

CHAPTER 11  
LICENSURE REQUIREMENTS

[Prior to 5/4/88, see 470—135.101 to 470—135.110 and 135.501 to 135.512]

**653—11.1(147,148,150,150A) Definitions.**

“*Accreditation Council for Graduate Medical Education*” or “*ACGME*” is the accreditation body of the American Medical Association which accredits postgraduate training programs at hospitals in medicine and surgery that are approved by the board.

“*Applicant*” is a person who seeks authorization to practice medicine and surgery, osteopathic medicine and surgery or osteopathy in this state by making application to the board for licensure either by examination or endorsement.

“*Candidate*” is a person who applies to sit for an examination administered by the board or its designated testing service.

“*Committee on Postdoctoral Training*” is the accreditation body of the Committee of Hospitals of the American Osteopathic Association which accredits postgraduate training programs at hospitals in osteopathic medicine and surgery and osteopathy that are approved by the board.

“*Royal College of Physicians and Surgeons*” is the accreditation body which accredits postgraduate training programs at hospitals in Canada that are approved by the board.

“*Special Purpose Examination*” or “*SPEX*” is the special purpose examination of the Federation of State Medical Boards, U.S., Inc.

**653—11.2(147,148,150,150A) General provisions for applicants for permanent licensure.**

**11.2(1) *Application requirements.*** To apply for permanent licensure to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy by either examination or endorsement, an applicant shall:

- a. Pay a nonrefundable initial application fee of \$300; and
- b. Complete and submit the application form 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 therein.

**11.2(2) *Contents of the application form.*** Each applicant shall submit the following information on the application form provided by the board:

- a. The applicant’s name, date and place of birth, and home address, mailing address and principal business address;
- b. A photograph of the applicant suitable for positive identification;
- c. The other jurisdictions in the United States or other nations or territories in which the applicant is or has been authorized to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy including license numbers, date of issuance, and an explanation indicating the basis upon which the authorization to practice was received;
- d. A chronology accounting for all time periods from the date the applicant graduated from high school to the date of the application;
- e. A certified statement of scores on any examination required by the board that the applicant has taken in any jurisdiction of the United States, other nations or territories;

*f.* A notarized photocopy of the applicant's degree of doctor of medicine and surgery, osteopathic medicine and surgery, osteopathy, or the equivalent issued by an educational institution approved by the board and a sworn statement from an official of the educational institution certifying the date the applicant received the medical degree. If the educational institution awarding the applicant the degree has not been approved by the board, provide the appropriate documentation of education specified in the eligibility requirements under 11.3(1) "c";

*g.* Documentation of successful completion of one year of postgraduate training or internship in a hospital program approved by the board as specified by 11.3(1) "d";

*h.* Verification of an applicant's hospital and clinical staff privileges, and other professional experience on forms provided by the board;

*i.* 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 of the United States, other nations or territories;

*j.* 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 the practice of medicine and surgery, osteopathic medicine and surgery, or osteopathy and provide patients with safe and healthful care;

*k.* A statement disclosing and explaining the applicant's involvement in civil litigation related to the practice of medicine and surgery, osteopathic medicine and surgery, or osteopathy in any jurisdiction of the United States, other nations or territories;

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

*m.* Where applicable, proof of the applicant's proficiency in the English language.

**11.2(3) Application cycle.** Applications for initial licensure shall be open for 120 days from the date the application form is received in the board's office.

*a.* After the 120 days, applicants shall update credentials and submit a nonrefundable reactivation of application fee of \$150 unless granted an extension in writing by the license and examination committee or the board. The period for requesting reactivation is limited to one year (365 days) from the date the application form is received by the board.

*b.* Once the reactivation period is expired, applicants must reapply and submit a new, nonrefundable initial application fee of \$300.

**11.2(4) Applicant responsibilities.** An applicant for permanent licensure bears full responsibility for each of the following:

*a.* Paying all fees charged by regulatory authorities, national testing or credentialing organizations, health facilities, and educational institutions providing the information specified in subrule 11.2(2);

*b.* Reimbursing the board for any reasonable costs associated with handling incomplete or improperly prepared applications;

*c.* Providing accurate, up-to-date, and truthful information on the application form including, but not limited to, that specified under subrule 11.2(2) related to prior professional experience, education, training, examination scores, and disciplinary history; and

*d.* Submitting English translations of documents in foreign languages bearing the affidavit of the translator certifying that the translation is a true and complete translation of the foreign language original. The applicant shall bear the expense of the translation.

**11.2(5) *Grounds for denial of application.*** The board, on the recommendation of the committee, may deny an application for licensure for any of the following reasons:

- a. Failure to meet the requirements for licensure by examination or endorsement as specified in these rules; or
- b. Pursuant to Iowa Code section 147.4, upon any of the grounds for which licensure may be revoked or suspended as specified in Iowa Code section 147.55.

**653—11.3(147,148,150A) Eligibility for permanent licensure.** The board issues permanent licenses to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy to qualified applicants on the basis of examination or endorsement.

