

(3) Document holding a medical degree from a board-approved educational institution. If a candidate holds a medical degree from an educational institution not approved by the board at the time the applicant graduated and was awarded the degree, the candidate shall meet the requirements specified in 9.3(1)“c”(3).

(4) Document successful completion of a minimum of seven calendar months of postgraduate training in a program approved by the board at the time of the application for Step 3. Candidates shall have completed their postgraduate training by the last day of the month in which the examination is taken.

e. The following conditions shall apply to applicants for licensure in Iowa who utilize USMLE as the licensure examination.

(1) Passing Steps 1, 2, and 3 is required within a seven-year period beginning with the date of passing either Step 1 or Step 2, whichever occurred first. Those who have been delayed in taking Step 1, 2, or 3 because of enrollment in a joint M.D./Ph.D. or D.O./Ph.D. program shall pass Steps 1, 2, and 3 as prescribed in these rules within a ten-year period.

(2) Step 3 may be taken and passed only after Steps 1 and 2 are passed.

(3) A score of 75 or better on each step shall constitute a passing score on that step.

(4) Each USMLE step must be passed individually and individual step scores shall not be averaged to compute an overall score.

(5) A failure of any USMLE step, regardless of the jurisdiction for which it was taken, shall be considered a failure of that step for the purposes of Iowa licensure.

(6) Successful completion of a progressive three-year postgraduate training program is required if the applicant passes the examination after more than six attempts on Step 1 or six attempts on Step 2 or three attempts on Step 3.

f. Any candidate deemed eligible to sit for USMLE Step 3 is required to adhere to the examination procedures and protocol established by FSMB and NBME in the following publications: USMLE Test Administration Standards and Policies and Procedures Regarding Indeterminate Scores and Irregular Behavior, FSMB, 400 Fuller Wisser Road, Suite 300, Euless, Texas 76039.

9.4(3) NBME.

a. NBME Part Examinations (Parts I, II, and III) were first administered in 1916. The last regular administration of Part I occurred in 1991, Part II in April 1992, and Part III in May 1994.

b. Successful completion of NBME Parts I, II, and III was a requirement for NBME certification.

c. A score of 75 or better on each part shall constitute a passing score on that part.

9.4(4) FLEX.

a. From 1968 to 1985, (Old) FLEX was a three-day examination. Day 1 covered basic science; Day 2 covered clinical science; and Day 3 covered clinical competency. Applicants who took Old FLEX shall provide evidence of successful achievement of at least two of the following:

(1) Certification under seal that the applicant passed FLEX with a FLEX-weighted average of 75 percent or better, as determined by the state medical licensing authority, in no more than two sittings.

(2) Verification under seal of medical licensure in the state that administered the examination.

(3) Evidence of current certification by an American specialty board approved or recognized by the Council of Medical Education of AMA, ABMS, or AOA.

b. From 1985 to 1994, (New) FLEX replaced the Old FLEX. New FLEX was a three-day nationally standardized examination consisting of two, one and one-half day components referred to as Component I (basic and clinical science principles and mechanisms underlying disease and modes of therapy) and Component II (knowledge and cognitive abilities required of a physician assuming independent responsibility for the general delivery of medical care to patients). The last regular administration of both components of New FLEX occurred in 1993. Two special administrations of New FLEX Component I were offered in 1994 to examinees who passed Component II but not Component I prior to 1994. To be eligible for permanent licensure, the candidate must have passed both components in Iowa with a FLEX score of 75 or better within a seven-year period beginning with the date of initial examination.

(1) Candidates who took the FLEX for the first time were required to take both components during the initial sitting. A candidate who failed either or both components must have repeated and passed the component failed, though Component II could only be repeated if the candidate had received a passing score of 75 percent or better on Component I.

(2) Eligible candidates were permitted to sit for the initial examination and reapply to the board to repeat a failed component or complete the entire examination two additional times. However, candidates who failed either or both components three times were required to wait one year, during which time the candidate was encouraged to obtain additional training, before being permitted to sit two additional times for either or both components of the FLEX.

