

Resident Toolkit

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Determining What Employment Option is Best for You

How do you determine what is the best employment option for you when starting your job search? We have provided a summary below of the different types of employment options you might consider and some pointers that might be helpful as you make that decision.

Hospital Employment

- Stability
- Guaranteed Salary
- Less administrative responsibilities
- Market competitive compensation and benefits
- Opportunity for leadership and medical director positions within the hospital
- Committee participation (EMR, Quality, etc.)

Locum Tenens

- Higher hourly rate
- Flexibility
- Travel throughout the country
- Test drive your employer prior to signing a contract
- You don't have to get involved in hospital politics

Private Practice

- Physician owned
- Typically, you would start as a salaried employee on a partnership track
- There is usually a buy in to become a partner
- Starting salaries can be a bit lower than hospital employed but the upside with partnership could have greater earning potential long term
- Must have an interest in owning a business/more administrative responsibility

Academic Centers

- Salaries can be a bit below market
- Faculty appointment/Opportunity to teach residents
- Research opportunity

Where do I Find a Job?

Resident Job Search Resources

Job Boards

- [MDLinx.com](https://www.mdlinx.com)
- [Career MD.com](https://www.careermd.com)
- [Allphysicianjobs.com](https://www.allphysicianjobs.com)
- [Healthcareers.com](https://www.healthcareers.com)
- [Practicelink.com](https://www.practicelink.com)
- [NEJM.org](https://www.nejm.org)
- [ASPR.org](https://www.aspr.org)
- [NCHCR.com](https://www.nchcr.com)
- [Medicushcs.com](https://www.medicushcs.com)
- Society Job Boards

Job Fairs & Conferences

- Career MD
- National Society Conferences
- Regional Society Conferences

Journals

- NEJM
- JAMA
- Society Journals

Social Media

- Facebook
- LinkedIn
- Doximity

Locum Tenens

- [Medicushcs.com](https://www.medicushcs.com)
- [Nalto.org](https://www.nalto.org)



The Truth About Working With a Staffing Firm

Regardless of whether you have merely wondered about using the services of a staffing company or are interested in learning more and exploring the option, you have probably heard different things, some of them conflicting, about working with a firm.

Previously, Medicus Healthcare Solutions debunked several of the fallacies associated with doing locum tenens. Here, we are going to dispel a few of the myths residents, foreign-trained doctors, and other physicians—as well as advanced practice providers and CRNAs—may have come across about partnering with a staffing agency to find the best professional opportunity.

Myth

The fees paid by the hospital or healthcare organization to the staffing firm come out of the compensation offered to the provider.

Fact

While health systems, hospitals, and other healthcare organizations often have a director of physician recruitment and possibly a full- or part-time coordinator, it is not realistic to think that these individuals will handle all of a facility's recruitment for the year—particularly when the need is great. Rather, they will likely augment their recruitment efforts by budgeting for assistance from one or more staffing agencies.

For example, if an organization chooses to work with a retained search firm on all of its family medicine recruitment, it will not be putting its dollars into advertising, too. Instead, it is joining forces with a company that is held accountable to filling those open positions. And in cases where a physician recruitment team uses a contingency-based firm, if the company finds the candidate(s) before the hospital's in-house division, the facility saves the money it would have spent on both advertising and manpower.

In truth, most hospitals have a recruitment plan that budgets a specific amount, such as 15 to 20 percent, for utilizing search firms. What's more, some facilities partner with a retained search firm 100 percent of the time.

The Truth About Working With a Staffing Firm

Myth

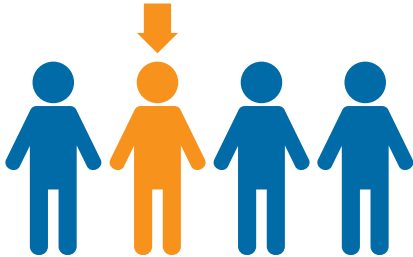
You have to pay a staffing company to help you find an opportunity.

Fact

This seems to be a recurrent misconception among a number of residents just finishing their training and J1 or H1 candidates who are looking for visa sponsorship. Yet a respectable, trustworthy staffing firm will never ask you to pay for their assistance in securing a job. If such a business

requests payment for this service, do not work with them. Instead, seek recommendations from peers and friends, and continue your search for a respectable staffing agency.

