Expedite Access

A State Collaboration
Interstate Medical Licensure
Compact Commission

The Expedited Pathway To Medical Licensure

IMLCC Q & A – Board Member Questions

- **Ms. Holmes**
  - **How disciplinary actions would be handled under the interstate compact. Specifically, based on Marshall Smith's presentation referencing that 41 other states use different standards of evidence than California, she requested clarification on how these differing evidentiary standards would apply in California and asked that this be explained clearly to the public.**
    - **IMLCC Reply: The decisions regarding disciplinary actions and investigative processes are unique to each member state. The IMLCC creates a separate pathway for licensure but does not otherwise restrict or change the practice act of a member state. The license is issued by the Medical Board of California; the medical practice act of the State of California applies to its use.**
    - **However, the IMLCC does provide member states have additional investigative tools; such as joint investigations, and the authorized sharing of investigative information.**
    - **No member board is required to use the standards of evidence from another state to determine the appropriate action for the license issued by their board.**

IMLCC Q & A – Board Member Questions

- **Dr. Tsai**
  - **Does participation in the interstate compact mean that a license issued through the compact would fall under a different category than an unrestricted California medical license? In accordance with California law, would the compact-issued license need to be designated as a special category separate from a standard California medical license?**
    - **IMLCC Reply: The license issued is a full, unrestricted California medical license. It is the same license whether issued through the traditional application process or the IMLCC application process. The IMLCC does not issue licenses.**
  - **The compact requires a $700 fee ($400 to the compact and $300 to the state). Since California's licensure fees are higher than those in many other states, would this fee structure be adjusted? Alternatively, would California need to issue an additional state supplemental fee notice informing applicants that, due to being licensed in California, they must pay a higher amount?**
    - **IMLCC Reply: The question involves 2 different concepts.**
      1. **The $700 fee is an application fee. The IMLCC retains $400 and the State of Principal License (SPL) is paid $300 to review the application and issue the Letter of Qualification (LOQ). The SPL has already issued a license to the physician. The LOQ is used by the physician to obtain full, unrestricted licenses from member states.**
      2. **Each member state determines the cost to obtain the full, unrestricted license from their state. California will receive 100% of its fees for each license issued. My understanding is that California charges a $674 application fee and $1,176 initial license fee for a total of $1,850. California would receive $1,850 for each license issued using the IMLCC process.**
      3. **The same principle applies to renewal fees. The IMLCC collects $25 for each renewal application, and the member state receives 100% of their renewal fee. California charges $1,206 renewal fee and would receive that fee amount.**
  - **Who oversees the Commission? Who holds ultimate authority over the Commission and its committees?**
    - **IMLCC Reply: The IMLCC is a governmental instrumentality that is an agreement among states as permitted under the Compact Clause of the U.S. Constitution, Article I, Section 10, Clause 3.**
    - **The IMLCC is a self-governing organization by the Commissioners appointed from each member state. The IMLCC has established Bylaws, Rules, and Policies which govern the actions of the commission. These are established by a majority vote of the commissioners. [IMLCC Statute, Section 11]**

IMLCC Q & A – Board Member Questions

- **Dr. Yip**
  - **Based on the available data and analysis of licensees, what are the top three specialties most frequently entering the interstate compact program, and what does the data show about their participation?**
    - **IMLCC Reply: A physician's specialty is not a data field, and I am unable to provide a response.**
  - **If a California physician is under investigation with no decision yet issued, would member states within the compact have access to that pending investigative information? If that physician applies for a license through the compact, would those states share any relevant information with the California Medical Board?**
    - **IMLCC Reply: The sharing of disciplinary information in the case of a "Nonpublic Compliant" is a voluntary activity. Member boards, at their own discretion provide this information to other member boards. A nonpublic complaint is defined as the existence of allegations of non-compliance that have not yet been made public. [IMLCC Statute, Section 8, paragraph (c) and (d); and IMLCC Rule, Chapter 6]**
    - **The exception is if a member board joins a "Joint Investigation". Participation in a joint investigation is voluntary; however, participants in a joint investigation are obligated to share with the other participants.**
  - **What is the process for sharing investigative information between California and another state when a physician under investigation practices in both, and is consent from the licensee or the other state's board required before such information can be exchanged?**
    - **IMLCC Reply: The IMLCC does not participate in the investigative process. The IMLCC's role is to serve as the conduit through which member board's investigative staff are connected. Once the connection is made, the connected investigative staff determine the process of sharing and exchanging information.**
    - **The licensee is not required to provide consent to the sharing of information by member board. The information is shared under the defined standard of "Confidential and filed under seal".**

