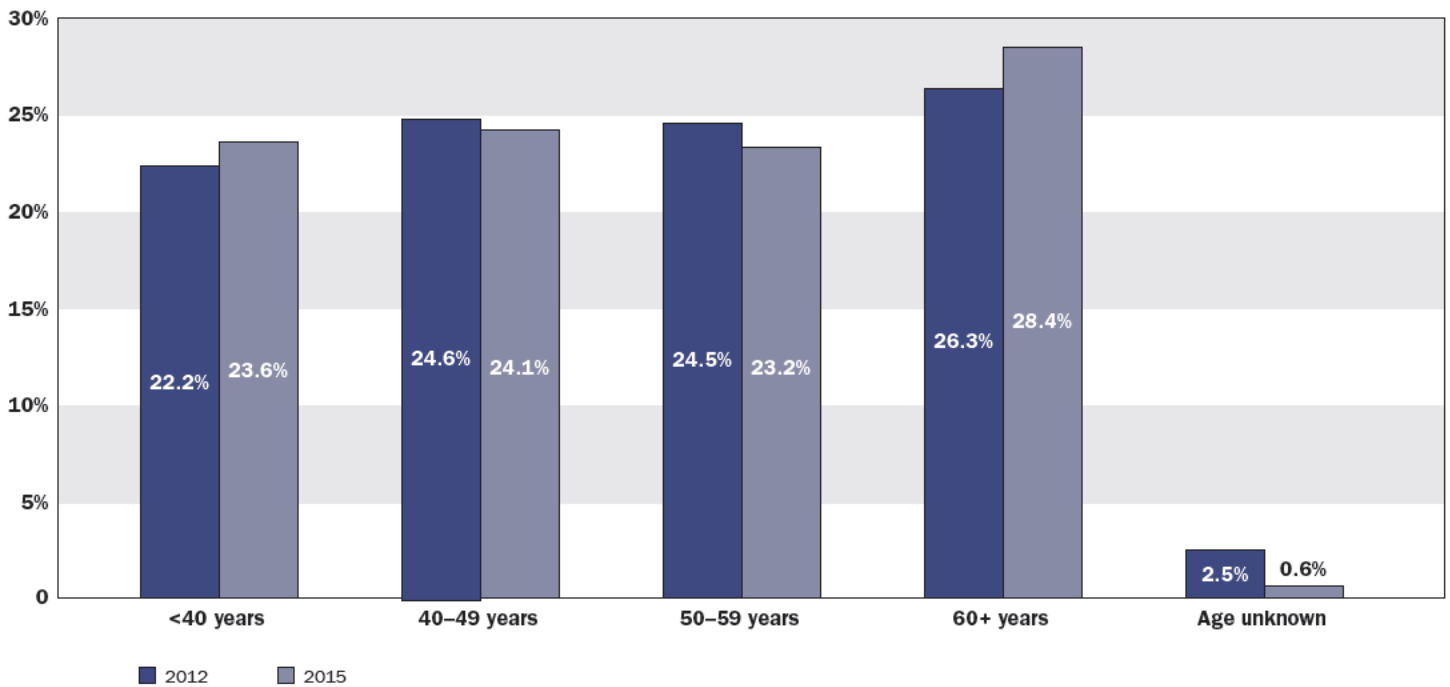
U.S. Citizenship for Caribbean Medical School Graduates with an Active License In the United States and the District of Columbia by Year



Sources: 2015 FSMB Census of Licensed Physicians and the American Board of Medical Specialties

Figure 9

Physicians with an Active License In the United States and the District of Columbia by Age, 2012 and 2015

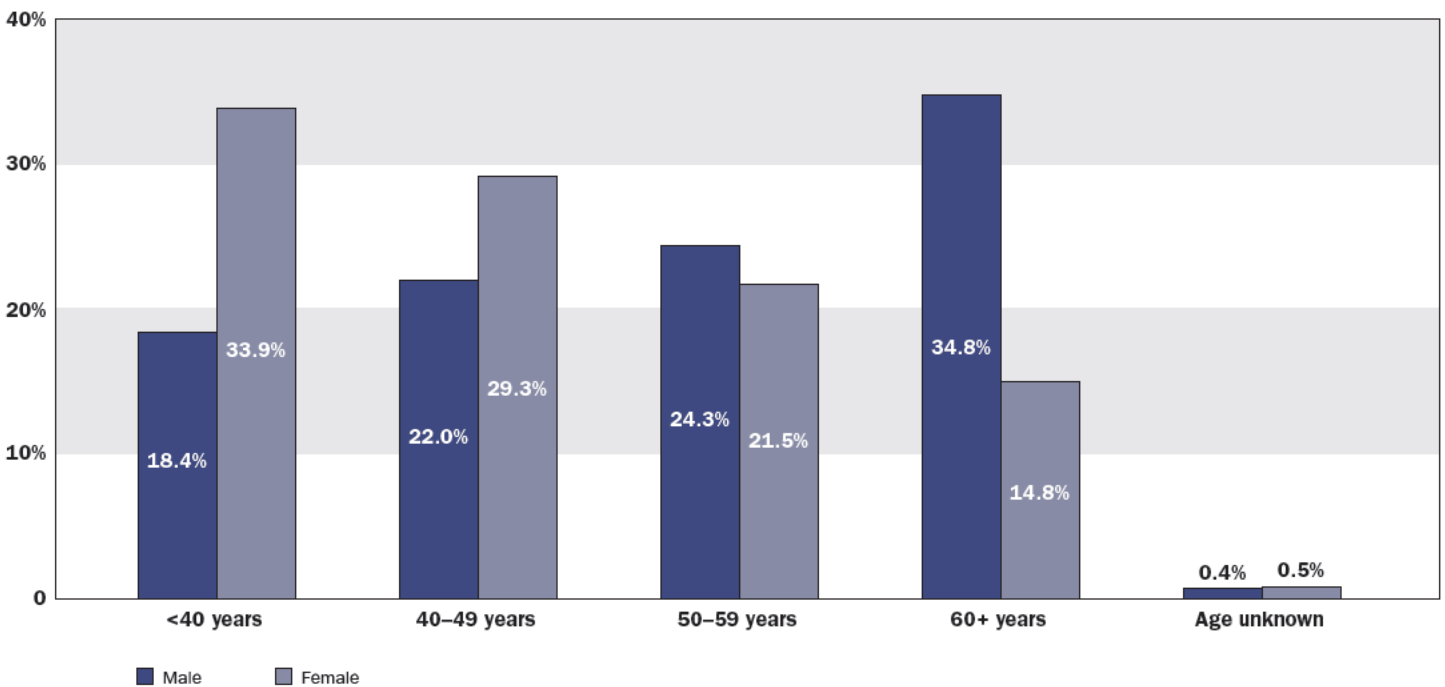


Source: 2015 FSMB Census of Licensed Physicians

While the nation's physician population is aging on the whole and the total distribution by gender remains relatively stable (with males constituting 65% of licensed physicians), some disparities do exist between male and female physicians in different age groups. From 2012 to 2015, the number of actively licensed physicians who were female increased by 16%, compared to an increase of 5% for male physicians. When looking at further categorizations by age and gender, 34% of female physicians in 2015 are 39 years of age or younger compared with 18% of male physicians. This trend is reversed when looking at older physicians, that is, 35% of male physicians are 60 years of age or older, compared to 15% of female physicians (Figure 10).

According to FSMB's 2015 license data, 80% of actively licensed physicians in the United States and the District of Columbia are certified by an ABMS or AOA specialty board (Table 1). As demonstrated in Figure 11, the strong and expected relationship between specialty certification and age continues to exist. The percentage of actively licensed physicians with ABMS or AOA certification dramatically increases from 18% for individuals who are less than 30 years old to 78% for those 30-39; peaks at 90% for those 40-49; and decreases to 61% for physicians 70 years and older.

Figure 10
Physicians with an Active License In the United States and District of Columbia by Gender and Age, 2015

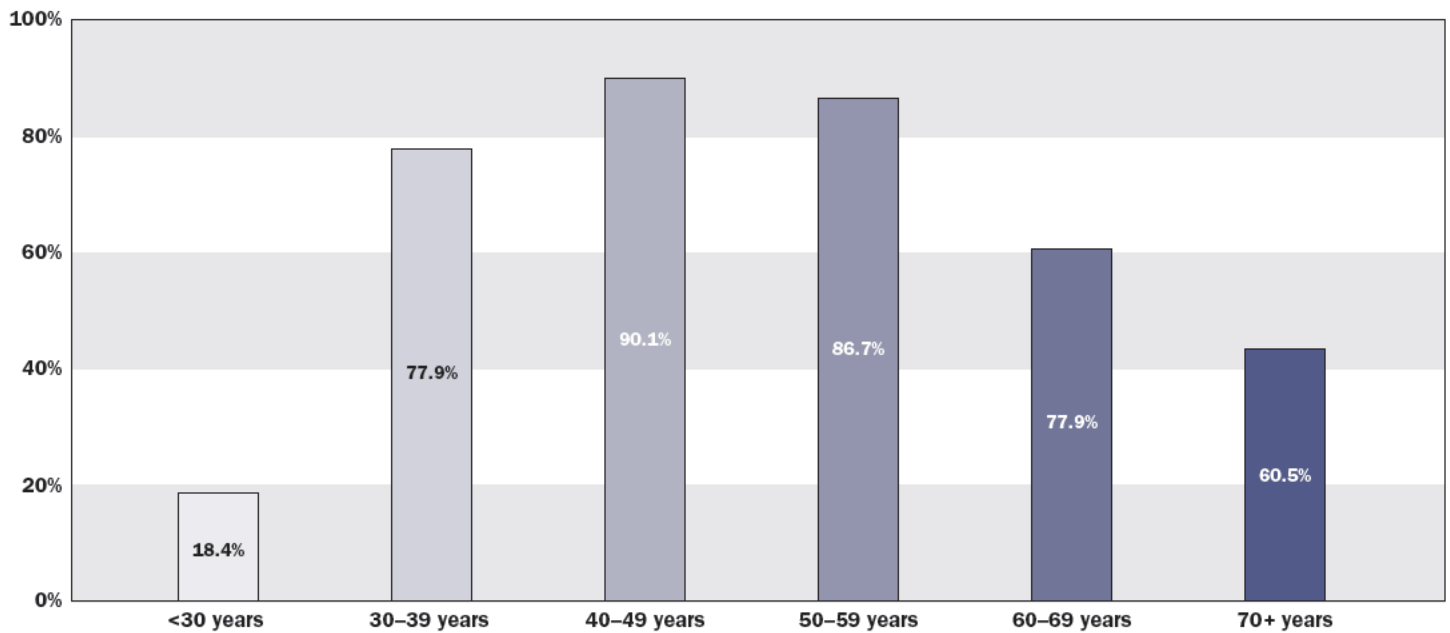


Source: 2015 FSMB Census of Licensed Physicians

The overall percentage of physicians with multiple active licenses remains relatively static; 79% of physicians currently hold one active license, 15% hold two active licenses and 6% hold three or more active licenses. A closer look at the data shows some differences by gender and specialty certification. Twenty-three percent of male physicians, compared with 18% of female physicians, hold more than one license. Physicians with ABMS/AOA certification are more likely to have two or more active licenses (23%) than physicians without certification (14%).

The 2015 state-by-state totals in Table 4 provide additional information about the geographic breakdown of actively licensed physicians in the United States. The 931,921 physicians with an active license to practice medicine in the United States represent a physician-to-population ratio of 290 actively licensed physicians for every 100,000 people in the United States and the District of Columbia, a figure that has increased from 280 per 100,000 people in 2012.

Figure 11
Percentage of Physicians with an Active License and ABMS and AOA Certification in the United States and District of Columbia by Age, 2015



Source: Federation of State Medical Boards

Table 4
Physicians with an Active License by State

Physicians with an Active License by State and the District of Columbia, 2015	Licensed Physicians	Population Counts*	Physicians Per 100,000 Population
United States	931,921	321,418,820	290
Alabama	15,782	4,858,979	325
Alaska	3,701	738,432	501
Arizona	24,630	6,828,065	361
Arkansas	9,639	2,978,204	324
California	144,121	39,144,818	368
Colorado	20,233	5,456,574	371
Connecticut	16,775	3,590,886	467
Delaware	4,834	945,934	511
District of Columbia	11,801	672,228	1,756
Florida	71,547	20,271,272	353
Georgia	34,199	10,214,860	335
Hawaii	9,844	1,431,603	688
Idaho	5,811	1,654,930	351
Illinois	46,934	12,859,995	365
Indiana	26,347	6,619,680	398
Iowa	11,240	3,123,899	360
Kansas	8,910	2,911,641	306
Kentucky	18,010	4,425,092	407
Louisiana	16,395	4,670,724	351
Maine	6,438	1,329,328	484
Maryland	29,800	6,006,401	496
Massachusetts	34,292	6,794,422	505
Michigan	45,344	9,922,576	457
Minnesota	22,261	5,489,594	406
Mississippi	10,225	2,992,333	342
Missouri	26,281	6,083,672	432
Montana	5,102	1,032,949	494
Nebraska	9,574	1,896,190	505
Nevada	8,080	2,890,845	280
New Hampshire	7,029	1,330,608	528
New Jersey	35,151	8,958,013	392
New Mexico	9,182	2,085,109	440
New York	91,395	19,795,791	462
North Carolina	36,658	10,042,802	365
North Dakota	3,655	756,927	483
Ohio	44,753	11,613,423	385
Oklahoma	12,625	3,911,338	323
Oregon	14,032	4,028,977	348
Pennsylvania	54,861	12,802,503	429
Rhode Island	5,582	1,056,298	528
South Carolina	17,624	4,896,146	360
South Dakota	3,831	858,469	446
Tennessee	22,366	6,600,299	339
Texas	74,530	27,469,114	271
Utah	10,694	2,995,919	357
Vermont	3,669	626,042	586
Virginia	38,768	8,382,993	462
Washington	27,868	7,170,351	389
West Virginia	7,749	1,844,128	420
Wisconsin	25,125	5,771,337	435
Wyoming	3,563	586,107	608
State and D.C. Totals	1,248,860	321,418,820	389

* U.S. Census Bureau. <http://www.census.gov/popest/data/state/totals/2015/index.html>

Source: 2015 FSMB Census of Licensed Physicians

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Section III: State Medical Board Data

Introduction

The FSMB conducts a periodic comprehensive query of state medical boards intended to gather data about each board's composition, governance structure, funding basis, and other procedural and operational details. Data collected includes information about state licensure and disciplinary standards and requirements, regulations for physician dispensing of drugs, scope of practice parameters and many other facets of state medical board activity.

The information presented here about state medical board structure and activity is based directly on data submitted by the member boards that make up the FSMB. The eligibility and documentation requirements reported here are established by the medical practice acts and related statutes of each state and by the rules and regulations of each state medical board. This information is not intended to be definitive or to be a legal reference, and the FSMB does not assume responsibility for the completeness or accuracy of the information reported by the individual states.

Because licensing requirements can change at any time, any publication reporting such requirements for multiple jurisdictions, however often revised, will contain some dated information. Therefore, all entries in this report should be verified with the individual licensing board. Further information and details should be sought directly from those boards.

The FSMB thanks the state medical boards for the time and effort they put into providing this information.

Glossary

Administrative License: A license to practice medicine limited to non-clinical activity.

Camp doctor license/registration: A temporary license to allow out-of-state physicians to practice medicine at a camp, school, or resort for a limited term.

CME: Continuing medical education.

Consent agreement: An agreement between a physician and a state medical board closing an open investigation prior to or following a formal interview or formal hearing. A consent agreement typically contains language waiving a physician's right of appeal and may be non-disciplinary, depending on the issues involved.

DC: Doctor of Chiropractic.

DO: Doctor of Osteopathic Medicine or Doctor of Osteopathy.

DPM: Doctor of Podiatric Medicine

ED: Executive Director.

EMT: Emergency Medical Technician.

Emeritus License: A license issued to a physician who is completely retired from the active practice of medicine.

Faculty/educational license: A license to practice medicine limited to the scope of the physician's practice as an instructor at an educational facility.

Formal board actions: Procedures taken by a state medical board against a physician when there is evidence that the physician violated a state's Medical Practice Act.

Full, Unrestricted License: A license to practice medicine.

Hearing officer: A person to whom a state medical board has delegated its authority to conduct a hearing concerning the discipline of a licensee.

Impaired Physician Treatment Program: A program of prevention, detection, intervention, rehabilitation and monitoring of licensees with potentially impairing illnesses or conditions, approved and/or recognized by the state medical board.

Informal actions: Procedures by a state medical board that generally lack courtroom rules and structure, are not recorded, do not place individuals under oath, and for which the transcript is typically inadmissible in a formal proceeding. Participation of the licensee who is the subject of the investigation is not always required.

Institutional Practice License: A license to practice medicine limited to the scope of the physician's institutional practice and the physician's relationship with the institution.

Limited/Special Purpose License: A license to practice medicine for a limited term and/or limited scope.

Locum Tenens License: A license to practice medicine issued to a physician who is filling an office for a time or temporarily taking the place of another.

MD: Doctor of Medicine.

Medical Practice Act: Individual state statutes that set out the structure and responsibilities of each state medical and osteopathic board.

Military License: A license to practice medicine issued to members of the U.S. Armed Forces.

Non-physician clinician: A health care practitioner with formal education and clinical training who is credentialed through certification, registration and/or licensure (non-physicians). These practitioners are sometimes referred to as allied health professionals.

PA: Physician Assistant.

PHP: Physician Health Program. PHPs help addicted physicians get the drug, alcohol and mental health treatment they need to keep their license and return to practice.

Prescription Monitoring Program: A statewide electronic database that collects information about controlled-substance prescribing, and sometimes data on particular drugs of concern.

Probation: A disciplinary action taken by a state medical board that extends over a specified period of time where the licensee is monitored periodically by the board to assure compliance with the terms and conditions established in the board's order.

Public member: Members of state medical boards who do not have a license issued by the licensing board on which they sit. While many public members are not medically trained, some do have medical backgrounds.

Resident: A physician who is enrolled in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or other programs recognized by a state medical board.

Resident License: A license to practice medicine issued to one who is currently enrolled in an accredited residency program.

Retired/Inactive License: A license issued to one who is completely retired from the active practice of medicine.

Revocation: A disciplinary action taken by a state medical board that withdraws a physician's license to practice medicine.

Scheduled drugs: Controlled substances.

Stipulation agreement: An agreement between a state medical board and a licensee that may be amendable.

Summary suspension: A disciplinary action that immediately removes a physician from practice pending a formal hearing when there is evidence of an imminent danger to the public health and safety if a physician were to remain in practice during the normal complaint resolution or formal hearing process.

Suspension: A disciplinary action taken by a state medical board ordering a licensee to temporarily cease the practice of medicine.

Temporary License: A license to practice medicine for a limited term.

Volunteer License: A license to practice medicine issued to those who provide voluntary care (and do not receive remuneration) in medically underserved areas.

Notes About State Medical Board Data in this Report

In the charts that follow, use of an "X" means "yes" and use of a dash (-) means "no." Use of "N/A" means "not applicable." If a space is left blank, it means that information was not available at the time of publication.

Some states have separate boards for medical doctors (MD) and osteopathic doctors (DO). In these cases, the boards are referred to with either an "M" for medical or an "O" for osteopathic (for example, the two California boards are designated CA-M and CA-O).

State Medical Board Abbreviations

AL: Alabama Board of Medical Examiners

AK: Alaska State Medical Board

AZ-M: Arizona Medical Board

AZ-O: Arizona Board of Osteopathic Examiners in Medicine and Surgery

AR: Arkansas State Medical Board

CA-M: Medical Board of California

CA-O: Osteopathic Medical Board of California

CO: Colorado Medical Board

CT: Connecticut Medical Examining Board

DE: Delaware Board of Medical Licensure and Discipline

DC: District of Columbia Board of Medicine

FL-M: Florida Board of Medicine

FL-O: Florida Board of Osteopathic Medicine

GA: Georgia Composite Medical Board

GU: Guam Board of Medical Examiners

HI: Hawaii Medical Board

ID: Idaho Board of Medicine

IL: Illinois Department of Financial and Professional Regulation: Division of Professional Regulation*

IN: Medical Licensing Board of Indiana

IA: Iowa Board of Medicine

KS: Kansas State Board of Healing Arts

KY: Kentucky Board of Medical Licensure

LA: Louisiana State Board of Medical Examiners

ME-M: Maine Board of Licensure in Medicine

ME-O: Maine Board of Osteopathic Licensure

MD: Maryland Board of Physicians

MA: Massachusetts Board of Registration in Medicine

MI-M: Michigan Board of Medicine

MI-O: Michigan Board of Osteopathic Medicine and Surgery

* Note: Illinois has separate licensing and disciplinary boards. In this report, the licensing board is referred to as "MLB" and the disciplinary board is referred to as "MDB."

MN: Minnesota Board of Medical Practice

MO: Missouri State Board of Registration for the Healing Arts

MP: Commonwealth of the Northern Mariana Islands Health Care Professions Licensing Board

MS: Mississippi Board of Medical Licensure

MT: Montana Board of Medical Examiners

NE: Nebraska Board of Medicine and Surgery

NV-M: Nevada State Board of Medical Examiners

NV-O: Nevada State Board of Osteopathic Medicine

NH: New Hampshire Board of Medicine

NJ: New Jersey State Board of Medical Examiners

NM-M: New Mexico Medical Board

NM-O: New Mexico Board of Osteopathic Medical Examiners

NY: New York State Board for Medicine and New York State Office of Professional Medical Conduct**

NC: North Carolina Medical Board

ND: North Dakota Board of Medicine

OH: State Medical Board of Ohio

OK-M: Oklahoma Board of Medical Licensure and Supervision

OK-O: Oklahoma State Board of Osteopathic Examiners

OR: Oregon Medical Board

PA-M: Pennsylvania State Board of Medicine

PA-O: Pennsylvania State Board of Osteopathic Medicine

PR: Puerto Rico Board of Medical Licensure and Discipline

RI: Rhode Island Board of Medical Licensure and Discipline

SC: South Carolina Board of Medical Examiners

SD: South Dakota Board of Medical and Osteopathic Examiners

TN-M: Tennessee Board of Medical Examiners

TN-O: Tennessee Board of Osteopathic Examination

TX: Texas Medical Board

UT-M: Utah Physicians Licensing Board

UT-O: Utah Osteopathic Physicians and Surgeons Licensing Board

VT-M: Vermont Board of Medical Practice

VT-O: Vermont Board of Osteopathic Physicians and Surgeons

VI: Virgin Islands Board of Medical Examiners

VA: Virginia Board of Medicine

WA-M: Washington Medical Quality Assurance Commission

WA-O: Washington Board of Osteopathic Medicine and Surgery

WV-M: West Virginia Board of Medicine

WV-O: West Virginia Board of Osteopathic Medicine

WI: Wisconsin Medical Examining Board

WY: Wyoming Board of Medicine

Background Notes About the Tables

Included here are background notes about each of the tables in this section, in the order in which they appear.

Board Membership Composition 1: Provides information about who serves on state boards of medicine and some of the details of their board service, including number of physicians with MD or DO degrees, number of public members, length of term and whether they can serve more than one term.

Board Membership Composition 2: Provides more details about additional specific requirements for board composition in the various states. For example, some boards require that members must come from specific geographic locations, or that physician members be affiliated with a medical school.

Board Membership Nomination: Provides details about how board members are appointed or selected and the frequency with which officers are selected.

Activities Within the Authority or Responsibility of the Board: Defines the scope of duties assigned to boards, such as the adoption of rules and regulations, issuance of licenses and disciplinary investigations.

Medical Disciplines Under Purview of the Board 1: Specifies the professions that the board regulates. Some boards regulate physicians only; others regulate health professionals such as chiropractors or physician assistants in addition to physicians.

Medical Disciplines Under Purview of the Board 2: Provides additional details about the professions regulated by the boards.

Board Autonomy/Decision-Making Authority: Provides details on level of autonomy within which boards function. For example, independent boards exercise all licensing and disciplinary powers (though some functions may be provided by other agencies); semi-independent boards may retain some authority with key powers, while another agency may be involved; and advisory boards act in a purely advisory role to another agency.

Number of Full-Time, Part-Time and Temporary/Seasonal Staff Employed by or Assigned to the Board 1: Provides information about the number of board personnel in specific categories and whether board personnel work on a part time, full time or seasonal basis. In this table: chief executive, managers and administrative workers.

Number of Full-Time, Part-Time and Temporary/Seasonal Staff Employed by or Assigned to the Board 2: Provides information about the number of board personnel in specific categories and whether board personnel work on a part time, full time or seasonal basis. In this table: investigative personnel or legal counsel.

**Note: New York has separate licensing and disciplinary boards. In this report, the licensing board is referred to as "BM" (Board for Medicine) and the disciplinary board is referred to as "PMC" (Professional Medical Conduct)

Number of Full-Time, Part-Time and Temporary/Seasonal Staff Employed by or Assigned to the Board 3: Provides information about the number of board personnel in specific categories and whether board personnel work on a part time, full time or seasonal basis. In this table: hearing officers or medical directors.

Legal Counsel and Board Investigators: Specifies the sources from which boards obtain legal counsel, including in-house counsel, the Attorney General, or another source within the health department or state. In addition, specifies which entity within states employs board investigators.

Hearing Officers' Employment Status: Specifies which entity within states employs hearing officers.

Board Budget Authority and Reserve Fund Information 1:

Provides information about the level of authority boards have over their budgets and reserve funds. "Independent Decision Authority" indicates that the board exercises all powers related to collected income. "Semi-Independent Decision Authority" indicates that the board creates its own budget but it must be approved by an oversight body. "Advisory Authority" indicates that the board has no input in the budget process and is granted funds by a parent agency.

Board Budget Authority and Reserve Fund Information 2: Provides additional details about boards' budgetary authority, including whether boards have reserve funds, the percentage of funds generated by board activities dedicated to boards' budgets, and an explanation of the board's budgetary authority if it does not fit into the independent, semi-independent or advisory categories of authority in the previous table.

Entities Reporting Possible Violations to the Board 1: Specifies individuals and entities required to report possible violations to the board. For example, most boards require self-reporting by licensees and peer licensees of violations. Many states require courts, hospitals, local professional societies and malpractice insurance carriers to report violations as well.

Entities Reporting Possible Violations to the Board 2: Provides additional entities required to report possible violations of the Medical Practice Act to the board, including law enforcement agencies, state professional societies, peer review committees, and federal agencies.

Information About Complaints or Reports of Possible Violations: Provides information related to the filing of complaints or possible violations to medical boards. For example, some boards are authorized to assess civil penalties for failure to report possible violations to the medical board.

Confidentiality of Complaints or Reports of Possible Violations Made in Good Faith: Provides information about the extent of the board's policy on the confidentiality of complaints it receives. For example, in most states complaints are not made public, but they may be shared with other medical boards.

Administrative Hearing Participants and Procedures 1: Specifies participants in board administrative hearings for licensees under investigation.

Administrative Hearing Participants and Procedures 2: Provides additional state-specific details about procedures at administrative hearings.

Standards of Proof Required in Disciplinary Matters: Specifies standard of proof required by boards in disciplinary matters, including Preponderance of Evidence, Clear and Convincing Evidence, and Evidence Beyond a Reasonable Doubt.

Informal Investigations or Informational Conferences: Provides information about boards permitting informal investigations or informational conferences with licensees under investigation.

Allowable Actions or Sanctions 1: Specifies disciplinary actions and sanctions boards are authorized to administer. In this table: revocations, summary suspensions and suspensions, probations, consent agreements, and fines.

Allowable Actions or Sanctions 2: Provides additional details about disciplinary actions and sanctions boards are authorized to administer. In this table: private and public reprimands, letters of censure and concern, and collection of costs of proceedings.

Approved or Authorized Impaired Physician Treatment Programs: Provides information about entities authorized by the state medical board to administer treatment programs for impaired physicians.

Reporting of Participants in Impaired Physician Treatment Programs: Provides information about requirements for reporting of impaired physician treatment program participants. For example, most programs are required to report the names of licensees who fail to satisfactorily complete a program to the board.

Sharing Information with Public and Other Boards 1: Specifies information boards share with the public and other medical boards, including license status, disciplinary and educational history, and complaint and investigation information.

Sharing Information with Public and Other Boards 2: Provides additional details about information boards share with the public and other medical boards, including informal and formal actions and agreements, license application denials, and examination irregularities.

Physician Profile Information 1: Specifies information available from profiles of physicians maintained by boards, including license status, medical education, specialty board certifications, board and hospital disciplinary actions, criminal convictions, and medical malpractice.

Physician Profile Information 2: Provides additional details of information available from profiles of physicians maintained by medical boards.