Reputable firms will be members of the National Association of Physician Recruiters (NAPR) and/or the National Association of Locum Tenens Organizations (NALTO) and as such are held to ethical business standards and practices. Prior to working with a firm, confirm it is a member of one of these organizations.



The Truth About Working With a Staffing Firm

Myth

When working with a firm, you are better off handling negotiations on your own instead of getting assistance from a physician recruiter.

Fact

You may choose to negotiate your contract on your own, but do not rule out utilizing your recruiter to assist with negotiations.

When you discuss important factors like scheduling and compensation directly with a facility recruitment

representative, you are getting job particulars from one source—the organization interested in hiring you. However, when you partner with a recruiter who specializes in finding quality positions for clinicians, he or she is a neutral party who wants to make sure both your needs and those of the client facility are being met, and that it is a good match.

Moreover, your physician recruiter will walk you through the process and ensure you have all the information you need to make an informed decision. And he or she can handle what might possibly be uncomfortable discussions around compensation, CME, relocation allocation, and other potentially delicate matters.

How to Prepare Your CV

Whether you are searching for a permanent position or the perfect locum tenens assignment, a great curriculum vitae (CV) can distinguish you from other applicants. In a few short pages, your CV needs to expertly present your educational and professional qualifications and accomplishments.

A CV should include:

- Your full name, current or permanent address, and current contact information
- Your educational history in reverse chronological order, including the school name, degree completed, and graduation date
- Any fellowships, internships, and residencies, followed by board certification(s) and specialties. List the states where you are licensed, but not your license numbers
- Professional experience, including the position, organization name and address, dates of employment, and a short description of your duties
- After this section, list awards, publications, research or professional memberships
- Account for any gaps in your employment history



How to Prepare Your CV



Check your CV for accuracy. Have several people proofread it for errors. A polished CV can be critical in shaping an employer's opinion of you, whether you are applying to a hospital, a medical practice, or for a [locum tenens position](#).



Be concise. Limit your CV to three pages and keep the details relevant to the position you are seeking. Your cover letter is the place to show your personality and explain any prior employment issues and their resolution.



Formatting makes a huge difference. Make your CV pleasing to the eye. Use a clean font and consistent layout and formatting. Include plenty of white space.

Provide references separately with name, relationship and contact information.

Following these basic rules for creating a CV can give you a definitive advantage over other applicants.

Best Practices for Physicians When Posting on Social Media

While having a social media presence is a relatively new idea for physicians, advantages to building an online presence as a practitioner include making professional connections and taking control of your own reputation. If you have decided that you want to be on social media, the immediate consideration is how to do it well. It's worthwhile spending a little energy deciding what your social media strategy will be.



Start simple. There is no need to join Facebook, LinkedIn, Instagram, Twitter, and other platforms all at once. Each platform has its own personality and culture, and each takes time to understand and use to your advantage. The medical profession inherently carries risk of burnout, so don't let tending to social media keep you away from practicing.



Keep it positive and helpful. If you are representing yourself as a professional, you need to establish a positive and informative presence. Steer away from controversial topics and focus on helping people. This is especially important to consider if you are interested in locum tenens and other professional opportunities.medicushcs.com



Connect with readers. Decide whom you are speaking to and use language that educates without alienating your audience. Are you talking to moms? Other medical professionals? Prospective employers? Consider your readers carefully with every post you make.



Include images. This is a social media rule that applies across the board, whether personal or professional. Pictures attract readers. A 2014 study on eMarketer confirms that 87 percent of shared Facebook posts include photos. For potential professional employers or locum tenens recruiters, be sure to include a picture of yourself.

If you would like more information about effectively presenting yourself online, contact Medicus Healthcare Solutions at 855-301-0563 or [visit our website](#) to learn about the advantages of locum tenens practice.

Can Your Social Media Account Pass the Screening Test?

Social media can have a powerful influence on how we are perceived by others. In the professional world, employers are increasingly using it to screen prospective employees.