**11.3(1) *General eligibility requirements.*** To be issued a permanent license either by examination or endorsement, an applicant shall meet all of the following requirements:

- a. Fulfill all the application requirements specified in rule 11.2(147,148,150,150A);
- b. Hold a degree of doctor of medicine and surgery, osteopathic medicine and surgery, or osteopathy from an educational institution approved by the board at the time the applicant graduated and was awarded the degree. Educational institutions approved by the board shall be fully accredited, by an accrediting agency recognized by the board, as schools of instruction in medicine and surgery or osteopathic medicine and surgery and empowered to grant academic degrees in medicine. Any accrediting bodies recognized by the board on June 1, 1994, shall continue to serve in that capacity until the board recognizes a successor. The accrediting bodies recognized by the board are:

- (1) The Liaison Committee of Medical Education (LCME) of the American Medical Association (AMA) for educational institutions granting degrees in medicine and surgery; and

- (2) The American Osteopathic Association (AOA) for educational institutions granting degrees in osteopathic medicine and surgery or osteopathy.

- c. If the degree granting institution has not been approved by the board, the applicant shall hold and provide a notarized photocopy of a medical degree awarded from the educational institution that has not been either approved or disapproved by the board and meet one of the following requirements:

- (1) Hold and provide a notarized photocopy of a valid certificate issued by the Educational Commission for Foreign Medical Graduates; or

- (2) Submit documented evidence of successful completion of a fifth pathway program established in accordance with the criteria established by the AMA; or

- (3) Provide a certified statement of a passing score on either a basic science examination administered by a U.S. or Canadian medical licensing authority or the Special Purpose Examination (SPEX), document successful completion of three years of postgraduate training or internship in a program approved by the board or certification by examination issued by a specialty board approved by the board, and submit evidence of five years of active practice as a licensee of a U.S. state, territory, or Canada without restrictions.

- d. Have successfully completed one year of postgraduate training or internship in a hospital program approved by the board at the time the applicant was enrolled in the program.

- (1) Successful completion of the program requires that the applicant provide documented evidence of 12 months of progressive training in not more than two specialties and in not more than two programs approved for postgraduate training by the board.

(2) Postgraduate training or internship programs approved by the board shall be accredited by an accrediting agency recognized by the board for the purpose of accrediting postgraduate internship or training programs. Any accrediting bodies recognized by the board on December 27, 1995, shall continue in that capacity until the board recognizes a successor. The accrediting bodies recognized by the board are the Accreditation Council for Graduate Medical Education (ACGME) of the American Medical Association, the Committee on Postdoctoral Training of the Committee of Hospitals of the American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada, and any accrediting unit of a U.S. medical licensing authority approved by the board.

*e.* Have successfully completed the Federation Licensing Examination (FLEX), a national board examination of the United States, the United States Medical Licensing Examination (USMLE) the Licentiate of the Medical Council of Canada examination (LMCC), or a state structured qualifying examination approved by the board, and any additional written, oral or practical examination the board deems necessary to assess an applicant's ability to practice with reasonable safety and skill.

**653—11.4(147,148,150A) Licensure by examination administered by the board.** The board may require written, oral and practical examinations of any applicant for licensure. Applicants who pass the written examination required by the board will ordinarily be excused from oral and practical examinations.

**11.4(1) Examination requirements prior to January 1, 1994.** Before January 1, 1994, the board administered the federation licensing examination or FLEX. To be eligible for licensure based upon FLEX administered by the board, a candidate must meet the following requirements:

*a.* Prior to January 1, 1985, the FLEX was a three-day examination consisting of three interlocking components. The candidate must have passed the entire examination with a FLEX-weighted average of 75 percent or better in one sitting to be eligible for license by examination administered in this state;

*b.* Between January 1, 1985, and January 1, 1994, the FLEX was a three-day nationally standardized examination consisting of two, one and one-half day components referred to as Component I (basic sciences) and Component II (clinical sciences and clinical competency). To be eligible for permanent license by examination, the candidate must have passed both components in this state with a FLEX score of 75 or better within a seven-year period beginning with the date of initial examination or have fulfilled the examination combination requirements specified in subrule 11.4(6).

(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 for either or both components of the FLEX two additional times.

**11.4(2)** *Examinations subsequent to January 1, 1994.* The board adopted the United States Medical Licensing Examination or USMLE effective January 1, 1994. The USMLE is a joint program of the Federation of State Medical Licensing Boards of the U.S., Inc., and the National Board of Medical Examiners. The USMLE is a multipart examination consisting of three separate steps—Step 1, Step 2 and Step 3.

*a.* USMLE Step 1 and Step 2 are administered by the National Board of Medical Examiners and the Educational Commission for Foreign Medical Graduates.

*b.* USMLE Step 3 shall be administered by the board or its designated testing service to candidates who meet the eligibility requirements set forth in subrule 11.4(3).

(1) The board or its designated testing service shall administer Step 3 of the USMLE twice annually, ordinarily in June and December of each year.

(2) At least one administration of Step 3 of the USMLE shall be held in a location proximate to the seat of state government in Des Moines, Iowa.

**11.4(3)** *Eligibility to sit for USMLE Step 3.* To be eligible to sit for USMLE Step 3 to practice medicine and surgery or osteopathic medicine and surgery, a candidate shall meet all of the following criteria:

*a.* Submit a completed application form and the required examination fee of \$450 at least 90 days prior to the examination date;

*b.* Document successful completion of Steps 1 and 2 of the USMLE in accordance with the requirements of the National Board of Medical Examiners and the Educational Commission for Foreign Medical Graduates;

*c.* Be a graduate of a college of medicine and surgery or osteopathic medicine and surgery approved by the board;

*d.* In lieu of graduation from a college of medicine and surgery or osteopathic medicine and surgery approved by the board, provide the following:

(1) A notarized photocopy of a diploma from a medical school or college that has neither been approved nor disapproved by the board; and

(2) Either a notarized photocopy of a certificate of the Educational Commission for Foreign Medical Graduates or documentation of successful completion of a fifth pathway program established in accordance with the criteria established by the American Medical Association.