Physician Profile Information 3: Provides information about how profiles of physicians maintained by medical boards can be accessed by public.

Regulations for Dispensing Scheduled Drugs: Specifies states permitting physicians to dispense scheduled drugs and the agency charged with regulating the practice.

Prescription Monitoring Program 1: Specifies states with prescription monitoring programs and entities allowed program access.

Prescription Monitoring Program 2: Specifies state agencies responsible for operating prescription monitoring programs.

Educational/Informational Programs Offered by Board 1: Provides details about educational programs offered by boards to the public and licensees.

Educational/Informational Programs Offered by Board 2: Provides details about educational programs offered by boards to medical students and residents.

Educational/Informational Programs Offered by Board 3: Provides details about training programs offered by boards to their board members, and the availability of online continuing medical education developed by boards for licensees.

Types of Licenses Issued (in Addition to Full, Unrestricted License): Specifies types of licenses issued by boards, including special purpose, resident, locum tenens, and volunteer licenses.

License Types and Applications: Provides additional types of licenses issued by boards, and information about board online license applications.

Online Access to Medical Practice Act and Relevant Board Rules: Provides web addresses for state Medical Practice Acts and relevant rules.

Administration of the U.S. Medical Licensing Examination Steps 1 and 2: Provides details about the administration of Steps 1 and 2 of the United States Medical Licensing Examination (USMLE), including the number of times candidates can take these Steps, and how much time may pass before both Steps are completed.

Administration of the U.S. Medical Licensing Examination Step 3: Time Limits for Completion: Provides additional details about the administration of the United States Medical Licensing Examination (USMLE), including the number of times candidates can take Step 3, and other requirements for completion of the USMLE.

Administration of the Comprehensive Osteopathic Medical Licensing Examination: Time Limits for Completion: Provides details about administration of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX), including the number of times candidates can take the examination, and how much time may pass before all of its levels are completed.

Endorsement Policies for Physicians Holding an Initial License: Provides information about requirements for endorsement, a process in which a state issues an unrestricted license to practice medicine to an individual who holds a valid and unrestricted license in another jurisdiction.

Additional Requirements for Endorsement of Licenses Held by International Medical Graduates (IMGs) IMGs: Provides information about additional requirements for license endorsement for International Medical Graduates (IMGs).

Initial Licensure of U.S. Medical/Osteopathic School Graduates: Specifies how much U.S. or Canadian Graduate Medical Education, commonly known as residency, is required for licensure.

Initial Licensure of Canadian Citizens Who Are Graduates of Accredited Canadian Medical Schools: Provides details of what is required for Canadian citizens who have graduated from Accredited Canadian medical schools and want to practice in the United States.

Initial Licensure of International Medical Graduates (IMGs): Provides information about various licensure requirements and standards for International Medical Graduates (IMGs) who want to practice in the United States.

Additional Policies Concerning International Medical Graduates (IMGs): Provides additional details about various licensure requirements and standards for IMGs who want to practice in the United States — for example, whether GME completed in foreign countries is accepted as a part of educational requirements.

Accredited Subspecialties and Non-Accredited Fellowships That Satisfy Graduate Medical Education Requirements for Licensure: Provides information about whether various non-accredited fellowships and accredited subspecialty GME can be accepted and applied toward educational requirements for licensure.

Initial Licensure Fees and Requirements: Provides details about fees required of physicians for licensure, including initial licensure and subsequent license renewal, and the time frame between license renewals.

Continuing Medical Education Requirements: Provides information about how many Continuing Medical Education (CME) credits are required in order for physicians' licenses to be renewed, as well as specific categories of CME that are required.

Regulations on the Practice of Telemedicine and Out-of-State Physicians: Provides details about licensure requirements for physicians who want to practice telemedicine.

Universal Licensure Application Form: Provides information about the usage by state boards of the FSMB's Uniform Application for Physician State Licensure (UA), which simplifies and streamlines the licensure application process.

Board Membership Composition 1

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	# of total members	Total # of MD members	Total # of DO members	Total # of members from the public	Total # of allied health professional members	Length of term	# of consecutive terms allowed
AL	16	16	0	0	0	3 years	3
AK	8	5 physicians, MD/DO	included	2	1 physician assistant	4 years	2
AZ-M	12 (1 currently vacant)	8	0	3	1 registered nurse or licensed practical nurse	5 years	2
AZ-O	7	0	5	2	0	5 years	2
AR	14	11	1	2	0	6 years	2
CA-M	15	8	0	7	0	4 years	2
CA-O	9	0	5	4	0	3 years	2
CO	16	8	3	4	0	4 years	No term limits
CT	21	12	1	7	1 physician assistant	Term ends when governor appoints replacement	
DE	16	7	2	7	0	3 years	3
DC	15 by statute	10	0	4	0	3 years	3
FL-M	15	12	0	3	0	4 years	2
FL-O	7	0	5	2	0	4 years	2
GA	16	11	2	2	1	4 years	No term limits
GU	7	5	0	0	0	2-4 years	2
HI	11	7	2	2	0	4 years	2
ID	10	6	1	2	0	6 years	1
IL	7 (MLB) 11 (MDB)	5 (MLB) 5 (MDB)	1 (MLB) 1 (MDB)	0 (MLB) 4 (MDB)	1 chiropractor (MLB) 1 chiropractor (MDB)	4 years (MLB) 4 years (MDB)	2 consecutive (MLB/MDB)
IN	7	5	1	1	0	4 years	No term limits
IA	10	5	2	3	0	3 years	3
KS	15	5	3	3	0	4 years	3
KY	15	10	2	3	0	4 years	No term limits
LA	7	7	0	0	0	4 years	3
ME-M	10	6	0	3	1 physician assistant	6 years	No term limits
ME-O	10	0	6	3	1	7 years	No term limits
MD	22	14	1	6	1	4 years	2
MA	7	5 physicians, whether MD or DO	included	2	0	3 years	2
MI-M	19	10	0	8	1	4 years	2 + partial
MI-O	11	0	7	3	1	4 years	2 + partial
MN	16	Up to 10	Up to 10	5	0	4 years	2
MS	9	7	2	3	0	6 years	2
MO	9	7	2	1	0	4 years	No term limits
MP	5	2	0	0	2	4 years	2
MT	13	5	1	2	5	4 years	No term limits
NE	8	5	1	2	0	5 years	2
NV-M	9	6	0	3	0	4 years	2
NV-O	7	0	5	1	1	4 years	2
NH	11	6	1	3	1	5 years	2
NJ	21	14	1	3	2	3 years	2
NM-M	8	6	0	1	1 physician assistant	4 years	No term limits; service ends when Governor appoints a replacement
NM-O	5	0	3	2	0	5 years	N/A
NY	23 + 2 vacancies (BM) 92 (PMC)	18 (BM) 65 (PMC)	4 (2 required) (BM) 5 (PMC)	1 + 1 vacancy (BM) 22 (PMC)	1 PA + 1 vacancy (BM) 2 (PMC)	5 years (BM) 3 years (PMC)	2 (BM) No term limits (PMC)
NC	13	7	1	3	2	3 years	2
ND	13	9	1	2	1	4 years	2
OH	12	7	1	3	1 podiatrist	5 years	No term limits
OK-M	9	7	N/A	2	N/A	7 years	2
OK-O	8		6	2	0	7 years	No term limits
OR	13	7	2	2	1	3 years	2
PA-M	11	6	0	2	1	4 years	2 - professional 1 - allied
PA-O	11	0	6	2	1	4 years	2 - professional 1 - allied
PR	9	7	0	0	7	4-5 years	1
RI	13	5	2	6	0	3 years	1
SC	13	9	1	3	0	4 years	3
SD	9	6	1	2	Public members can be from allied professions	3 years	3
TN-M	12	9	5	3	0	5 years	Not specified
TN-O	6	0	5	1	0	5 years	Not specified
TX	19	9	3	7	0	6 years	No term limits
UT-M	11	9	0	2	0	4 years	2
UT-O	5	0	4	1	0	4 years	2
VT-M	17	9	0	6	2	5 years	2
VT-O	5	0	3	2	0	5 years	2
VI	7	4	0	3	0	4 years	2
VA	18	11	1	4	0	4 years	2
WA-M	21	13	0	6	0	4 years	2
WA-O	7	0	6	1	0	5 years	No term limits
WV-M	15	9	0	3	3	5 years	2
WV-O	7	0	4	2	1	5 years	2
WI	13	9	1	3	5 affiliated boards, 4 councils	4 years	2
WY	8	5 (minimum 2)	1 (minimum 1)	2	1 physician assistant	4 years	3

Board Membership Composition 2

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Membership Includes representation from congressional district, medical society, professional organization or other demographic category	Membership Includes representatives from a profession not already listed
AL	Members of the Board of Medical Examiners are elected by their peers to the Medical Association of the State of Alabama's Board of Censors pursuant to their congressional district in addition to "state at-large" representation. Pursuant to Ala. Code § 34-24-53, the Board of Censors is constituted the Alabama Board of Medical Examiners.	N/A
AK	Geographical diversity	N/A
AZ-M	Must be from at least 3 counties, no more than 5 from 1 county	N/A
AZ-O	N/A	N/A
AR	2 MDs from each of 4 congressional districts, 2 at-large MDs, 1 from Arkansas Medical, Dental & Pharmaceutical Association, 1 DO and 2 public members	N/A
CA-M	4 of the MDs must hold faculty appointments in a clinical department of an approved medical school in California	N/A
CA-O	N/A	N/A
CO	N/A	1 physician assistant
CT	N/A	1 physician assistant
DE	Director of Public Health	N/A
DC	1 member who is the Department of Health designee	N/A
FL-M	12 members of the board must be licensed physicians in good standing in Florida who are residents of the state and who have been engaged in the active practice or teaching of medicine for at least 4 years immediately preceding their appointment. 1 of the physicians must be on the full-time faculty of a medical school in Florida, and 1 of the physicians must be in private practice and on the full-time staff of a statutory teaching hospital in Florida as defined in s. 408.07. At least 1 member of the board must be 60 years of age or older.	At least 1 of the physicians must be a graduate of a foreign medical school. The remaining 3 members must be residents of the state who are not, and never have been, licensed health care practitioners. 1 member must be a health care risk manager licensed under s. 395.10974.
FL-O	1 member must be at least 60 years of age	
GA	N/A	Allied health professional must be a physician assistant
GU	Public board member	N/A
HI	Membership from Hawaii County, Maui county and Kauai County	N/A
ID	There is also a Committee on Professional Discipline (COPD) composed of 4 physicians and 1 public member	The director of the Idaho State Police is a permanent member of the board
IL	State specifies that no more than 6 Medical Disciplinary Board members be from the same political party	N/A
IN	N/A	N/A
IA	Governor also considers gender, diversity, political affiliation and geography. State law requires the board must be gender balanced and no more than 50 percent of members can be from the same political party	N/A
KS	Professional societies submit recommendation to Governor for consideration. Public members must be from 3 different congressional districts.	3 DCs and 1 DPM
KY	Physicians are nominated by medical and osteopathic associations	N/A
LA	Rural from LSMS (2), medical association (2), Academy of FP (1), Medical School – Tulane (1), Medical School – LSU (1)	Effective January 1, 2017
ME-M	N/A	N/A
ME-O	Appointed by the Governor, they apply and/or are suggested	N/A
MD	2 physicians – full time medical faculty nominated by schools of medicine	1 of the consumers must have risk management experience and be nominated by the MD Hospital Association
MA	N/A	N/A
MI-M	N/A	N/A
MI-O	N/A	N/A
MN	1 physician member from each congressional district	N/A
MS	MS Supreme Court District	N/A
MO	N/A	N/A
MP	N/A	N/A
MT	MT Academy of Physician Assistants appoints liaison to board as a non-voting member	N/A
NE	2 officials or instructors from a NE medical school, 1 licensed osteopathic physician	N/A
NV-M	N/A	N/A
NV-O	N/A	Must provide health care to indigent, underinsured or uninsured and must not be a physician
NH	DHHS designee	physician assistant (allied health professional)
NJ	Doctor of Pediatric Medicine; Department of Health; executive branch designee	1 DPM
NM-M	Physician/physician-assistant members must be New Mexico residents 5 years preceding appointment	1 physician assistant
NM-O	N/A	N/A
NY	At least 85% of physicians nominated by medical societies (PMC)	N/A
NC	The board consists of 13 members appointed by the Governor. Eight of the 13 are licensed physicians, one is a licensed physician assistant (PA), one is an approved nurse practitioner (NP), and three are members of the public with no financial or professional interest in a health service or profession.	One is a licensed physician assistant (PA), one is an approved nurse practitioner (NP) – Under allied health professional members
ND	N/A	N/A
OH	N/A	Podiatry - 1 member
OK-M	N/A	N/A
OK-O	N/A	N/A
OR	MD members must represent 5 separate congressional districts	1 DPM member
PA-M	N/A	N/A
PA-O	N/A	N/A
PR	Members of faculties of medical schools of PR, associations and others	N/A
RI	N/A	Health care administrator and plaintiff attorney are public members
SC	7 physicians from each congressional district	N/A
SD	N/A	Allied health professionals could be part of total; 8 of the regulated professions have an advisory committee to the board
TN-M	The Governor shall strive to have the boards be representative of each grand division, have a member over the age of 60 and seek racial diversity	N/A
TN-O	The Governor shall strive to have the boards be representative of each grand division, have a member over the age of 60 and seek racial diversity	N/A
TX	N/A	N/A
UT-M	N/A	N/A
UT-O	N/A	N/A
VT-M	N/A	1 physician assistant, 1 podiatrist
VT-O	N/A	N/A
VI	N/A	N/A
VA	1 MD from each congressional district	1 podiatrist, 1 chiropractor
WA-M	Congressional district for MD members; pro-tems appointed by ED as needed for commission work	2 allopathic physician assistant members
WA-O	N/A	N/A
WV-M	N/A	N/A
WV-O	N/A	N/A
WI	N/A	5 affiliated boards and 4 councils are attached to the Med. Ex. Board
WY	N/A	N/A

Board Membership Nomination

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Appointed by Governor	Other process by which members are appointed/selected	Frequency with which officers are selected (annually/biennially)
AL	—	Members are nominated through their district caucuses and elected by their peers	Annually
AK	X	—	Annually
AZ-M	X	Confirmed by Senate Health Committee	Annually
AZ-O	X	—	Annually
AR	X	—	Annually
CA-M	X	Legislature (2)	Annually
CA-O	X	Senate and Assembly (1 public member each)	Annually
CO	X	—	Biennially
CT	X	—	N/A
DE	X	—	Annually
DC	X	Board members are appointed by the mayor and must be residents of DC	N/A
FL-M	X	—	Annually
FL-O	X	New members must be confirmed by the Senate	Annually
GA	X	Physician Assistant member is appointed by the Physician Assistants Advisory Committee.	Annually
GU	X	Confirmed by legislature	N/A
HI	X	Advisory committee (podiatry, physician assistant, and emergency medical personnel) members are selected by the Hawaii Medical Board	Annually
ID	X	Nominations from the Idaho Medical Association (IMA) are provided to the Governor, although the Governor may choose from any qualified candidate, even if not nominated by the IMA	Biennially
IL	X	—	Annually
IN	X	—	N/A
IA	X	—	Annually (April)
KS	X	—	Annually
KY	X	Board has four Ex-officio members	Annually
LA	X	—	N/A
ME-M	X	—	Biennially
ME-O	X	—	Annually
MD	X	—	Annually – staggered terms
MA	X	—	Annually
MI-M	X	—	Annually
MI-O	X	—	Annually
MN	X	—	Annually
MS	X	—	Biennially
MO	X	Senate confirmation of members following Governor appointment	Annually
MP	X	Appointed with Senate's advice and consent	Biennially
MT	X	—	Annually
NE	—	Appointed by State Board of Health	Annually
NV-M	X	—	Annually
NV-O	X	—	Annually
NH	X	DHHS member selected by the Commissioner of DHHS	Annually
NJ	X	—	Annually
NM-M	X	—	Annually
NM-O	X	Must be licensed in NM for at least 2 years	Annually
NY	—	Appointed by Board of Regents	Annually
NC	X	Seven of the licensed physicians and both the PA and NP members are nominated to the Governor by an Independent Review Panel, which recommends at least 2 candidates for each open seat on the Board. The 4 remaining members of the Board are named at the discretion of the Governor.	Annually
ND	X	—	Annually
OH	X	Confirmed by Senate	Annually selected by Board (January - December term)
OK-M	X	Nomination of 3 MDs by medical association	Annually
OK-O	X	—	Annually by rotations
OR	X	—	Annually
PA-M	X	Approved by Senate	Annually
PA-O	X	Approved by Senate	Annually
PR	X	—	N/A
RI	X	—	N/A
SC	X	—	Annually
SD	X	—	At term end
TN-M	X	If a board member dies or resigns, the Board itself fills the vacancy	Biennially
TN-O	X	—	Annually
TX	X	Nominations are approved by Senate	Biennially
UT-M	X	—	Rotating terms
UT-O	X	—	Rotating terms
VT-M	X	—	Annually
VT-O	X	—	Annually
VI	X	—	N/A
VA	X	Nominations from professional societies	Annually
WA-M	X	—	Annually
WA-O	X	Recruit from eligible licensees; public members are recruited through community organizations	Annually
WV-M	X	State health officer or physician designee ex-officio	Biennially
WV-O	X	—	Annually
WI	X	Confirmed by Senate	Annually
WY	X	Senate confirmation required	Annually

Activities Within the Authority or Responsibility of the Board

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Adoption of rules/regulations	Administration of licensing examinations	Issuance of licenses permits/certificates	Approval for other authority's Issuance	Evaluation of applicant's education	Setting of fees	Disciplinary Investigations	Disciplinary decision-making	Advisory functions only	Authority to develop or adopt model policies/guidelines
AL	X	--	X	X	X	X	X	X	--	X
AK	X	X	X	X	X	X	X	X	--	X
AZ-M	X	--	X	--	X	X	X	X	--	X
AZ-O	X	--	X	--	X	X	X	X	--	X
AR	X	--	X	--	--	X	X	X	--	X
CA-M	X	--	X	X	X	X	X	X	--	X
CA-O	X	X	X	X	X	X	X	X	--	X
CO	X	--	X	X	X	--	X	X	--	X
CT	--	--	--	--	X	--	--	X	X	--
DE	X	--	X	X	X	--	--	X	X	X
DC	X	X	X	X	X	X	X	X	--	X
FL-M	X	--	X	X	X	X	--	X	--	X
FL-O	X	--	X	X	X	X	--	X	--	X
GA	X	--	X	--	X	X	X	X	--	X
GU	X	--	X	X	X	X	X	X	--	X
HI	X	--	X	--	--	--	--	X	--	--
ID	X	--	X	X	X	X	X	X	--	X
IL	--	--	--	--	X	--	--	--	X	--
IN	X	--	X	X	X	X	--	X	--	--
IA	X	--	X	--	X	X	X	X	--	X
KS	X	X	X	X	X	X	X	X	--	X
KY	X	X	X	X	X	X	X	X	--	X
LA	X	X	X	--	X	--	X	X	--	X
ME-M	X	X	X	X	X	X	X	X	--	X
ME-O	X	--	X	X	X	X	X	X	--	X
MD	X	--	X	--	X	X	X	X	--	X
MA	X	--	X	--	X	X	X	X	--	X
MI-M	X	--	X	--	X	--	--	X	X	--
MI-O	X	--	X	--	X	--	--	X	X	--
MN	X	--	X	X	X	X	X	X	--	X
MS	X	X	X	--	X	X	X	X	--	X
MO	X	X	X	--	X	X	X	X	--	X
MP	X	X	X	X	X	X	X	X	--	X
MT	X	--	X	X	X	X	X	X	--	X (rules only)
NE	X	--	--	--	X	X	--	--	X	X
NV-M	X	X	X	X	X	X	X	X	--	X
NV-O	X	X	X	X	X	X	X	X	X	X
NH	X	X	X	X	X	X	X	X	--	X
NJ	X	--	X	--	X	X	X	X	--	X
NM-M	X	--	X	X	--	X	X	X	--	X
NM-O	X	X	X	X	X	--	X	--	--	--
NY	--	--	--	--	--	--	X (PMC)	X (PMC)	X (BM)	X
NC	X	X	X	--	--	--	X	X	--	X
ND	X	--	X	--	X	X	X	X	--	X
OH	X	X (cosmetic therapy exam)	X	--	X	--	X	X	--	X
OK-M	X	X	X	X	X	X	X	X	X (AG Oversight)	X
OK-O	--	X	X	--	X	--	X	X	--	X
OR	X	--	X	X	X	X	X	X	--	X
PA-M	--	X	X	--	X	--	X	X	--	X
PA-O	--	X	X	--	X	--	X	X	--	X
PR	X	X	X	X	X	--	X	X	--	X
RI	X	X	--	X	X	--	X	X	--	X
SC	--	--	X	--	X	--	X	X	--	X
SD	X	X	X	X	X	X	X	X	--	X
TN-M	X	X	X	X	X	X	--	X	X	X
TN-O	X	X	X	X	X	X	--	X	--	X
TX	X	X	X	X	X	X	X	X	--	X
UT-M	--	X	--	--	--	--	X	--	X	X
UT-O	--	X	--	--	--	X	X	--	X	X
VT-M	--	--	X	--	X	--	X	X	--	X
VT-O	--	X	--	X	X	--	X	X	--	X
VI	X	X	X	X	X	--	X	--	--	--
VA	--	X	X	X	X	--	X	X	--	X
WA-M	X	X	X	X	X	--	X	X	--	X
WA-O	X	X	--	X	X	X	X	X	X	X
WV-M	--	X	X	X	X	--	X	X	--	X
WV-O	X	X	X	X	X	--	X	X	--	X
WI	X	X	X	X	X	X	X	X	--	X (limited)
WY	X	X	X	--	X	X	X	X	--	X

Medical Disciplines Under Purview of the Board 1

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	MDs	D0s	Physician assistants	Anesthesiologist assistants	Respiratory therapists	Podiatrists	Acupuncturists
AL	X	X	X	X	--	--	--
AK	X	X	X	--	--	X	--
AZ-M	X	--	--	--	--	--	--
AZ-O	--	X	--	--	--	--	--
AR	X	X	X	--	X	--	--
CA-M	X	--	--	--	--	--	--
CA-O	--	X	--	--	--	--	--
CO	X	X	X	X	--	--	--
CT	X	X	X	--	--	--	--
DE	X	X	X	--	X	--	X
DC	X	X	X	X	--	--	X
FL-M	X	--	X	X	--	--	--
FL-O	--	X	X	X	--	--	--
GA	X	X	X	X	X	--	X
GU	X	X	--	--	--	--	--
HI	X	X	X	--	--	X	--
ID	X	X	X	--	X	--	--
IL	X	X	X	--	--	--	--
IN	X	X	X (rules only)	X	X (rules only)	--	X
IA	X	X	--	--	--	--	X
KS	X	X	X	--	X	X	X
KY	X	X	X	--	--	--	X
LA	X	X	X	--	X	X	X
ME-M	X	--	X	--	--	--	--
ME-O	--	X	X	--	--	--	--
MD	X	X	X	--	X	--	--
MA	X	X	--	--	--	--	X
MI-M	X	--	--	--	--	--	--
MI-O	--	X	--	--	--	--	--
MN	X	X	X	--	X	--	X
MS	X	X	X	--	--	X	X
MO	X	X	X	X	--	--	--
MP	X	X	X	--	X	X	X
MT	X	X	X	--	--	X	X
NE	X	X	X	--	--	--	X
NV-M	X	--	X	--	X	--	--
NV-O	--	X	X	--	--	--	--
NH	X	X	X	--	--	--	--
NJ	X	X	X	--	--	X	X
NM-M	X	--	X	X	--	--	--
NM-O	--	X	X	--	--	--	--
NY	X (PMC)	X (PMC)	X (PMC)	--	X (BM)	X (BM)	X (BM)
NC	X	X	X	X	--	--	--
ND	X	X	X	--	--	--	--
OH	X	X	X	X	--	X	X
OK-M	X	--	X	X	X	--	--
OK-O	--	X	--	--	--	--	--
OR	X	X	X	--	--	X	X
PA-M	X	--	X	--	X	--	X
PA-O	--	X	X	--	X	--	X
PR	X	X	--	--	--	--	X (Certification)
RI	X	X	--	--	--	--	--
SC	X	X	X	X	X	--	X
SD	X	X	X	--	X	--	--
TN-M	X	--	X	--	--	--	X
TN-O	--	X	--	--	--	--	--
TX	X	X	X	--	X	--	X
UT-M	X	--	--	--	--	--	--
UT-O	--	X	--	--	--	--	--
VT-M	X	--	X	X	--	X	--
VT-O	--	X	--	--	--	--	--
VI	X	X	X	--	--	--	--
VA	X	X	X	--	X	X	X
WA-M	X	--	X	--	--	--	--
WA-O	--	X	X	--	--	--	--
WV-M	X	--	X	--	--	X	--
WV-O	--	X	X	--	--	--	--
WI	X	X	X	X	X	--	--
WY	X	X	X	--	--	--	--

Medical Disciplines Under Purview of the Board 2

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Surgical Assistants	Athletic Trainers	Radiologist Assistants / Radiographers	Midwives	Additional disciplines
AL	X	—	—	—	
AK	—	—	—	—	Paramedics
AZ-M	—	—	—	—	
AZ-O	—	—	—	—	
AR	—	—	X	—	Radiologist Assistants/Radiology Practitioner Assistants
CA-M	—	—	—	X	Research psychoanalysts, polysomnography trainees, technicians, and technologists, and outpatient setting accreditation agencies
CA-O	—	—	—	—	
CO	—	—	—	—	
CT	—	—	—	—	
DE	—	—	—	X	Detoxification specialists, polysomnographers, genetic counselors
DC	X	—	—	—	Polysomnographers, Naturopathic Physicians, and Trauma Technologists
FL-M	—	—	—	—	
FL-O	—	—	—	—	
GA	—	—	—	—	Orthotists/prosthetists, prescriptive authority for advanced practice registered nurses, physician residents in training, auricular ear detoxification technicians, cosmetic laser practitioners, and pain management clinics (facility license), perfusionists
GU	—	—	—	—	
HI	—	—	—	—	Emergency medical personnel
ID	—	X	—	—	Dietitians, polysomnographers
IL	—	—	—	—	Chiropractors
IN	—	—	—	X (rules only)	Diabetes educators; Rule-making authority for physical therapy, occupational therapy, hearing aid dealers, genetic counselors
IA	—	—	—	—	
KS	—	X	X	X	Chiropractors, occupational therapists and assistants, physical therapists and assistants, naturopaths, and contact lens distributors
KY	X	X	—	—	Note: anesthesiologist assistants are licensed as physician assistants.
LA	—	X	X	X	Occupational therapists, lab technicians, sleep therapists, medical psychologists, exercise physiologists, and polysomnographers, perfusionists
ME-M	—	—	—	—	
ME-O	—	—	—	—	
MD	—	X	X	—	Radiation technologists, radiation therapists, polysomnographic technologists, naturopaths, and nuclear medicine technologists, perfusionists
MA	—	—	—	—	
MI-M	—	—	—	—	
MI-O	—	—	—	—	
MN	—	X	—	X	Medical faculty, naturopaths, professional firms, genetic counselors
MS	—	—	—	—	Certificates for limited x-ray operators, and radiology specialists
MO	—	X	—	—	SLP, SLP aides, SLP assistants, audiologists, audiology aides, and physical therapists and assistants, perfusionists
MP	—	—	—	X	Audiologists, chiropractors, clinical social workers, dental assistants, dental hygienists, dentists, embalmers, emergency medical technicians, medical or clinical lab technicians, occupational therapists, optometrists, parade paramedics, pharmacists, pharmacy interns, pharmacy technicians, physical therapist assistants, professional counselors, psychologists, speech and language pathologists.
MT	—	—	—	—	Emergency care providers, such as EMTs and paramedics, nutritionists
NE	X	—	—	—	Genetic counselors, perfusionists
NV-M	—	—	—	—	Perfusionists
NV-O	—	—	—	—	
NH	—	—	—	—	
NJ	—	X	—	X	Hearing aid dispensers, electrologists, genetic counselors, perfusionists
NM-M	—	—	—	—	Polysomnographic technologists, naprapathic physicians, genetic counselors
NM-O	—	—	—	—	
NY	—	X (BM)	X (PMC)	X (BM)	Specialist assistants, perfusionists
NC	—	—	—	—	Clinical pharmacist practitioners (shared with Board of Pharmacy), nurse practitioners (shared with the Board of Nursing), polysomnographic technicians (registration only)
ND	—	—	—	—	Fluoroscopy technicians, genetic counselors
OH	—	—	X	—	Massage therapists, cosmetic therapists, and oriental medicine practitioners, genetic counselors
OK-M	—	X	X	—	Physical therapists and assistants, occupational therapists and assistants, recreational therapists, dietitians, electrologists, orthotists and prosthetists, pedorthists, music therapists
OK-O	—	—	—	—	
OR	—	—	—	—	
PA-M	—	X	X	X	Practitioners of oriental medicine, behavior specialists, orthotists, orthotic fitters, pedorthists, prosthetists, perfusionists, genetic counselors
PA-O	—	X	X	—	Perfusionists, genetic counselors
PR	—	—	—	—	
RI	—	—	—	—	
SC	—	—	—	—	Cardiovascular invasive specialists
SD	—	X	—	—	Advanced life support, dietitians/nutritionists, medical assistants, occupational therapists, occupational therapy assistants, physical therapists, physical therapist assistants, corporation or LL (medical and physician assistants), genetic counselors
TN-M	—	—	X	—	Polysomnographers, perfusionists, genetic counselors
TN-O	—	—	—	(Certified Professional Midwives)	
TX	X	—	X	—	Medical physicists, physician assistants and acupuncturists have independent boards, but their rules must be approved by the medical board, genetic counselors
UT-M	—	—	—	—	
UT-O	—	—	—	—	
VT-M	—	—	X	—	MD residents and DPM residents
VT-O	—	—	—	—	
VI	—	—	—	—	
VA	X	X	X	X	Chiropractors, behavior analysts, assistant behavior analysts, polysomnographic technologists, occupational therapists, occupational therapy assistants, surgical technologists, joint regulation of nurse practitioners with the Board of Nursing, genetic counselors
WA-M	—	—	—	—	
WA-O	—	—	—	—	
WV-M	—	—	X	—	
WV-O	—	—	—	—	
WI	—	—	—	—	Perfusionists Examining Council, Respiratory Care Practitioners Examining Council, Council on Physician Assistants, Council on Anesthesiologist Assistants plus 5 affiliated boards (DIET, AT, OT, POD, MT) that have separate licensing, discipline and rule-making authority.
WY	—	—	—	—	