A recent CareerBuilder study found that while employers don't necessarily search a candidate's social media for reasons to reject them, almost half of the hiring managers consulted found information that led to a decision not to hire an applicant. The most common reasons include:

- ⓘ Inappropriate photos
- ⓘ Discriminatory comments about race, religion, etc.
- ⓘ Information about drinking or using drugs
- ⓘ Disparaging remarks about co-workers or employers

Your first step in preparing your social media account(s) for potential employer screening is to hide or remove inappropriate content. Such content could negatively affect your employment opportunities with a hospital, medical practice, or locum tenens recruiter.

Can Your Social Media Account Pass the Screening Test?

Your social media presence can support you as a candidate. Employers report their primary reason for a social media search is to make sure an applicant's background supports his or her reported qualifications. Secondary to that is simply to get an idea of an applicant's personality and discover whether it would fit with the organization's culture. You can use your social media account(s) to make you a more desirable candidate by:

- Being positive
- Being a resource (e.g., linking to interesting or uplifting articles)
- Communicating intelligently and concisely

Particularly for a locum tenens physician, NP, PA, or CRNA who is working with multiple medical organizations, a social media account can help people get a better feel for who you are.

To get more information about how you can use social media effectively when seeking [locum tenens opportunities](#), contact one of our experienced [Medicus Healthcare Solutions](#) recruiters at 855-301-0563.



What to Expect on Your Interview

PERM

If you are interviewing for a permanent position:

- Plan on a full day
- Wear business attire – no scrubs!
- Introductory meeting with recruiter
- Meetings with key stakeholders
- Hospital tour
- Real estate/area tour
- Dinner

LOCUM

If you are interviewing for a locum tenens position:

- First phone call will be your preliminary interview
- Phone screen with hospital recruiter and physician leader
- On-site interview (depends on facility)



Suggested Interview Questions for Residents

- Can you please tell me a little about the history of the group?
- What is the breakdown of physicians, advanced practitioners and clinical staff in the practice?
- How would you describe the culture of the group?
- Does everyone in the group get along and support each other?
- Do they socialize with each other outside of work?
- What does that ramp time look like?
- Do you advertise a new provider joining the group? How do you advertise?
- How would you describe the culture of the organization?
- Can you tell me a little bit about the community and what people do for fun outside of work?
- Can you describe the Benefits package?
- Please tell me about the compensation during the guarantee period and on contract renewal
 - If productivity based, is there a quality component?
- How many patients per day am I expected to see?
- What is the call schedule?
- Am I able to do per diem/locum work as long as it does not interfere with my obligations under my contract with the group/hospital?
- Do you feel the group is more focused on making money or the quality of the care they provide to patients?
- What is the process you use to bring a new physician on board? Do you have a comprehensive orientation and mentoring program?
- Do you have training on your EMR system?
- What is the relationship between the physicians and the administration?
- Have any physicians recently left the group? If yes, why did they leave?
- May I have their contact information so I can ask them a few questions?
- Who will I report to? Do they still see patients?
- (Ask who you will report to) How would you describe your leadership style?
 - What is currently the biggest challenge to this group?

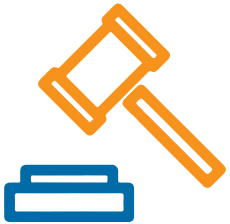
Malpractice Overview

Policy Forms

- Claims-Made Form
- Occurrence Form

The **claims-made** policy form is the most widely used form for medical malpractice insurance. With the claims-made form, for a malpractice claim to have coverage when the **claim is made** against you, you must have an in-force policy or a valid “tail” endorsement that covers you back to the date that the claim occurred. To restate it a different way, you must have either an in-force policy that covers you back to the date of the incident that gives rise to the claim, the treatment date or surgical date, or a tail endorsement on a prior policy that has expired or you cancelled.

With the **occurrence** form, even if the policy is expired, if the claim **occurred** during the policy term of the occurrence form policy, the claim is covered. An occurrence policy continues to provide coverage for future claims on events that took place during that policy term.



Malpractice Overview

What is tail coverage and why do I need it?