*e.* Document successful completion of a minimum of seven calendar months of postgraduate internship or residency training in a program approved by the board at the time application for the examination is made in accordance with the following:

(1) The programs approved by the board are those accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;

(2) Candidates shall have completed their postgraduate training by the last day of the month in which the examination is administered.

**11.4(4)** *Restrictions and limitations.* The following restrictions and limitations apply to candidates for licensure by examination:

*a.* Candidates shall successfully complete USMLE Steps 1, 2, and 3 within a seven-year period beginning with passage of the first examination (Step 1).

(1) A score of 75 or better on each step shall constitute a passing score on that step. Each USMLE step must be passed individually in order to successfully complete the USMLE. Individual step scores shall not be averaged to compute an overall score.

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

b. Candidates are limited to two attempts to pass Step 1 and Step 2 of the approved examination combination sequence. A candidate who did not pass either Step 1 or Step 2 of the USMLE until the third attempt may make written application to the board for special permission to sit for Step 3 of the USMLE after successfully completing one full year of postgraduate training in a program approved by the board in accordance with paragraph 11.3(1) “d.”

c. Candidates are limited to two attempts to pass Step 3 of the USMLE unless approved to sit for the examination a third time by the board.

(1) A candidate who fails Step 3 upon the initial sitting may apply to be reexamined at a subsequent administration providing the candidate submits the required fee.

(2) Any candidate who fails Step 3 a second time shall not be permitted to repeat the examination for a one-year waiting period subsequent to the second failure.

(3) After six months of the waiting period have expired, the candidate may apply for a third attempt with the approval of the board.

(4) The candidate may be required to obtain and document additional education and training to the satisfaction of the board before a third attempt at Step 3 of the USMLE is approved.

d. Any candidate eligible to sit for Step 3 of the USMLE may make a written request to the board or its designated testing service for cancellation of the application to sit for the examination and refund of fees. If written notice is received by the cancellation deadline established by the board, the candidate shall receive a refund of the application and examination fee less a \$75 cancellation fee. The application, examination, and cancellation fees are not transferable to a subsequent administration of the examination.

e. 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 other jurisdiction or state.

f. The board may require an applicant to appear for an interview before the full board or a committee of the board as part of the application process.

g. The board may defer final action on an application for licensure if there is an investigation or disciplinary action pending against an applicant, who may otherwise meet the requirements for licensure, until such time as the board is satisfied that licensure of the applicant poses no risk to the health and safety of Iowans.

**11.4(5) Rules for conducting examinations.** Any applicant deemed eligible to sit for Step 3 of the USMLE administered by the board or its designated testing service is required to adhere to the examination procedures and protocol approved by the board. The examination procedures and protocol for administering USMLE Step 3 approved by the board are those established by the Federation of State Medical Boards, U.S., Inc., and the National Board of Medical Examiners in the following publications: USMLE Test Administration Standards and Policies and Procedures Regarding Indeterminate Scores and Irregular Behavior, Federation of State Medical Boards, 400 Fuller Wisser Road, Suite 300, Euless, Texas 76039.

**11.4(6) Special provisions—examination combinations.** The USMLE is designed to supersede and replace the FLEX and the National Board of Medical Examiners’ examination (NBME). Since some medical students and physicians may have already successfully completed all or part of the FLEX or NBME examination sequence, the board may accept the following examination combinations to facilitate an orderly transition to the USMLE prior to January 1, 2000:

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;

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.

**653—11.5(147,148,150,150A) Licensure by endorsement.** A license to practice medicine and surgery, osteopathic medicine and surgery or osteopathy by endorsement may be issued on the basis of a written examination in substantially all of the subjects required by this board given by a state or national examining board having endorsement relations with the board.

**11.5(1) Eligibility requirements.** An applicant for licensure by endorsement shall meet all of the following requirements:

a. Submit a completed application form accompanied by the required fee as specified in rule 11.2(147,148,150,150A);

b. Meet the eligibility criteria for permanent licensure specified in rule 11.3(147,148,150A);

c. Except as otherwise provided in this subrule, fulfill all the requirements for licensure by examination administered in this state specified in rule 11.4(147,148,150A);

d. Authorize the appropriate testing authority to verify scores obtained on the examination including the general or weighted average, the scores on each component of the FLEX, part of the NBME, or step of the USMLE accepted in combination thereof as specified in subrule 11.4(6) or provide certification of national board credentials or LMCC scores. In lieu of the aforementioned, provide the certificate of examination issued by the National Board of Osteopathic Examiners of the United States of America; and

e. For applicants who took the FLEX prior to January 1, 1985, provide the following documentation:

(1) Certification under seal that the applicant passed the 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; and

(3) Evidence of current certification by an American specialty board approved or recognized by the Council on Medical Education of the American Medical Association, the American Board of Specialties, or the American Osteopathic Association.