Board Autonomy/Decision-Making Authority

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Type of authority			Explanation If semi-Independent
	Independent	Semi-Independent	Advisory	
AL	X	—	—	
AK	X	—	—	
AZ-M	X	—	—	
AZ-O	X	—	—	
AR	X	—	—	
CA-M	X	—	—	
CA-O	X	—	—	
CO	X	—	—	
CT	X	—	X	The board has independent authority with regard to the discipline of licensees. The board has advisory authority with regard to the credentialing of licensees. The Connecticut Department of Public Health has independent authority.
DE	X	—	—	
DC	X	X	—	While the board has independent authority in regulating the professions assigned to it, the Department of Health handles all administrative functions and decisions, as well as rule making (with the advice of the board)
FL-M	—	X	—	The board is under an umbrella agency that is responsible for licensing functions, complaint intake, investigations, prosecution
FL-O	—	X	—	The board is under umbrella agency that is responsible for licensing functions, complaint intake, investigations, prosecution
GA	X	—	—	
GU	X	—	—	
HI	X	—	—	
ID	X	—	—	
IL	—	—	X	
IN	—	—	—	The board falls under an umbrella agency. All staff are employed by professional agency
IA	X	—	—	
KS	X	—	—	
KY	X	—	—	
LA	X	—	—	
ME-M	X	—	—	
ME-O	X	—	—	
MD	—	X	—	Administrative issues (budget, personnel, space) are handled by another agency
MA	X	—	—	
MI-M	—	X	—	The board is responsible for setting standards for applicants for licensure and issuing disciplinary sanctions for violations of the law; state staff review applications and issue licenses and investigate allegations
MI-O	—	X	—	The board is responsible for setting standards for applicants for licensure and issuing disciplinary sanctions for violations of the law; state staff review applications and issue licenses and investigate allegations
MN	X	—	—	
MS	X	—	—	
MO	—	X	—	Budget and legislative issues require Governor's approval
MP	X	—	—	
MT	—	X	—	The board makes or delegates licensing decisions and sets standards; state department sets its own processes/policies. Legislation and administrative rule proposals must be reviewed and approved by Department
NE	—	X	—	The board is primarily advisory to the Department of Health and Human Services but has some decision-making authority
NV-M	X	—	—	
NV-O	X	—	—	
NH	X	—	—	
NJ	X	—	—	
NM-M	X	—	—	
NM-O	X	—	—	
NY	X (PMC)	—	X (BM)	
NC	X	—	—	
ND	X	—	—	
OH	X	—	—	
OK-M	X	X	—	Oklahoma AG has final approval on all actions
OK-O	X	—	—	
OR	X	—	—	
PA-M	—	X	—	The board is under the umbrella agency of the Department of State
PA-O	—	X	—	The board is under the umbrella agency of the Department of State
PR	X	—	—	
RI	—	X	—	Director of Health has emergency powers to protect the public (may suspend a license). Also, Director may make rules and regulations
SC	X	—	—	
SD	X	—	—	
TN-M	—	X	—	The board is under the Department of Health
TN-O	—	X	—	The board is under the Department of Health
TX	X	—	—	
UT-M	—	—	X	
UT-O	—	—	X	
VT-M	—	X	—	The board's work licensing and deciding cases is independent, but Commissioner of Health has some powers, e.g., appoints Executive Director
VT-O	X	—	—	
VI	X	—	—	
VA	—	X	—	The board sits in the Department of Health Professions, which provides investigative, administrative, fiscal and other services to all boards in the department. DHP controls the board's funds
WA-M	X	—	—	Commission has authority granted by the legislature. Relies on umbrella agency for support in IT, HR, facilities. Works collaboratively with Secretary of Health.
WA-O	X	—	—	
WV-M	X	—	—	
WV-O	X	—	—	
WI	—	X	—	Part of umbrella agency with budget, personnel and other duties under department purview
WY	—	X	—	Regulations are reviewed by Governor, Attorney General's Office, Legislative Service Office, and Legislative Management Council

**Number of Full-Time, Part-Time and Temporary/
Seasonal Staff Employed by or Assigned to the Board 1**

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Chief Executive			Management			Administrative		
	Full-time	Part-time	Temporary/ seasonal	Full-time	Part-time	Temporary/ seasonal	Full-time	Part-time	Temporary/ seasonal
AL	1	0	0	7	0	0	11	2	0
AK	1	0	0	0.5	0	0	3	0	0
AZ-M	1	0	0	6	0	1	26	0	3
AZ-O	1	0	0	1	0	0	2	1	0
AR	1	0	0	4	0	0	40	0	2
CA-M	1	0	0	64	1	5	31	1	2
CA-O	1	0	0	1	0	0	5	0	0
CO	1	0	0	3	0	0	3	1	0
CT	0	0	0	0.3	0	0	1	0	0
DE	1	0	0	0	0	0	0	0	0
DC	1	0	0	0	0	0	4	0	1
FL-M	1	0	0	7	0	0	29	1	0
FL-O	0	1 – shared with 4 other boards	0	0	1 – shared with 1 other board	0	2	1	Shared with 4 other boards/ councils
GA	1	0	0	4	0	0	15	2	4
GU	1	0	0	0	0	0	1	0	0
HI	1	1	0	0	0	0	0	1	0
ID	1	0	0	1	0	0	8	0	0
IL	0	0	0	0	0	0	2	0	0
IN	1	0	0	1	0	0	4	0	0
IA	1	0	0	3	0	0	1	0	0
KS	1	0	0	0	0	0	0	0	0
KY	1	0	0	1	0	0	10	0	0
LA	1	0	0	32	0	1	0	0	0
ME-M	1	0	0	2	0	0	4	0	1
ME-O	1	0	0	0	0	0	0	1	0
MD	1	0	0	9	0	0	45 (8 vacant)	0	0
MA	1	0	0	4	0	0	32	2	0
MI-M	Umbrella agency	0	0	Umbrella agency	0	0	Umbrella agency	0	0
MI-O	Umbrella agency	0	0	Umbrella agency	0	0	Umbrella agency	0	0
MN	1	0	0	3	0	0	9	0	0
MS	1	0	0	1	0	0	1	0	0
MO	1	0	0	5	0	0	20	1	4
MP	1	0	0	0	0	0	1	0	0
MT	0	1	0	0	0	0	0	0	0
NE	0	1	0	0	1	0	1	0	0
NV-M	1	0	0	6	0	0	8	0	0
NV-O	1	0	0	0	0	0	3	0	0
NH	0	0	0	1	0	0	3	0	0
NJ	1	0	0	1	0	0	29	0	0
NM-M	1	0	0	4	0	0	3	0	0
NM-O	1	0	0	0	0	0	1	0	0
NY	1 (BM) 2 (PMC)	0	0	3 (BM) 14 (PMC)	0	0	1 (BM) 22 (PMC)	0 (BM) 1 (PMC)	0 (BM) 8 (PMC)
NC	1	2	0	8	1	0	28	2	1
ND	1	0	0	1	0	0	3	0	0
OH	1	0	0	16	0	0	34	1	0
OK-M	1	0	0	4	0	0	9	2	0
OK-O	1	0	0	1	0	0	1	1	0
OR	1	0	0	7	0	0	23	2	0
PA-M	22	0	2	2	0	0	19	0	0
PA-O	0	0	0	1	0	0	1	0	0
PR	1	0	0	1	0	0	25	0	0
RI	1 (MD)	0	0	0	1	0	0	0	0
SC	0	0	0	1	0	0	7	0	1
SD	1	0	0	1 (same individual Chief Executive)	0	0	7	0	0
TN-M	1	0	0	1	0	0	1	0	0
TN-O	1	0	0	1	0	0	1	0	0
TX	1	0	0	11	0	0	30	0	0
UT-M	1	0	0	1	0	0	4	0	0
UT-O	1	0	0	1	0	0	3	0	0
VT-M	1	0	0	2	0	0	2	0	1
VT-O	0	1	0	0	1	0	0	0	0
VI	0	0	0	0	0	0	0	0	0
VA	1	0	0	4	0	0	11	0	3
WA-M	1	0	0	6	0	0	15	0	0
WA-O	0	1	0	0	1	0	0	3	0
WV-M	1	0	0	3	0	0	8	0	0
WV-O	1	0	0	1	0	0	2	0	1
WI	1	0	0	0.5	0	0	7	0	0
WY	1	0	0	0	0	0	0	0	0

**Number of Full-Time, Part-Time and Temporary/
Seasonal Staff Employed by or Assigned to the Board 2**

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Investigative			Legal Counsel		
	Full-time	Part-time	Temporary/seasonal	Full-time	Part-time	Temporary/seasonal
AL	9	0	0	3	0	2
AK	2	1	0	0	0	0
AZ-M	8	0	0	1	2	0
AZ-O	0	2	0	0	1	0
AR	0	0	0	0	Contract	0
CA-M	78	3	4	1	0	0
CA-O	3	0	0	1	0	0
CO	3	0	0	6	1	0
CT	0	0	0	0	0	0
DE	0	0	0	0	1 (handles variety of boards)	0
DC	0	1	0	1	0	0
FL-M	104 – shared with other boards/councils	0	0	16	1	0
FL-O	104 – shared with other boards/councils	0	0	11 – shared with other boards/councils	0	0
GA	6	0	0	1	0	0
GU	0	0	0	0	1	0
HI	1	0	0	0	1	0
ID	4	0	0	1	1	0
IL	5	0	0	2	1	2
IN	0	0	0	1	0	0
IA	12	0	0	1	0	0
KS	10 (includes 2 attorneys)	2	0	0	0	2
KY	5	0	0	2	0	0
LA	11	0	0	0	0	0
ME-M	0	1	0	1	0	0
ME-O	0	1	0	0	1	0
MD	17	1	1 (contract)	3	0	0
MA	6	0	0	13	1	0
MI-M	Umbrella agency	0	0	Umbrella agency	0	0
MI-O	Umbrella agency	0	0	Umbrella agency	0	0
MN	6	0	0	0	3	0
MS	1	0	0	0	0	0
MO	12	0	0	3	0	0
MP	1	0	0	0	0	0
MT	0	0	0	0	2	0
NE	0	12	0	0	2	0
NV-M	10	0	0	2	0	0
NV-O	1	0	0	0	1	0
NH	1	1	0	0	1	0
NJ	Umbrella agency	0	0	Attorney General's office	0	0
NM-M	3	0	0	0	1	0
NM-O	0	0	As needed	0	0	0
NY	0 (BM) 53 (PMC)	0 (BMC) 4 (PMC)	0 (BM) 29 (PMC)	NYSED staff (BM) 20 (PMC)	0 (BM) 1 (PMC)	0
NC	11	0	0	5	1	0
ND	0	0	0	0	0	1
OH	28	0	0	1	0	0
OK-M	5	0	0	1	1	0
OK-O	2	0	0	0	0	2 (contract)
OR	6	0	0	0	1	0
PA-M	0	0	0	2	0	0
PA-O	0	0	0	2	0	0
PR	3	0	0	3	0	0
RI	0	1	0	0	1	0
SC	9	0	0	1	0	0
SD	1	0	0	0	2	0
TN-M	None dedicated exclusively	0	0	4	0	0
TN-O	None dedicated exclusively	0	0	4	0	0
TX	40	0	0	20	0	0
UT-M	Several may be assigned	0	0	0	0	0
UT-O	Several may be assigned	0	0	0	0	0
VT-M	2	0	0	1	2	0
VT-O	0	1	0	0	1	0
VI	0	0	0	0	0	0
VA	0	0	0	0	1	0
WA-M	11	1	0	7	0	0
WA-O	1	0	0	0	2	0
WV-M	2	0	0	1	0	0
WV-O	0	0	0	1	0	0
WI	4	0	0	5.5	0	0
WY	1	0	0	0	2	0

**Number of Full-Time, Part-Time and Temporary/
Seasonal Staff Employed by or Assigned to the Board 3**

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Hearing officers			Medical directors		
	Full-time	Part-time	Temporary/seasonal	Full-time	Part-time	Temporary/seasonal
AL	1	0	0	0	0	0
AK	0	0	0	0	0	0
AZ-M	0	0	0	1 + 1 medical consultant	4 medical consultants	0
AZ-O	0	0	0	0	1 part-time medical consultant	0
AR	0	0	0	0	0	0
CA-M	0	0	0	0	5 medical consultants who review licensing matters and advise the executive office	0
CA-O	0	0	0	0	1	0
CO	0	0	0	0	0	0
CT	0	0	0	0	0	0
DE	0	2	0	0	0	0
DC	0	0	0	0	0	0
FL-M	0	0	0	0	0	0
FL-O	0	0	0	0	0	0
GA	0	0	1	0	2 (1 contract)	0
GU	0	0	0	0	0	0
HI	0	1	0	0	0	0
ID	0	0	1	0	0	0
IL	4	0	0	1	2	0
IN	0	0	0	0	0	0
IA	0	0	0	0	1	0
KS	0	0	0	0	1	0
KY	0	1	0	0	0	0
LA	0	0	0	1	1	0
ME-M	0	0	1	0	1	0
ME-O	0	0	0	0	0	0
MD	0	0	0	0	1 (contract)	0
MA	0	0	0	0	0	0
MI-M	Umbrella agency	0	0	Umbrella agency	0	0
MI-O	Umbrella agency	0	0	0	0	0
MN	0	0	0	0	5	0
MS	0	0	0	0	0	0
MO	0	0	0	1	3	7
MP	0	0	0	0	0	0
MT	0	0	0	0	1 (only for emergency medical technicians)	0
NE	0	2	0	0	1	0
NV-M	0	0	0	0	0	0
NV-O	0	0	0	0	0	0
NH	0	2	0	0	0	0
NJ	Umbrella agency	0	0	1	1	0
NM-M	0	0	4	0	1	0
NM-O	0	0	0	0	0	0
NY	0 (BM) 9 (PMC)	0	0	0 (BM) 1 (PMC)	0	0
NC	0	0	1	3 (2 MDs, 1 physician assistant)	0	0
ND	0	0	0	0	0	0
OH	2	0	0	0	0	0
OK-M	0	1	0	0	1 Medical Advisor, 1 Board Secretary	0
OK-O	0	0	0	0	0	2 (contract)
OR	0	0	0	1	0	0
PA-M	0	0	0	0	0	0
PA-O	0	0	0	0	0	0
PR	3	0	0	0	0	0
RI	0	1	0	0	0	0
SC	0	0	0	0	0	0
SD	0	1	2	0	0	0
TN-M	0	0	0	1	0	0
TN-O	0	0	0	Board members serve in this role	0	0
TX	0	0	0	1	0	0
UT-M	0	0	0	0	0	0
UT-O	0	0	0	0	0	0
VT-M	0	1	0	0	0	0
VT-O	0	1	0	0	0	0
VI	0	0	0	0	0	0
VA	0	0	0	1	0	0
WA-M	0	0	0	1	0	0
WA-O	0	2	0	0	0	0
WV-M	0	0	6	0	0	0
WV-O	0	0	0	0	0	0
WI	0	0	0	0	0	0
WY	0	1	0	0	0	0

Legal Counsel and Board Investigators

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Sources of legal counsel for the board				Board Investigators' employment status			
	In-house board counsel	Attorney General	Department/other state counsel	Contracted private counsel	Employed by the board	Employed by the Attorney General	Employed by another state agency	Employed by contract
AL	X	X	—	X	X	—	—	—
AK	—	X	—	—	—	—	X	—
AZ-M	—	X	—	X	X	—	—	—
AZ-O	—	X	—	—	X	—	—	—
AR	—	X	—	X	—	—	X	—
CA-M	X	X	X	X	—	—	X	—
CA-O	—	X	X	—	—	—	X	—
CO	—	X	—	—	—	—	X	—
CT	X	X	—	—	—	—	X	—
DE	—	X	—	—	—	—	X	—
DC	—	X	—	—	—	—	X	—
FL-M	—	X	—	—	—	—	X	—
FL-O	—	X	—	—	—	—	X	—
GA	X	X	—	—	X	—	—	—
GU	—	X	—	—	—	X	—	—
HI	—	X	—	—	—	—	X	—
ID	X	—	—	X	X	—	—	—
IL	—	—	X	—	X	—	—	—
IN	X (assists 38 other boards)	X	—	—	—	X	—	—
IA	X	X	—	—	X	—	—	—
KS	X	—	—	—	X	—	—	—
KY	X	—	—	—	X	—	—	—
LA	—	—	—	X	X	—	—	—
ME-M	—	X	—	—	—	X	—	—
ME-O	—	X	—	—	—	X	—	—
MD	—	X	—	—	X	—	—	—
MA	X	X	—	—	X	—	—	—
MI-M	—	X	—	—	—	—	X	—
MI-O	—	X	—	—	—	—	X	—
MN	—	X	—	—	X	X	—	—
MS	—	X	—	X	X	—	—	—
MO	X	X	X	X	X	—	—	—
MP	—	X	—	—	—	—	—	—
MT	X	—	X	—	—	—	X	—
NE	—	X	X	—	—	—	X	—
NV-M	X	X	—	—	X	—	—	—
NV-O	—	X	—	X	X	—	—	—
NH	—	X	—	—	X	—	—	—
NJ	O	X	—	—	—	X	—	—
NM-M	—	X	—	—	X	—	—	—
NM-O	X	X	X	—	—	—	—	X
NY	X (PMC)	X (PMC)	X (BM)	—	—	—	X (PMC)	—
NC	X	—	—	X	X	—	—	—
ND	—	X	—	X	—	—	—	X
OH	X	X	—	—	X	—	—	—
OK-M	X	X	—	X	X	—	—	—
OK-O	—	—	—	X	—	—	—	—
OR	—	X	—	—	X	—	—	—
PA-M	—	—	X	—	—	—	X	—
PA-O	—	—	X	—	—	—	X	—
PR	X	X	—	—	X	—	X	—
RI	X	—	X	—	—	—	X	—
SC	X	—	—	—	X	—	X	—
SD	—	X	—	—	X	—	—	—
TN-M	—	—	X	—	—	—	X	—
TN-O	—	—	X	—	—	—	X	—
TX	X	X	—	—	X	—	—	—
UT-M	X	X	X	—	—	—	—	—
UT-O	X	X	X	—	—	—	—	—
VT-M	—	X	X	—	X	—	—	—
VT-O	X	—	—	—	—	—	X	—
VI	—	X	—	—	—	—	—	—
VA	—	X	—	X	—	—	X	—
WA-M	X	X	—	—	X	—	—	—
WA-O	—	X	—	—	X	—	—	—
WV-M	X	X	—	—	X	—	—	—
WV-O	X	X	—	—	—	—	—	X
WI	X	X	—	—	X	—	—	—
WY	—	X	—	X	X	—	—	—

Hearing Officers' Employment Status

X = yes | -- = no | N/A = Not applicable
 Blank = Not available at publication date

	Employed by the board	Employed by the Attorney General	Employed by another state agency	Employed by outside contractor	All licensing agencies within the state share hearing office from a central panel
AL	X	--	--	--	--
AK	--	--	X	--	--
AZ-M	--	--	X	--	X
AZ-O	--	--	X	--	X
AR	--	--	--	--	--
CA-M	--	--	X	--	X
CA-O	--	--	X	--	X
CO	--	--	X	--	X
CT	--	--	X	--	--
DE	--	--	X	--	--
DC	--	--	X	--	X
FL-M	--	--	--	--	X
FL-O	--	--	--	--	X
GA	--	--	X	--	X
GU	--	X	--	--	--
HI	--	--	--	--	X
ID	--	--	--	X	--
IL	--	--	--	--	X
IN	--	--	--	--	--
IA	--	--	X	--	--
KS	--	--	X	--	X
KY	X	--	--	--	--
LA	X	--	--	--	--
ME-M	X	--	--	--	--
ME-O	--	--	--	--	X
MD	--	--	X	--	X
MA	--	--	X	--	--
MI-M	--	--	--	--	X
MI-O	--	--	--	--	X
MN	--	--	X	--	X
MS					
MO	X	--	X	X	X
MP	--	X	--	--	--
MT	--	--	X	--	--
NE	--	--	X	--	--
NV-M	--	--	--	--	--
NV-O	--	--	--	--	--
NH	--	X	--	--	--
NJ	--	--	X	--	--
NM-M	--	--	--	X	--
NM-O	--	--	--	X	X
NY	--	--	X (PMC)	--	--
NC	X	--	--	--	--
ND	--	--	--	--	X
OH	X	--	--	--	--
OK-M	--	--	--	--	--
OK-O					
OR	--	--	X	--	X
PA-M	--	--	X	--	X
PA-O	--	--	X	--	X
PR	X	--	--	--	--
RI	--	--	X	--	--
SC	X	--	--	--	--
SD	X	--	--	--	X
TN-M	--	--	--	--	--
TN-O	--	--	--	--	--
TX	--	--	X	--	X
UT-M	--	--	--	--	X
UT-O	--	--	--	--	X
VT-M	X	--	--	--	--
VT-O	--	--	--	--	X
VI	--	--	--	--	--
VA	--	--	--	--	--
WA-M	--	--	X	--	--
WA-O	X	--	X	--	--
WV-M	X	--	--	--	--
WV-O	--	--	--	X	--
WI	--	--	X	--	--
WY	X	--	X	--	--

Board Budget Authority and Reserve Fund Information 1

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Type of budget authority			Board drafts its own budget	Board approves its own budget	Frequency with which budget is set
	Independent	Semi-Independent	Advisory			
AL	X	—	—	X	X	Annually
AK	—	—	X	—	—	Annually
AZ-M	—	—	—	X	—	Annually
AZ-O	—	—	—	X (Subject to approval of legislature)	—	Annually
AR	—	X	—	X	—	Annually and biennially
CA-M	—	X	—	X	—	Annually
CA-O	—	X	—	—	—	Annually
CO	—	—	X	—	—	Annually
CT	—	—	—	—	—	N/A
DE	—	—	X	—	—	Biennially
DC	—	X	—	—	—	Annually
FL-M	—	X	—	—	—	Annually
FL-O	—	X	—	—	—	Annually
GA	—	X	—	X	—	Annually
GU	—	—	X	—	—	N/A
HI	—	—	X	—	—	N/A
ID	—	—	—	X	—	Annually
IL	—	—	—	—	—	N/A
IN	—	—	X	—	—	N/A
IA	X	—	—	X	X	Annually
KS	—	X	—	X	—	Biennially
KY	—	X	—	X	X	Biennially
LA	X	—	—	X	X	Annually
ME-M	—	—	—	X	—	Biennially
ME-O	X	—	—	X	—	Annually
MD	—	X	—	X	—	Annually
MA	—	X	—	X	X	Annually
MI-M	—	—	X	—	—	Annually
MI-O	—	—	X	—	—	Annually
MN	—	X	—	X	X	Biennially
MS	—	X	—	X	X	Annually
MO	—	X	—	X	—	Annually
MP	X	X	—	X	—	Annually
MT	—	—	—	—	—	Biennially
NE	—	—	—	—	—	Annually
NV-M	X	—	—	X	X	Annually
NV-O	X	—	—	X	X	Annually
NH	—	—	—	—	—	Biennially
NJ	X	—	—	X	X	As needed
NM-M	—	X	—	X	—	Annually
NM-O	—	—	—	X	—	Annually
NY	—	X (PMC)	X (BM)	X (PMC)	—	Annually (PMC)
NC	X	—	—	X	X	Annually
ND	X	—	—	X	X	Annually
OH	—	—	—	X	—	Biennially (July 1 - June 30 fiscal year)
OK-M	X	—	—	X	—	Annually
OK-O	—	—	—	X	X	Annually
OR	—	X	—	X	X	Biennially, approved by Governor and legislature
PA-M	—	—	X	—	—	Annually
PA-O	—	—	X	—	—	Annually
PR	X	—	—	—	—	Annually
RI	—	—	X	—	—	N/A
SC	—	—	X	—	—	Annually
SD	X	—	—	X	X	Annually
TN-M	—	—	X	—	—	Annually
TN-O	—	—	X	—	—	Annually
TX	—	X	—	X	—	Biennially
UT-M	—	—	X	—	—	Annually by legislature
UT-O	—	—	X	—	—	Annually by legislature
VT-M	—	—	—	—	—	Annually
VT-O	—	X	—	—	—	Annually
VI	—	X	X	—	—	Annually
VA	—	X	—	—	X	Biennially
WA-M	X	—	—	X	X	Biennially
WA-O	—	—	X	—	—	Biennially
WV-M	—	X	—	X	X	Annually
WV-O	X	X	—	X	—	Annually
WI	—	X	X	—	—	Biennially
WY	—	X	—	X	—	Biennially

Board Budget Authority and Reserve Fund Information 2

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Board has a reserve fund	Percentage of funds generated by board's activities for budget
AL	X	100%
AK	—	
AZ-M	X	100%
AZ-O	X	90% self-funded, 10% to state general fund
AR	—	100%
CA-M	X	100%
CA-O	X	100%
CO	—	100%
CT	—	
DE	X	
DC	X	100%
FL-M	X	100%
FL-O	X	100%
GA	—	25%
GU	—	
HI	—	0
ID	X	100%
IL	X	—
IN	—	
IA	X	100%
KS	X	100%
KY	X	100%
LA	X	100%
ME-M	X	
ME-O	X	
MD	X	100%
MA	X	100%
MI-M	—	
MI-O	—	
MN	X	100%
MS	X	
MO	X	100%
MP	—	
MT	—	100%
NE	—	100%
NV-M	—	100%
NV-O	X	100%
NH	—	125%
NJ	—	100%
NM-M	X	100%
NM-O	X	100%
NY	—	100% (PMC)
NC	X	100%
ND	X	100%
OH	X	98% (a portion of physician renewal fee goes to Physician Loan Repayment Program)
OK-M	X	90% of gross revenues
OK-O	X	90% self-funded 10% to state
OR	X	100%
PA-M	—	100%
PA-O	—	100%
PR	X	
RI	—	0
SC	—	
SD	—	100%
TN-M	X	
TN-O	X	
TX	—	100%
UT-M	X	0
UT-O	X	0
VT-M	X	100%
VT-O	X	100%
VI	—	Unknown
VA	X	100%
WA-M	X	100%
WA-O	X	
WV-M	X	100%
WV-O	X	100%
WI	—	100% (separate appropriation)
WY	X	100%