If you purchase a claims-made policy for a period of time, and then cancel it when you change jobs or relocate your practice, there is no coverage for claims reported after the cancellation date unless you purchase the extended reporting tail endorsement. So, you need tail coverage to avoid a situation where a malpractice claim is reported against you a year or two after your claims-made policy was cancelled. If you did not purchase the tail extension, you have no coverage for that claim. The kicker is the premium cost—usually 200 percent or more of the expiring premium. So, if your expiring premium is \$7,500, your tail endorsement is an additional premium of \$15,000. Further, only about 10 percent of the insurance companies provide a payment plan for the tail premium. Most carriers require the tail premium to be paid in full within 30 days of cancellation of your claims-made policy.

Are there any alternatives to tail coverage?

If you cancel a claims-made policy, you may be able to replace that policy with another claims-made policy that has the same retroactive date or prior acts date. This is called prior acts coverage, meaning that acts prior to the effective date of the policy are covered by the new, replacement policy. This is signified by the retroactive date on the replacement policy, which goes back to the original coverage date on your first claims-made policy. Physicians may change policies for a more competitive premium for the same coverage with a different insurer. They avoid the tail premium by carrying forward their same retroactive date or prior acts date on the new replacement policy.

Malpractice Overview

Why would anyone ever purchase a tail? Why not just replace coverage?

1. Termination of an employment contract that stipulates purchase of a tail.
2. Replacement coverage is not available. There are many situations in which no carrier will pick up your prior coverage, leaving you with tail coverage as your only option for continuous coverage. An example of some of these scenarios are:
 - ◊ Changing coverage from a group policy for hospitalists to an individual policy for private practice internal medicine. Most carriers will not want to assume the higher-risk exposure for a hospitalist practice.
 - ◊ Relocating your practice from a “high-risk” geographic territory, like Palm Beach County, Florida, to a relatively “low-risk” territory, such as Indiana. In this instance, not only do they NOT want to assume exposure from the high-risk territory, they are a regional carrier with no defense attorney panel or knowledge of the legal climate in Palm Beach County, Florida.

**Note that in most states, the insurer does not have to offer you tail coverage if your coverage is cancelled for non-payment of premium.*

Malpractice Overview

Anatomy of a Malpractice Insurance Policy:

Policy declarations, also known as the face sheet of the policy.

This is the summary of your coverage. It includes this information:

- Named insured
- Policy term
- Retroactive date or prior acts date (only on claims-made form policies)
- Medical specialty
- Coverage limits, per claim and annual aggregate

Some companies include a list of policy endorsements on the declarations page.

Endorsements: Additional coverages—like medical license defense and cyber liability—or rating discounts, such as “part-time” coverage, and additional insureds may be added to your policy by endorsement.

Policy Sections:

- Who is an Insured?
- What Liability is Covered?
- When the Policy Will Respond
- Limits of Liability
- Defense & Settlement
- Exclusions
- Definitions
- General Rules/Terms & Conditions
- Provisions for Extended Reporting Tail Endorsement

Locum Tenens Coverage: Most private practice insurance policies provide some locum tenens substitution coverage whereby the insured physician can insure a substitute physician to cover his/her practice for vacation, leave of absence, etc., at no additional premium charge. Terms vary by company and policy. Prior underwriting approval is generally required.

Malpractice Overview

Premium Rating Factors:

- Medical specialty
- Geographic territory of practice
- Coverage limits
- Discounts and endorsements
- Part time versus full time

Premium Costs: Claims-Made Versus Occurrence

The occurrence form policy starts out at a higher premium, referred to as a “mature” premium. This premium is determined by actuaries, using claims frequency and severity data.

The claims-made premium starts out artificially low, using actuarial data for claims frequency and severity plus an additional factor reflecting the likelihood of a claim occurring and being reported in the very first year of coverage. The likelihood of a claim occurring and being reported almost doubles in the second year of coverage and increases over a five-year period to the mature rate. The mature rate is reached after the policy has been in force over a four- or five-year progression (depending on state and carrier). This is called the claims-made premium rate progression. It is important for new practices to be aware of this cost as it increases overhead during the first years of practice.