IMLCC Q & A – Board Member Questions

- **Dr. AyalaRodriguez**
  - **Given that each state is allotted two commissioners under the compact, has the Commission considered whether states with significantly larger physician populations—such as California—should receive additional commissioners? Has physician volume across states been evaluated when determining commissioner allocation?**
    - **IMLCC Reply: The IMLCC Statute establishes the number of commissioners, specifically IMLCC Statute, Section 11, paragraph (d) "The Interstate Commission shall consist of two voting representative appointed by each member state who shall serve as Commissioners."**
    - **All member states would need to agree to amend the statute in their state before changes to the commissioner allocation would be effective.**
    - **California has both an allopathic and osteopathic board, so each board will appoint one commissioner.**

IMLCC Q & A – Board Member Questions

- **Mr. Watkins**
  - **What data has the compact collected to demonstrate its impact on patient safety? Specifically, does the evidence show improved protections for patients, or does it simply allow more physicians to enter the market without sufficient patient level outcome data?**
    - **IMLCC Reply: The IMLCC has not created a study related to the impact on patient safety.**
    - **A disciplinary action disqualifies a physician from participation in the IMLCC process and results in the loss of all licenses obtained via the IMLCC process.**
    - **The IMLCC provides notice of disciplinary action within 48 hours of being notified by a member board of a disciplinary action.**
    - **As of 6/30/2026, there are 64,162 physicians who are using the IMLCC process to obtain licenses. 172 of those physicians have been disciplined since 2017 for a total of 339 actions.**

IMLCC Q & A – Board Member Questions

- **Dr. Tolbert**
  - **How might participation in the compact help improve staffing? Specifically, if implemented properly, could it reduce administrative burdens on physicians and allow them to devote more time to clinical and patientcare responsibilities?**
    - **IMLCC Reply: No specific information is available other than unconfirmed statements provided by member boards.**
    - **Member boards report that the processing of IMLCC eases administrative burden. Results vary by each board and how that board has chosen to implement the IMLCC process.**
    - **Member boards report that the IMLCC allows the board to better allocate scarce staff resources, so that an in-depth analysis can be done on those difficult license applications. The IMLCC process involves high bar standard physicians without concerns that generally require a close examination by board staff, and with the data required to make licensure decisions in a single application. API processes are available that expedite the licensing process and remove even more of the administrative burden.**
  - **How does the compact define "discipline"? For example, would a letter of reprimand be considered a disciplinary action, and if so, would it be reportable under the compact?**
    - **IMLCC Reply: Discipline is defined in IMLCC Rule, Chapter 6**

      "Discipline by a licensing agency in any state, federal, or foreign jurisdiction" means any disciplinary action that would be required to be reported to the National Practitioner Data Bank (NPDB). This includes disciplinary actions that were not reported to the NPDB but were required to be reported in accordance with NPDB reporting requirements and disciplinary actions imposed by International Licensing Bodies, even if those entities are unable to submit reports to the NPDB due to jurisdictional limitations"
    - **A letter of reprimand would be considered discipline if the member board considered it to be disciplinary action that is reportable to the NPDB.**