Entities Required to Report Possible Violations to the Board 1

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Self-reporting required	Peer licensees	Courts	Hospitals	Managed care organizations	Liability insurance organizations	Local medical/osteopathic societies	Local professional societies	Other state agencies
AL	X	X	—	X	—	—	X	X	—
AK	X	X	—	X	X	—	—	—	—
AZ-M	X	X	X	X	—	X	X	X	X
AZ-O	—	X	—	X	—	X	—	—	—
AR	—	—	—	X	—	—	—	—	X
CA-M	X	—	X	X	X	X	X	X	X
CA-O	X	—	X	X	X	X	—	—	X
CO	X	X	—	—	—	X	—	—	—
CT	X	X	X	X	X	X	X	X	—
DE	X	X	X	X	X	X	X	X	X
DC	X	—	X	X	—	X	—	—	X
FL-M	X	X	—	X	—	X	X	X	—
FL-O	X	X	—	X	—	X	X	X	—
GA	X	—	—	—	—	X	—	—	—
GU	X	X	X	X	X	—	X	X	X
HI	X	—	X	X	—	—	—	—	—
ID	X	X	—	X	X	X	—	—	—
IL	X	—	X	X	—	X	X	X	X
IN	X	X	—	X	—	—	—	—	—
IA	X	X	—	X	—	X	—	—	X
KS	X	X	—	X	—	X	—	—	—
KY	X	X	X	X	—	X	X	—	—
LA	X	—	X	X	—	X	—	—	—
ME-M	X	X	—	X	X	X	X	X	X
ME-O	X	X	—	X	X	X	X	X	X
MD	X	—	X (moral turpitude)	X	X	X (at final disposition)	—	—	X
MA	X	X	X	X	X	X	X	X	X
MI-M	X	X	X	X	—	—	—	—	—
MI-O	X	X	X	X	—	—	—	—	—
MN	X	X	X	X	X	X	X	X	X
MS	X	X	—	X	X	X	X	X	—
MO	X	—	—	X	—	X	—	—	—
MP	X	X	—	X	X	—	X	X	X
MT	X	X	—	X	—	X	X	X	X
NE	X	X	—	X	X	X	X	X	—
NV-M	X	X	X	X	—	X	X	—	X
NV-O	X	X	X	X	—	X	X	—	X
NH	X	X	X	X	X	X	X	X	X
NJ	X	X	X	X	X	X	—	—	X
NM-M	X	—	—	X	X	X	X	X	—
NM-O	X	—	—	—	—	—	—	—	—
NY	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)
NC	X	—	—	X	X	X	—	—	—
ND	X	X	—	X	—	—	—	—	X
OH	X	X	X	X	X	X	X	X	X
OK-M	X	X	—	X	X	X	X	X	—
OK-O	—	—	—	—	—	—	—	—	—
OR	X	X	—	X	—	X	—	X	X
PA-M	X	X	—	X	—	—	—	—	—
PA-O	X	X	—	X	—	—	—	—	—
PR	X	X	X	X	X	X	X	—	X
RI	X	—	X	X	X	X	—	—	X
SC	X	—	—	X	X	X	—	—	X
SD	—	—	—	X	—	—	—	—	X
TN-M	X	—	X	X	—	X	—	—	—
TN-O	X	—	X	X	—	X	—	—	—
TX	X	X	X	X	—	X	X	X	X
UT-M	X	X	X	X	X	X	X	X	X
UT-O	X	X	X	X	X	X	X	X	X
VT-M	X	—	X	X	X	X	—	—	—
VT-O	X	—	X	X	X	X	—	—	—
VI	X	X	X	X	X	X	X	X	X
VA	X	X	X	X	X	X	X	X	X
WA-M	X	X	—	X	X	X	X	X	—
WA-O	X	X	X	X	X	X	X	X	X
WV-M	X	X	X	X	X	X	X	X	—
WV-O	X	X	X	X	X	X	X	X	X
WI	X	X	X	X	X	X	X	X	X
WY	—	—	—	X	—	X	—	—	—

Entities Required to Report Possible Violations to the Board 2

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	State/local law enforcement agencies	State medical/ osteopathic societies	State professional/ specialty societies	Peer review committees/ organizations	Other professional organizations	Other health care professions	Federal agencies	Other Individuals or entities
AL	—	X	X	—	X	—	—	
AK	—	—	—	—	—	—	—	PHC program reports non-compliance
AZ-M	X	X	X	—	—	—	—	
AZ-O	X	X	—	X	—	X	—	
AR	—	—	—	—	—	—	—	
CA-M	—	X	X	X	X	—	—	Accredited outpatient surgery centers, court clerks, coroners, and prosecuting agencies
CA-O	—	—	—	X	—	—	X	Accredited outpatient surgery centers, court clerks, coroners, and prosecuting agencies
CO	—	—	—	X	—	—	—	
CT	X	X	X	X	—	X	—	
DE	X	X	X	X	X	X	X	
DC	X	—	—	—	—	X	—	Other boards within the regulatory department
FL-M	—	X	X	X	X	X	—	
FL-O	—	X	X	X	X	X	—	
GA	—	—	—	—	—	—	—	
GU	X	X	X	X	—	X	—	
HI	—	—	—	X	—	—	—	
ID	—	—	—	X	—	—	X	
IL	X	X	X	X	X	—	—	Postgraduate training programs
IN	—	—	—	—	—	X	—	
IA	—	—	—	—	—	—	—	Revenue Department reports non-payment of state debt
KS	—	—	—	X	—	—	—	
KY	—	X	—	—	—	—	—	
LA	—	—	—	—	—	—	—	Postgraduate training programs
ME-M	—	X	X	X	—	—	—	
ME-O	—	X	X	X	—	—	—	
MD	—	—	—	—	—	—	—	
MA	X	X	X	—	X	X	X	Physician Health Services program reports noncompliance
MI-M	—	—	—	—	—	X	—	
MI-O	—	—	—	—	—	X	—	
MN	X	X	X	X	X	X	X	
MS	—	X	X	X	—	—	X	
MO	—	—	—	—	—	—	—	
MP	X	X	X	X	X	X	X	
MT	—	X	X	X	—	—	X	
NE	—	X	X	X	X	X	—	
NV-M	X	X	—	—	—	X	—	
NV-O	—	X	—	—	—	X	X	
NH	X	X	X	X	X	X	X	
NJ	—	—	—	—	—	—	—	
NM-M	—	—	X	X	X	—	—	National Practitioner Data Bank
NM-O	—	—	—	—	—	—	—	National Practitioner Data Bank
NY	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	
NC	—	—	—	—	—	—	—	
ND	X	—	—	X	X	X	—	
OH	X	X	X	X	X	X	—	
OK-M	—	X	X	X	X	—	—	
OK-O	—	—	—	—	—	—	—	No one is required by law to report violations
OR	—	X	X	X	—	X	—	
PA-M	—	—	—	—	—	—	—	The District Attorney of each county in Pennsylvania
PA-O	—	—	—	—	—	—	—	The District Attorney of each county in Pennsylvania
PR	X	—	—	—	X	X	X	X
RI	—	—	—	—	—	—	—	
SC	—	—	—	—	—	X	—	
SD	—	—	—	—	—	—	—	The SD Division of Insurance reports by law, SDCL 58-23A-5
TN-M	X	—	—	—	—	—	—	
TN-O	X	—	—	—	—	—	—	
TX	—	X	X	X	X	X	X	
UT-M	X	X	X	X	X	X	X	
UT-O	X	X	X	X	X	X	X	
VT-M	—	—	—	X	—	—	—	Medical society required only in its role as current contractor for PHP
VT-O	—	—	—	—	—	—	—	
VI	X	X	X	X	X	X	X	
VA	—	X	X	X	—	X	—	Virginia Workers' Compensation Commission
WA-M	—	X	X	X	—	—	—	
WA-O	—	X	—	X	X	X	—	
WV-M	—	X	X	X	X	—	—	
WV-O	X	X	X	X	X	X	—	
WI	—	X	X	—	—	X	X	National Practitioner Data Bank
WY	—	—	—	—	—	—	—	

Information About Complaints or Reports of Possible Violations

X = yes | -- = no | N/A = Not applicable
 Blank = Not available at publication date

	Penalties		Confidentiality		
	Civil penalties authorized for failure to report violations		Confidentiality assured to those reporting violations in good faith	Disclosure of identity required before filing a complaint or report	Complainant's identity shared with the practitioner whose conduct is in question
AL	X		X	X	X
AK	X		X	X	--
AZ-M	--		--	X	--
AZ-O	X		X	--	--
AR	--		--	X	X
CA-M	X		--	--	--
CA-O	X		X	--	--
CO	--		--	--	X
CT	--		--	--	X
DE	--		X	X	X
DC	X		--	--	X
FL-M	--		X	--	X
FL-O	--		X	--	X
GA	--		X	--	--
GU	X		--	--	X
HI	X		X	X	--
ID	--		X	X	X
IL	X		X	--	--
IN	X		--	X	X
IA	X		--	--	X
KS	X		--	--	X
KY	X		--	X	X
LA	--		X	X	X
ME-M	--		--	X	X
ME-O	--		--	X	X
MD	X		X	--	X
MA	X		X	--	X
MI-M	--		X	X	--
MI-O	--		X	X	--
MN	X		X	--	--
MS	--		X	X	X
MO	--		--	--	X
MP	--		X	X	--
MT	--		X	--	X
NE	X		X	--	--
NV-M	--		X	--	--
NV-O	--		X	--	--
NH	--		--	X	X
NJ	X		X	X	X
NM-M	X		X	--	X
NM-O	X		--	X	X
NY	--		X (PMC)	--	--
NC	X		X	--	X
ND	X		X	--	X
OH	X		X	--	--
OK-M	--		X	--	--
OK-O	--		X	--	--
OR	X		X	--	--
PA-M	X		--	--	--
PA-O	X		--	--	--
PR	X		X	--	X
RI	--		--	X	X
SC	--		X	--	X
SD	--		--	--	X
TN-M	--		X	--	--
TN-O	--		X	--	--
TX	X		X	X	--
UT-M	X		X	--	--
UT-O	X		--	--	--
VT-M	X		--	--	X
VT-O	--		X	X	--
VI	X		X	--	X
VA	X		--	--	X
WA-M	--		X	--	--
WA-O	--		X	--	X
WV-M	--		--	--	X
WV-O	--		--	--	X
WI	X		--	--	X
WY	X		X (May be requested)	X	X

Confidentiality of Complaints or Reports of Possible Violations Made In Good Faith

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Complaints are made public	Complaints are shared with other boards	Other requirements or policies regarding confidentiality
AL	—	X	Complaints are shared with other boards to the extent allowed by statute
AK	—	—	
AZ-M	—	X	
AZ-O	—	X	
AR	X	X	Complaints are shared with other boards upon request
CA-M	—	—	If a case goes to administrative action, information is released during discovery
CA-O	—	—	If action is taken based upon complaint then complaint can be shared with other boards
CO	—	X	CMB Policy 30-05 authorizes release under conditions established by the board
CT	X	—	Complaints are only public if a statement of charges is issued, a consent order is reached or if the investigation of the complaint is over 18 months.
DE	—	—	The Executive Director may maintain the confidentiality of the complaining party or the respondent from the board. In the absence of an Executive Director or acting Executive Director, the Secretary of State may exercise that discretion.
DC	—	—	Complaints that also name another health care professional in the District are referred to that board
FL-M	X	X	Complaint becomes public after probable cause is found, a complainant's identity is not always shared with physician, and other boards receive our final actions on request
FL-O	X	X	Complaint becomes public after probable cause is found, a complainant's identity is not always shared with physician, and other boards receive our final actions on request.
GA	X	—	Code Section 43-34-8
GU	X	X	
HI	—	—	Regulated Industries Complaints Office (RICO) investigates allegations of professional misconduct by licensee
ID	—	X	
IL	—	X	Complaints may be released to law enforcement after receipt of a criminal subpoena.
IN	—	—	
IA	—	X	The confidentiality of the complainant is released to the respondent when the charge is filed if the respondent contests the charge and a hearing is scheduled
KS	—	—	Board may share information with law enforcement or other state agencies with same jurisdictional authority
KY	X	X	
LA	—	X	
ME-M	—	X	
ME-O	—	X	
MD	—	X	Once licensee is charged, charging document is published
MA	X	X	Complaints are shared with other boards to the extent allowed by statute
MI-M	—	X	
MI-O	—	X	
MN	—	X	
MS	—	X	Complaints are shared with other boards if other boards are involved in the complaint. Complainant's identity shared with the practitioner if confidentiality is not requested.
MO	—	X	
MP	—	X	
MT	—	X	Complaints are confidential up to the point that reasonable cause is found, at which point the process becomes public
NE	—	X	The identity of the complainant or mandatory reporter may be made public in a contested case before the Department
NV-M	—	X	Unlicensed practice complaints with law enforcement agencies
NV-O	—	X	
NH	—	X	
NJ	—	—	Complaint information becomes public when disciplinary action is taken against the physician
NM-M	—	X	Pursuant to NMSA 1978, § 61-6-34, all information and records maintained in the investigation file are confidential and are not available to the public, except in the event that the matter goes to a formal hearing, in which case portions of the investigation.
NM-O	—	X	A complaint is shared with the public when it reaches the stage of Notice of Contemplated Action
NY	—	—	Investigations are shared with other boards by virtue of subpoena; however, complaints are kept confidential. (PMC)
NC	—	X	Board accepts anonymous complaints under several circumstances: In writing; in cases not involving a boundary violation; submitted by someone other than a patient; and sufficiently detailed
ND	—	—	Can share evidence of a crime with law enforcement
OH	—	X	In compliance with confidentiality requirements of Section 4731.22(F)(5), Ohio Revised Code. Information shared on case-by-case basis.
OK-M	—	X	
OK-O	—	X	Formal complaints are public record. Reports of misconduct are in investigative files – not public.
OR	—	X	Statute allows the ability to share investigative materials with other state agencies and other states.
PA-M	—	—	Confidentiality is waived for law enforcement if a written request is submitted affirming that it is needed for a criminal investigation
PA-O	—	—	Confidentiality is waived for law enforcement if a written request is submitted affirming that it is needed for a criminal investigation
PR	—	—	
RI	—	X	
SC	X	X	SC Code 40-47-190
SD	—	—	
TN-M	—	—	
TN-O	—	—	
TX	—	X	The board requires that complainants disclose their identity before filing a complaint/report but only to the board staff
UT-M	—	—	The division requires complainant information to be private. No complaints are public, only disciplinary action taken.
UT-O	—	—	The division requires complainant information to be private. No complaints are public, only disciplinary action taken.
VT-M	—	X	Complaints are confidential unless and until a stipulated order or charges are filed
VT-O	—	—	Complaints are confidential unless and until charges are filed
VI	—	X	If warranted by nature of the complaint
VA	—	X	Investigations, like complaints, are confidential
WA-M	X	X	
WA-O	X	X	
WV-M	—	—	
WV-O	—	—	
WI	X	X	
WY	—	X	Confidentiality granted for good cause; otherwise licensee knows complainant identity

Administrative Hearing Participants and Procedures 1

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Conducted by full board or commission	Special standing committee of board/commission	Panel of board members	Hearing officers	Special qualifications or training required for hearing officers
AL	--	--	X	--	--
AK	--	--	--	X	--
AZ-M	X	--	--	X	--
AZ-O	X	--	--	X	--
AR	X	--	--	--	--
CA-M	--	--	X	X	X
CA-O	--	--	--	X	X
CO	--	--	X	X	--
CT	--	--	X	--	--
DE	--	--	X	X	X
DC	--	--	X	--	--
FL-M	X	--	X	X	X
FL-O	X	--	X	X	X
GA	X	--	--	X	X
GU	X	--	--	X	--
HI	--	--	--	X	--
ID	--	--	--	X	X
IL	--	--	--	X	X
IN	X	--	--	--	--
IA	X	--	X	X	X
KS	X	--	X	X	--
KY	--	--	X	X	X
LA	--	--	X	--	--
ME-M	X	--	--	X	--
ME-O	X	--	--	X	X
MD	--	--	--	X	X
MA	X	--	--	X	--
MI-M	--	--	--	X	--
MI-O	--	--	--	X	--
MN	X	--	--	X	X
MS	X	--	--	--	--
MO	--	--	--	X	--
MP	X	--	X	X	--
MT	--	--	--	X	--
NE	--	--	--	X	--
NV-M	--	--	--	X	--
NV-O	--	--	--	X	--
NH	X	X	X	X	--
NJ	X	--	--	X	X
NM-M	--	--	--	X	X
NM-O	X	--	X	X	--
NY	--	--	X	X	X
NC	X	--	X	X	X
ND	--	--	--	X	X
OH	--	--	--	X	X
OK-M	X	--	--	--	--
OK-O	--	--	X	--	--
OR	--	--	--	X	X
PA-M	--	--	--	X	X
PA-O	--	--	--	X	X
PR	X (Only investigate hearings)	X (Only investigative hearings)	X (Only investigative hearings)	X	X
RI	--	--	X	X	--
SC	X	X	--	X	X
SD	X	--	--	X	--
TN-M	X	--	X	--	--
TN-O	X	--	X	--	--
TX	X	--	--	X	--
UT-M	X	--	X	X	--
UT-O	X	--	X	X	--
VT-M	X	--	X	X	--
VT-O	X	--	--	X	--
VI	X	--	--	--	--
VA	X	--	X	X	--
WA-M	--	--	X	X	X
WA-O	--	--	X	X	--
WV-M	X	--	--	X	X
WV-O	--	--	--	X	--
WI	--	--	--	X	X
WY	--	--	X (Board minus investigating board members)	X	X

Administrative Hearing Participants and Procedures 2

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Additional hearing procedures otherwise applicable or available
AL	
AK	Board delegates to hearing officer, but may choose to conduct hearing by full board
AZ-M	Hearing conducted by the full board is a formal interview; administrative hearings are conducted by an independent agency
AZ-O	Board conducts investigative hearings. Most Administrative Hearings are conducted by the Office of Administrative Hearings at a time and place other than Board meetings.
AR	
CA-M	The panel of board members review and approve decisions after stipulation or hearing by a hearing officer
CA-O	Board is not present at hearings; however, they vote to adopt or deny a decision by administrative law judge. Additionally, petition for early termination of probation/petition for reinstatement of revoked license hearings are conducted before the Board with the administrative law judge present.
CO	
CT	
DE	
DC	Board can choose to hold a hearing before the full board or a panel of the board. The board can choose to send hearings to an independent hearing tribunal instead of holding hearings.
FL-M	
FL-O	
GA	
GU	
HI	Regulated Industries Complaints Office (RICO) investigates allegations of professional misconduct by licensee
ID	
IL	
IN	
IA	Iowa has a pool of 10 "alternate" board members, two of whom can serve when board doesn't have quorum (six). Hearings may be closed to the public at the discretion of the respondent.
KS	
KY	
LA	
ME-M	
ME-O	
MD	Board conducts an exceptions hearing after hearing officer makes recommendation
MA	Hearings at the Division of Administrative Law Appeals; sanction at board meeting
MI-M	A central agency handles all of the hearings for the Bureau
MI-O	A central agency handles all of the hearings for the Bureau
MN	
MS	
MO	
MP	Any disciplinary action taken by a hearing officer or panel designated by the board is subject to the same procedural requirements which apply to disciplinary actions taken by the board, and the officer or panel has those powers and duties given to the board in relation thereto.
MT	Hearing officers provided by department.
NE	Decision-maker is the chief medical officer of the Department of Health and Human Services
NV-M	Able to have full board, panel, or board members hold hearing but use hearing officers as preferred method
NV-O	Investigative board member attends hearing
NH	Medical Review Subcommittee forwards all Reports of Investigations to the board with a recommendation. Board then determines action.
NJ	Hearing officers are administrative law judges
NM-M	Individual board members may act as hearing officers or board may contract for these services
NM-O	The oversight committee will make a report that may include non-binding recommendations to both the board of pharmacy and the board of osteopathic medical examiners regarding disciplinary action. Each board can accept or reject the recommendations. [16.17.9.10 NMAC - N, 12-18-15]
NY	
NC	
ND	Hearing officers are administrative law judges
OH	
OK-M	
OK-O	
OR	Hearing officers are administrative law judges appointed by the Office of Administrative Law Judges
PA-M	
PA-O	
PR	Investigate hearings, conducted by members of board, constituting a special committee, and in-house counsel
RI	No member of the board who participated in the investigation may participate in any subsequent hearing or action taken by the remainder of the board
SC	Panel of 1 lay member and not more than 3 physician members of the Medical Disciplinary Commission, none of which may reside or have a major part of their practice in the same county as the respondent
SD	
TN-M	
TN-O	
TX	The fact-finding part of the trial is done by the State Office of Administrative Hearings. The penalty part is done by the board.
UT-M	
UT-O	
VT-M	Hearing panels hear contested cases and make recommendation; full board acts on record created by panel but may take evidence. Board contracts with a hearing officer to assist in conducting hearings. Not a voting member of panel; role is to advise, preside over hearing, rule on procedural matters, and assist in drafting decision.
VT-O	
VI	
VA	A formal hearing may be conducted by a hearing officer, a panel of the board or the full board. Committee members who participated in the informal conference are excluded from the subsequent formal hearing.
WA-M	Petition hearing panels for consideration of adding conditions to medical marijuana exemptions
WA-O	
WV-M	The full board only conducts hearings for summary suspensions
WV-O	
WI	Hearing officer issues a proposed decision. Board considers and issues final decision.
WY	Hearing officer presides; board members hear and decide the case

Standards of Proof Required In Board Disciplinary Matters

X = yes | — = no | N/A = Not applicable
 Blank = Not available at publication date

	Preponderance of evidence	Clear and convincing evidence	Evidence beyond a reasonable doubt	Evidentiary standard varies according to violation	Explanation if standard varies
AL	—	—	—	—	
AK	X	—	—	—	
AZ-M	—	X	—	X	Board's standard of proof is clear and convincing evidence except for sexual misconduct, where it is preponderance of evidence
AZ-O	X	—	—	—	
AR	X	—	—	—	
CA-M	—	X	—	—	
CA-O	—	X	—	—	
CO	X	—	—	—	
CT	X	—	—	—	
DE	X	—	—	—	
DC	X	—	—	—	
FL-M	—	X	—	—	
FL-O	—	X	—	—	
GA	X	—	—	—	
GU	X	—	—	—	
HI	X	—	—	—	
ID	—	X	—	—	
IL	—	X	—	—	
IN	X	—	—	—	
IA	X	—	—	—	
KS	X	—	—	X	If felony conviction, presumed revocation. Licensee has to prove by clear and convincing evidence they are rehabilitated and warrant public trust. KSA 65-2838(b) and KSA 65-2844 provide the two notable exceptions to this standard.
KY	X	—	—	—	
LA	—	X	—	—	
ME-M	X	—	—	—	
ME-O	X	—	—	—	
MD	X	—	—	—	
MA	X	—	—	—	
MI-M	X	X	—	—	For reinstatement, licensee needs to show clear and convincing evidence
MI-O	X	X	—	—	
MN	X	—	—	—	
MS	X	—	—	—	
MO	X	—	—	—	
MP	X	X	X	X	Violation may result in either criminal or civil penalties
MT	—	—	—	—	Reasonable cause is the standard under which a complaint moves forward
NE	—	X	—	—	
NV-M	X	—	—	—	
NV-O	X	—	—	—	
NH	X	—	—	—	
NJ	X	—	—	—	
NM-M	X	—	—	—	
NM-O	X	—	—	—	
NY	X (PMC)	—	—	—	
NC	X	—	—	—	
ND	X	X	—	—	Clear and convincing evidence required for ex parte suspensions
OH	X	—	—	—	
OK-M	—	X	—	—	
OK-O	—	X	—	—	
OR	X	—	—	—	
PA-M	X	—	—	—	
PA-O	X	—	—	—	
PR	X	X	X	—	
RI	X	—	—	—	
SC	X	—	—	—	
SD	—	X	—	—	
TN-M	X	—	—	—	
TN-O	X	—	—	—	
TX	X	—	—	—	
UT-M	X	X	X	—	
UT-O	X	X	X	—	
VT-M	X	—	—	—	
VT-O	X	—	—	—	
VI	X	—	—	—	
VA	—	X	—	—	
WA-M	—	X	—	—	
WA-O	X	X	—	—	
WV-M	—	X	—	—	
WV-O	X	—	—	—	
WI	X	—	—	—	
WY	—	—	—	X	Clear and convincing evidence when charging licensee; preponderance of evidence when licensee is getting license back or restrictions lifted

Informal Investigations or Informational Conferences

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Informal Investigations or Informational conferences	If permitted, may conferences be closed?	If conferences may be closed, are disciplinary actions agreed to in writing by the board and the licensee a matter of public record?
AL	Formal, closed interview allowed by statute	X	X
AK	—	—	—
AZ-M	Yes, conducted by investigators	X	X
AZ-O	Investigation Hearings are conducted by the board	—	—
AR	N/A	—	—
CA-M	The board only allows informal conferences to resolve non-disciplinary citations and fines.	—	—
CA-O	X	X	X
CO	N/A	—	—
CT	Pre-hearing conferences	X	X
DE	N/A	—	—
DC	X	X	Any formal order of the board can be obtained pursuant to a FOIA request
FL-M	Mediation	—	X
FL-O	Mediation	—	X
GA	Investigative interviews	X	—
GU	Informal conference	X	X
HI	N/A	—	—
ID	Physicians may meet with the COPD prior to initiation of disciplinary action	X	X
IL	X	X	X
IN	—	—	—
IA	—	—	—
KS	X	X	—
KY	—	—	—
LA	X	X	X
ME-M	—	X	X
ME-O	X	X	X
MD	X	X	X
MA	—	—	—
MI-M	Informational conference with one board member and department	X	X
MI-O	Informational conference with one board member and department	X	X
MN	Investigative and educational conferences	X	X
MS	Interviews with senior staff used to resolve lower-level issues	X	—
MO	X	X	X
MP	Informal conferences	—	—
MT	—	—	—
NE	—	—	—
NV-M	—	—	—
NV-O	—	—	—
NH	Informal investigation	—	—
NJ	X	X	X
NM-M	—	—	—
NM-O	—	—	—
NY	—	—	X
NC	X	X	X
ND	X	X	X
OH	Investigatory conferences are confidential; no disciplinary action taken at such meetings	X	—
OK-M	X	X	—
OK-O	X	X	X
OR	X	X	X
PA-M	—	—	—
PA-O	—	—	—
PR	—	—	—
RI	—	X	X
SC	X	X	—
SD	X	X	X
TN-M	Screening panels	X	X (disciplinary actions aren't agreed to in screening panels)
TN-O	Screening panels	X	X (disciplinary actions aren't agreed to in screening panels)
TX	Required	X	X
UT-M	X	X	X
UT-O	X	X	X
VT-M	X	X	X
VT-O	X	X	X
VI	X	X	X
VA	X	X	X
WA-M	—	—	—
WA-O	—	—	—
WV-M	X	X	X
WV-O	X	X	X
WI	X	X	X
WY	X	X	X

Allowable Actions or Sanctions 1

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Revocation of license	Summary suspension of license	Suspension of license	Probation	Stipulation or consent agreements	Collection of fines	Maximum fines permitted
AL	X	X	X	X	X	X	\$10,000 per violation
AK	X	X	X	X	X	X	\$25,000
AZ-M	X	X	X	X	X	X	\$10,000
AZ-O	X	X	X	X	X	X	\$500 per violation
AR	X	—	X	X	X	X	\$1,000 per violation
CA-M	X	X	X	X	X	X	\$5,000
CA-O	X	X	X	X	X	X	\$5,000
CO	X	X	X	X	X	X	\$5,000 per incident
CT	X	X	X	X	X	X	\$25,000 per occurrence
DE	X	X	X	X	X	X	\$5,000
DC	X	X	X	X	X	X	\$5,000 per incident
FL-M	X	X	X	X	X	X	\$10,000 per count
FL-O	X	X	X	X	X	X	\$10,000 per count
GA	X	X	X	X	X	X	\$3000 per violation
GU	X	X	X	X	X	X	
HI	X	X	X	X	X	X	\$5,000
ID	X	X	X	X	X	X	\$10,000 per count
IL	X	X	X	X	X	X	\$10,000 per offense
IN	X	X	X	X	X	X	\$1,000 per violation
IA	X	X	X	X	X	X	\$10,000 per case (not per charge)
KS	X	X	X	X	X	X	1st \$5,000, 2nd \$10,000, 3rd \$15,000
KY	X	—	X	X	X	X	\$5,000
LA	X	X	X	X	X	X	\$5,000
ME-M	X	X	X	X	X	X	\$1,500 per count
ME-O	X	X	X	X	X	X	\$1,500 per violation
MD	X	X	X	X	X	X	\$50,000 for third violation
MA	X	X	X	X	X	X	\$10,000
MI-M	X	X	X	X	X	X	\$250,000
MI-O	X	X	X	X	X	X	\$250,000
MN	X	X	X	—	X	X	\$10,000 per violation
MS	X	X	X	X	X	—	\$10,000 investigative fees
MO	X	X	X	X	X	—	—
MP	X	X	X	X	X	X	\$1,000 misdemeanor/\$10,000 felonies
MT	X	X	X	X	X	X	\$1,000 per incident
NE	X	X	X	X	X	X	\$20,000
NV-M	X	X	X	X	X	X	\$5,000 per count
NV-O	X	X	X	X	X	X	\$5,000 per violation
NH	X	X	X	X	X	X	Varies
NJ	X	X	X	X	X	X	No limit
NM-M	X	X	X	X	X	X	\$1,000 per violation
NM-O	X	X	X	X	X	X	\$200
NY	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)	Not to exceed \$10,000, upon each specification of charges of which respondent is determined to be guilty (PMC)
NC	X	X	X	X	X	X	No limit
ND	X	X	X	X	X	X	\$5,000
OH	X	X	X	X	X	X	Up to \$20,000
OK-M	X	X	X	X	X	X	\$5,000 per convicted allegation
OK-O	X	X	X	X	X	X	\$1,000 per violation
OR	X	X	X	X	X	X	\$10,000
PA-M	X	X	X	X	X	X	\$10,000
PA-O	X	X	X	X	X	X	\$10,000
PR	X	X	X	X	X	X	Variable
RI	X	X	X	X	X	—	
SC	X	X	X	X	X	X	\$25,000
SD	X	X	X	X	X	—	
TN-M	X	X	X	X	X	X	\$1,000 per event
TN-O	X	X	X	X	X	X	\$1,000 per event
TX	X	X	X	X	—	X	\$5,000 per violation
UT-M	X	X	X	X	X	X	Fines vary
UT-O	X	X	X	X	X	X	Fines vary
VT-M	X	X	X	X	X	X	\$1,000 per violation
VT-O	X	X	X	X	X	X	\$1,000
VI	X	X	X	X	X	X	Unknown
VA	X	X	X	X	X	X	\$5,000 per violation
WA-M	X	X	X	X	X	X	\$5,000 per violation
WA-O	X	X	X	X	X	X	\$5,000 per violation
WV-M	X	X	X	X	X	X	\$10,000
WV-O	X	X	X	X	X	X	\$10,000
WI	X	X	X	—	X	—	—
WY	X	X	X	X	X	X	\$25,000