**11.5(2) Restrictions.** As circumstances warrant, the board may determine that any application for licensure by endorsement is subject to the following:

a. 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 with which this state has endorsement relations.

b. The board reserves the right to review the examination responses and grades upon which licensure by endorsement is to be based before accepting certification of the examination.

c. The board may require a candidate for licensure by endorsement to appear for an interview before the full board or a committee of the board as part of the application process.

d. The board may defer final action on an application for licensure if there is an investigation or disciplinary action pending against an applicant, who may otherwise meet the requirements for licensure, in any jurisdiction with which this state has endorsement relations until such time as the board is satisfied that licensure of the applicant poses no risk to the health and safety of Iowans.

e. The board may require any applicant for licensure by endorsement to sit for a written, oral or practical examination of its choosing.

**653—11.6(148) License to practice as a resident physician.**

**11.6(1) General provisions.** The license shall be designated “Resident Physician License” and shall authorize the licensee to practice as a resident physician, while under the supervision of a licensed practitioner of medicine and surgery or osteopathic medicine and surgery, in an institution or program approved for this purpose by the board. A resident physician license shall expire two years following the date of issuance and may be annually renewed thereafter at the discretion of the board.

**11.6(2) Requirements for the initial resident physician license.** Each applicant shall:

*a.* Submit a completed application form accompanied by a fee of \$75.  
*b.* Present a notarized photocopy of a diploma issued by a school or college of medicine and surgery or a school or college of osteopathic medicine and surgery approved by the board, or present other evidence of equivalent medical education approved by the board. The board may accept, in lieu of a diploma from a school or college of medicine approved by it, all of the following:

(1) A notarized photocopy of a diploma issued by a school or college of medicine which has been neither approved nor disapproved by the board.

(2) The standard certificate issued by the Educational Commission for Foreign Medical Graduates or the completion of a fifth pathway program in accordance with criteria established by the American Medical Association.

*c.* Candidates may be required to satisfactorily complete an examination prescribed by the board.

(1) The board may require written, oral or practical examination.

(2) The candidate may be required to appear for a personal interview before the board or a committee of the board.

*d.* The board may refuse to grant renewal of the license pursuant to Iowa Code section 147.4, upon any of the grounds for which licensure may be revoked or suspended as specified in Iowa Code section 147.55.

**11.6(3) Requirements for renewal of a resident physician license.**

*a.* If the resident physician licensee has not qualified for and received a permanent license, the board shall send a renewal notice by mail at least 60 days prior to the expiration date of the resident physician license.

*b.* The resident physician shall be qualified for renewal for one year by submitting a completed renewal application that documents why the individual has not obtained a permanent license, the renewal fee of \$25, and a statement by the residency program of the individual’s progress in the program and any warnings issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action. No documentation of continuing medical education is required since a resident is in training.

*c.* Failure of the licensee to renew a license within 30 days following its expiration date shall cause the license to lapse and shall invalidate it. A licensee whose license has lapsed and become invalid is prohibited from the practice of medicine and surgery or osteopathic medicine and surgery until the lapsed license is renewed or replaced by a permanent medical license.

**11.6(4) Discipline of a resident license.** The board may discipline a license for any of the grounds for which licensure may be revoked or suspended as specified in Iowa Code section 147.55 or 148.6 or Iowa Code chapter 272C.

**653—11.7(148) Temporary licensure.**

**11.7(1)** The board may, in its discretion, issue a temporary license authorizing the licensee to practice medicine and surgery whenever, in the opinion of the board, a need exists therefor and the person possesses the qualifications prescribed by the board for such license, which shall be substantially equivalent to those required under Iowa Code chapter 148 or chapter 150A as the case may be. A temporary license shall be issued for one year and, at the discretion of the board, may be annually renewed, not to exceed two additional years, at a fee of \$150 per year.

**11.7(2)** Each applicant shall:

*a.* Submit a completed application form accompanied by a fee of \$150.

*b.* Present a notarized photocopy of a diploma issued by a school or college of medicine and surgery or osteopathic medicine and surgery approved by the board. The board may accept, in lieu of a diploma from a medical college approved by it, all of the following:

(1) A notarized photocopy of a diploma issued by a medical college which has been neither approved nor disapproved by the board; and

(2) The successful completion of one year of training as a resident physician, which training has been approved by the board; and

(3) The recommendation of the Educational Commission for Foreign Medical Graduates or similar accrediting agency.

(4) The board may waive the provisions of paragraph “*b*”(1), “*b*”(2) and “*b*”(3) for a foreign physician, here for teaching purposes only, who is properly admitted under a visa of the State Department of the United States.

(5) Furnish an affidavit from a licensed physician, superintendent of an institution or dean of an approved college of medicine and surgery or osteopathic medicine and surgery in this state setting forth facts supporting the need that exists for the issuance of said license.

**11.7(3)** Candidates may be required to satisfactorily complete an examination prescribed by the medical examiners.

*a.* The medical examiners may require written, oral or practical examinations.

*b.* In any case, the medical examiners may require the candidate to appear for a personal interview before the board or a member thereof.

*c.* Grades received in a license examination before the duly constituted authority of another state, territory, foreign country or before the National Board of Medical Examiners or National Board of Osteopathic Examiners may be accepted in lieu of a written examination conducted by the medical examiners, in which instance:

(1) The applicant must furnish a copy of the national board certificate or an original certificate of license obtained as a result of such examination.

(2) The statements made in the application must be reviewed and verified by the examining board issuing the original certificate, who will also certify, under seal, as to the schedule of subjects in which the applicant was examined, the grades given thereon and the general average attained.