IMLCC Q & A – Board Member Questions

- **Dr. Solis**
  - **For the states that have already joined the compact, did the allopathic and osteopathic boards work together during the implementation process? She requested clarification on how the logistics between the two boards were coordinated in those states.**
    - **IMLCC Reply: The member states which separate MD and DO boards are on-boarded separately; however, both boards must agree to a "go-live-date".**
    - **The decision by member boards to cooperate is unique to each state. The IMLCC supports the decisions and coordination efforts made by each member board.**

IMLCC Q & A – Board Member Questions

- **Dr. Thorp**
  - **If the compact provides an expedited licensure pathway for physicians with a pristine record who meet all eligibility criteria, and disciplinary oversight remains with the California Medical Board, then what happens if such a physician later receives a disciplinary action? Would they be automatically removed from eligibility within the compact?**
    - **IMLCC Reply: The short answer is yes. Disciplinary action is considered a disqualifying event for participation in the IMLCC process. At a minimum, the physician is unable to renew their license obtained via the IMLCC process.**

IMLCC Q & A – Board Member Questions

- **Dr. Mahmoud**
  - **Which four to five states have not joined the compact, and what concerns have they expressed regarding participation? Additionally, is there any information available about the reasons behind their decisions not to join?**
    - **IMLCC Reply: There are 6 states that have not joined the IMLCC. Those states are California, Massachusetts, New York, Oregon, South Carolina, and Virginia. There is active legislation to join in Massachusetts and New York.**
    - **There are a variety of reasons and concerns. The most frequently cited are:**
      - **Concern of Women's Reproductive Care Shield Laws**
        - **The IMLCC statute enhances each member state's authority to govern the practice of medicine, including those states that have Shield Laws.**
      - **Loss of control over the issuance of a license**
        - **The IMLCC process is a secure and tested process that has a "high-bar, bright-light" standard. Over 60,000 physicians use the IMLCC process. Each state retains control over how the license issued is used in their state. An informal challenge is to determine if your board has ever denied a license to a physician how meets the 9 requirements to participate in the IMLCC process. No board yet has.**
      - **Opposition of the state's physician license issuing board**
        - **The Oregon Medical Board is the only board that is actively opposed to their state joining the IMLCC.**
    - **The reasons and concerns can be addressed and mitigated with discussions and hearings. 5 of the 6 states have declined to have discussions or hearings. So, no opportunity exists to discuss the concerns.**
  - **Has the compact encountered any situations in which a clearance letter was issued, but a state board later discovered missing information or an incomplete review? If so, how were those cases addressed?**
    - **IMLCC Reply: As of June 30, 2026, 87 of the 132,693 Letters of Qualification have been determined to be invalid. Most of the invalid LOQs were found through the State of Principal License's internal review processes.**
    - **A summary of reasons for the 87 are:**
      - **28 Not board certified**
      - **23 More than 3 attempts at USMLE or not approved test**
      - **20 GME not ACGME**
      - **12 Under investigation or disciplinary action**
      - **4 Miscellaneous reasons (1 - Leap Year issue, 2 - LOQ expired before use, 3 - wrong license type, 4 – SPL took disciplinary action after LOQ issued)**

IMLCC Q & A – Staff Questions

- **What safeguards exist to prevent physicians who are ineligible for a traditional California license from becoming licensed through the compact, and is this concern a factor in why some states have not joined?**
  - **IMLCC Reply: The IMLCC process creates a new, voluntary pathway to obtain a full, unrestricted license. The physician makes a choice about which pathway they wish to pursue. After the legislation passes there will be 2 pathways.**
  - **As mentioned in Dr. Mahoud's question above - An informal challenge is to determine if your board has ever denied a license to a physician how meets the 9 requirements to participate in the IMLCC process. No board yet has.**
  - **This is a concern mentioned by the Oregon Medical Board.**
- **How do we ensure that compact licensees, for whom California is not the State of Principal License (SPL), undergo fingerprinting that meets California's requirements?**
  - **IMLCC Reply: The State of Principal License (SPL) is required by law to obtain an FBI fingerprint-based background check. [IMLCC Statute Section 5, paragraph (b)(2)]**
- **California requires DOJ fingerprint clearance. Can California require compact applicants to obtain DOJ clearance specifically within California—potentially through legislation—in order to ensure we receive subsequent arrest notifications while they are licensed here?**
  - **IMLCC Reply: The FBI background check process is completed by the State of Principal License at the time of application. No additional eligibility requirements may be added to the IMLCC process prior to the issuance of a license. [IMLCC Statute, Section 5, paragraph (d)]**