Allowable Actions or Sanctions 2

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Private reprimand	Public reprimand	Letter/decree of censure	Letter of concern	Collection of costs of proceedings	Additional actions or sanctions permitted
AL	X	X	—	X	X	Allowable actions or sanctions against a medical license are taken by the Medical Licensure Commission. Allowable actions or sanctions against an Alabama Controlled Substances Certificate are taken by the Alabama Board of Medical Examiners.
AK	—	X	X	X	—	
AZ-M	X	X	X	—	X	Private reprimand (non-disciplinary advisory letter), also, non-disciplinary continuing medical education
AZ-O	—	X	X	X	X	Non-disciplinary letters of concern and continuing medical education
AR	—	X	—	—	X	
CA-M	—	X	—	—	—	
CA-O	X	X	X	X	X	
CO	—	X	—	X	—	
CT	—	X	X	—	—	
DE	—	X	—	X	—	
DC	X	X	X	X	X	
FL-M	—	X	X	X	X	Continuing medical education, physician assessment, impairment program, voluntary surrender (relinquishment), restrictions on practice
FL-O	—	X	X	X	X	Continuing medical education, physician assessment, impairment program, voluntary surrender (relinquishment), restrictions on practice
GA	X	X	X	X	X	
GU	X	X	X	X	X	
HI	—	X	X	X	—	
ID	X	X	—	X	X	Actions may be confidential or public
IL	—	X	—	X (non-public)	—	Non-disciplinary action including care, counseling, and treatment agreements
IN	—	X	X	—	X	Surrender in lieu of discipline
IA	—	X	—	X	—	Letter of warning, letter of education, board appearance. Letters of education and warning are confidential.
KS	—	X	X	X	X	Monitoring, education, clinical skill evaluation
KY	—	X	X	X	X	
LA	X	X	X	X	X	
ME-M	—	X	X	X	X	Practice limitations as part of stipulations/consent agreements
ME-O	—	X	X	—	X	Letters of non-disciplinary guidance
MD	—	X	—	X	—	Letter of concern is non-public
MA	X	X	X	X	—	Admonishment, censure, CME, community service, practice restriction
MI-M	—	X	—	—	—	Limitation of practice, permanent revocation, restitution, denial
MI-O	—	X	—	—	—	Limitation of practice, permanent revocation, restitution, denial
MN	—	X	—	—	X	Practice limitations or conditions
MS	X	X	X	X	X	The letters of concern are non-public
MO	—	X	—	X	—	In lieu of discipline, voluntary surrender may be requested in limited circumstances
MP	X	—	X	X	X	Conditional license, require further education or training or testing for competency; enjoin; levy fees or require application for licensure.
MT	X	X	X	X	—	Board may order counseling, remedial education or participation in assistance programs, as well as peer review. Licensee pays for peer review.
NE	—	X	X	—	—	Limitation of license, non-disciplinary assurance of compliance
NV-M	—	X	—	X	X	
NV-O	—	X	—	X	X	
NH	—	X	—	X	—	
NJ	—	X	—	—	X	
NM-M	—	X	X	X	X	Non-disciplinary advisory letters may also be issued by board
NM-O	—	X	—	X	X	
NY	—	X (PMC)	—	—	X (PMC)	Annulment of license or registration, limitation of license to a specific area or type of practice, limitation on registration or issuance of any further license, requirement for course of education or training, up to 500 hours of public service (PMC)
NC	—	X	—	X	—	Monetary redress, additional training, license restriction, free medical services, assessment, treatment
ND	X	X	X	X	X	Public/charitable service
OH	—	X	—	—	—	Limitation of scope of license, immediate suspension, automatic suspension
OK-M	—	X	X	—	X	Public service, completion of specific education, permanent revocation
OK-O	X	X	X	X	X	
OR	—	X	—	X	X	
PA-M	—	X	—	X	X	Compel mental and physical examination
PA-O	—	X	—	X	X	Compel mental and physical examination
PR	X	X	X	X	X	
RI	—	X	—	X	X	Costs can be up to \$10,000
SC	X	X	—	X	X	
SD	—	X	X	X	X	
TN-M	—	X	—	X	X	
TN-O	—	X	—	X	X	
TX	—	X	—	—	X	Remedial plan-public but non-disciplinary plan that has educational requirements
UT-M	X	X	X	X	X	
UT-O	X	X	X	X	X	
VT-M	—	X	—	X	—	Letters of concern are issued only by investigating committees and only in cases that don't result in charges. They are not public, but may be viewed by investigating committee in a future case.
VT-O	—	X	—	—	—	
VI	X	X	X	X	X	
VA	—	X	—	X	—	Confidential Consent Agreement
WA-M	—	—	—	—	X	Refund of fees billed to customer and surrender of license
WA-O	—	X	—	—	X	
WV-M	—	X	—	—	X	Community service; compel mental and physical evaluations; education; practice monitoring
WV-O	—	X	—	X	X	Physician supervision
WI	—	X	—	—	X	Administrative warning (contents private), remedial education order
WY	X	X	X	X	X	

Approved or Authorized Impaired Physician Treatment Programs

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Board programs	State society	Other programs	Details of other programs
AL	X	X	X	Other state impaired physician programs are approved for out-of-state physicians
AK	—	X	X	Case-specific referrals
AZ-M	X	—	X	All treatment programs approved and authorized by PHP contractor
AZ-O	X	—	X	
AR	—	X	—	
CA-M	X	—	—	The board was authorized as of January 2017 to establish a program and to contract with an outside vendor to provide the monitoring
CA-O	X	—	—	
CO	X	—	X	Physician Health Program
CT	—	—	X	Impaired health care practitioner program authorized by state statute
DE	—	—	X	VTO throughout the Division of Professional Regulation (umbrella agency)
DC	X	X	X	Affiliated monitors
FL-M	—	—	X	Program is statutorily required but is operated by a state society
FL-O	—	—	X	Program is statutorily required but is operated by a state society
GA	X	—	—	PHP established in 2013
GU	X	—	X	Guam does not have any impaired physician programs; individual plans are used
HI	X	—	X	Pu'ulu Lapa'au The Hawai'i Program for Healthcare Professionals, is an independent, non-profit organization dedicated to assisting healthcare provider colleague
ID	X	X	—	
IL	—	—	X	The Illinois Professionals Health Program, which is a part of Advocate Health, provides after care for impaired physicians. Other programs may be used as approved by the Chief Medical Coordinator.
IN	—	X	—	
IA	X	—	—	
KS	—	X	—	
KY	X	—	—	
LA	X	—	—	
ME-M	—	X	X	Licensee may propose alternative treatment other than faith-based AA allowed
ME-O	—	X	—	
MD	X	—	—	
MA	—	X	—	
MI-M	—	—	X	Bureau has vendor who offers Health Professional Recovery Program which offers voluntary or disciplinary monitoring agreements
MI-O	—	—	X	Bureau has vendor who offers Health Professional Recovery Program which offers voluntary or disciplinary monitoring agreements
MN	X	—	—	
MS	X	X	—	MS Disabled Physician Law MS Code 73-25-51 – 73-25-67 on board website www.msbl.ms.gov
MO	—	X	—	
MP	X	X	—	
MT	X	—	—	
NE	—	—	X	Nebraska Licensee Assistance Program
NV-M	X	—	X	If agreed to by board
NV-O	X	—	X	
NH	X	—	—	
NJ	X	—	—	
NM-M	—	—	X	The board contracts with a monitored treatment program. Board can also impanel an impaired physician committee to evaluate licensees with mental, physical or substance abuse issues. The committee is made up of 3 physicians – 2 psychiatrists and 1 MD in the panel.
NM-O	X	X	—	
NY	—	X	X	Residential evaluation and treatment centers
NC	—	—	—	PHP is an independent 501(c)(3) which is supported by the NCMB and the NC Medical Society
ND	—	—	X	Independent 501(c)(3) PHP created by statute
OH	X	—	—	
OK-M	X	X	—	
OK-O	—	X	X	Private treatment programs
OR	—	—	X	Contracted State Health Professionals' Services Program
PA-M	X	X	—	
PA-O	X	X	—	
PR	X	X	X	Internships and residency
RI	X	X	X	
SC	X	—	—	SC Recovering Professionals Program
SD	X	—	X	Case by case
TN-M	—	X	—	
TN-O	—	X	—	
TX	X	—	—	The board program is the state physician health program
UT-M	X	X	X	Board suggests a complete psychiatric evaluation with a fitness for duty letter to be submitted before returning to work
UT-O	X	X	X	Board suggests a complete psychiatric evaluation with a fitness for duty letter to be submitted before returning to work
VT-M	X	X	—	
VT-O	—	—	—	
VI	X	—	—	No local state programs
VA	X	—	—	
WA-M	X	—	—	
WA-O	X	—	X	
WV-M	—	—	X	Board enters agreements with qualified physician health programs
WV-O	X	—	—	
WI	X	—	—	
WY	—	—	X	Program run by non-profit, which contracts with state licensing boards to monitor and report

Reporting of Participants In Impaired Physician Treatment Programs

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Programs required to report names of participants leaving the state	Programs required to report names of program participants to the board	Programs required to report names of licensees falling to satisfactorily complete program/treatment to the board
AL	—	—	X
AK	—	—	X
AZ-M	—	X	X
AZ-O	—	X	X
AR	—	—	X
CA-M	—	—	X
CA-O	X	X	X
CO	—	—	X
CT	—	—	X
DE	X	—	—
DC	X	—	X
FL-M	—	—	X
FL-O	—	—	X
GA	X	X	X
GU	X	X	X
HI	X	—	X
ID	X	X	X
IL	—	—	X (only if licensee has been mandated by Department to participate)
IN	—	—	X
IA	X	—	X
KS	—	—	X
KY	—	—	X
LA	—	—	X
ME-M	X	X	X
ME-O	X	X	X
MD	X	—	X
MA	—	—	X
MI-M	—	—	X
MI-O	—	—	X
MN	—	—	X
MS	X	X (there is an anonymous tract with report of relapse)	X
MO	—	—	—
MP	X	X	X
MT	—	—	X
NE	—	—	X
NV-M	—	—	X
NV-O	—	—	X
NH	—	—	X
NJ	X	—	X
NM-M	X	X	X
NM-O	—	—	X
NY	—	—	X
NC	—	—	X
ND	—	—	X
OH	—	—	X
OK-M	—	—	X
OK-O	—	—	X
OR	—	—	X
PA-M	X	—	X
PA-O	X	—	X
PR	—	X	X
RI	X	X	X
SC	—	X	X
SD	—	—	X
TN-M	—	—	X
TN-O	—	—	X
TX	—	—	X
UT-M	—	—	X
UT-O	—	—	X
VT-M	—	—	X
VT-O	—	—	—
VI	—	—	—
VA	—	—	X
WA-M	—	—	X
WA-O	—	—	X
WV-M	—	—	X
WV-O	—	—	X
WI	—	X	X
WY	—	—	X

Sharing Information with Public and Other Boards 1

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Current license status shared with public	Disciplinary history shared with public	Educational/training specialty background shared with public	Nature/cause of disciplinary action shared with public	Complaints/accusations against licensees (before investigation and decision) shared with		Investigation Information (before decision and/or action) shared with	
					Public	Other boards	Public	Other boards
AL	X	X	X	X	--	--	--	X
AK	X	X	X	X	--	--	--	--
AZ-M	X	X	X	X	--	X	--	X
AZ-O	X	X	X	X	X	X	--	--
AR	X	X	X	X	--	--	--	--
CA-M	X	X	X	X	--	X	--	--
CA-O	X	X	X	X	--	--	--	--
CO	X	X	X	--	--	X (case by case basis only)	--	X (case by case basis only)
CT	X	X	X	X	--	--	--	--
DE	X	X	--	X	--	--	--	--
DC	X	X	X	X	--	--	--	--
FL-M	X	X	X	X	--	--	--	--
FL-O	X	X	X	X	--	--	--	--
GA	X	X	X	X	--	--	--	X
GU	X	X	--	X	--	--	--	--
HI	X	X	--	X	X	X	--	--
ID	X	Varies	X	Varies	--	X	--	X
IL	X	X	X	X	--	X	--	X
IN	X	X	X	X	--	--	--	--
IA	X	X	X	X	--	X	--	X
KS	X	X	X	X	--	--	--	X
KY	X	X	X	X	--	X	--	X
LA	X	X	X	X	--	--	--	X
ME-M	X	X	X	X	--	X	--	X
ME-O	X	X	X	X	--	X	--	X
MD	X	X (public orders)	X	X (public actions)	--	X	--	--
MA	X	X	X	X	--	X	--	X
MI-M	X	X	X	X	--	--	--	--
MI-O	X	X	X	X	--	--	--	--
MN	X	X	X	X	--	X	--	X
MS	X	X	--	X	--	--	--	--
MO	X	X	X	X	--	--	--	--
MP	X	X	X	X	--	--	--	--
MT	X	X	--	--	--	--	--	--
NE	X	X	--	X	--	--	--	X
NV-M	X	X	X	X	--	X	--	X
NV-O	X	X	X	X	--	--	--	X
NH	X	X	X	X	--	X	--	--
NJ	X	X	X	X	--	--	--	--
NM-M	X	X	X	X	--	X	--	X
NM-O	X	X	--	X	--	X	--	X
NY	X	X	X	X	--	X	--	X
NC	X	X	X	X	--	Board may notify and/or communicate with other state boards on a case by case basis as circumstances warrant	--	Board may notify and/or communicate with other state boards on a case by case basis as circumstances warrant
ND	X	X	X	X	--	--	--	--
OH	X	X	X	X	--	X	--	X
OK-M	X	X	X	X	--	X	--	X
OK-O	X	X	X	X	--	--	--	--
OR	X	X	X	X	--	X	--	X
PA-M	X	X	--	X	--	--	--	--
PA-O	X	X	--	X	--	--	--	--
PR	X	X	X	X	--	--	--	--
RI	X	X	X	X	--	X	--	X
SC	X	X	X	X	--	X	--	X
SD	X	--	X	X	--	--	--	--
TN-M	X	X	X	X	--	--	--	--
TN-O	X	X	X	X	--	--	--	--
TX	X	X	X	X	--	--	--	--
UT-M	X	X	--	X	--	--	--	--
UT-O	X	X	--	X	--	--	--	--
VT-M	X	X	X	X	--	X	--	X
VT-O	X	X	X	X	--	--	--	--
VI	X	X	--	X	--	--	--	--
VA	X	X	X	X	--	X	--	X
WA-M	X	X	X	X	X	X	X	X
WA-O	X	X	X	X	X	X	X	X
WV-M	X	X	X	X	--	--	--	--
WV-O	X	X	X	X	--	--	--	--
WI	X	X	X	X	--	--	--	--
WY	X	X	X	X	--	X	--	X

Sharing Information with Public and Other Boards 2

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Informal actions/agreements shared with		Formal board actions/agreements shared with		License application denials shared with		Examination Irregularities (e.g., allegations of cheating) shared with	
	Public	Other boards	Public	Other boards	Public	Other boards	Public	Other boards
AL	—	X	X	X	X	X	—	—
AK	—	—	X	X	X	X	—	—
AZ-M	—	—	X	X	X	X	—	—
AZ-O	X	X	X	X	X	X	—	—
AR	—	—	X	X	X	X	—	—
CA-M	—	—	X	X	X	X	—	—
CA-O	—	—	X	X	—	X	—	X
CO	X	X	X	X	X	X	—	X
CT	—	—	X	—	X	—	—	—
DE	—	—	X	X	X	X	—	—
DC	—	—	X	X	X	X	X	—
FL-M	X	X	X	X	X	X	—	—
FL-O	X	X	X	X	X	X	—	—
GA	—	—	X	X	X	X	—	—
GU	—	—	X	X	X	X	—	—
HI	X	X	X	X	X	X	—	—
ID	—	X	X	X	X	X	—	X
IL	—	X	X	X	X	X	—	—
IN	X	X	X	X	X	X	X	X
IA	—	X	X	X	X	X	—	—
KS	—	—	X	X	X	X	—	X
KY	—	X	X	X	X	X	—	—
LA	—	—	X	X	—	—	—	—
ME-M	—	X	X	X	X	X	X	X
ME-O	—	X	X	X	X	X	—	—
MD	—	—	X	X	X	X	—	—
MA	—	—	X	X	—	X	—	X
MI-M	—	—	X	X	X	X	—	—
MI-O	—	—	X	X	X	X	—	—
MN	—	—	X	X	X	X	—	—
MS	X	—	X	X	X	X	—	—
MO	—	X	X	X	X	X	—	—
MP	—	—	—	X	—	X	—	X
MT	—	—	X	X	X	X	—	—
NE	—	—	X	X	X	X	—	—
NV-M	—	X	X	X	X	X	—	X
NV-O	—	X	X	X	—	X	—	—
NH	—	—	X	X	X	X	—	—
NJ	—	—	X	X	X	X	—	—
NM-M	—	X	X	X	X	X	—	X
NM-O	—	X	X	X	X	X	—	—
NY	—	X	X	X	—	—	—	—
NC	X	X	X	X	X	X	N/A	N/A
ND	X	X	X	X	X	X	—	—
OH	—	—	X	X	X	X	X	X
OK-M	—	X	X	X	X	X	X	X
OK-O	X	X	X	X	X	X	X	X
OR	—	X	X	X	X	X	—	X
PA-M	—	—	X	X	X	X	—	—
PA-O	—	—	X	X	X	X	—	—
PR	—	X	—	X	—	X	—	X
RI	—	X	X	X	X	X	X	X
SC	—	X	X	X	X	X	X	X
SD	—	X	X	X	X	X	X	X
TN-M	—	—	X	X	X	X	—	—
TN-O	—	—	X	X	X	X	—	—
TX	—	—	X	X	X	X	—	—
UT-M	—	—	X	X	X	X	—	X
UT-O	—	—	X	X	X	X	—	X
VT-M	—	—	X	X	X	X	—	—
VT-O	—	—	X	X	X	X	—	—
VI	X	X	X	X	—	—	—	—
VA	X	X	X	X	X	X	—	—
WA-M	X	X	X	X	X	X	—	—
WA-O	X	—	X	—	X	—	X	—
WV-M	—	—	X	X	X	X	—	—
WV-O	X	X	X	X	X	X	X	X
WI	—	—	X	X	X	X	—	—
WY	—	X	X	X	X	X	X	X

Physician Profile Information 1

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Information Included In profile							
	License	Medical education	Specialty board certifications	Board actions	Board actions in other states	Hospital disciplinary actions	Criminal convictions	Medical malpractice
AL	X	X	X	X	—	—	—	—
AK	X	—	—	X	—	—	—	—
AZ-M	X	X	—	X	—	—	X	—
AZ-O	X	X	—	X	—	—	—	—
AR	X	—	—	X	—	—	—	—
CA-M	X	X	X	X	X	X	X	X
CA-O	X	—	X	X	X	X (termination or revocation of privileges)	X	X
CO	X	X	X	X	X	X	X	X
CT	X	X	X	X	X	X	X	X
DE	X	—	—	X	—	—	—	—
DC	X	X	X	X	X	X	X	X
FL-M	X	X	X	X	X	X	X	X
FL-O	X	X	X	X	X	X	X	X
GA	X	X	X	X	X	X	X	X
GU	X	X	—	X	X	X	X	X
HI	X	—	—	X	—	—	—	—
ID	X	—	X	X	—	—	—	—
IL	X	X	X	X	X	X	X	X
IN	X	—	—	X	—	—	—	—
IA	X	X	X	X	—	—	—	—
KS	X	X	X	X	—	—	X	—
KY	X	X	—	X	—	—	—	—
LA	X	X	—	X	—	—	—	—
ME-M	X	X	X	X	—	—	—	—
ME-O	X	X	—	X	—	—	—	—
MD	X	X	X	X	X	—	X (moral turpitude)	X (limited privileges)
MA	X	X	X	X	X	X	X	X
MI-M	X	—	—	X	—	—	—	—
MI-O	X	—	—	X	—	—	—	—
MN	X	X	X	X	X	—	X	—
MS	X	—	X	X	—	—	—	—
MO	X	X	X	X	X	—	—	—
MP	X	X	—	X	X	X	X	X
MT	X	—	X	X	—	—	—	—
NE	X	X	—	X	—	—	—	—
NV-M	X	X	X	X	—	—	—	X
NV-O	X	X	X	X	X	X	—	X
NH	X	X	X	X	—	—	—	—
NJ	X	X	X	X	X	X	X	X
NM-M	X	X	—	X	—	—	—	—
NM-O	X	X	—	X	—	—	—	—
NY	X	X	X	X	X	X	X	X
NC	X	X	X	X	X	X	X	X
ND	X	X	—	X	—	—	—	—
OH	X	X	—	X	—	—	—	—
OK-M	X	X	X	X	X	—	X	—
OK-O	X	X	X	X	X	X	X	X
OR	X	X	X	X	—	—	—	X
PA-M	X	—	—	X	—	—	—	—
PA-O	X	—	—	X	—	—	—	—
PR	X	X	X	X	—	X	X	X
RI	X	X	X	X	—	—	—	—
SC	X	X	X	X	X	X	X	X
SD	X	—	—	X	—	—	—	—
TN-M	X	X	X	X	X	X	X	X
TN-O	X	X	X	X	X	X	X	X
TX	X	X	X	X	X	—	X	X
UT-M	X	X	—	X	—	—	X	—
UT-O	X	X	—	X	—	—	X	—
VT-M	X	X	X	X	X	X	X	X
VT-O	X	—	—	—	—	—	—	—
VI	X	X	X	X	X	—	X	X
VA	X	X	X	X	X	X	X	X
WA-M	X	—	—	X	—	—	—	—
WA-O	X	—	—	X	—	—	—	—
WV-M	X	X	X	X	—	—	—	X
WV-O	X	X	—	X	—	—	—	—
WI	X	—	X	X	—	—	—	—
WY	X	X	X	X	—	—	—	—

Physician Profile Information 2

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Information Included In profile
	Other data collected
AL	Internet information includes ACSC status, collaborative practice and physician assistant registrations, license issue date, expiration date, practice location
AK	License expiration date, current issue date, first issue date
AZ-M	Practice location, issue date, renewal date, expiration date
AZ-O	Practice location, issue date, renewal date, expiration date
AR	License issue date, expiration date
CA-M	Hospital disciplinary actions are only public if results in termination or revocation of privileges; felony (criminal) convictions are public and misdemeanor convictions which result in an accusation and disciplinary action; Medical malpractice judgments and arbitration awards are public and settlements over \$30,000 if the licensee has 3 or 4 (depending high/low risk specialty) in a 5-year period. Board posts practice location, practice area, gender, ethnicity, and language if individual has reported and wishes this information to be posted on profile. Pursuant to law, public reprimands are removed from the physician's profile after 10 years, although it can be obtained by contacting the board.
CA-O	Criminal convictions - felonies only; malpractice judgments only, not settlements
CO	Practice location, hospital affiliations
CT	Publications and awards, practice location, member of faculty of CT medical school, CT hospital and nursing home privileges, postgraduate training
DE	
DC	Practice location, hospital affiliations, academic appointments, publications, Medicaid participation, honors/awards
FL-M	Awards, publications, affiliations, staff privileges and training, appointments, languages spoken, Medicaid participation, postgraduate training
FL-O	Postgraduate training information, publications, staff privileges, awards, affiliations, appointments, languages spoken
GA	Practice location, Medicaid participation, staff privileges, medical malpractice coverage
GU	
HI	
ID	Board of Medicine refers inquiries that are not answered on its own website to docinfo.org, the Idaho criminal repository, NPDB (if accessible), AMA, AOA, etc. for the information that is not available on board website. Also, when a person purchases a list of physicians from board, the purchaser obtains more demographic information than is available in a simple web search for a single licensee.
IL	Insurance, primary office location, hospital affiliation, academic appointments, publications, honors/awards
IN	
IA	Practice location, birth year of licensee
KS	
KY	Practice location
LA	
ME-M	
ME-O	
MD	Hospital privileges, postgraduate training, practice location
MA	Practice location, awards/honors, residency, license renewal date, hospital affiliations, translation services, license issue date, publications, Medicaid participation
MI-M	
MI-O	
MN	Practice location, postgraduate training
MS	
MO	Practice location
MP	
MT	
NE	
NV-M	If hospital action known to board and also a board action, then yes, and public action taken by board (disciplinary documents).
NV-O	Specialty but not board certification
NH	
NJ	Practice location; accepted insurance; languages spoken; awards/honors
NM-M	
NM-O	
NY	Professional memberships, field of medicine, offices, HIV services, languages available, Medicaid and other government insurance programs, health plans, hospital privileges, professional and community service activities, publications, teaching responsibilities, current limitations, hospital privilege restrictions, hospital failure to renew privileges, doctor's statement
NC	Hospital privileges, out of state/country licenses, practice information (philosophy, language spoken, etc), areas of practice, years of practice, honors/awards
ND	Practice location
OH	
OK-M	Geographical; multiple practice locations; seeing Medicare, Medicaid, new patients; practice hours; hospital privileges; third-party participation; languages spoken in office
OK-O	
OR	Practice location
PA-M	
PA-O	
PR	
RI	
SC	Hospital affiliations
SD	Public address, self-reported specialty, relationships (supervising or supervised)
TN-M	Languages spoken, academic appointments, hospital privileges, insurance plans, honors/awards, publications
TN-O	Languages spoken, academic appointments, hospital privileges, insurance plans, honors/awards, publications
TX	Hospital privileges, practice location, languages spoken, Medicaid participation, honors/awards, publications, academic appointments
UT-M	
UT-O	
VT-M	Number of years in practice, hospitals where privileges held, teaching med school or GME, publications, location of primary practice, Medicaid participation, if accepting new patients.
VT-O	
VI	Must be requested
VA	Office(s) address/phone number/hours/languages spoken, faculty status, publications, self-designated specialty, Medicare/Medicaid/accepting patients, continuing education awards and honors
WA-M	
WA-O	
WV-M	Relationships (supervising/supervised), practice location
WV-O	Practice location, controlled substances license, license history
WI	
WY	