9.4(5) *Combination examination sequences.* To accommodate individuals who had already passed some part of the NBME Parts or FLEX before implementation of the USMLE, the USMLE program recommended and the board approved the following licensing combinations of examinations for licensure only if completed prior to January 1, 2000. These combinations are now only acceptable from an applicant who already holds a license from any United States jurisdiction.

a. FLEX Component I plus USMLE Step 3 with a passing score of 75 or better on each examination;

b. NBME Part I or USMLE Step 1 plus NBME Part II or USMLE Step 2 plus FLEX Component II with a passing score of 75 or better on each examination; or

c. NBME Part I or USMLE Step 1 plus NBME Part II or USMLE Step 2 plus NBME Part III or USMLE Step 3 with a passing score of 75 or better on each examination.

9.4(6) *Examinations for graduates of board-approved colleges of osteopathic medicine and surgery.*

a. **COMLEX.**

(1) COMLEX is a three-level examination that replaced the three-part NBOME examination. COMLEX Level 3 was first administered in February 1995; Level 2 was first administered in March 1997; and Level 1 was first administered in June 1998. All three examinations must be successfully completed in sequential order within seven years of the successful completion of COMLEX Level 1. Those who have been delayed in taking Level 1, 2, or 3 because of enrollment in a joint D.O./Ph.D. program shall pass Levels 1, 2, and 3 as prescribed in these rules within a ten-year period.

(2) A standard score of 400 on Level 1 or Level 2 is required to pass the examination. A standard score of 350 on Level 3 is required to pass the examination.

(3) A candidate shall have successfully completed a minimum of seven calendar months of postgraduate training in a program approved by the board at the time of the application for Level 3. Candidates shall have completed their postgraduate training by the last day of the month in which Level 3 is taken.

(4) Successful completion of a progressive three-year postgraduate training program is required if the applicant passes the examination after more than six attempts on Level 1 or six attempts on Level 2 or three attempts on Level 3.

(5) Each COMLEX level must be passed individually, and individual level scores shall not be averaged to compute an overall score.

(6) Level 3 may be taken and passed only after Levels 1 and 2 are passed.

(7) A failure of any COMLEX level, regardless of the jurisdiction for which it was taken, shall be considered a failure of that level for the purposes of Iowa licensure.

b. NBOME. The board accepts a passing score on the NBOME licensure examination for graduates of colleges of osteopathic medicine and surgery in any United States jurisdiction.

(1) NBOME was a three-part examination. All three parts must have been successfully completed in sequential order within seven years of the successful completion of NBOME Part 1.

(2) A passing score is required on each part of the examination.

(3) A candidate shall have successfully completed a minimum of seven calendar months of postgraduate training in a program approved by the board at the time of the application for NBOME Part 3. Candidates shall have completed their postgraduate training by the last day of the month in which the examination was taken.

(4) Successful completion of a three-year postgraduate training program is required if the applicant passes the examination after more than six attempts on Part 1 or six attempts on Part 2 or three attempts on Part 3.

(5) Each NBOME part must have been passed individually, and individual part scores shall not be averaged to compute an overall score.

(6) Part 3 must have been taken and passed only after Parts 1 and 2 were passed.

(7) A failure of any NBOME part, regardless of the jurisdiction for which it was taken, shall be considered a failure of that part for the purposes of Iowa licensure.

9.4(7) LMCC.

a. The board accepts toward Iowa licensure a verification of a Licentiate's registration with the Medical Council of Canada, based on passing the Medical Council of Canada Examination.

b. The Medical Council of Canada may be contacted at P.O. Box/CP 8234, Station 'T', Ottawa, Ontario, Canada K1G 3H7 or (613)521-9417.

653—9.5(147,148,150,150A) Permanent licensure application.

9.5(1) Requirements. To apply for permanent licensure an applicant shall:

a. Pay a nonrefundable initial application fee of \$400; and

b. Complete and submit forms provided by the board, including required credentials, documents and a sworn statement by the applicant attesting to the truth of all information provided by the applicant.