IMLCC Q & A – Staff

- **What options does California have if we receive a compact application from an individual who was previously denied a traditional license here? While the number of denials is small, many of these individuals now hold licenses in multiple other states.**
  - **IMLCC Reply: If the physician has met the IMLCC process requirements and a valid Letter of Qualification has been issued, your board is obligated to issue the license. There are no exceptions to this obligation. [IMLCC Statute, Section 5, paragraph (d)]**

- **How does a compact licensee transition to a traditional path California license if they choose to do so? Would they be issued a new license number, and how do other states handle this type of transition?**
  - **IMLCC Reply: There is no formal process for transitioning from one licensure pathway to the other. If a member state wish to make a transition, it would be handled on a case-by-case basis and involve both IMLCC management and board management.**

- **Will California receive NPDB notifications—other than malpractice reports—if California is not the licensee's home state? My understanding is that we may not, but this needs confirmation.**
  - **IMLCC Reply: The IMLCC does not have authority to access, possess, or transmit NPDB information. California is authorized by the NPDB to obtain a report for any license issued by the board.**

IMLCC Q & A – Staff

- **How does the IMLC verify completion of accredited postgraduate training?**
  - **IMLCC Reply: The State of Principal (SPL) completes the verification, from primary source, of the information provided by the physician on the application. This includes the requirement that the physician completed an ACGME or AOA accredited program. The SPL has this information in their application file. [IMLCC Statute, Section 5 (b)(1)]**

- **Additionally, if an applicant does not currently hold a physician license in any state, are they allowed to apply directly through the compact, or must they first obtain a traditional-path license in a member state before becoming eligible for compact licensure?**
  - **IMLCC Reply: No. The physician must hold a full, unrestricted license that has been issued by the SPL to apply. There is no direct application process. [IMLCC Statute, Section 4]**

- **When physicians renew, their renewal may be blocked based on certain responses, outstanding fines, or system flags. Will these same restrictions apply to compact license renewals?**
  - **IMLCC Reply: Member states are authorized to collect and act on additional state specific requirements have the license has been renewed. That would include a review of the listed restrictions. [IMLCC Statute, Section 7, paragraph (f) and IMLCC Rule, Chapter 5, paragraph 5.8, subparagraph (6)]**

- **If a compact member state does not allow renewal of a physician's license, does that automatically prevent the licensee from continuing to participate in compact licensure?**
  - **IMLCC Reply: A member state must renew a license, where the physician has met the established renewal requirements. A renewal can only be declined if the physician has a disqualifying event. [IMLCC Statute, Section 7, paragraph (d)]**

IMLCC Q & A – Staff

- **What documentation is required to verify education for compact applicants?**
  - **IMLCC Reply: The State of Principal (SPL) completes the verification, from primary source, of the information provided by the physician on the application. This includes the requirement regarding medical education. The SPL has this information in their application file. [IMLCC Statute, Section 5 (b)(1)]**

- **Additionally, if the transcript lists a different school name than the diploma, which name is considered authoritative?**
  - **IMLCC Reply: The State of Principal (SPL) is required to evaluate eligibility and resolve conflicting information prior to the issuance of the Letter of Qualification (LOQ). [IMLCC Statute, Section 5 (b)]**