Physician Profile Information 3

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Profile Information accessible via			
	Internet	800 #	Fax	Mail
AL	X		X	X
AK	X			X
AZ-M	X			
AZ-O	X		X	X
AR	X		X	X
CA-M	X	X	X	X
CA-O	X		X	X
CO	X		X	X
CT	X		X	X
DE	X			
DC	X			
FL-M	X		X	X
FL-O	X		X	X
GA	X		X	X
GU			X	X
HI	X			X
ID	X	X	X	X
IL	X			
IN	X			
IA	X		X	X
KS	X	X	X	X
KY	X			
LA	X		X	X
ME-M	X		X	X
ME-O	X		X	X
MD	X	X	X	X
MA	X	X	X	X
MI-M	X		X	X
MI-O	X		X	X
MN	X	X	X	X
MS	X			
MO	X	X	X	X
MP				X
MT	X			
NE	X			X
NV-M	X	X	X	X
NV-O	X	X	X	X
NH	X			X
NJ	X			
NM-M	X	X	X	X
NM-O	X			X
NY	X	X	X	X
NC	X	X	X	X
ND	X		X	X
OH	X		X	X
OK-M	X	X	X	X
OK-O	X		X	X
OR	X	X	X	X
PA-M	X			X
PA-O	X			X
PR				X
RI	X			X
SC	X		X	X
SD	X			
TN-M	X			
TN-O	X			
TX	X	X	X	X
UT-M	X		X	X
UT-O	X		X	X
VT-M	X		X	X
VT-O	X			
VI				X
VA	X	X	X	X
WA-M	X			
WA-O				
WV-M	X			X
WV-O	X	X	X	X
WI	X	X	X	X
WY	X			

Regulations for Dispensing Scheduled Drugs

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Physician dispensing permitted	Physician dispensing regulated by state	Agency/agencies charged with regulation
AL	X	X	Alabama Board of Medical Examiners
AK	X	—	
AZ-M	X	—	Registration required with the Medical Board
AZ-O	X	X	Registration with Osteopathic Board
AR	X	X	Medical Board
CA-M	X	X	MBC, Pharmacy Board, DOJ, DEA
CA-O	X	—	DEA Board may restrict dispensing privileges in discipline
CO	X	X	Medical Board and Pharmacy Board
CT	X	X	Department of Consumer Protection
DE	X	X	Division of Professional Regulation Office of Controlled Substances
DC	X	—	Regulated by Pharmaceutical Control Division
FL-M	X	X	Department of Health
FL-O	X	X	Department of Health
GA	X	X	GA Drugs and Narcotics (GDNA)
GU			
HI	X	—	
ID	X	X	Board of Pharmacy
IL	X	X	Il. Dept. Fin. Prof. Regulation
IN	X	X	
IA	X	X	Board of Medicine and Board of Pharmacy
KS	X	X	Kansas Board of Pharmacy
KY	X	X	Kentucky Board of Medical Licensure
LA	X	X	Medical Board
ME-M	X	—	
ME-O	X	—	DEA
MD	X	X	Board issues dispensing permits. Other agencies conduct inspections.
MA	X	X	Department of Public Health
MI-M	X	X	Bureau under Board of Pharmacy regulations
MI-O	X	X	Bureau under Board of Pharmacy regulations
MN	X	X	Pharmacy Board
MS	X	—	Must report to Board of Pharmacy
MO	X	X	Bureau of Narcotics and Dangerous Drugs, Board of Healing Arts
MP	X	—	HCPLB
MT	X	X	Limited circumstances
NE	X	X	Department of Health and Human Services
NV-M	X	X	Board of Pharmacy
NV-O	X	X	Pharmacy Board
NH	X	X	
NJ	X	X	Controlled drug unit
NM-M	X	X	Board of Pharmacy
NM-O	X	X	Board of Pharmacy
NY	X	X	Department of Health
NC	X	X	Board of Pharmacy and NC Medical Board
ND	X	X	Pharmacy Board
OH	X	X	Ohio Board of Pharmacy
OK-M	X	X	Pharmacy Board and Bureau of Narcotics
OK-O	X	X	We issue permits
OR	X	X	
PA-M	X	X	Medical Board, Pharmacy Board
PA-O	X	X	Osteopathic Board, Pharmacy Board
PR	X	X	
RI	—	X	Board of Pharmacy
SC	X	X	Board of Pharmacy
SD	X	X	Board of Pharmacy
TN-M	X	X	
TN-O	X	X	
TX	X	X	Medical Board and Pharmacy Board and DPS; only available in certain circumstances
UT-M	—	X	Samples only may be dispensed
UT-O	—	X	Samples only may be dispensed
VT-M	X	—	
VT-O	X	—	
VI	X	—	
VA	X	X	Pharmacy Board and Medical Board
WA-M	X	X	Medical Commission
WA-O	X	—	
WV-M	X	X	Board of Medicine
WV-O	X	X	Board of Pharmacy
WI	X	X	Department of Safety and Professional Services, Department of Health Services, Medical Examining Board
WY	X	—	

Prescription Monitoring Program 1

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	State has prescription monitoring program	All agencies and entities who may access the Prescription Monitoring Program (In addition to prescribing practitioners)
AL	X	Pharmacy, dentists, veterinary
AK	X	
AZ-M	X	All boards of prescribers of controlled substances: MD, DO, PA, nursing, homeopathic, naturopathic, veterinary, pharmacy, law enforcement
AZ-O	X	
AR	X	N/A
CA-M	X	Drug Enforcement Agency, Department of Justice, MBC, BOF, individual MDs, other healing arts boards who license prescribers
CA-O	X	Licensing boards, dispensing physicians, law enforcement agencies
CO	X	Prescribers, law enforcement and investigators with subpoena
CT	X	
DE	X	Pharmacies, practitioners prescribing controlled substances
DC	X	The District's PDMP went live for practitioners in October 2016
FL-M	X	Department of Health, law enforcement upon investigation, dispensing physicians
FL-O	X	Department of Health, law enforcement upon investigation, dispensing physicians
GA	X	Medical, Pharmacy and Georgia Drugs and Narcotics
GU	X	
HI	X	Pharmacies, pharmacists
ID	X	Practitioners who are authorized to prescribe, law enforcement and prosecutors, court order, licensing boards, pharmacists, state Medicaid/Medicare, a patient may obtain his own profile
IL	X	Licensed prescribers and dispensers, law enforcement organizations and regulatory agencies
IN	X	
IA	X	Access by subpoena; licensing authorities, law enforcement, pharmacy board (all access requires a subpoena)
KS	X	State licensing agencies. Access is limited/not proactive access.
KY	X	KBML, Board of Nursing, Board of Dentistry, Board of Pharmacy, law enforcement, Medicaid
LA	X	Licensing authority, state police, pharmacies
ME-M	X	Board staff for investigation, law enforcement for investigation
ME-O	X	Board staff for investigation; law enforcement for investigation
MD	X	PDMP regulated through the Department of Health
MA	X	Office of Attorney General, Drug Enforcement Agency, Board of Registration in Pharmacy, state police, licensing boards, drug control program
MI-M	X	Practitioners and pharmacists; employee or agent of department; state or federal employee responsible for enforcing drug laws; law enforcement with approval; Medicaid program
MI-O	X	Practitioners and pharmacists; employee or agent of department; state or federal employee responsible for enforcing drug laws; law enforcement with approval; Medicaid program
MN	X	Enrolled physicians, enrolled pharmacists, select pharmacy, health licensing boards conducting related investigations
MS	X	Contact the MS Board of Pharmacy
MO	—	
MP	—	
MT	X	Board of Pharmacy
NE	X	In initial stages of implementation; undecided at this time
NV-M	X	Health care boards, law enforcement
NV-O	X	Health boards, licensed physicians
NH	X	Board cannot access the PDMP. PDMP can give limited information to Board.
NJ	X	Pharmacists; boards of medicine
NM-M	X	Refer to Board of Pharmacy Rule 16.19.29.9. The board has regulated certain PMP requirements for its licensees who prescribe controlled substances found at Rule 16.10.14.10.
NM-O	X	Health care professionals, prescribers, pharmacists, licensing authorities, law enforcement
NY	X	Prescribers, pharmacies, public (own records), Bureau of Narcotic Enforcement
NC	X	Licensing boards, SBI, DMA, medical examiners, MDs, DOs, physician assistants, nurse practitioners
ND	X	Practitioners, licensing boards, law enforcement, addiction counselors, patients
OH	X	Physicians, physician assistants, law enforcement and authorized Ohio regulatory agencies
OK-M	X	Medical boards, pharmacy, physicians, Oklahoma Bureau of Narcotics
OK-O	X	Law enforcement and private physicians
OR	X	Medical Board, Board of Dentistry, Board of Pharmacy, Board of Naturopathic Medicine, Board of Nursing
PA-M	X	Dispensers; Limited Access: Office of Attorney General; Department of Health personnel; DOS; Out-of-state licensing boards; Commonwealth personnel responsible for the development/evaluation of quality improvement strategies; Department of Drug and Alcohol programs; Medical examiner; County coroner; Out-of-State prescription drug monitoring official, dispenser or prescriber of a state with which PA has interoperability agreement; Recipient of a controlled substance prescription entered into the program system (or parent or guardian if the individual is under 18 years of age or the individual's health care power of attorney).
PA-O	X	See PA-M
PR	X	
RI	X	BMLD, Board of Pharmacy, Dental Board
SC	X	Pharmacy practitioners DHEC
SD	X	Numerous, including practitioners
TN-M	X	Office of General Counsel, Bureau of Investigations (both have very limited access)
TN-O	X	Office of General Counsel, Bureau of Investigations (both have very limited access)
TX	X	Many, including law enforcement, RNs, pharmacy techs, and the medical board
UT-M	X	MDs, DOs, patients for self, division
UT-O	X	MDs, DOs, patients for self, division
VT-M	X	Alerts may be issued to Health Commissioner, who has authority to notify Board.
VT-O	X	The Vermont Prescription Monitoring System is overseen by the Vermont Department of Health.
VI	—	
VA	X	Prescribers and their delegates; pharmacists; patients; local, state and federal law enforcement that have an ongoing investigation
WA-M	X	Disciplinary authorities, prescribers, law enforcement, public (query themselves only)
WA-O	X	WA State Department of Health
WV-M	X	MDs, pharmacists, authorized members/agents of state police, Drug Enforcement Agency, law enforcement, chief medical examiner, licensing boards
WV-O	X	Board of Pharmacy agents, state police, prescribing practitioners, pharmacists, federal drug task forces, medical examiner, and licensing board, if there is an open complaint
WI	X	Pharmacists, pharmacist delegates, practitioners, practitioner delegates. Program has disclosure obligations in re: law enforcement, coroner, medical examiner and other state and federal governmental agencies.
WY	X	Licensing boards, law enforcement, pharmacies, patients (self-query)

Prescription Monitoring Program 2

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Agency/agencies responsible for operating the Prescription Monitoring Program
AL	Alabama Department of Public Health
AK	Board of Pharmacy
AZ-M	Pharmacy Board
AZ-O	Pharmacy Board
AR	Arkansas Department of Health
CA-M	Department of Justice
CA-O	Department of Justice
CO	Pharmacy Board
CT	Department of Consumer Protection
DE	State Police
DC	Pharmacy Control Division
FL-M	Department of Health
FL-O	Department of Health
GA	Pharmacy and GDNA
GU	Department of Public Health
HI	State of Hawaii Department of Public Safety
ID	Board of Pharmacy
IL	Department of Human Services
IN	Board of Pharmacy
IA	Board of Pharmacy
KS	Kansas Board of Pharmacy
KY	Cabinet for Health and Family Services, Office of Inspector General
LA	Board of Pharmacy
ME-M	Department of Health and Human Services
ME-O	Department of Health and Human Services
MD	Health Department
MA	Drug control program, Department of Public Health
MI-M	Bureau of Professional Licensing
MI-O	Bureau of Professional Licensing
MN	Board staff, medical examiners, select DHS staff
MS	Board of Pharmacy
MO	
MP	Commonwealth Health Center Corp.
MT	Department of Labor and Industry (Board of Pharmacy)
NE	Department of Health and Human Services and Nebraska Health Information Initiative
NV-M	Board of Pharmacy
NV-O	Pharmacy Board
NH	Board of Pharmacy
NJ	Drug control unit
NM-M	Board of Pharmacy
NM-O	Board of Pharmacy
NY	Department of Health (Bureau of Narcotic Enforcement)
NC	North Carolina Department of Health and Human Services
ND	Pharmacy Board
OH	Ohio Board of Pharmacy
OK-M	Oklahoma Bureau of Narcotics and Dangerous Drugs
OK-O	Oklahoma Bureau of Narcotics and Dangerous Drugs
OR	Board of Optometry, law enforcement agencies, Oregon Health Authority
PA-M	Pennsylvania Department of Health
PA-O	Pennsylvania Department of Health
PR	DEA
RI	Board of Pharmacy
SC	SC Department of Health and Environmental Control
SD	Board of Pharmacy
TN-M	Department of Health
TN-O	Department of Health
TX	Department of Public Safety
UT-M	The Utah Division of Occupational and Professional Licensing controls and regulates the controlled substance database
UT-O	The Utah Division of Occupational and Professional Licensing controls and regulates the controlled substance database
VT-M	Department of Health
VT-O	Vermont Prescription Monitoring System
VI	
VA	Virginia Department of Health Professions
WA-M	Department of Health
WA-O	WA State Department of Health
WV-M	Board of Pharmacy
WV-O	Board of Pharmacy
WI	Controlled Substances Board
WY	State Board of Pharmacy

Educational/Informational Programs Offered by Board 1

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	To the public	Program description	To licensees	Program description
AL	—		X	Prescribing, ethics and collaborative practice
AK	—		—	
AZ-M	—	Will speak to public when requested	X	Licensing expos, conferences, prescribing, board meetings
AZ-O	—	Will speak to public when requested	X	Prescribing, conferences, association meetings, board meetings
AR	—		—	
CA-M	X	Provides presentations when requested and attends out-reach events	X	Provides outreach on issues related to the board via in-person presentations and the website
CA-O	—		—	
CO	—		—	
CT	—		—	
DE	—		—	
DC	X	Biennial symposium, open session	X	Professionalism and ethics
FL-M	—		X	Presentations
FL-O	—		X	Presentations
GA	X	Lectures/presentations	X	Lectures/presentations
GU	—		—	
HI	—		—	
ID	—		X	Quarterly newsletter with educational articles and links to free CME courses
IL	—		—	
IN	—		—	
IA	X	Fundamental role of board, how to find a physician, how to file complaint with board	X	Regulatory guidance, how licensees can avoid problems with board, etc.
KS	X	Licensure, discipline, informational	X	Licensure, discipline, informational
KY	X	http://kbml.ky.gov	X	http://kbml.ky.gov
LA	X	Board orientation	X	Board orientation
ME-M	X	Onsite presentations of board process	X	Schedule II prescribing, general board process
ME-O	X	Meetings open to the public	—	
MD	X	Newsletters and website, informative information	X	Online orientation for physicians
MA	X	Website	X	Website, newsletters, grand rounds, presentations at organizations/board meetings
MI-M	—		—	
MI-O	—		—	
MN	—		X	Pharmacology, pain management, boundaries, CD awareness
MS	—		—	
MO	X		X	
MP	—		—	
MT	—		—	
NE	—		—	
NV-M	X	Outreach	X	Outreach
NV-O	—		—	
NH	—		—	
NJ	—		X	Orientation program
NM-M	—	Offered through the state medical association – NM Medical Society	—	Offered through the state medical association – NM Medical Society
NM-O	—		—	
NY	X	Website	X	Website
NC	X	Outreach to public via personal presentations, website tutorials and presentations	X	Outreach to medical and physician-assistant students via personal presentations, website tutorials and presentations; orientation and capstone programs for residents; joint CME with state medical society on appropriate opioid prescribing
ND	—		X	Resident/hospital/society presentations, newsletter
OH	X	Website; national/state media; topics requested by the event sponsor	X	Board overview; licensure process; controlled substance prescribing; impairment; ethics/professionalism; statute and rule updates; topics requested by event sponsor
OK-M	X	Website usage	X	Pain management, legal medicine, disruptive behavior
OK-O	—		—	
OR	X	General information on the board	X	Supervising physician course, general information
PA-M	—		—	
PA-O	—		—	
PR	—		—	
RI	X		X	
SC	—		—	
SD	X	Website and presentations upon request	X	Website and presentations upon request
TN-M	—		—	
TN-O	—		—	
TX	—		X	Live continuing medical education offered on ad hoc basis
UT-M	—		X	Utah has a tutorial/exam for appropriate opioid prescribing, which is required of all CS licensees
UT-O	—		X	Utah has a tutorial/exam for appropriate opioid prescribing which is required of all CS licensees
VT-M	—		X	Board-sponsored CME, board participation in CME, grand rounds
VT-O	—		—	
VI	—		—	Not at this time, plans to
VA	—		—	
WA-M	X	Speaker's Bureau where public may request presentation from Commission	X	Pain rule four-hour CME done in collaboration with other entities
WA-O	—		—	
WV-M	—		—	
WV-O	X	Credentialing organizations, hospitals and teaching institutions	X	Board-approved continuing medical education programs
WI	X	Program speakers provided upon request	X	Newsletter published twice per year; annual report
WY	—		—	

Educational/Informational Programs Offered by Board 2

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	To medical students	Program description	To residents	Program description
AL	X	Orientation presentation to incoming medical students at state medical schools	X	Orientation presentation to incoming residents
AK	—		—	
AZ-M	X	University of Arizona: 3rd year medical students, campus presentations by board and attendance at board meetings	X	3rd year residents, chief residents: campus presentations by board and attendance at board meetings
AZ-O	X	Board meetings; campus presentations and board meetings	X	Campus presentations and board meetings
AR	—		—	
CA-M	X	Orientation at medical schools	X	Licensing fairs at post graduate programs and grand rounds
CA-O	—		—	
CO	—		—	
CT	—		—	
DE	—		—	
DC	X	Professionalism and ethics	X	Professionalism and ethics
FL-M	X	Presentations	—	
FL-O	X	Presentations	—	
GA	X	Lectures, presentations, seminars, medical fairs, recruitment	X	Lectures, presentations, seminars, medical fairs, recruitment
GU	—		—	
HI	—		—	
ID	—		—	
IL	X	Invited to attend administrative hearings and Board meetings	X	Annual training to residency program administrators and program directors regarding the qualifications for licensure
IN	—		—	
IA	X	Help on license applications, regulatory guidance, etc.	X	Regulatory guidance, how licensees can avoid problems with board, etc.
KS	X	Licensure, discipline, informational	X	Licensure, discipline, informational
KY	—		—	
LA	—		—	
ME-M	X	UNE PA program students – rules and laws	X	Ethics, general board processes
ME-O	X	Go to medical school 1x per year	—	
MD	—		—	
MA	X	Licensing	—	Licensing
MI-M	—		X	
MI-O	—		—	
MN	—		X	As requested by residency programs
MS	—		—	
MO	X		X	
MP	—		—	
MT	X	The board has presented to graduating physician assistant students	—	
NE	—		—	
NV-M	X	Outreach	X	Outreach
NV-O	—		—	
NH	—		—	
NJ	X	Orientation program	X	Orientation program
NM-M	—	Offered through the University of New Mexico	—	Offered through the University of New Mexico
NM-O	—		—	
NY	X	Website	X	Website
NC	X	Annual talks to 1st year medical students	X	Invited to attend board meetings and disciplinary hearings
ND	X	Medical school presentations	X	Residency program presentations, newsletter.
OH	X	Board overview, ethics/professionalism, impairment, responsibilities of licensure; licensure process	X	Board overview, statute/rule updates, ethics/professionalism, impairment, responsibilities of licensure, licensure process; topics requested by event sponsor
OK-M	X	Annual panel on medical regulation	X	Sporadic presentations to certain specialty residents
OK-O	—		X	How to get licenses programs
OR	X	Lectures provided by the executive director on board expectations	X	Lectures provided by the executive director
PA-M	—		—	
PA-O	—		—	
PR	—		—	
RI	X		X	
SC	—		—	
SD	X	Website and presentations annually	X	Website and presentations upon request
TN-M	—		—	
TN-O	—		—	
TX	X	Live continuing medical education offered on ad hoc basis	X	Live continuing medical education offered on ad hoc basis
UT-M	—		—	
UT-O	—		—	
VT-M	X	Students may attend, board-sponsored CLE. Board participates in seminar on medical regulation for all UVM medical students	X	Residents may attend, board-sponsored CLE.
VT-O	—		—	
VI	—	Not at this time, plans to	—	Not at this time, plans to
VA	X	Overview of the board	X	8-week elective at the board and DHP
WA-M	X	Shadowing opportunities at disciplinary meetings	X	Shadowing opportunities at disciplinary meetings
WA-O	X	Annual presentation to students at PNWU-COM	—	
WV-M	—		—	
WV-O	X	Collaboration with WV School of Osteopathic Medicine and MSOPTI	X	Mountain State OPTI collaboration
WI	X	Board members speak to students periodically	X	Board members speak to residents periodically
WY	—		X	Introduction to Board of Medicine and medical licensure

Educational/Informational Programs Offered by Board 3

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	To board members	Program description	Online CMEs developed and made available by the board
AL	X	Topics vary	--
AK	--		--
AZ-M	X	Legal training, contractor presentations	--
AZ-O	X	Topics vary	--
AR	--		--
CA-M	X	MBC & DCA orientation, training at board/committee meetings	--
CA-O	X	Board member orientation course	--
CO	--		--
CT	--		--
DE	X	Orientation for newly appointed members and annual training by division	--
DC	X	New member board orientation, professional development, ethics and board governance, strategic planning retreats	--
FL-M	X	Annual disciplinary training	--
FL-O	X	Annual disciplinary training	--
GA	X	Various organizations	--
GU	--		--
HI	X	Orientation	--
ID	X	Orientation by board staff; training through FSMB	--
IL	X	Open Meetings Act education along with board handbook with relevant information about the functioning of the board and Department	--
IN	--	Other than new board member training	--
IA	X	Agency overview, public relations, impaired doctors; enforce, license, administrative law processes; FSMB	--
KS	X	Orientation and others as needed	--
KY	--		--
LA	--		--
ME-M	X	Regular training of process, function, policy and rule	--
ME-O	--		--
MD	X	Orientation at board with added departmental training	X
MA	X	Orientation and others as needed	X
MI-M	X	Board orientation	--
MI-O	X	Board orientation	--
MN	X	Orientation	--
MS	X	Orientation for new members, FSMB annual meeting if they wish	--
MO	X		--
MP	--		--
MT	X	New board member training	--
NE	X	New board member orientation, all board member meeting	--
NV-M	X	New board member training	--
NV-O	--		X
NH	--		X
NJ	--		--
NM-M	X	Presentations at board meetings on various subjects. Board pays for members to attend FSMB meeting.	X
NM-O	--		X
NY	X	Annual board training, FSMB eNews, Journal of Medical Regulation	--
NC	X	Training provided on Medical Practice Act; how to conduct medical board hearings; public records; administrative law; open meetings. Voluntary/reimbursed attendance at FSMB meeting.	X
ND	X	Federation meetings, other ad hoc educational meetings	X
OH	X	Orientation; ethics training; special programs on timely policy issues	X
OK-M	X	Two times a year on board staff operations	X
OK-O	X	Orientation to board	X
OR	X	Day-long orientation for new board members; speakers at quarterly board meetings address various topics	X
PA-M	X	Public board member training	X
PA-O	X	Public board member training	X
PR	--		X
RI	X		X
SC	X	Member training	--
SD	X	Member training	X
TN-M	--		--
TN-O	--		--
TX	X	Recently approved by board and will start soon	X
UT-M	X	Utah has a tutorial/exam for appropriate opioid prescribing which is required of all CS licensees	--
UT-O	X	Utah has a tutorial/exam for appropriate opioid prescribing which is required of all CS licensees	--
VT-M	X	Board member orientation, board retreat	--
VT-O	X	Board member orientation	X
VI	X	Board orientation	X
VA	X	Departmental orientation	--
WA-M	X	Annual conference, luncheon speakers during commission meetings.	X
WA-O	--		X
WV-M	X	Orientation booklet/Information	--
WV-O	X	Educational sessions at each board meeting and annual board seminars by the state auditor's office	X
WI	X	Case advisor training, board member orientation, ethics trainings, targeted trainings	--
WY	X	Periodic training on varied topics	--

Administration of the U.S. Medical Licensing Examination Steps 1 and 2

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Number of times candidates for licensure may take USMLE Step 1	Number of times candidates for licensure may take USMLE Step 2	Amount of time within which Steps 1 and 2 of USMLE must be passed
AL	No limit	No limit	No limit
AK	2	2	7 yrs
AZ-M	No limit	No limit	No limit
AZ-O	N/A	N/A	N/A
AR	3	3	No limit
CA-M	No limit	No limit	No limit
CA-O	N/A	N/A	N/A
CO	No limit	No limit	7 yrs (all 3 steps)
CT	No limit	No limit	No limit
DE	6	6	7 yrs (all 3 steps)
DC	No limit	No limit	7 yrs (all 3 steps); 10 yrs for MD/PhDs
FL-M	No limit	No limit	No limit
FL-O	N/A	N/A	N/A
GA	No limit	No limit	7 yrs (all 3 steps); 9 yrs for MD/PhDs
GU	N/A	N/A	N/A
HI	No limit	No limit	No limit
ID	3 (Pass on 3rd attempt)	3 (Pass on 3rd Attempt)	7 yrs (all 3 steps)
IL	5	5	7 yrs (all 3 steps)
IN	3	3	10 yrs (all 3 steps)
IA	6	6	10 yrs (all 3 steps)
KS	No limit	No limit	10 yrs (all 3 steps)
KY	4	4	No limit
LA	No limit	4	No limit
ME-M	No limit	No limit	7 yrs (all 3 steps)
ME-O	N/A	N/A	N/A
MD	No limit	No limit	No limit
MA	No limit	No limit	7 yrs (all 3 steps)
MI-M	Not more than 3 attempts for any step	Not more than 3 attempts for any step	Must satisfy requirements of FSMB
MI-O	N/A	N/A	N/A
MN	3	3	5 yrs or before end of training (Step or level 2)
MS	No limit	No limit	No limit
MO	3	3	7 yrs (all 3 steps)
MP	N/A	N/A	N/A
MT	No limit	No limit	7 yrs (all 3 steps)
NE	4	4	10 yrs (all 3 steps)
NV-M	No limit	No limit	7 yrs (for all 3 steps and 9 total attempts); no more than 3 attempts on Step 3 (10 yrs for MD/PhD programs)
NV-O	N/A	N/A	N/A
NH	3	3	No limit
NJ	No limit	No limit	7 yrs (all 3 steps)
NM-M	6	6	7 yrs (all 3 steps)
NM-O	N/A	N/A	N/A
NY	No limit	No limit	No limit
NC	3	3	No limit
ND	3	3	7 yrs (all 3 steps)
OH	5	5	N/A
OK-M	3	3	10 yrs (all 3 steps)
OK-O	N/A	N/A	N/A
OR	No limit	No limit	7 yrs (all 3 steps)
PA-M	No limit	No limit	No limit
PA-O	N/A	N/A	N/A
PR	No limit	No limit	7 yrs
RI	3	3	7 yrs
SC	3	3	10 yrs (all 3 steps)
SD	3	3	7 yrs (all 3 steps); 10 yrs for MD/PhDs; no more than two failures of any step
TN-M	4	4	No limit
TN-O	N/A	N/A	N/A
TX	3	3	7 calendar yrs (all 3 steps); 2 years after required GME for MD/PhDs; time frame waived if practicing in an MUA or HPSA
UT-M	3	3	7 yrs (10 yrs for MD/PhD programs)
UT-O	N/A	N/A	N/A
VT-M	No limit	No limit	No limit
VT-O	N/A	N/A	N/A
VI	N/A	N/A	N/A
VA	No limit	No limit	10 yrs (all 3 steps)
WA-M	No limit	No limit	No limit
WA-O	N/A	N/A	N/A
WV-M	No limit	No limit	10 yrs
WV-O	N/A	N/A	N/A
WI	3	3	10 yrs (all 3 steps)
WY	7 attempts (all 3 steps)	7 attempts (all 3 steps)	7 yrs (all 3 steps)

Administration of the U.S. Medical Licensing Examination Step 3: Time Limits for Completion