**653—11.8(147,148,150A) Special licensure.** The board may, in its discretion, issue special licensure.

A special license to practice medicine and surgery or osteopathic medicine and surgery may be issued for a period of not more than one year, and may be renewed annually prior to expiration, to a member of the academic staff of a medical or osteopathic school or college.

An applicant for special license shall file a completed application on a form provided by the board, accompanied by documentation attesting to the professional qualifications of the applicant, and a letter of recommendation from a dean of the medical school in which the applicant will be practicing. A special license shall specifically limit the licensee to a practice associated with the hospital or school in which the licensee is a member of the academic staff. Persons licensed to practice by authority of a special license shall be subject to the same disciplinary rules and procedures as other physician licensees.

**653—11.9(147,148,150,150A) Application for licensure.** Upon receipt of a completed application for permanent licensure by examination, licensure by endorsement, temporary licensure, resident physician licensure or special licensure, the executive director as authorized by the board has discretion to:

1. Authorize the issuance of the license.

2. Refer the license application to the license and examination committee for review and consideration when the executive director determines that matters including, but not limited to, prior criminal history, chemical dependence, competency, physical or psychological illness, or professional disciplinary history are relevant in determining the applicants’ qualifications for licensure.

**11.9(1)** Following review and consideration of a physician licensure application referred by the executive director, the license and examination committee may at its discretion:

- a. Recommend issuance of the license.
- b. Recommend to the board denial of the license.
- c. Recommend to the board issuance of the license under certain terms and conditions or with certain restrictions.
- d. Refer the license application to the board for review and consideration without recommendation.

**11.9(2)** Following review and consideration of a physician licensure application referred by the license and examination committee the board shall:

- a. Authorize the issuance of the license,
- b. Deny the issuance of the license, or
- c. Authorize the issuance of the license under certain terms and conditions or with certain restrictions.

**11.9(3)** Waivers. Rescinded IAB 12/27/00, effective 1/31/01.

**653—11.10(272C) Definitions—continuing education.** For the purpose of these rules, the following definitions shall apply.

“*Accredited sponsor*” means an institution or organization sponsoring continuing education activities which has been approved by the board as a sponsor pursuant to these rules.

“*Active licensee*” means any person licensed to practice medicine and surgery, osteopathic medicine and surgery or osteopathy in Iowa who has met all conditions of license renewal and maintains a current license to practice in this state.

“*Approved program or activity*” means a continuing education program activity meeting the standards set forth in these rules. All continuing education activities classified by the accredited sponsor as category 1 shall be deemed automatically approved.

“*Biennial period*” means a period of time beginning on the first day of the month in which a physician was born and extending two years hence with regard to odd and even years.

“*Board*” means the board of medical examiners, created pursuant to Iowa Code chapter 147.

“*Category 1 activity*” means any formal education program which is sponsored or cosponsored by an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education, Iowa Medical Society, or by the Committee on Continuing Medical Education of the American Osteopathic Association and is of sufficient scope and depth of coverage of a subject area or theme to form an educational unit, and is planned, administered and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained by the physician completing the program. Activities designated as Formal Cognates by the American College of Obstetricians and Gynecologists or as Prescribed Credit by the American Academy of Family Physicians are accepted as equivalent to category 1 activities.

“*Continuing education*” means that education which is obtained by a person licensed to practice medicine and surgery, osteopathic medicine and surgery or osteopathy in order to maintain, improve, or expand skills and knowledge obtained prior to initial licensure or to develop new and relevant skills and knowledge.

“*Hour of continuing education*” means a clock-hour spent after December 31, 1978, by a licensee in actual attendance at or completion of an approved continuing education activity.

*“Inactive licensee”* means any person licensed to practice medicine and surgery, osteopathic medicine and surgery or osteopathy in Iowa who has met all conditions of officially placing their license on inactive status and may not practice medicine and surgery, osteopathic medicine and surgery or osteopathy, until the reentry requirements as defined in these rules are met.

*“Licensee”* means any person licensed to practice medicine and surgery, osteopathic medicine and surgery or osteopathy in the state of Iowa.

**653—11.11(272C) Continuing education requirements.**

**11.11(1)** Except as provided in these rules, a total of 40 hours of approved continuing education classified as category 1 hours shall be required as a condition for biennial license renewal. Continuing education hours shall be determined by the board on a pro-rata basis beginning one year from the date of original issuance of the license to facilitate biennial renewal according to month and year of birth.

*a. and b. Rescinded IAB 5/21/97, effective 6/25/97.*

**11.11(2)** A licensee desiring to obtain credit for carry-over hours, not to exceed 20 category 1 hours earned, shall report the carry-over credit at the time of filing the biennial report.

**11.11(3)** Hours of continuing education credit may be obtained by attending a continuing education activity, which meets the requirement herein and is approved by the board pursuant to rules 11.12(272C) and 11.13(272C). In addition, 50 hours of approved category 1 continuing education credit shall be granted to a licensee for each year of training, successfully completed, in an approved residency or fellowship training program.

**11.11(4)** In lieu of the continuing medical education requirements set forth herein, the board will accept a current physician’s recognition award of the American Medical Association, the individual activity report of the American Osteopathic Association, or a current certificate of continuing education from medical organizations recognized by the American Medical Association for fulfilling the requirements of the American Medical Association Physician’s Recognition Award.