Malpractice Overview

Direct Writer Versus Agency Distribution

There are some malpractice insurance companies that are “direct-writers,” meaning that they deal with you directly, and there is no agent to advocate for or advise you. A direct writer cannot provide you with alternative premium quotes; they can only represent their company. Importantly, there is no incentive to discount your coverage with a direct writer.

More About Discounts

Many premium discounts are available. Knowledgeable agents, like CLS, that specialize in medical professional liability insurance and healthcare risks can provide you with alternative premium quotes and obtain maximum discounting on your behalf. Some available discounts are:

- New to practice or “new doctor”
- Claims-free
- Risk management
- Specialty society
- Affiliation
- Group of five or more
- Underwriter discretion

Malpractice Overview

Important Note About Group Policies: Moonlighting is not covered. If you join a group practice and get your first coverage on their group policy, it only covers you for professional services rendered on behalf of the group that is employing you. If you decide to moonlight as a hospitalist or at an urgent care clinic, you need to have your own coverage or make sure that the entity you are moonlighting for adds you to their policy.

Another Important Note: It is good practice to avoid any “gaps” in coverage, meaning dates between jobs or practices for which there is no coverage. A gap in coverage can make you ineligible for prior acts replacement coverage. You will have to explain any gaps in coverage on future applications for malpractice insurance. Some are easily explained, like “took time to prepare for the board exam” or “relocated practice from one state to another.” Not so easy to explain and a stain on your underwriting profile would be “prior coverage cancelled for non-payment.”

Best Practices

Keep digital or hard copies of all your insurance applications and insurance documents. You will need to provide a coverage history every time you change insurance companies or jobs and for credentialing with hospitals and healthcare organizations, so you want to have this information easily available.

For more information, or if you have questions about malpractice insurance, contact Mark Ledger at:
1.866.321.8745 or 1.713.201.2441

Contracts & Offers

A GUIDE TO THE IMPORTANT PROVISIONS IN YOUR PHYSICIAN EMPLOYMENT AGREEMENT

By: Jason D. Gregoire, Esq., Sheehan Phinney Bass & Green, PA

I. Introduction

As a resident, you may make the decision to obtain full-time employment with a health care system, facility, or practice after residency. Whether a physician practices in a hospital, a private practice, a walk-in clinic, an urgent care center, a long-term care facility, a hospice house, or elsewhere, he or she will inevitably be presented with an employment agreement that governs the terms of his or her relationship with their new employer. Physicians—excited about obtaining an offer of employment—frequently sign employment agreements without the assistance of legal counsel unaware of the potential landmines lying dormant in these agreements. Unfortunately, but understandably, they often focus on the salary and perks, but not other key provisions of the agreement.

This portion of the resident toolkit outlines several important contract provisions of which new physicians should be aware when negotiating an employment agreement. This list is not exclusive and does not substitute for legal advice. We recommend that all physicians promptly obtain legal counsel upon receipt of a proposed letter of intent or employment agreement from a prospective employer.

Contracts & Offers

II. Important Contractual Provisions to Review and (Potentially) Negotiate

- A. **Term:** All employment agreements contain a term provision that states how long the agreement lasts. The agreement may last a matter of months or years. It is important to understand the term of the agreement to determine the length of commitment, and whether the agreement automatically renews at the end of the specified term or whether the parties need to mutually agree to renew the agreement. Term provisions seem innocuous, but can present a trap for the unwary physician who decides he or she wants to leave a month after the agreement renewed for another two-year term and does not contain a “without cause” termination provision (see Section II.D. below).
- B. **Compensation Structure:** There are a number of popular physician compensation structures. Physicians should familiarize themselves with the method by which they will be paid and ask clarifying questions before signing the agreement. Below are a few common examples of physician compensation models. Some employers will use a hybrid of these common models and there is no “one size fits all” model.
 1. **Fixed Base + Bonus:** This compensation model involves paying the physician a fixed base salary plus a merit-based or productivity-based bonus. Many hospitals and health systems have moved away from this model of compensation and have gravitated to productivity-based compensation models. If, however, a contract calls for a fixed base salary, investigate the frequency of payment (e.g., weekly, bi-weekly, monthly), and whether the base is fair given compensation in the geographic region and applicable specialty. Also, be sure to understand the system used for assessing whether a bonus is payable and in what amount.