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Number of times candidates for licensure may take USMLE Step 3	Requirements to repeat Step 3 if not passed in designated number of attempts	Time limit for completion of all steps of USMLE	Time limit for MD/PhD or dual-degree candidates	Time limit may be waived in event of extenuating circumstances
AL	3	Further education or training	7 yrs	10 yrs	Yes (if ABMS or AOA certified)
AK	2		7 yrs	N/A	--
AZ-M	No limit		7 yrs (initial applicants only)	N/A	--
AZ-O	N/A		N/A	N/A	N/A
AR	3	Must have either completed additional PGT or be ABMS certified	No limit	No limit	--
CA-M	4	Minimum of 4 years continuous licensure in another state and ABMS cert. may be considered	10 yrs	N/A	Yes
CA-O	N/A	N/A	N/A	N/A	N/A
CO	No limit		7 yrs	10 yrs	Yes
CT	No limit		7 yrs	No	No
DE	6		7 yrs	N/A	No
DC	No limit	After 3 failed attempts, 1 additional yr ACGME- or AOA-approved GME	7 yrs	10 yrs	Yes
FL-M	No limit	N/A	No limit	N/A	N/A
FL-O	N/A	N/A	N/A	N/A	N/A
GA	3	1 yr of additional Board-approved training	7 yrs	9 yrs	Yes
GU	No limit		7 yrs	N/A	No
HI	No limit		No limit	No limit	N/A
ID	3 (Pass on 3rd attempt)	Remedial training; may be required to be interviewed, evaluated, or examined by the board	7 yrs	10 yrs	Yes
IL	5	A person who has failed any combination of steps 5 times must undergo remedial education	7 yrs	N/A	Yes
IN	3		10 yrs	10 yrs	Yes
IA	3	After 3 failed attempts, 3 yrs of progressive GME required	10 yrs (if not, ABMS or AOA board certification required)	10 yrs	Yes
KS	3	After 3 failed attempts, must appear before Board for approval to take a fourth or subsequent attempt	10 yrs	N/A	Yes
KY	4		No limit	N/A	No
LA	4		10 yrs	N/A	Yes
ME-M	3	After 3 failed attempts, applicant may request waiver	7 yrs	N/A	Yes
ME-O	N/A	N/A	N/A	N/A	N/A
MD	No limit		No limit	No limit	No limit
MA	3		7 yrs	N/A	Yes
MI-M	Not more than 3 attempts for any step	Must pass within 4 yrs of first sitting for Step 3; Otherwise, must complete 1 yr of postgraduate training before resitting	7 yrs	N/A	No
MI-O	N/A	N/A	N/A	N/A	N/A
MN	3 (4 if currently licensed in another state and specialty board certified)		Within 5 yrs of passing Step 2 or by end of training	N/A	Yes (medical illness)
MS	3	After 3 failed attempts, 1 additional yr ACGME- or AOA-approved GME	7 yrs	N/A	Yes
MO	3		7 yrs	N/A	No
MP	N/A	N/A	N/A	N/A	N/A
MT	6	--	7 yrs	Exception may be granted	Yes
NE	4		10 yrs	N/A	No
NV-M	No limit		No limit	No limit	N/A
NV-O	N/A	N/A	N/A	N/A	N/A
NH	3	Further education, training, or experience	No limit	N/A	No
NJ	5	Further education, training, or experience	7 yrs (if not passed, must repeat entire sequence)	N/A	Yes
NM-M	6 (within 7 yrs of first pass)		7 yrs	10 yrs	Yes
NM-O	N/A	N/A	N/A	N/A	N/A
NY	No limit		No limit	N/A	--
NC	3	--	No limit	N/A	N/A
ND	3		7 yrs	Exception may be granted	No
OH	5	No applicant may have failed any step more than 5 times	10 yrs	10 yrs	Yes
OK-M	3		10 yrs	10 yrs	No
OK-O	N/A	N/A	N/A	N/A	N/A
OR	4	After 3 failed attempts, 1 yr of GME required before 4th attempt	7 yrs	Exception may be granted	Yes
PA-M	6		No limit	N/A	N/A
PA-O	N/A	N/A	N/A	N/A	N/A
PR	No limit		7 yrs	N/A	N/A
RI	3		7 yrs	N/A	Yes
SC	3		10 yrs	N/A	No
SD	3		7 yrs	10 yrs	Yes (if ABMS certified)
TN-M	4		10 yrs	N/A	Yes
TN-O	N/A	N/A	N/A	N/A	N/A
TX	3		7 yrs	2 yrs after required GME	Yes
UT-M	3	Remedial training	7 yrs	10 yrs	No
UT-O	N/A		N/A	N/A	N/A
VT-M	3		7 yrs	10 yrs	Yes (if specialty board certified and other conditions are met)
VT-O	N/A	N/A	N/A	N/A	N/A
VI	N/A		N/A	N/A	No
VA	6		10 yrs	N/A	Yes (if ABMS certified)
WA-M	3	Remedial training	7 yrs	10 yrs	Yes
WA-O	N/A		N/A	N/A	N/A
WV-M	No limit		10 yrs	10 yrs	No
WV-O	N/A		N/A	N/A	N/A
WI	3	Must reapply for license and present evidence of further education or training	10 yrs	12 yrs	No
WY	7 attempts (all 3 steps)	1 additional year of training or other assessment, training, or evaluation program(s)	7 yrs	8 yrs	No

Administration of the Comprehensive Osteopathic Medical Licensing Examination: Time Limits for Completion

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Number of times candidates for licensure may take COMLEX	Time limit for completion of all levels of COMLEX
AL	No limit	No limit
AK	2 attempts per level	7 yrs
AZ-M	N/A	N/A
AZ-O	No limit	No limit
AR	3 attempts per level	No limit
CA-M	N/A	N/A
CA-O	No limit	No limit
CO	No limit	7 yrs
CT	No limit	No limit
DE	No limit	No limit
DC	No limit	7 yrs; 10 yrs for DO/PhD candidates
FL-M	N/A	N/A
FL-O	No limit	No limit
GA	3 attempts	No limit
GU	N/A	N/A
HI	No limit	No limit
ID	No limit	No limit
IL	5 attempts total	No limit
IN	5 attempts per level	7 yrs
IA	6 attempts for Levels 1 and 2; 3 attempts for Level 3	10 yrs
KS	3 attempts for Level 3	10 yrs
KY	4 attempts per level	10 yrs
LA	4 attempts at Levels 2 or 3	10 yrs
ME-M	N/A	N/A
ME-O	No limit	No limit
MD	No limit	No limit
MA	3 attempts for Level 3; 1 yr of GME before 4th attempt	7 yrs
MI-M	N/A	N/A
MI-O	6	7 yrs
MN	3 attempts	5 yrs or before end of training (Step or Level 2)
MS	No limit	No limit
MO	3 attempts	No limit
MP	N/A	N/A
MT	No limit	No limit
NE	4 attempts per level	10 yrs
NV-M	N/A	N/A
NV-O	No limit	No limit
NH	3 attempts	No limit
NJ	5 attempts	7 yrs
NM-M	N/A	N/A
NM-O	No limit	No limit
NY	No limit	No limit
NC	3 attempts per level	No limit
ND	3 attempts per level	7 yrs
OH	5 attempts per level	10 yrs
OK-M	N/A	N/A
OK-O	No limit	No limit
OR	3 attempts for Level 3, plus 1 yr GME for 4th attempt	7 yrs
PA-M	N/A	N/A
PA-O	No limit	No limit
PR	N/A	N/A
RI	3 attempts per level	No limit
SC	3 attempts per level (4 with ABMS/AOA certification)	10 yrs
SD	3 attempts per level	7 yrs
TN-M	N/A	N/A
TN-O	No limit	No limit
TX	3 attempts per level	7 yrs (2 years past required GME for DO/PhD applicants)
UT-M	N/A	N/A
UT-O	3 attempts per level	7 yrs (10 yrs for DO/PhD candidates)
VT-M	N/A	N/A
VT-O		7 yrs
VI	N/A	
VA	No limit	No limit
WA-M	N/A	N/A
WA-O	No limit	No limit
WV-M	No limit	No limit
WV-O	No limit	No limit
WI	3	10 yrs
WY	7 attempts	7 yrs (8 yrs for DO/PhD candidates)

Endorsement Policies for Physicians Holding an Initial License

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

			Credential(s) also accepted (In addition to USMLE, NBME)					
	Time limit for endorsement after exam	Requirements if time limit not met	LMCC	NBOME	SBE	COMLEX	FLEX	ABMS
AL	10 yrs	SPEX, ABMS	X	X	—	X	X	—
AK	None		X	X	—	—	—	—
AZ-M	None		X	—	—	—	—	—
AZ-O	None		—	X	—	X	—	—
AR	None		X	X	—	—	—	—
CA-M	None		X	—	—	—	—	—
CA-O	None		—	X	—	X	—	—
CO	None		X	—	—	—	—	—
CT	None		X	X	X	—	—	—
DE	None		X	X	X	X	X	—
DC	None		X	X	X	X	X	—
FL-M	None		—	—	—	—	—	—
FL-O	None		—	X	X	X	—	—
GA	None		X	X	—	X	—	—
GU	10 yrs	SPEX	—	X	—	—	—	—
HI	None		X	X	—	—	—	—
ID	5 yrs	SPEX	X	X	X	X	—	—
IL	None		X	X	—	—	—	—
IN	None		X	X	—	—	—	—
IA	None		X	X	X	X	X	—
KS	None		X	X	X	X	X	—
KY	None		X	X	—	X	—	—
LA	10 yrs	SPEX, ABMS	—	—	X	—	—	—
ME-M	None		X	—	X	—	X	—
ME-O	None	SPEX	—	X	—	—	—	—
MD	15 yrs	SPEX	X	X	X	—	—	—
MA	None	Current evaluation	X	X	X	X	X	N/A
MI-M	None		X	—	X	—	—	—
MI-O	None		—	X	X	—	—	—
MN	10 yrs	SPEX or ABMS/AOA specialty certification	X	X	X	X	X	—
MS	10 yrs	SPEX, ABMS	X	X	X	—	—	—
MO	—		X	X	—	—	—	—
MP	N/A	N/A	X	X	X	X	X	X
MT	None		X	X	X	X	—	—
NE	None		X	X	X	X	X	—
NV-M	None		X	—	—	—	—	—
NV-O	10 yrs	ABMS, COMVEX, SPEX	—	X	—	X	—	—
NH	None	Exam, interview, proof of clinical competence, etc	X	X	—	X	X	X
NJ	None		X	—	—	—	—	X
NM-M	None		X	—	X	—	—	—
NM-O	—		—	X	—	X	X	—
NY	—	Endorsements are only for foreign and out-of-state licenses	X	X	—	—	—	—
NC	10 yrs	Training, SPEX, CFPC, FRCS, ABMS CAQ	X	X	X	X	X	X
ND	None		X	X	X	X	X	—
OH	None		X	—	—	—	—	—
OK-M	None		X	—	—	—	—	—
OK-O	N/A		—	X	—	—	—	—
OR	10 yrs	SPEX	X	X	X	X	X	X
PA-M	None		X	—	—	—	—	—
PA-O	None		—	X	X	X	X	—
PR	None		—	—	—	—	—	—
RI	None		X	X	—	—	—	—
SC	10 yrs	SPEX	X	X	X	X	X	X
SD	None		X	X	X	X	X	—
TN-M	None		X	—	—	—	—	X
TN-O	N/A	N/A	—	X	—	—	—	—
TX	—	—	X	—	—	—	—	—
UT-M	None	Retake exams	X	—	X	—	—	—
UT-O	N/A		—	—	—	—	—	—
VT-M	None		X	—	X	—	X	—
VT-O	N/A	N/A	—	X	X	—	—	—
VI	N/A		—	—	—	—	—	—
VA	None		X	X	X	X	X	—
WA-M	None		X	—	—	—	—	—
WA-O	N/A		—	X	X	—	—	—
WV-M	None		X	—	X	—	—	—
WV-O	N/A		—	X	X	X	—	—
WI	None		X	X	—	—	—	—
WY	None		X	X	X	X	X	—

Additional Requirements for Endorsement of Licenses Held by International Medical Graduates (IMGs)*

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Must have ECFMG certificate	Must have graduated from state-approved foreign medical school	Must appear for interview	Must appear for possible interview	Amount of accredited U.S. or Canadian GME required
AL	X	X	—	X	3 yrs
AK	X	X	—	X	3 yrs
AZ-M	X	—	—	—	3 yrs
AZ-O	N/A	N/A	N/A	N/A	N/A
AR	X	X	—	—	3 yrs
CA-M	X	X	—	—	2 yrs
CA-O	N/A	N/A	N/A	N/A	N/A
CO	X	—	—	—	1 yr for approved; 3 yrs for unapproved
CT	X	X	—	—	2 yrs
DE	X	—	—	X	3 yrs
DC	X	—	—	—	3 yrs
FL-M	X	—	—	X	2 yrs
FL-O	N/A	N/A	N/A	N/A	N/A
GA	X	X	—	X	1 yr
GU	X	—	—	X	3 yrs
HI	X	—	—	—	2 yrs
ID	X	X	—	X	3 yrs; Reduced to 2 yrs if in good standing and committed to complete an Idaho GME
IL	X	—	—	X	2 yrs
IN	X	—	—	X	2 yrs
IA	X	—	—	—	24 months of continuous, progressive training
KS	X	—	—	X	2 yrs
KY	X	X	—	X	2 yrs
LA	X	X	—	X	3 yrs
ME-M	X	X	—	X	3 yrs
ME-O	N/A	N/A	N/A	N/A	N/A
MD	X	—	—	—	2 yrs
MA	X	N/A	—	X	3 yrs
MI-M	X (Must also pass TOEFL-IBT if school not taught in English)	—	—	—	2 yrs
MI-O	N/A	N/A	N/A	N/A	N/A
MN	X	X	—	X	2 yrs
MS	X	X	X	—	3 yrs
MO	X	X	—	X	3 yrs
MP	X	X	—	—	N/A
MT	X	X	—	—	3 yrs
NE	X	—	—	—	3 yrs
NV-M	X	X	—	X	1-3 yrs
NV-O	N/A	N/A	N/A	N/A	N/A
NH	X	—	—	—	2 yrs
NJ	X	—	—	X	2 yrs
NM-M	X	X	—	X	2 yrs
NM-O	N/A	N/A	N/A	N/A	N/A
NY	X	—	—	—	3 yrs
NC	X	—	—	X	3 yrs
ND	X	X	—	X	30 mos
OH	X	—	—	—	2 yrs
OK-M	X	X	—	—	2 yrs
OK-O	N/A	N/A	N/A	N/A	N/A
OR	X	X	—	—	3 yrs
PA-M	X	—	—	X	3 yrs
PA-O	N/A	N/A	N/A	N/A	N/A
PR	X	X	—	—	1 yr
RI	X	X	—	X	3 yrs
SC	X	—	X	—	3 yrs
SD	X	X	—	X	3 yrs
TN-M	X	X	—	X	3 yrs
TN-O	N/A	N/A	N/A	N/A	N/A
TX	X	X	—	—	2 yrs
UT-M	X	—	—	X	2 yrs
UT-O	N/A	N/A	N/A	N/A	N/A
VT-M	X	X	—	— (At board's discretion)	3 yrs
VT-O	N/A	N/A	N/A	N/A	N/A
VI	N/A	N/A	N/A	N/A	N/A
VA	X	—	—	X	2 yrs
WA-M	X	—	—	—	2 yrs
WA-O	N/A	N/A	N/A	N/A	N/A
WV-M	—	—	—	—	3 yrs
WV-O	N/A	N/A	N/A	N/A	N/A
WI	X	—	—	—	2 yrs
WY	X	—	—	—	2 yrs

*IMGs must also meet all the requirements for endorsement listed in previous table.

Initial Licensure of U.S. Medical/Osteopathic School Graduates

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Amount of accredited U.S. or Canadian GME required for licensure
AL	1 yr
AK	2 yrs (1 yr if completed medical school before Jan. 1995)
AZ-M	1 yr
AZ-O	1 yr AOA- or ACGME-accredited GME
AR	1 yr
CA-M	1 yr (including 4 mos general medicine)
CA-O	1 yr AOA- or ACGME-accredited GME, including at least 4 mos general medicine (unless applicant completed 1 yr of GME before July 1, 1990)
CO	1 yr
CT	2 yrs
DE	1 yr
DC	1 yr
FL-M	1 yr
FL-O	1 yr AOA-approved rotating Internship
GA	1 yr
GU	N/A
HI	1 yr
ID	1 yr
IL	2 yrs (1 yr if entered GME before Jan. 1988)
IN	1 yr
IA	1 yr AOA-, ACGME-, RCPSC-, CFPC-accredited GME
KS	1 yr
KY	2 yrs
LA	1 yr allopathic GME
ME-M	3 yrs (for those graduating after 7/1/2004)
ME-O	1 yr AOA- or ACGME-accredited GME
MD	1 yr
MA	2 yrs
MI-M	2 yrs
MI-O	1 yr AOA-approved GME
MN	1 yr
MS	1 yr
MO	1 yr
MP	N/A
MT	Completion of an approved residency
NE	1 yr
NV-M	2 yrs with attestation of completion of Residency Program
NV-O	3 yrs in AOA- or ACGME-accredited program (grads after 1995)
NH	2 yrs
NJ	2 yrs, and contract for yr 3, if graduated after July 1, 2003; 1 yr if graduated before July 1, 2003
NM-M	2 yrs
NM-O	1 yr
NY	1 yr
NC	1 yr
ND	1 yr
OH	1 yr
OK-M	1 yr
OK-O	1 yr AOA-approved rotating internship or equivalent
OR	1 yr
PA-M	2 yrs (1 yr if GME in U.S. before July 1987)
PA-O	1 yr AOA-approved rotating Internship
PR	1 yr
RI	2 yrs
SC	1 yr
SD	Completion of residency program
TN-M	1 yr
TN-O	1-yr AOA-approved or ACGME-accredited GME
TX	1 yr
UT-M	2 yrs
UT-O	1 yr (Canadian GME accepted if program accredited by RCPSC or CFPC)
VT-M	1 yr AOA-approved rotating Internship or 3-yr AOA- or ACGME-accredited GME program
VT-O	1 yr
VI	N/A
VA	1 yr
WA-M	2 yrs (1 yr if completed medical school before July 28, 1985)
WA-O	1 yr AOA-approved or ACGME-accredited GME, or additional 40 hours
WV-M	1 yr
WV-O	1 yr AOA-approved or 40 hours Category 1A, AOA CME with 10 hours of OMT
WI	2 yrs
WY	2 yrs (1 yr if certified by ABMS or AOA board, or continually licensed in one or more states and/or Washington, D.C., for the preceding 5 yrs)

Initial Licensure of Canadian Citizens Who Are Graduates of Accredited Canadian Medical Schools

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	LMCC approved for licensure by endorsement	GME in accredited Canadian programs accepted as equivalent to ACGME-accredited GME in the United States
AL	X	X
AK	X	X
AZ-M	X	X
AZ-O	N/A	N/A
AR	X	X
CA-M	X	X
CA-O	N/A	N/A
CO	X	X
CT	X	X
DE	X	X
DC	X	X
FL-M	—	X
FL-O	N/A	N/A
GA	X	X
GU	—	—
HI	—	X
ID	X	X
IL	X	X
IN	X	X
IA	X	X
KS	X	—
KY	X	X
LA	—	X
ME-M	X	X
ME-O	N/A	N/A
MD	X	X
MA	X	X
MI-M	X	X
MI-O	N/A	N/A
MN	X	X
MS	X	X
MO	X	X
MP	X	X
MT	X	X
NE	X	X
NV-M	X	X
NV-O	N/A	N/A
NH	X	X
NJ	—	X
NM-M	X	X
NM-O	N/A	N/A
NY	X	X
NC	X	X
ND	X	X
OH	X	X
OK-M	X	X
OK-O	N/A	N/A
OR	X	X
PA-M	X	X
PA-O	N/A	N/A
PR	—	X
RI	X	X
SC	X	X
SD	X	X
TN-M	X	X
TN-O	N/A	N/A
TX	—	X
UT-M	X	X
UT-O	N/A	N/A
VT-M	X	X
VT-O	N/A	N/A
VI	N/A	N/A
VA	X	X
WA-M	X	X
WA-O	N/A	N/A
WV-M	X	X
WV-O	N/A	N/A
WI	X	X
WY	X	X

Initial Licensure of International Medical Graduates (IMGs)

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Accepts Fifth Pathway	Maintains/uses list of approved foreign medical schools	Endorses Canadian certificate (LMCC) held by an IMG	Amount of accredited U.S. or Canadian GME required for licensure
AL	X	X	X	3 yrs
AK	X	X (CA list)	X	3 yrs
AZ-M	X	—	X	3 yrs
AZ-O	N/A	N/A	N/A	N/A
AR	X	—	X	3 yrs (1 if currently enrolled in program at U. of Arkansas for Med Science)
CA-M	X	X	X	2 yrs (including 4 mos general med)
CA-O	N/A	N/A	N/A	N/A
CO	X	X	—	1 yr for approved; 3 yrs for unapproved
CT	X	X (WHO)	X	2 yrs
DE	X	—	—	3 yrs
DC	X	—	X	3 yrs
FL-M	X	—	—	2 yrs
FL-O	N/A	N/A	N/A	N/A
GA	X	X	X	1 yr if graduate of approved school; 3 yrs if graduate of school not approved
GU	—	—	—	3 yrs
HI	X	—	—	2 yrs
ID	X	—	—	3 yrs; Reduced to 2 yrs if in good standing and committed to complete an Idaho GME
IL	X	—	X	2 yrs (1 yr if entered GME post-1988)
IN	X	X (CA list)	X	2 yrs
IA	X	—	X (with valid Canadian provincial license and fulfillment of all other licensure requirements)	24 months of continuous, progressive AOA-, ACGME-, RCPSC-, or CFPC-accredited GME
KS	X	X	X	3 yrs (2 yrs in ACGME-accredited program plus 1 other yr)
KY	X	—	X	2 yrs
LA	X	X (WHO, IMED)	—	3 yrs (Fifth Pathway may be counted as 1 yr of required GME)
ME-M	X	X (IMED)	X	3 yrs
ME-O	N/A	N/A	N/A	N/A
MD	X	—	X	2 yrs ACGME- or RCPSC-accredited GME (as of Oct. 1, 2000)
MA	X	—	N/A	3 yrs
MI-M	X	—	X (with valid Canadian license)	2 yrs
MI-O	N/A	N/A	N/A	N/A
MN	X	X (IMED)	X	2 yrs
MS	X	—	—	3 yrs (or 1 yr plus ABMS certification)
MO	X	—	—	3 yrs
MP	X	X	X	—
MT	X	X	—	3 yrs (or ABMS/AOA certification)
NE	X	—	X	3 yrs
NV-M	X	—	X	2 yrs and attestation of completion of residency program
NV-O	N/A	N/A	N/A	N/A
NH	X	—	X	2 yrs
NJ	X	X (FAIMER)	—	2 yrs, and contract for yr 3, if graduated from med school after July 1, 2003; 1 yr if completed before July 1, 1985
NM-M	X	X (CA list)	—	2 yrs
NM-O	N/A	N/A	N/A	N/A
NY	X	—	X (with valid Canadian provincial license and fulfillment of all other licensure requirements)	3 yrs
NC	X	—	X	3 yrs
ND	X	X	X	30 mos
OH	X	—	X	2 yrs (through the 2nd-yr level)
OK-M	X	—	X	2 yrs
OK-O	N/A	N/A	N/A	N/A
OR	X	—	X	3 yrs
PA-M	X	—	X (if passed after 5/70 and in English)	3 yrs (1 yr if GME taken in U.S. before July 1987)
PA-O	N/A	N/A	N/A	N/A
PR	X	—	X	1 yr
RI	X	X (WHO)	X (with valid Canadian provincial license and fulfillment of all other licensure requirements)	3 yrs
SC	X	—	X	3 yrs
SD	—	—	X	Completion of residency in the U.S. or Canada (1 yr if GME taken in U.S. before July 1987)
TN-M	X	X	X	3 yrs
TN-O	N/A	N/A	N/A	N/A
TX	X	X	— (but accepts LMCC examination as licensing examination)	2 yrs
UT-M	—	—	—	2 yrs
UT-O	N/A	N/A	N/A	N/A
VT-M	X	X (CA list)	X	3 yrs
VT-O	N/A	N/A	N/A	N/A
VI	—	—	—	1 yr U.S. GME
VA	X	—	X	2 yrs
WA-M	X	—	X (if passed after 12/69)	2 yrs (1 yr if medical school completed before July 28, 1985)
WA-O	N/A	N/A	N/A	N/A
WV-M	X	—	X	3 yrs (or 1 yr plus ABMS cert.)
WV-O	N/A	N/A	N/A	N/A
WI	X	—	X (if passed after 12/77)	2 yrs
WY	X	—	X	2 yrs (1 yr if ABMS/AOA cert., or continually licensed in one or more states and/or Washington, D.C., for past 5 yrs)

Additional Policies Concerning International Medical Graduates (IMGs)

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Has state board requirements for appointment to GME program other than ECFMG certificate or limited license	May accept GME completed in foreign countries other than Canada for credit toward license	May accept specialty certificates of foreign boards (e.g., Royal College of Physicians of the United Kingdom) for credit toward a license
AL	—	—	—
AK	X (residency permit required)	—	—
AZ-M	X (residency permit required)	—	—
AZ-O	N/A	N/A	N/A
AR	—	X	—
CA-M	X (Postgraduate Training Authorization Letter [PTAL] required)	—	—
CA-O	N/A	N/A	N/A
CO	—	—	—
CT	X (residency permit required)	X	X
DE	X (residency permit required)	—	—
DC	—	—	—
FL-M	—	—	—
FL-O	N/A	N/A	N/A
GA	—	—	—
GU	—	—	—
HI	—	—	—
ID	—	—	—
IL	X	X	X
IN	—	—	—
IA	—	—	—
KS	X (residency permit required)	—	—
KY	X (residency permit required for 2nd yr)	—	—
LA	X (passage of FLEX/NBME/USMLE)	—	—
ME-M	—	X	X
ME-O	N/A	N/A	N/A
MD	—	—	—
MA	X (passage of FLEX/NBME/USMLE)	N/A	—
MI-M	X (certification of medical education)	—	—
MI-O	N/A	N/A	N/A
MN	X (residency permit required)	—	—
MS	—	—	—
MO	X	—	—
MP	—	—	—
MT	—	—	—
NE	—	X	—
NV-M	X	—	—
NV-O	N/A	N/A	N/A
NH	—	X (including 10 years of practice)	—
NJ	X (residency intern permit required)	—	—
NM-M	—	—	—
NM-O	N/A	N/A	N/A
NY	X	X	X
NC	X	—	—
ND	—	—	X
OH	N/A	X	X
OK-M	—	X	X
OK-O	N/A	N/A	N/A
OR	—	—	—
PA-M	X	—	X
PA-O	N/A	N/A	N/A
PR	—	—	—
RI	—	X (UK only)	X (may accept certificates of boards in England, Scotland, and Ireland)
SC	—	—	—
SD	—	—	—
TN-M	—	—	X (specialty board must be AMA-recognized)
TN-O	N/A	N/A	N/A
TX	—	—	—
UT-M	—	—	—
UT-O	N/A	N/A	N/A
VT-M	X	—	X (specialty board must be recognized by ABMS, RCPS, or CFPC)
VT-O	N/A	N/A	N/A
VI	N/A	N/A	N/A
VA	X	—	—
WA-M	—	—	—
WA-O	N/A	N/A	N/A
WV-M	—	—	—
WV-O	N/A	N/A	N/A
WI	—	—	—
WY	—	—	At board's discretion

**Accredited Subspecialties and Non-Accredited Fellowships
That Satisfy Graduate Medical Education (GME) Requirements for Licensure**

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Accepts subspecialty GME accredited by ACGME	Accepts clinical fellowships not accredited by ACGME	Accepts research fellowships not accredited by ACGME
AL	X	—	—
AK	X	—	—
AZ-M	X	—	—
AZ-O	N/A	N/A	N/A
AR	X	—	—
CA-M	X	—	—
CA-O	X	—	—
CO	X	—	—
CT	X	—	—
DE	X	—	—
DC	X	X (with board approval)	X (with board approval)
FL-M	X	—	—
FL-O	X (only if AOA-accredited)	N/A	N/A
GA	X	X (with board approval)	—
GU	X	—	—
HI	X	X (with board approval)	X (with board approval)
ID	X	—	—
IL	X	X (after review by the MLB)	—
IN	X	—	—
IA	X	—	—
KS	X	—	—
KY	X	—	—
LA	X	—	—
ME-M	X	—	—
ME-O	N/A	N/A	N/A
MD	X	X (with board approval)	—
MA	X	N/A	—
MI-M	X	—	—
MI-O	X	—	—
MN	X	—	—
MS	X	—	—
MO	X	X	—
MP	X	—	N/A
MT	X	—	—
NE	X	—	—
NV-M	X	—	—
NV-O	N/A	N/A	N/A
NH	X	—	—
NJ	X	—	—
NM-M	X	—	—
NM-O	N/A	N/A	N/A
NY	X	X	—
NC	X	X (with board approval)	—
ND	X	—	—
OH	X	X (with board approval)	X (with board approval)
OK-M	X	—	—
OK-O	N/A	N/A	N/A
OR	X	—	—
PA-M	X	—	—
PA-O	N/A	N/A	N/A
PR	—	—	—
RI	X	X (with board approval)	—
SC	X	—	—
SD	X	—	—
TN-M	X	—	—
TN-O	N/A	N/A	N/A
TX	X	X (if board-approved)	—
UT-M	X	X (if combined with an ACGME-accredited program)	—
UT-O	N/A	N/A	N/A
VT-M	X	—	—
VT-O	N/A	N/A	N/A
VI	X	N/A	N/A
VA	X	X	—
WA-M	X	X	—
WA-O	N/A	N/A	N/A
WV-M	X	—	—
WV-O	N/A	N/A	N/A
WI	X	—	—
WY	X	—	—