**11.11(5)** It is the responsibility of each licensee to finance their costs of continuing education.

**653—11.12(272C) Standards for approval.** A continuing education activity shall be qualified for approval if the board determines that:

**11.12(1)** It constitutes an organized program of learning which contributes directly to the professional competency of the licensee; and

**11.12(2)** It pertains to subject matter which integrally relates to the practice of medicine and surgery, osteopathic medicine and surgery or osteopathy; and

**11.12(3)** It is conducted by individuals who have the education, training and experience to be considered experts in the subject matter of the program.

**653—11.13(272C) Accreditation of sponsors.** In addition to the standards for approval set forth in rule 11.12(272C), the board has adopted the standards and criteria established by either the Accreditation Council for Continuing Medical Education or the standards and criteria established by the committee on Continuing Medical Education of the American Osteopathic Association in accrediting organizations and institutions offering continuing medical education programs. Attendance at approved programs sponsored by an accredited organization and institution which have been classified by the accredited sponsor as a category 1 activity, will be accepted as credit towards the licensee’s continuing medical education requirements for annual renewal of licensure.

**653—11.14(272C) Hearings.** In the event of denial, in whole or part, of credit for continuing education activity, the applicant or licensee shall have the right, within ten days after the sending of the notification of the denial by ordinary mail, to request a hearing which shall be held within 20 days after receipt of the request for hearing. The hearing shall be conducted by the board or a qualified administrative law judge designated by the board, in substantial compliance with the hearing procedure set forth in rule 12.50(147,148,17A). If the hearing is conducted by an administrative law judge, the administrative law judge shall submit a transcript of the hearing including exhibits to the board after the hearing with the proposed decision of the administrative law judge. The decision of the board or decision of the administrative law judge after adoption by the board shall be final.

**653—11.15(272C) Reports and records.** Each licensee shall file evidence of continuing medical education satisfactory to the board at the time of licensure renewal. A report of the continuing medical education on a form furnished by the board shall be sent to the Executive Director, Iowa State Board of Medical Examiners, Executive Hills West, Capitol Complex, Des Moines, Iowa 50319-0180 or to such other address as may be designated on the form.

**11.15(1)** The board relies upon each individual licensee's integrity in certifying compliance with the continuing medical education requirements in this chapter. Nevertheless, the board reserves the right to require any licensee to submit additional evidence demonstrating to the board compliance with these continuing medical education requirements.

**11.15(2)** The licensee shall maintain a file containing records documenting continuing education activities, including dates, subjects, duration of programs, registration receipts where appropriate and any other relevant material for a period of four years after the date of the program.

**653—11.16(272C) Attendance record.** The board shall monitor licensee attendance at approved programs by random inquiries of accredited sponsors.

**653—11.17(272C) Exemptions for inactive practitioners.** A licensee who is not engaged in practice in the state of Iowa may be granted a waiver of compliance and obtain a certificate of exemption upon written application to the board. The application shall contain a statement that the applicant will not engage in the practice of medicine and surgery, osteopathic medicine and surgery or osteopathy in Iowa, without first complying with all regulations governing reinstatement after exemption. The application for a certificate of exemption shall be submitted upon the form provided by the board.

**653—11.18(272C) Reinstatement of inactive practitioners.** Inactive practitioners who have been granted a waiver of compliance with these regulations and obtained a certificate of exemption shall, prior to engaging in the practice of medicine and surgery, osteopathic medicine and surgery or osteopathy in the state of Iowa, satisfy the following requirements for reinstatement:

**11.18(1)** Submit written application for reinstatement to the board upon forms provided by the board; and

**11.18(2)** Furnish in the application evidence of one of the following:

*a.* The practice of medicine and surgery, osteopathic medicine and surgery or osteopathy in another state of the United States, District of Columbia, territory or foreign country and completion of continuing education for each year of inactive status substantially equivalent in the opinion of the board to that required under these rules; or

- b. Completion of a total number of hours of accredited continuing education computed by multiplying 20 by the number of years a certificate of exemption shall have been in effect for such applicant; or
- c. Successful completion of an approved examination conducted within one year immediately prior to the submission of such application for reinstatement.

**653—11.19(272C) Exemptions for active practitioners.** A physician licensed under this rule shall be exempt from the continuing education requirements for:

- 11.19(1)** Periods that the licensee serves honorably on active duty in the military;
- 11.19(2)** Periods that the licensee is a resident of another state or district having a continuing education requirement for the profession and the licensee meets all requirements of that state or district for practice therein;
- 11.19(3)** Periods that the licensee is a government employee working in the licensee's specialty and assigned to duty outside the United States; or
- 11.19(4)** For other periods of active practice and absence from the state approved by the board.

**653—11.20(272C) Physical disability or illness.** The board may, in individual cases involving physical disability or illness, grant waivers of the minimum education requirements or extensions of time within which to fulfill the same or make the required reports. No waiver or extension of time shall be granted unless written application therefor shall be made on forms provided by the board and signed by the licensee and attending physician. Waiver of the minimum educational requirements may be granted by the board for any period of time not to exceed one calendar year. In the event that the physical disability or illness upon which a waiver has been granted continues beyond the period of waiver, the licensee must reapply for an extension of the waiver. The board may, as a condition of any waiver granted, require the applicant to make up a certain portion of all of the minimum educational requirements waived by such methods as may be prescribed by the board.