Contracts & Offers

- 2. Relative Value Units (RVU):** A common method of physician compensation is payment on a per-RVU basis. RVUs are a complex concept stemming from the Medicare payment system. Essentially, the dollar amount for each service performed is determined by three components: physician work, practice expense, and malpractice insurance. The per-RVU amount is also affected by the geographic location of the physician. Under an RVU based model, the physician should evaluate the RVU target amounts to determine anticipated compensation and whether such compensation is reasonable in light of geography, compensation, training, and experience. The Medical Group Management Association (MGMA) publishes statistics showing RVU-based compensation for all different specialties and geographies that physicians can use to determine whether the RVU goals and resulting compensation are reasonable and constitute fair market value for services.
- 3. Percentage of Collections:** Another less common compensation model is the system by which the employer pays a physician a percentage of collections for services performed by physician. Because collections are often delayed by 60-90 after charges are billed, employers often establish a “draw”, which involves paying the physician a fixed monthly amount to be reconciled monthly or quarterly based on actual collections. This model incentivizes productivity, but may present issues if the employer has slow-paying patients.
- 4. Non-Productivity Incentives:** Hospitals and other large employers use quality-based structures based on incentives offered by private payers, Medicare, and Medicaid. For example, some hospitals incentivize pay based on patient-panel size, patient safety scores, patient waiting times, electronic health record completion, readmission rates, wait times, and other quality metrics. Pay or bonuses based on these metrics is becoming more popular as the federal and private payors move to value-based compensation models.

Contracts & Offers

C. **Incentives:** The following is a non-exclusive list of incentives that a prospective employer may offer a physician candidate to attract him or her:

1. Loan repayment
2. Moving expense reimbursement
3. Signing bonus

Recruitment Agreement: Agreement whereby hospital signs agreement with outside private practice to pay the private practice in order for the private practice to take in the physician, train the physician, etc. Sometimes the hospital will employ the physician in the first instance. In other cases, the hospital will guarantee the physician's salary, but the private practice employs the physician. The goal of these agreements is to allow a private practice to bring in a new physician it might not otherwise be able to attract given its inability to pay salary competitive with a local hospital. These agreements are sometimes called "Embedded Physician Agreements."

D. **Termination:** Most employment agreements contain termination provisions that split termination into "for cause" versus "without cause" categories.

1. **For Cause:** For-cause termination means termination of a physician's contract based on the occurrence of a "breach" event. Examples of events that may trigger a for-cause termination include, but are not limited to, physician's loss of medical staff privileges, revocation or suspension of physician's medical license, the inability to procure professional

Contracts & Offers

liability insurance for a physician, conviction of a serious crime, serious concerns about patient safety or care, physician exclusion from federal healthcare programs or payer network, sale of facility or practice, and the disability of physician. Be wary of ambiguous grounds for termination such as “disruptive behavior” or “conduct contrary to the best interests of the hospital.” Often for-cause terminations are immediate terminations with no advance notice, so they should be reserved for egregious offenses or serious issue only.

a. Issue to Be Negotiated

i. What actions or omissions trigger a for-cause termination?

ii. Will the breaching party be given an opportunity to cure?

iii. Does the employer have to provide advance notice of its intent to terminate for cause?

2. **Without Cause:** Without cause terminations allow an employer to terminate a physician for no reason as long as a specified period of notice is given. Some employers include a two-way provision that allows the physician to terminate without cause in a similar manner (i.e., they do not need to prove a material breach by the employer or wait until the current term expires). Many physicians appreciate the flexibility afforded them by a “without cause” termination provision, i.e. they know they can exit without repercussions if the job does not suit them. Others want the security of a certain term of contract. If an employment agreement contains a without cause termination provision, pay attention to the amount of notice that must be given before termination. The amount of notice is a frequent topic of negotiation. Furthermore, consider whether restrictive covenants apply even in the event of a without cause

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termination. Physician should consider negotiating a caveat that employers will not enforce restrictive covenants if the physician is terminated without cause.