- **How do compact states verify an applicant's legal name? If the medical school transcript lists a different name than the USMLE score report, which name is accepted, and what process is used to verify the applicant's legal identity?**
  - **IMLCC Reply: The State of Principal (SPL) is required to evaluate eligibility and resolve conflicting information prior to the issuance of the Letter of Qualification (LOQ). [IMLCC Statute, Section 5 (b)]**

- **When a physician is issued a compact license with another state as their SPL, what specific information does California receive in the Letter of Qualification (such as name, date of birth, SSN, or address), and how do compact address requirements align with California's requirement for a public physical address of record rather than a P.O. Box or confidential-only address?**
  - **IMLCC Reply: Each license issuing state receives the Letter of Qualification and the Core Data (application submitted by the physician). The board staff have access to the complete on-line application, including the physician's demographic information. Changes to address and name are provided by the physician or by member boards and the updated information is made available to all impacted member boards. The board staff will have training prior to the go-live date with opportunities to review the complete process and information that is available.**

IMLCC Q & A – Staff

- **The compact does not lower California's verification standards when we serve as the State of Principal License (SPL), but it does prevent us from repeating primary source verification of static information already verified by another SPL through a Letter of Qualification. What assurance do we have that other states' primary source verification standards are equivalent to California's?**
  - **IMLCC Reply: All member states pass the same enabling legislation. Under the statute, the State of Principal License has full and final authority to determine the applying physician's eligibility to participate in the IMLCC process.**
  - **The IMLCC Statute becomes the law of that state and creates a common standard that must be met by all member boards. The failure of a member board to comply with the standards established by the IMLCC Statute and Rule may result in that State being found by Federal Court to be in default of their obligations. [IMLCC Statute, Sections 17 & 18]**

- **What happens if a physician's license becomes delinquent in their State of Principal Licensure—for example, due to late renewal or a CME audit issue?**
  - **IMLCC Reply: The physician is obligated to comply with the requirements of the state from whom they have obtained a license. Each state has its own process for enforcing those requirements.**
  - **A physician is required to maintain a full, unrestricted license with their State of Principal License (SPL).**
  - **However, unless the delinquency results in disciplinary action or a restriction placed on the license, generally, this is not considered a disqualifying event.**

- **How does this affect their compact licenses in other states? Specifically, do the non-SPL states update the license status to match the SPL, and if so, how quickly does that status change propagate across participating states?**
  - **IMLCC Reply: These types of situations are extremely rare and are handled on a case-by-case basis.**
  - **No member state is obligated to change the status of the license issued by their state with 1 exception.**
  - **The exception is that if the SPL takes revocation or suspension action, all member boards are required to place the license issued by their board in the same status.**
  - **Since 2017 there have been 131 suspension actions involving 51 physicians, with 15 of the 131 suspension actions done by the SPL.**

Compact Eligibility Steps

A State Collaboration
Interstate Medical Licensure Compact Commission

Step #1 – State of Principal License selection requirements

HOLD a full, unrestricted medical license in 1 of the 40 member jurisdictions that are full and active participants: (AL, AZ, CO, CT, DC, DE, FL, GA, GU, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NV, OH, OK, PA, SD, TN, TX, UT, WA, WI, WV, WY)

MEET at least one of the four following requirements:

- Principal residence is in the SPL
- At least 25% of practice of medicine occurs in the SPL
- Employer is located in the SPL
- The SPL is the state of residence for U.S. federal income tax purposes

Compact Eligibility Steps

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Interstate Medical Licensure Compact Commission

Step #2 – The 9 Common Standards

1. Medical School Accreditation: LCME, COCA, IMED
2. No more than 3 attempts at USMLE or COMLEX-USA steps
3. Graduate Medical Education accreditation by ACGME or AOA
4. ABMS or AOA-BOS including time-unlimited certificates
5. No prior convictions or criminal activity
6. No history of licensure actions
7. Clean DEA history
8. No active investigations
9. **Must pass FBI Criminal Background Check**

Expedite Access

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