9.5(2) Application. The application shall require the following information:

a. Name, date and place of birth, home address, mailing address and principal business address.

b. A photograph of the applicant suitable for positive identification.

c. A statement listing every jurisdiction in which the applicant is or has been authorized to practice, including license numbers and dates of issuance.

d. A chronology accounting for all time periods from the date the applicant entered medical school to the date of the application.

e. A certified statement of scores on any examination required in rule 9.4(147,148,150,150A) that the applicant has taken in any jurisdiction. An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

f. A photocopy of the applicant's medical degree issued by an educational institution.

(1) A complete translation of any diploma not written in English shall be submitted. An official transcript, written in English and received directly from the school, showing graduation from medical school is a suitable alternative.

(2) An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

(3) If a copy of the medical degree cannot be provided because of extraordinary circumstances, the board may accept other reliable evidence that the applicant obtained a medical degree from a specific educational institution.

g. A sworn statement from an official of the educational institution certifying the date the applicant received the medical degree, verifying that the applicant's photograph is that of the graduate named on the application, and acknowledging what, if any, derogatory comments exist in the institution's record about the applicant. If a sworn statement from an official of the educational institution cannot be provided because of extraordinary circumstances, the board may accept other reliable evidence that the applicant obtained a medical degree from a specific educational institution.

h. If the educational institution awarding the applicant the degree has not been approved by the board, the applicant shall provide a valid ECFMG certificate or evidence of successful completion of a fifth pathway program in accordance with criteria established by AMA. An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

i. Documentation of successful completion of one year of postgraduate training approved by the board as specified in paragraph 9.3(1) "d." An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

j. Verification of an applicant's hospital and clinical staff privileges and other professional experience for the past five years.

k. A statement disclosing and explaining any informal or nonpublic actions, warnings issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical regulatory authority, an educational institution, training or research program, or health facility in any jurisdiction.

l. A statement of the applicant's physical and mental health, including full disclosure and a written explanation of any dysfunction or impairment which may affect the ability of the applicant to engage in practice and provide patients with safe and healthful care.

m. A statement disclosing and explaining the applicant's involvement in civil litigation related to practice in any jurisdiction. A copy of the allegations is required. If the case is resolved, a copy of the final disposition, including any settlement agreement, is required.

n. A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

653—9.6(147,148,150,150A) Permanent licensure application review process. The process below shall be utilized to review each application. Priority shall be given to processing a licensure application when a written request is received in the board office from an applicant whose practice will primarily involve provision of services to underserved populations, including but not limited to persons who are minorities or low-income or who live in rural areas.

9.6(1) An application for initial licensure shall be considered open from the date the application form is received in the board office with the nonrefundable initial licensure fee.

9.6(2) After reviewing each application, staff shall notify the physician about how to resolve any problems identified by the reviewer.

9.6(3) If the final review indicates no questions or concerns regarding the applicant's qualifications for licensure, staff may administratively grant the license.

9.6(4) If the final review indicates questions or concerns that cannot be remedied by continued communication with the physician, the executive director, director of licensure and administration and director of legal affairs shall determine if the questions or concerns indicate any uncertainty about the applicant's current qualifications for licensure.

a. If there is no current concern, staff shall administratively grant the license.

b. If any concern exists, the application shall be referred to the committee.

9.6(5) Staff shall refer to the committee for review matters which include but are not limited to: falsification of information on the application, criminal record, malpractice, substance abuse, competency, physical or mental illness, or professional disciplinary history.

9.6(6) If the committee is able to eliminate questions or concerns without dissension from staff or a committee member, the committee may direct staff to grant the license administratively.