**653—11.21(272C) Noncompliance.** A licensee who in the opinion of the board does not satisfy the requirements for license renewal stated in this chapter will be placed on probationary status and notified of the fact within 30 days after the renewal date. Within 90 days after such notification, the licensee must submit evidence to the board demonstrating that the deficiencies have been satisfied. If the deficiencies are not made up within the specified period of time, the licensee's license will be classified as lapsed without further hearing.

**653—11.22(147) Licenses.** When the board issues a license to practice, it shall record the licensee's name, license number and other identifying information in the board's computer records, in keeping with the intent of Iowa Code section 147.5. These computer files shall be backed up weekly with off-site storage of the backup files. Computer record keeping will be done in lieu of prior technology, a handwritten record book and cross-referenced licenses.

**653—11.23 to 11.29** Reserved.

**653—11.30(147) License renewal.** A permanent license to practice medicine and surgery, osteopathic medicine and surgery or osteopathy shall expire biennially on the first day of the birth month of the licensee and may be renewed as determined by the board without examination upon application of the licensee. Licenses of persons born in even-numbered years shall expire in even-numbered years, and licenses of persons born in odd-numbered years shall expire in odd-numbered years. Application for license renewal shall be made in writing accompanied by the required fee not later than the expiration date. Renewal certificates shall be displayed along with the original license in the primary location of practice.

**11.30(1)** Each licensee shall be sent a renewal notice by mail at least 60 days prior to the expiration date of the license. A penalty of \$50 per calendar month shall be assessed by the board after the expiration date of the license. The penalty, however, shall not exceed \$200. Failure of a licensee to renew a license within four months following its expiration date shall cause the license to lapse and shall invalidate it. A licensee whose license has lapsed and become invalid is prohibited from the practice of medicine and surgery, osteopathic medicine and surgery or osteopathy until the license is reinstated in accordance with rule 11.32(147).

**11.30(2)** An issued permanent license shall be valid for a period not to exceed two years and two months as determined by the board in accordance with the physician's birth month and year.

**11.30(3)** The renewal fee for a permanent license issued during a calendar year shall be prorated on a monthly basis according to the date of issue and the physician's month and year of birth.

**11.30(4)** Licensees shall notify the board of any change in their home address or the address of their place of practice, within 30 days of making an address change.

**653—11.31(147) Fees.** The following fees shall be collected by the board and shall not be refunded except by board action in unusual instances such as documented illness of the applicant, death of the applicant, inability of the applicant to comply with the rules of the board, or withdrawal of the application provided such withdrawal is received in writing by the cancellation date specified by the board. Examination fees shall be nontransferable from one examination to another. Refunds of examination fees shall be subject to a nonrefundable administrative fee of \$75 per application. The administrative fee shall be deducted by the board or its designated testing service prior to actual refund.

**11.31(1)** For a license to practice medicine and surgery or osteopathic medicine and surgery issued upon the basis of an examination given by the board prior to January 1, 1987, \$350. For a license to practice medicine and surgery or osteopathic medicine and surgery issued upon the basis of an examination given by the board between January 1, 1987, and May 31, 1991, \$525. For a license to practice medicine and surgery or osteopathic medicine and surgery issued upon the basis of an examination given by the board subsequent to May 31, 1991, \$300.

**11.31(2)** For a license to practice medicine and surgery, osteopathic medicine and surgery or osteopathy issued by endorsement, \$300.

**11.31(3)** For a renewal of an active license to practice medicine and surgery, osteopathic medicine and surgery or osteopathy, \$325 per biennial period or a prorated portion thereof for a period of less than two years as determined by the board to facilitate biennial renewal according to month and year of birth.

**11.31(4)** Upon written request, the board may provide the following information about the status of licensees or examinees for the designated fees:

*a.* Written verification that a licensee in this state is licensed.

(1) For a certified statement verifying licensure including the board seal or a letter of good standing, \$40;

(2) For verification of licensure status not requiring certified statements or letters of up to ten licensees, \$15;

(3) For verification of licensure status from a password-protected Web site, the board shall charge a subscriber \$3 per verification or an annual subscription fee of \$2,000 for an unlimited number of verifications in 12 months.

*b.* Written certification of scores of an examination given by the board in this state as permitted under Iowa Code section 147.21 and 653 IAC 1.13(2) "f" and "g."

(1) For a certified statement of grades attained by examination, \$45.

(2) For a certified statement of grades attained by examination including examination history or other additional documentation, \$55.