E. Restrictive Covenants

- 1. Non-Competition:** A non-competition covenant prevents a departing physician from performing services for a competing entity for a specific period time within a specific geographic region following termination. Some states such as New Hampshire and Massachusetts have banned physician non-competes entirely. Other states impose limitations on the allowable geographic and temporal restrictions, and whether employers can prohibit a departed physician from treating new patients versus existing patients treated by the departed physician. With respect to any geographical restriction, physician should take note of the practice address that is defined as the center of the radius—is it the main office of the practice, or does it include any and all satellites of the practice? If the later, this could cover a tremendous amount of restrictive territory and should be contested Suffice it to say, non-competes are one of the most frequently negotiated items in physician contracts and physicians should consult with a knowledgeable attorney in the jurisdiction in which they intend to practice to evaluate any non-competition provision.
- 2. Non-Solicitation:** A non-solicitation covenant prevents a departing physician from soliciting patients, employees, referral sources, or some combination of the three of a former employer. Some agreements ban active solicitation where others attempt to prevent a physician from treating patients who follow the physician to their new practice on their own. Non-solicitation covenants typically cover one of three categories of people:
 - a. Patients:** A non-solicitation of patient covenant prevents a departing physician from soliciting patients of his or her

Contracts & Offers

former employer for a given period of time. These clauses should be limited to cover only those patients that the physician actually treated or gained substantial information from while employed by the former employer.

- b. **Employees:** A non-solicitation of employees covenant prevents a departing physician from soliciting employees of his or her former employer for a given period of time. These clauses should be limited to only those employees with whom the physician actually worked.
 - c. **Referral Sources:** A non-solicitation of referral sources covenant prevents a departing physician from soliciting current or former referral sources of the employer for a given period of time. These clauses should be scrutinized for over-breadth, and if accepted at all, should be limited to only those referral sources with whom the physician actually interacted.
- F. **Ability to Moonlight/Perform Locum Work:** Employed physicians often seek to supplement their income by working a second concurrent job, reviewing worker's compensation insurance claims, working as an expert witness for litigation, working periodically through a locum tenens company, or taking another outside job that involves medical skills. Many employment agreements contain an exclusivity clause that prohibits the physician from practicing medicine outside of employment. If a physician intends to practice medicine on the side in any capacity, he or she should seek a carve-out in the employment agreement to allow him or her to do so. Some employers will allow performance of work outside the scope of the employment agreement, but only with prior approval from the employer. Also, the physician should be sure to ascertain whether he or she has adequate professional liability insurance for endeavors outside of his or her regular employment.

Contracts & Offers

- G. Professional Liability Insurance:** In nearly all physician employment agreements, the employer agrees to purchase malpractice insurance for its employed physicians. However, in rare cases, employers require the physician to purchase his or her own malpractice coverage. A prudent physician will ensure that his or her agreement requires the employer to purchase malpractice coverage, and the physician will insist on a certificate of insurance confirming said coverage and its amounts. Similarly, if a physician intends to moonlight or provide services outside of employment (see Section II.F.), he or she must ensure that his or her other employment, agency, etc. purchases separate malpractice insurance covering such outside activities. In addition to providing coverage for any malpractice lawsuits that arise from actual physician services, professional liability policies also typically provide the physician with a defense attorney in the event they are forced to defend themselves before their state licensing boards.
- H. Tail Insurance:** Most employers provide physicians with “claims made” malpractice insurance, which covers claims brought against a physician resulting from services the physician provided during the time the claims-made policy was in effect. When a physician leaves a place of employment, their professional liability policy is terminated. Therefore, if a patient files a medical malpractice claim after the physician leaves, the physician is not covered under the policy in effect when they were employed. That is where tail insurance comes in. Tail coverage protects a physician once they have left a former employer due to termination, job change, retirement, or other reasons.

One of the most negotiated issues in physician employment agreements is who is responsible to pay for tail insurance coverage when a physician leaves employment. Physicians should pay close attention to this provision because tail policy premiums are often very expensive. Some employers pay the entire tail premium. Other employers pay the entire premium, but only after the physician has worked at the facility a certain number of years. Other employers pay part of the tail premium. And others pay the tail premium, but only if the physician is not fired, does not compete, and/or gives

Contracts & Offers

a specified period of notice before she leaves. Pay close attention to this provision. If the issue of who is responsible for procuring and paying for tail insurance is not address, raise the issue and make it express at the start of the relationship. Also, pay attention to the length of “extended reporting period” covered by the tail insurance. The ideal reporting period for a departing physician is an “unlimited reporting period,” meaning that the tail coverage will apply and cover no matter how many years have elapsed since the physician left employment.