9.6(7) If the committee is not able to eliminate questions or concerns without dissension from staff or a committee member, the committee shall recommend that the board:

a. Request an investigation;
b. Request that the applicant appear for an interview;
c. If the physician has not engaged in active practice in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

- (1) Successfully pass a competency evaluation approved by the board;
- (2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board; or
- (3) Successfully complete a retraining program arranged by the physician and approved in advance by the board;

d. Grant a license;
e. Grant a license under certain terms and conditions or with certain restrictions;
f. Request that the applicant withdraw the licensure application; or
g. Deny a license.

9.6(8) The board shall consider applications and recommendations from the committee and shall:

a. Request further investigation;
b. Require that the applicant appear for an interview;
c. If the physician has not engaged in active practice in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

- (1) Successfully pass a competency evaluation approved by the board;
- (2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board; or
- (3) Successfully complete a retraining program arranged by the physician and approved in advance by the board;

d. Grant a license;
e. Grant a license under certain terms and conditions or with certain restrictions;
f. Request that the applicant withdraw the licensure application; or
g. Deny a license. The board may deny a license for any grounds on which the board may discipline a license. The procedure for appealing a license denial is set forth in rule 9.15(147,148,150,150A).

653—9.7(147,148,150,150A) Licensure application cycle.

9.7(1) *Failure to submit application materials.* If the applicant does not submit all materials within 90 days of the board office's last documented request for further information, the application shall be considered inactive. The board office shall notify the applicant of this change in status.

9.7(2) *Reactivation of the application.* To reactivate the application, an applicant shall submit a nonrefundable reactivation of application fee of \$150 and shall update credentials.

a. The period for requesting reactivation is limited to 90 days from the date the applicant is notified that the application is inactive, unless the applicant is granted an extension in writing by the committee or the board.

b. The period for reactivation of application shall extend 90 days from the date the request and fee are received in the board office. During this period, the applicant shall update credentials and submit the remaining requested materials unless granted an extension in writing by the committee or the board.

c. Once the reactivation period expires, an applicant must reapply and submit a new nonrefundable application fee and a new application, documents and credentials.

653—9.8(147,148,150,150A) Discretionary board actions on licensure applications. As circumstances warrant, the board may determine that any applicant for licensure is subject to the following:

9.8(1) The board may impose limits or restrictions on the practice of any applicant once licensed in this state that are equal in force to the limits or restrictions imposed on the applicant by any jurisdiction.

9.8(2) The board may defer final action on an application for licensure if there is an investigation or disciplinary action pending against an applicant in any jurisdiction until such time as the board is satisfied that licensure of the applicant poses no risk to the health and safety of Iowans.

9.8(3) The board is not precluded from taking disciplinary action after licensure is granted related to issues that arose in the licensure application process.

653—9.9(147,148,150,150A) Issuance of a permanent license.

9.9(1) Issuance. Upon the granting of permanent licensure, staff shall issue an original license to practice that shall expire on the first day of the licensee's birth month.

a. Licenses of persons born in even-numbered years shall expire in an even-numbered year, and licenses of persons born in odd-numbered years shall expire in an odd-numbered year.

b. The license shall not be issued for a period less than two months or greater than two years and two months, in accordance with the licensee's month and year of birth.

c. When a resident physician receives a permanent Iowa license, the resident physician license shall immediately become inactive.

9.9(2) Display of license. The original permanent license shall be displayed in the licensee's primary location of practice.

653—9.10(147,148,150,150A) Notification required to change the board's data system.

9.10(1) Change of address. A licensee shall notify the board of any change in the home address or the address of the place of practice within one month of making an address change.

9.10(2) Change of name. A licensee shall notify the board of any change in name within one month of making the name change. Notification requires a notarized copy of a marriage license or a notarized copy of court documents.

9.10(3) Deceased. A licensee file shall be closed and labeled "deceased" when the board receives a copy of the physician's death certificate.

653—9.11(147,148,150,150A) Renewal of a permanent license.

9.11(1) Renewal notice. Staff shall send a renewal notice by regular mail to each licensee at the licensee's last-known address at least 60 days prior to the expiration of the license.

9.11(2) Licensee obligation. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive the notice does not relieve the licensee of responsibility for renewing that license.