Initial Licensure Fees and Requirements*

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Initial licensure application fee (base fee. Not including additional fees that may be charged, including but not limited to: late fees, paper application fees)	Licensure renewal fee	Licensure renewal interval
AL	\$175	\$300	1 yr
AK	\$500	\$300	2 yrs
AZ-M	\$500	\$500	2 yrs
AZ-O	\$400	\$636	2 yrs
AR	\$500	\$220	1 yr
CA-M	\$442 application fee; \$783 licensure fee; \$12 PDMP fee; and \$25 loan repayment fund fee	\$783 licensure fee; \$12 PDMP fee; and \$25 loan repayment fund fee	2 yrs
CA-O	\$400	\$400	2 yrs
CO	\$468	\$422	2 yrs
CT	\$565	\$570	1 yr
DE	\$378	\$378	2 yrs
DC	\$805	\$500	2 yrs
FL-M	\$429	\$391	2 yrs
FL-O	\$305	\$429	2 yrs
GA	\$500	\$230	2 yrs
GU	\$400	\$250	2 yrs
HI	MD \$344 (issued 2/1 even numbered yr – 1/31 odd numbered year); \$196 (issued 2/1 odd numbered yr – 1/31 even numbered yr); DO \$479 (issued 7/1 even numbered – 6/30 odd numbered year); \$362 (issued 7/1 odd numbered – 6/30 even numbered yr)	MD on-time \$354; MD late \$404; DO on-time \$292; DO late \$372	2 yrs
ID	\$500	\$250	1 yrs
IL	\$700	\$700	3 yrs
IN	\$250	\$200	2 yrs
IA	\$450	\$550	2 yrs
KS	\$300	\$300	1 yr
KY	\$300	\$150	1 yr
LA	\$382	\$330	1 yr
ME-M	\$600	\$500	2 yrs
ME-O	\$350	\$525	2 yrs
MD	\$790	\$522	2 yrs
MA	\$600	\$600	2 yrs
MI-M	\$152	\$151.50 for endorsement; \$171.50 if lapsed and relicensure needed	3 yrs
MI-O	\$152	\$151.50 for endorsement; \$171.50 if lapsed and relicensure needed	3 yrs
MN	\$392 (application & registration)	\$192 annual registration; \$40 endorsement fee; \$60 late fee	1 yrs
MS	\$550	\$200	1 yr
MO	\$75	\$100	1 yr
MP	\$300	\$300	2 yrs
MT	\$500	\$500 active renewal; \$400 inactive renewal	2 yrs
NE	\$300	\$121	2 yrs
NV-M	\$1050	\$750	2 yrs
NV-O	\$670	\$500	1 yr
NH	\$300	\$350	2 yrs
NJ	\$805	\$580	2 yrs
NM-M	\$436	\$600	3 yrs
NM-O	\$400	\$200	1 yr
NY	\$735	\$600	2 yrs
NC	\$400	\$250	1 yr
ND	\$205	\$205	1 yr
OH	\$335	\$305	2 yrs
OK-M	\$500	\$200	1 yr
OK-O	\$575	\$225	1 yr
OR	\$375	\$486 with a 2 yr renewal interval	1 yr
PA-M	\$35	\$360	2 yrs
PA-O	\$45	\$220	2 yrs
PR	0	\$250	3 yrs
RI	\$1,090	\$1090	2 yrs
SC	\$580	\$155	2 yrs
SD	\$200	\$200	1 yr
TN-M	\$410	\$235	2 yrs
TN-O	\$410	\$235	2 yrs
TX	\$817	\$464	2 yrs
UT-M	\$200	\$183	2 yrs
UT-O	\$200	\$183	2 yrs
VT-M	\$650	\$525	2 yrs
VT-O	\$500	\$500	2 yrs
VI	\$250	\$1000	2 yrs
VA	\$302	\$270	2 yrs
WA-M	\$491	\$657	2 yrs
WA-O	\$441	\$466	1 yr
WV-M	\$400	\$400	2 yrs
WV-O	\$400	\$400	2 yrs
WI	\$150	\$141	2 yrs
WY	\$600	\$250	1 yr

*Not including USMLE or NBOME examination fees

Types of Licenses Issued (In Addition to Full, Unrestricted License)

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Limited/special purpose	Temporary	Retired/Inactive	Resident	Locum Tenens License	Volunteer	Administrative	Emeritus	Institutional Practice
AL	X	—	X	X	—	X	—	—	X
AK	X	X	X	X	X	—	X	—	—
AZ-M	—	X	X	X	X	X	X	—	—
AZ-O	X	X	X	X	X	X	X	—	—
AR	X	X	—	—	—	—	X	—	X
CA-M	X	—	X	—	—	X	X	—	—
CA-O	X	—	X	—	—	X	—	—	—
CO	X	—	X	X	—	X	X	—	—
CT	—	—	—	X	—	—	X	—	—
DE	—	—	—	X	—	X	—	—	X
DC	X	X	X	X	—	—	X	—	—
FL-M	X	—	X	X	—	X	X	—	X
FL-O	X	—	X	X	—	X	X	—	X
GA	X	X	X	X	—	X	X	—	X
GU	X	X	—	—	—	—	X	—	—
HI	X	X	—	X	—	—	X	—	—
ID	—	X	X	X	—	X	—	—	—
IL	X	X	—	X	—	—	—	—	—
IN	X	X	X	X	—	—	—	—	—
IA	X	X	—	X	—	—	X	—	X
KS	X	X	X	X	—	X	X	X	X
KY	X	X	—	X	—	—	—	—	X
LA	X	X	X	X	—	X	X	—	—
ME-M	X	X	X	X	X	X	X	—	—
ME-O	—	—	—	X	X	—	—	—	—
MD	—	—	X	X	—	X	—	X	—
MA	X	X	X	X	—	X	X	—	—
MI-M	X	X	—	X	—	X	—	—	X
MI-O	X	X	—	X	—	X	—	—	X
MN	—	X	X (registration only)	—	—	—	—	X	X
MS	X	X	—	X	—	X	X	—	X
MO	X	X	X	X	—	—	X	—	—
MP	X	X	—	—	X	—	X	—	—
MT	—	—	X (inactive only)	X	—	—	—	—	—
NE	X	—	X	X	X	—	—	—	—
NV-M	X	X	X	X	X	X	X	—	X
NV-O	X	X	X	X	X	X	—	—	—
NH	X	X	—	X	X	X	X	—	—
NJ	—	X	X	—	—	X	—	—	—
NM-M	X	X	X	X	—	—	—	—	—
NM-O	—	X	—	—	—	—	—	—	—
NY	X	—	—	—	—	—	—	—	—
NC	X	—	X	X	—	X	—	—	—
ND	X	X	—	X	X	—	X	X	—
OH	X	—	—	X	—	X	—	X	—
OK-M	X	X	X	X	—	X	—	X	—
OK-O	—	—	X	X	—	X	—	—	—
OR	X	X	X	X	X	X	X	X	X
PA-M	X	X	X	X	—	X	—	—	X
PA-O	—	X	X	X	—	X	—	—	—
PR	X	X	—	X	—	—	—	—	—
RI	X	—	—	X	—	X	—	X	X
SC	X	X	—	X	—	X	—	—	—
SD	X	X	—	X	X	—	—	—	—
TN-M	X	X	X	X	X	X	X	—	X
TN-O	X	—	X (retired)	—	X	—	X	—	—
TX	X	X	X	X	—	X	X	X	—
UT-M	X	X	X	X	—	X	—	—	—
UT-O	X	X	X	X	—	X	—	—	—
VT-M	—	—	—	X	—	X	—	—	—
VT-O	X	—	—	—	—	—	—	—	—
VI	X	X	—	—	X	—	—	—	X
VA	X	X	X	X	—	X	—	—	—
WA-M	X	X	X	X	—	—	—	—	X
WA-O	X	X	—	X	—	—	—	—	—
WV-M	X	X	X	—	—	X	—	—	—
WV-O	X	X	—	X	—	X	—	—	—
WI	X	X	—	X	X	—	X	—	—
WY	X	X	X	X	—	X	X	X	—

License Types and Applications

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	Types of licenses issued (In addition to full, unrestricted license)			Online applications					
	Faculty/educational	Camp doctor license/registration	Military	Application for initial licensure available online	Application for initial licensure must be completed online	Application for licensure renewal available online	Application for licensure renewal must be completed online	Requests for duplicate certificates available online	Online renewal notices automatically generated
AL	X	—	—	—	—	X	—	X	—
AK	—	—	—	X	—	X	—	—	—
AZ-M	X	—	—	—	—	X	—	X	X
AZ-O	X	—	—	—	—	X	—	—	X
AR	X	—	—	X	—	X	X	X	X
CA-M	X	—	X	X	—	X	—	—	—
CA-O	—	—	—	—	—	X	—	X	X
CO	X	—	—	X	—	X	—	X	X
CT	—	X	—	X	—	X	—	X	X
DE	—	—	—	X	—	X	X	X	—
DC	—	—	—	—	—	X	X	—	X
FL-M	X	—	X	X	—	X	—	X	—
FL-O	X	—	X	X	—	X	—	X	—
GA	X	—	—	X	—	X	—	X	X
GU	—	—	—	—	—	—	—	—	—
HI	X	—	—	X	—	X	—	X	X
ID	—	—	X	X	X	X	Varies	—	X
IL	X	—	—	X	—	X	—	X	X
IN	X	—	—	X	—	X	—	X	X
IA	X	—	X	X	X	X	—	X	—
KS	X	—	X	X	—	X	—	X	—
KY	X	—	—	X	X	X	X	X	X
LA	X	—	—	—	—	X	—	X	X
ME-M	X	X	—	X	—	X	—	X	X
ME-O	X	X	—	X	X	X	X	X	X
MD	X	—	—	X (hard copy)	—	X	X	X (hard copy)	X
MA	X	—	—	—	—	X	—	X	X
MI-M	X	—	X	X	—	X	X	X	X
MI-O	X	—	X	X	—	X	X	X	X
MN	X	X	—	—	—	X	—	—	—
MS	X	X	—	X	X	X	X	—	—
MO	X	X	—	X	—	X	—	X	—
MP	—	—	—	X	—	X	—	—	—
MT	—	—	—	X	—	X	—	X	—
NE	X	—	X	X	—	X	—	X	X
NV-M	X	X	X	—	—	X	—	—	X
NV-O	X	X	X	X	—	X	—	—	X
NH	X	X	X	X	X	—	—	—	—
NJ	—	—	—	X	—	X	X	X	—
NM-M	—	X	—	X	—	X	—	—	—
NM-O	X	X	X	—	—	X	—	—	X
NY	—	—	—	X	—	—	—	—	—
NC	X	—	X	X	X	X	X	X	X
ND	X	X	—	X	—	X	—	X	X
OH	X	—	X	X	—	X	—	X	—
OK-M	X	X	X	X	—	X	—	X	X
OK-O	X	X	X	X	—	X	—	—	—
OR	X	X	X	X	X	X	—	X	X
PA-M	X	X	X	X	—	X	—	X	X
PA-O	X	X	X	X	—	X	—	X	X
PR	X	X	X	X	N/A	X	—	X	X
RI	X	X	X	X	X	X	X	—	X
SC	X	—	X	X	—	X	X	X	X
SD	—	—	—	X	X	X	X	X	—
TN-M	X	X	X	X	—	X	—	—	X
TN-O	X	X	X	X	—	X	—	—	X
TX	X	—	X	X	X	X	X	X	X
UT-M	X	X	X	X	—	X	X	X	X
UT-O	X	X	X	X	—	X	X	X	X
VT-M	X	X	X	X	X	X	X	X	—
VT-O	X	X	X	X	—	X	—	X	—
VI	X	X	X	—	—	—	—	—	—
VA	X	X	X	X	—	X	—	X	X
WA-M	X	X	X	X	—	X	—	X	—
WA-O	X	X	X	—	—	—	—	—	—
WV-M	X	X	—	X	X	X	—	X	—
WV-O	X	X	X	X	X	X	X	—	—
WI	X	X	X	—	—	X	—	—	—
WY	—	X	—	X	—	X	—	—	—

Uniform Application for Licensure

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Currently using form	Format	Implementation In process
AL	--		
AK	X	Electronic	
AZ-M	--		
AZ-O	--		
AR	--		X
CA-M	--		
CA-O	--		
CO	--		
CT	--		
DE	--		
DC	--		In discussion
FL-M	--		
FL-O	--		
GA	--		X
GU	X	Electronic	
HI	--		
ID	X	Electronic	
IL	--		--
IN	X	Electronic	
IA	X	Electronic	
KS	X	Electronic	
KY	--		
LA	--		X
ME-M	X	Electronic	
ME-O	X	Electronic	
MD	--		
MA	--		
MI-M	--		
MI-O	--		
MN	X	Electronic	
MS	--		
MO	--		
MP	--		X
MT	X	Electronic	
NE	--		
NV-M	X	Electronic	
NV-O	--		
NH	X	Electronic	
NJ	--		
NM-M	X	Electronic	
NM-O	--		
NY	--		
NC	--		
ND	--		
OH	X	Electronic	
OK-M	X	Electronic	
OK-O	X	Paper	
OR	--		
PA-M	--		
PA-O	--		
PR	--		
RI	X	Electronic	
SC	--		
SD	--		
TN-M	--		
TN-O	--		
TX	X	Electronic	
UT-M	--		
UT-O	--		
VT-M	X	Electronic	
VT-O	--		
VI	X	Electronic	
VA	--		
WA-M	X	Electronic	
WA-O	X	Electronic	
WV-M	X	Electronic	
WV-O	--		X
WI	X	Electronic	
WY	X	Electronic	

Continuing Medical Education Requirements

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

			Category/content requirement						
	Required number of CME credits	CME interval year(s)	Pain management	Primary area of practice	Prescribing practices	Medical ethics	Risk management	End-of-life care	Other
AL	25	1	X	—	X	—	—	—	—
AK	50	2	X (if possess DEA)	—	—	—	—	—	—
AZ-M	40	2	—	—	—	—	—	—	—
AZ-O	40	2	—	—	—	—	—	—	—
AR	20	1	—	X	X	—	—	—	—
CA-M	50	2	X	—	—	—	—	X	X
CA-O	150	3	X	—	—	—	—	X	X
CO	None	None	—	—	—	—	—	—	—
CT	50	2	X	X	X	—	X	—	X
DE	40	2	—	—	—	—	—	—	—
DC	50	2	—	—	—	—	—	—	X
FL-M	40	2	X	—	—	—	X	—	X
FL-O	40	2	—	X	X	X	X	—	X
GA	40	2	—	—	—	—	—	—	—
GU	100	2	—	—	—	—	—	—	—
HI	40	2	—	—	—	—	—	—	—
ID	40	2	—	—	—	—	—	—	—
IL	150	3	—	—	—	—	—	—	—
IN	None	None	—	—	—	—	—	—	—
IA	40	2	X	—	—	—	—	X	X
KS	50	1	—	—	—	—	—	—	—
KY	60	3	X	—	X	—	—	—	X
LA	20	1	X	—	—	—	—	—	X
ME-M	100	2	X	—	—	—	—	—	—
ME-O	100	2	X	—	—	—	—	—	—
MD	50	2	X	—	—	—	—	—	—
MA	100	2	X	—	—	—	X	X	X
MI-M	150	3	X	—	—	X	—	—	—
MI-O	150	3	X	—	—	—	—	—	—
MN	75	3	—	—	—	—	—	—	—
MS	40	2	—	—	—	—	—	—	—
MO	50	2	—	—	—	—	—	—	—
MP	50	2	—	—	—	—	—	—	—
MT	None	None	—	—	—	—	—	—	—
NE	50	2	—	—	—	—	—	—	—
NV-M	40	2	X	X	X	X	—	—	X
NV-O	35	1	X	—	—	X	—	—	X
NH	100	2	X (if possess DEA)	—	—	—	—	—	—
NJ	100	2	—	—	—	—	—	X	X
NM-M	75	3	X	—	X	—	—	—	—
NM-O	75	3	—	—	—	—	—	—	—
NY	None	None	X	—	—	—	—	—	X
NC	60	3	X	X	X	—	—	—	X
ND	20	3	—	—	—	—	—	—	—
OH	100	2	X	—	—	—	—	—	—
OK-M	60	3	—	—	—	—	—	—	—
OK-O	16	1	X	—	—	—	—	—	—
OR	60	2	X	X	—	—	—	X	—
PA-M	100	2	X	—	—	—	X	—	X
PA-O	100	2	—	—	—	—	X	—	X
PR	60	3	X	X	X	X	X	X	X
RI	40	2	X	—	—	X	—	X	X
SC	40	2	X	X	X	—	—	—	—
SD	None	None	—	—	—	—	—	—	—
TN-M	40	2	X	—	X	—	—	—	—
TN-O	40	2	—	—	X	—	—	—	—
TX	48	2	X	—	—	X	—	—	—
UT-M	40	2	—	—	X	—	—	—	—
UT-O	40	2	—	—	—	—	—	—	—
VT-M	30	2	X	—	X	—	—	X	X
VT-O	30	2	—	X	—	—	—	—	—
VI	25	2	—	—	—	—	—	—	—
VA	60	2	X	—	X	—	—	—	X
WA-M	200	4	—	—	—	—	—	—	X
WA-O	150	3	—	—	—	—	—	—	X
WV-M	50 (or proof of MOC)	2	X	X	X	—	—	—	—
WV-O	32 (16 of which must be AOA)	2	X	—	X	—	—	—	—
WI	30	2	X	—	—	—	—	—	X
WY	60	3	—	—	—	—	—	—	—

Regulations on the Practice of Telemedicine and Out-of-State Physicians

X = yes | — = no | N/A = Not applicable
Blank = Not available at publication date

	State requires full license for practice of telemedicine	State board issuing telemedicine license certificate or requires registration specific to the practitioner of telemedicine	State has adopted specific telemedicine regulations
AL	X	X	—
AK	X	—	—
AZ-M	X	—	X
AZ-O	X	—	—
AR	X	—	X
CA-M	X	—	X
CA-O	X	—	—
CO	X	—	— (board has policy)
CT	X	—	X
DE	X	—	X
DC	X	—	In progress
FL-M	X	—	X
FL-O	X	—	X
GA	X	—	X
GU	—	—	X
HI	X	—	X
ID	X	—	X
IL	X	—	—
IN	X	X (Out-of-State)	X
IA	X	—	X
KS	X	—	—
KY	X	—	X
LA	—	X	X
ME-M	—	X	X
ME-O	X	—	—
MD	X	—	X
MA	X	—	X
MI-M	X	—	—
MI-O	X	—	—
MN	—	X	X
MS	X	—	—
MO	X	—	—
MP	N/A	—	—
MT	X	—	—
NE	X	—	X
NV-M	—	—	—
NV-O	X	—	X
NH	X	—	X
NJ	—	X	—
NM-M	—	X	X
NM-O	X	—	—
NY	X	—	—
NC	X	—	—
ND	X	—	X
OH	—	X	—
OK-M	X	—	X
OK-O	X	X	X
OR	X	X	X
PA-M	X	—	X
PA-O	X	—	—
PR	X	X	In progress
RI	X	—	— (board has policy)
SC	X	—	X
SD	X	—	—
TN-M	X	X	X
TN-O	X	X	X
TX	—	X	X
UT-M	X	—	X
UT-O	X	—	X
VT-M	X	—	X
VT-O	X	—	—
VI	N/A	N/A	N/A
VA	X	—	—
WA-M	X	—	X
WA-O	X	—	—
WV-M	X	—	X
WV-O	X	—	X
WI	X	—	—
WY	X	—	—

Online Access to Medical Practice Act and Relevant Board Rules

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Medical Practice Act	Relevant rules
AL	www.albme.org/laws.html	www.albme.org/rules.html
AK	https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedical-Board.aspx	https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedical-Board.aspx
AZ-M	http://www.azmd.gov/Statutes-Rules/Statutes-MD.aspx	http://www.azmd.gov/Statutes-Rules/Rules-MD.aspx
AZ-O	www.azdo.gov	www.azdo.gov
AR	www.armedicalboard.org	www.armedicalboard.org
CA-M	http://www.mbc.ca.gov/About_Us/Laws/California_Law.aspx	http://www.mbc.ca.gov/About_Us/Laws/
CA-O	www.ombc.ca.gov	www.ombc.ca.gov
CO	www.dora.state.co.us/medical/statutesrulespolicies	www.dora.state.co.us/medical/statutesrulespolicies
CT	http://www.cga.ct.gov/2011/pub/Chap370.htm	https://eregulations.ct.gov/eRegsPortal/Search/RCSA
DE	http://delcode.delaware.gov/title24/c017/index.shtml	http://regulations.delaware.gov/AdminCode/title24/1700.shtml
DC	www.doh.dc.gov/node/128972	www.doh.dc.gov/node/129252
FL-M	www.leg.state.fl	www.flrules.org
FL-O	www.leg.state.fl.us/statutes/index.cfm	www.flrules.org
GA	www.lexisnexis.com/hottopics/gacode/default.asp	www.rules.sos.state.ga.gov
GU	http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc012.PDF	http://www.guamcourts.org/compileroflaws/GAR/25GAR/25GAR001-1.1.pdf
HI	http://cca.hawaii.gov/pvl/boards/medical/statute_rules/	http://cca.hawaii.gov/pvl/boards/medical/statute_rules/
ID	http://www.legislature.idaho.gov/ldstat/Title54/T54CH18.htm	https://adminrules.idaho.gov/rules/current/22/index.html
IL	http://www.idfpr.com/PROFS/Info/Physicians.asp	http://www.idfpr.com/PROFS/Info/Physicians.asp
IN	http://www.in.gov/pla/3874.htm	http://www.in.gov/legislative/iac/iac_title?iact=844
IA	http://www.medicalboard.iowa.gov/iowa_code/index.html	http://www.medicalboard.iowa.gov/iowa_code/index.html
KS	http://www.ksbha.org/statutes.shtml	http://www.ksbha.org/regs.shtml
KY	http://kbml.ky.gov/board/laws.htm	http://kbml.ky.gov/board/laws.htm
LA	http://www.legis.state.la.us/lss/lss.asp?doc=93139	http://www.doa.la.gov/osr/lac/46v43/46v43.doc
ME-M	www.maine.gov/md (see board web site)	www.maine.gov/md (see board web site)
ME-O	http://www.maine.gov/osteo/administrative/rules.htm	http://www.maine.gov/osteo/administrative/rules.htm
MD	http://mgaleg.maryland.gov/webmga/fmStatutesText.aspx?article=gho&section=14-101&ext=html&session=2017RS&tab=subject5	http://www.mbp.state.md.us/pages/regulations.html
MA	http://mgaleg.maryland.gov/webmga/fmStatutesText.aspx?article=gho&section=14-101&ext=html&session=2017RS&tab=subject5	http://www.mass.gov/eohhs/gov/departments/borim/physicans/regulations/
MI-M	http://legislature.mi.gov/doc.aspx?mcl-368-1978-15	http://www.state.mi.us/orr/eml/admincode.asp?AdminCode=Single&AdminNum=33802301&Dpt=LG&RngHgh=
MI-O	http://legislature.mi.gov/doc.aspx?mcl-368-1978-15	http://www.state.mi.us/orr/eml/admincode.asp?AdminCode=Single&AdminNum=33800101&Dpt=LG&RngHgh=
MN	https://www.revisor.mn.gov/statutes/?id=147	https://www.revisor.mn.gov/rules/?id=5605 https://www.revisor.mn.gov/rules/?id=5606
MS	www.msbl.ms.gov (rules and regs, laws and policies are available as well as stat data)	www.msbl.ms.gov (rules and regs, laws and policies are available as well as stat data)
MO	http://pr.mo.gov/healingarts-rules-statutes.asp	http://pr.mo.gov/healingarts-rules-statutes.asp
MP	http://cnmbpl-hcplb.net/sec.asp?secID=2	http://cnmbpl-hcplb.net/sec.asp?secID=2
MT	http://leg.mt.gov/bills/MCA_toc/index.htm	http://mtrules.org
NE	http://dhhs.ne.gov/publichealth/pages/crMedSurgRegsStats.aspx	http://dhhs.ne.gov/publichealth/pages/crMedSurgRegsStats.aspx
NV-M	www.medboard.nv.gov	www.medboard.nv.gov
NV-O	http://www.leg.state.nv.us/nrs/nrs-633.html	http://www.leg.state.nv.us/nac/nac-633.html http://www.leg.state.nv.us/nrs/nrs-633.html
NH	www.nh.gov/medicine	www.nh.gov/medicine
NJ	www.njmedicalboard.gov	www.njmedicalboard.gov
NM-M	www.nmmb.state.nm.us/governing.html	www.nmmb.state.nm.us/governing.html
NM-O	http://164.64.110.239/nmac/ title16/T16C017.htm	www.RLD.state.nm.us
NY	www.health.ny.gov/professionals/doctors/conduct/laws.htm and www.op.nysed.gov/prof/med	www.health.ny.gov/professionals/doctors/conduct/laws.htm and www.op.nysed.gov/prof/med
NC	http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/ByArticle/Chapter90/Article_1.html	www.ncmedboard.org/professional_resources/rules
ND	www.ndbom.org	www.ndbom.org
OH	http://codes.ohio.gov/orc/4731	http://codes.ohio.gov/oac/4731
OK-M	http://www.okmedicalboard.org/laws	http://www.okmedicalboard.org/laws
OK-O	www.osboe.ok.gov	www.osboe.ok.gov
OR	http://www.leg.state.or.us/ors/677.html	http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_847/847_tofc.html
PA-M	www.dos.pa.gov/med	www.dos.pa.gov/med
PA-O	www.dos.pa.gov/med	www.dos.pa.gov/med
PR		
RI	http://webserver.rilin.state.ri.us/Statutes/title5/5-37/INDEX.HTM	http://www.health.ri.gov/healthcare/medicine/about/safeopioidprescribing/index.php
SC	http://www.scstatehouse.gov/code/t40c047.php	http://www.scstatehouse.gov/coderegs/c081.php
SD	http://www.sdbmoe.gov (menu on homepage: Laws and Rules)	http://www.sdbmoe.gov (menu on homepage: Laws and Rules)
TN-M	http://share.tn.gov/sos/rules/0880/0880.htm	http://www.state.tn.us/sos/rules/0880/0880-02.20100620.pdf
TN-O	http://tn.gov/health/article/osteo-statutes	http://www.state.tn.us/sos/rules/0880/0880-02.20100620.pdf
TX	http://www.tmb.state.tx.us/rules/rules.php	http://www.tmb.state.tx.us/rules/rules.php
UT-M	www.dopl.utah.gov	www.dopl.utah.gov
UT-O	www.dopl.utah.gov	www.dopl.utah.gov
VT-M	http://www.leg.state.vt.us/statutes/sections.cfm?Title=26&Chapter=023	http://healthvermont.gov/hc/med_board/documents/BoardRules2001.pdf
VT-O	http://vtprofessionals.org/opr1/osteopaths	http://vtprofessionals.org/opr1/osteopaths
VI	http://www.lexisnexis.com/hottopics/vicode/	
VA	http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm	http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm
WA-M	http://apps.leg.wa.gov/RW/default.aspx?cite=18.71 http://apps.leg.wa.gov/RW/default.aspx?cite=18.71A http://apps.leg.wa.gov/RW/default.aspx?cite=18.130	http://apps.leg.wa.gov/WAC/default.aspx?cite=246-918 http://apps.leg.wa.gov/WAC/default.aspx?cite=246-919
WA-O	http://apps.leg.wa.gov/RW/default.aspx?cite=18.57	http://apps.leg.wa.gov/WAC/default.aspx?cite=246-853
WV-M	https://wvbom.wv.gov/Medical_Practice_Act.asp	https://wvbom.wv.gov/Rules.asp
WV-O	http://www.legis.state.wv.us/wvcode/Code.cfm?chap=30&art=14#14	https://www.wbdosteo.org/rules/
WI	docs.legis.wisconsin.gov/statutes/statutes/448/II/015	docs.legis.wisconsin.gov/code/admin/ code/medl.pdf
WY	https://sites.google.com/a/wvo.gov/wvomedboard/resources/board-of-medicine-rules-and-regulations	https://sites.google.com/a/wvo.gov/wvomedboard/resources/board-of-medicine-rules-and-regulations