- c. Documentation of public board actions subsequent to 653—subrule 1.3(7).
  - (1) For a certified copy of original documents affecting the licensure status of licensees including final orders and consent agreements, \$35.
  - (2) For a copy of public documents related to board actions, rulings or procedures on licensure and disciplinary matters, \$20.
- d. Mailing lists.
  - (1) For printed mailing list of physicians, \$65.
  - (2) For a mailing list on diskette, \$40.
  - (3) For a mailing list in an electronic file, \$35.
- e. Returned checks. For a check returned for any reason, \$25. If a license had been issued by the board office based on a check which is later returned by the bank, the board shall request payment by certified check or money order. If the fees are not paid within two weeks of notification by certified mail of the returned check, the licensee shall be subject to disciplinary action for noncompliance with board rules.
- f. Copies of the Iowa Code chapters that pertain to the practice of medicine, \$10.
- g. Copies of the Medical Examiners Board[653] rules in the Iowa Administrative Code, \$10.
  - 11.31(5)** For a duplicate license, which shall be so designated on its face, upon satisfactory proof that the original license issued by the Iowa department of public health has been destroyed or lost, \$25.
  - 11.31(6)** For license to practice as a resident physician, \$50.
  - 11.31(7)** For the renewal of a license to practice as a resident physician, \$25.
  - 11.31(8)** For a temporary license, \$200.
  - 11.31(9)** For the renewal of a temporary license, \$200.
  - 11.31(10)** For a license to be placed on inactive status, \$325.
  - 11.31(11)** For the reinstatement of a revoked or suspended license as outlined in subrule 12.50(36), and in addition to all other applicable fees, an application fee of \$150.
  - 11.31(12)** For reinstatement of a lapsed license, in addition to the penalties as outlined in 11.30(1) and the renewal fees as outlined in 11.32(1) “b,” an application fee of \$150.
  - 11.31(13)** For a special license to practice medicine and surgery or osteopathic medicine and surgery, an annual fee of \$200.
  - 11.31(14)** For taking Step 3 of the United States Medical Licensing Examination (USMLE) administered by the board or its designated testing service subsequent to January 1, 1998, \$505.
  - 11.31(15)** For taking the Federation Special Purpose Examination administered by the board subsequent to May 31, 1991, \$350.

**653—11.32(147) Reinstatement of lapsed license.** Application for reinstatement of a lapsed license may not preclude other disciplinary actions by the board as provided in this chapter.

**11.32(1)** Licensees who allow their licenses to lapse by failing to renew such license may be reinstated without examination by submitting the following.

- a. A completed application for reinstatement of a license to practice medicine and surgery or osteopathic medicine and surgery.
- b. Payment of the renewal fees due provided that such fees shall not exceed \$650 as computed by the board.
- c. Evidence of 20 category 1 hours of continuing medical education for each lapsed year in accordance with rule 11.11(272C). Such hours shall not exceed 80 for reinstatement except when there is a demonstrated need for specialized education as determined by the board through a personal interview with the applicant.
  - 1. The board may grant an extension of time of up to one year to allow compliance with continuing education requirements for reinstatement.

2. An exemption from the required reporting of continuing medical education for the purpose of reinstatement of an active practitioner may be granted by the board in accordance with rule 11.19(272C).

**11.32(2)** The board may require a licensee applying for reinstatement to successfully complete Step 3 of the USMLE with a passing score of 75 percent or better or the special purpose examination (SPEX) with a passing score of 75 percent or better in lieu of 11.32(1) "c" when the board finds reason to doubt the licensee's ability to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy with reasonable skill and safety.

**11.32(3)** When the board finds that a practitioner applying for reinstatement is or has been subject to disciplinary action taken against a license held by the applicant in another state of the United States, District of Columbia, territory, or foreign country and the violations which resulted in such actions would also be grounds for discipline in Iowa in accordance with rule 12.4(272C), the board may deny reinstatement of a license to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy in Iowa or may impose any applicable disciplinary sanction as specified in rule 12.2(272C) as a condition of reinstatement.

**11.32(4)** For reactivation of an application for license to practice medicine and surgery, osteopathy or osteopathic medicine and surgery, issued either upon the basis of board examination or endorsement, as specified in 11.2(3), \$150.

**653—11.33(17A) Forms.** All applications for examinations, certificates and licenses shall be on forms prescribed by the board. These forms may include, but not be limited to, the following, and where practicable, any one or more of the following forms may be consolidated into a single form.

Board Form

Form Title

- |     |  |
|-----|--|
| 1.  | Application for permanent Iowa medical license.  |
| 2.  | Resident physician's application for licensure.  |
| 3.  | Application for a temporary Iowa medical license.                                      |
| 4.  | Application for supervising physician for physician assistants.                        |
| 5.  | Application for reinstatement of a lapsed Iowa medical license.                        |
| 6.  | Application for renewal of a medicine and surgery license.                             |
| 7.  | Application for renewal of an osteopathic medicine and surgery license.                |
| 8.  | Application for renewal of an osteopathic license.                                     |
| 9.  | Application for renewal of a resident physician's license.                             |
| 10. | Complaint form.  |
| 11. | Report of continuing medical education.  |
| 12. | Certificate of exemption from continuing education requirements.                       |
| 13. | Application for waiver of minimum education requirements due to disability or illness. |
| 14. | Application for a special Iowa medical license.  |

**11.33(1)** Whenever the board denies licensure to an applicant, the board shall by U.S. 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.

**11.33(2)** Reserved.

**653—11.34(147,148,150) Licensure denied—appeal procedure.** An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of the appeal and request for hearing upon the executive director not more than 30 days following the date of the mailing of the notification of licensure denial to the applicant or, not more than 30 days following the date upon which the applicant was served notice if notification was made in the manner of service of an original notice. The request for hearing as outlined herein shall specifically delineate the facts to be contested and determined at the hearing.

**653—11.35(147,148,150) Licensure denied—hearing.** If an applicant who has been denied licensure by the board appeals the licensure denial and requests a hearing pursuant to 11.34(147,148,150), the hearing and subsequent procedures shall be pursuant to the process outlined in 653—subrules 12.50(13) to 12.50(32) inclusive.

**653—11.36(17A,147,148,272C) Waiver or variance prohibited.** Rules in this chapter are not subject to waiver or variance pursuant to IAC 653—Chapter 3 or any other provision of law.

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

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