9.11(3) Renewal application requirements. A licensee seeking renewal shall submit a completed renewal application, including information on continuing education and mandatory training on identifying and reporting abuse, and the required fee, not later than the expiration date on the current license.

a. The renewal fee is \$325.

b. The requirements for continuing education and mandatory training on identifying and reporting abuse are found in 653—Chapter 11.

c. The first renewal fee shall be prorated on a monthly basis according to the date of issuance and the physician's month and year of birth, if the original permanent license was issued for a period of less than 24 months.

9.11(4) Issuance of a renewal. Upon receiving the completed renewal application, staff shall administratively issue a two-year license that expires on the first day of the licensee's birth month. In the event the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration.

9.11(5) Renewal penalties. If the licensee fails to submit the renewal application and fee by the expiration date on the current license, the licensee shall be charged a penalty fee of \$50 for each month the renewal is in arrears, up to two months, or \$100. For example, if the license expires on January 1, a penalty of \$50 will be charged for renewal in January and an additional \$50 or a total of \$100 shall be charged for renewal in February.

9.11(6) Failure to renew. Failure of the licensee to renew a license within two months following its expiration date shall cause the license to become inactive and invalid. A licensee whose license is invalid is prohibited from practice until the license is reinstated in accordance with rule 9.13(147,148,150,150A). In order to ensure that the license will not become inactive when a paper renewal form is used, the completed renewal application and appropriate fees must be received in the board office by the fifteenth of the month prior to the month the license becomes inactive. For example, a licensee whose license expires on January 1 has until March 1 to renew the license or the license becomes inactive and invalid. The licensee must submit and the board office must receive the renewal materials prior to or on February 15 to ensure that the license will be renewed prior to becoming inactive and invalid on March 1.

9.11(7) Display of license. Renewal licenses shall be displayed along with the original permanent license in the primary location of practice.

653—9.12(147,148,150,150A) Inactive status and reinstatement of a permanent license.

9.12(1) Definition of inactive status. An inactive license is any license that is not a current, active license.

a. "Inactive status" may include licenses formerly known as delinquent, lapsed, or retired.

b. A physician with an inactive license may not practice medicine until the license is reinstated to current, active status.

c. A physician whose license is inactive continues to hold the privilege of licensure in Iowa but may not practice medicine under an Iowa license until the license is reinstated to current, active status. The board may take action against a physician who practices with an inactive license as outlined in 653—Chapters 12 and 13.

9.12(2) Mechanisms for becoming inactive. A licensee seeking to become inactive may do so by submitting a written request to the board office or by failing to renew a license by the first day of the third month after the expiration date. For example, a licensee whose license expires on January 1 will be considered inactive if the license is not renewed by March 1.

9.12(3) Fee. There is no fee to become inactive.

653—9.13(147,148,150,150A) Reinstatement of an unrestricted Iowa license.

9.13(1) Reinstatement within one year of the license's becoming inactive. An individual whose license is in inactive status for up to one year and who wishes to reinstate the license shall submit a completed renewal application, documentation of continuing education and mandatory training on identifying and reporting abuse, the renewal fee, and the reinstatement penalty. All of the information shall be received in the board office within one year of the license's becoming inactive for the applicant to reinstate under this subrule. For example, a physician whose license became inactive on March 1 has until the last day of the following February to renew under this subrule.

a. *Fees for reinstatement within one year of the license's becoming inactive.* The fee shall include the renewal fee for the most recent license period plus a \$175 reinstatement penalty. The renewal fee is \$325 except when the license in the most recent license period had been granted for less than 24 months; in that case, the renewal fee is prorated according to the date of issuance and the physician's month and year of birth.

b. Continuing education and mandatory training requirements. The requirements for continuing education and mandatory training on identifying and reporting abuse are found in 653—Chapter 11. Applicants for reinstatement shall provide documentation of having completed:

- (1) The number of hours of category 1 activity needed for renewal in the most recent license period. None of the hours obtained in the inactive period may be carried over to a future license period; and
- (2) Mandatory training on identifying and reporting abuse, if applicable, within the previous five years.

c. Issuance of a reinstated license. Upon receiving the completed application, staff shall administratively issue a license that expires on the renewal date that would have been in effect if the licensee had renewed the license before the license expired.

d. Reinstatement application process. The applicant who fails to submit all reinstatement information required within 365 days of the license's becoming inactive shall be required to meet the reinstatement requirements of 9.13(2). For example, if a physician's license expires on January 1, the completed reinstatement application is due in the board office by December 31, in order to meet the requirements of this subrule.

9.13(2) Reinstatement of an unrestricted Iowa license that has been inactive for one year or longer. An individual whose license is in inactive status and who has not submitted a reinstatement application that was received by the board within one year of the license's becoming inactive shall follow the application cycle specified in this rule and shall satisfy the following requirements for reinstatement:

a. Submit an application for reinstatement to the board upon forms provided by the board. The application shall require the following information:

- (1) Name, date and place of birth, license number, home address, mailing address and principal business address;
- (2) A chronology accounting for all time periods from the date of initial licensure;
- (3) Every jurisdiction in which the applicant is or has been authorized to practice including license numbers and dates of issuance;
- (4) Verification of the applicant's hospital and clinical staff privileges, and other professional experience for the past five years;
- (5) A statement disclosing and explaining any warnings issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical regulatory authority, an educational institution, training or research program, or health facility in any jurisdiction;
- (6) A statement of the applicant's physical and mental health, including full disclosure and a written explanation of any dysfunction or impairment which may affect the ability of the applicant to engage in practice and provide patients with safe and healthful care;
- (7) A statement disclosing and explaining the applicant's involvement in civil litigation related to practice in any jurisdiction. A copy of the allegations is required. If the case is resolved, a copy of the final disposition, including any settlement agreement, is required; and
- (8) A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

b. Pay the reinstatement fee of \$400. No fee is required for reinstatement for those whose licenses became inactive between December 8, 1999, and July 4, 2001.

c. Provide documentation of completion of 80 hours of category 1 continuing education activity within the previous two years and documentation of mandatory training on identifying and reporting abuse as specified in 653—Chapter 11.

d. If the physician has not engaged in active practice in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

- (1) Successfully pass a competency evaluation approved by the board;
- (2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board; or
- (3) Successfully complete a retraining program arranged by the physician and approved in advance by the board.

e. An individual who is able to submit a letter from the board with different reinstatement or reactivation criteria is eligible for reinstatement based on those criteria.

9.13(3) *Reinstatement application process.* The process is the same as that described in rule 9.6(147,148,150,150A).

653—9.14(147,148,150,150A) *Reinstatement of a restricted Iowa license.* A physician whose license has been suspended or revoked following a disciplinary proceeding is required to seek reinstatement pursuant to 653—12.40(17A).

653—9.15(147,148,150,150A) *Denial of licensure.*

9.15(1) *Notification.* Whenever the board denies licensure to an applicant, the board shall by first-class certified mail, return receipt requested, or in the manner of service of an original notice, notify the applicant of the licensure denial in writing, citing the reasons for which the application was denied and the date upon which the denial took place.

9.15(2) *Appeal procedure.* A decision of the board denying an application for licensure shall be appealed by filing a written notice of appeal with the board by certified mail, return receipt requested, within 30 days of the mailing of a notice of denial of license. The appeal of a license denial shall be conducted in accordance with the contested case hearing rules in 653—Chapter 12.

9.15(3) *Hearing.* If an applicant who has been denied licensure by the board appeals the licensure denial and requests a hearing, the hearing and subsequent procedures shall be conducted pursuant to the process outlined in 653—12.26(17A).

653—9.16(17A,147,148,272C) *Waiver or variance requests.* Waiver or variance requests shall be submitted in conformance with 653—Chapter 3.

These rules are intended to implement Iowa Code chapters 17A, 147, 148, 150, 150A, and 272C.

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