- I. **Call Coverage:** The essential question surrounding call coverage is how will the physician’s share of call be allocated. Occasionally employment agreements give the employer unilateral authority to assign call to the physician without limitation. The problem with this approach is that it requires the physician to perform call whenever the physician is needed and may require the physician to perform more call than anyone else in his group or department. In order to protect oneself against an unequal share of call time, the physician should ask that the contract state the express division of call time (e.g., “1 to 3 call time”). The physician should also consider requesting that the employer compensate for any extra call performed. Put simply, make sure the contract contains clear language about the amount of call that is expected, and what happens if the practice requires more than a fair share of call. Call-time, more than almost any other provision, can affect the physician’s quality of life.

- J. **Practice Location:** Employers that have many offices often do not list the specific office or site at which the physician will be obligated to practice. As a result, physicians may be forced to travel extensively or get stuck practicing in a location that is far away from home for extended periods of time. Also, see above Section E(1) for how multiple offices can affect restrictive covenants. Extensive travel might also make it difficult for physician to satisfy productivity goals. Accordingly, the agreement should clearly state where the physician will be obligated to practice. If more than one practice location, then the agreement should state how often the physician will have to move from one to another and the distance

Contracts & Offers

between the locations. If an employer insists on requiring practice in multiple locations, request a lower productivity target that accounts for all of the nonclinical travel time.

- K. Automatic Waiver of Medical Staff Privileges/Due Process Rights:** It is important to understand the relationship between an employment agreement and hospital medical staff bylaws. The two are distinct documents, but should be read in conjunction with one another. A hospital employment agreement governs the terms of the physician's employment with the hospital whereas the medical staff bylaws govern the terms of the physician's medical staff membership and clinical privileges at a specific hospital. Termination of employment does not automatically terminate medical staff privileges and membership unless the employment agreement provides for such a result. Unless an employment agreement says otherwise, medical staff membership cannot be terminated without the physician's ability to exercise certain due process rights (e.g., peer review hearing, appeal rights, etc.). Also, the employment agreement should clarify which of the two sets of rules (those in the employment agreement or those in the Medical Staff Bylaws) prevails in a conflicting situation.

Increasingly, however, hospital-based physicians are receiving contracts that contain provisions requiring a physician to automatically waive their medical staff privileges and corresponding due process rights upon termination of employment. Some provisions go further and require a physician to not reapply for medical staff privileges for a period of months or years following mandatory surrender. These provisions appear to be enforced by courts and eliminate a physician's rights to a peer review hearing and subsequent appeal in the event a performance issue arises, and may eliminate the ability to practice in a geographic region if the physician can no longer practice at the only hospital in the area. Review these provisions carefully.

Contracts & Offers

- L. **Responsibility for Overpayments:** Some hospitals and large health system insert contract provisions that make the physician personally responsible if a government or private payer audit identifies overpayments stemming from work performed by the physician, or a coding or billing error resulting from the physician's actions (e.g., improper charting). A physician should fight hard to remove any such provision from his or her contract. If an employer refuses to strike the provision, insist upon limiting personal responsibility to intentional errors or situations where the direct cause of the error (e.g., providing incorrect information to the coder).

THIS GUIDE IS PRODUCED FOR INFORMATIONAL PURPOSES ONLY AND NOT FOR THE PURPOSE OF PROVIDING LEGAL ADVICE. YOU SHOULD CONTACT AN ATTORNEY SHOULD YOU NEED LEGAL ADVICE.

Interstate Medical Licensure Compact

If you have a State of Principal License (SPL) in

- Alabama
- Arizona
- Colorado
- Guam
- Idaho
- Illinois
- Iowa
- Kansas
- Maine
- Michigan
- Mississippi
- Montana
- Nebraska
- Nevada
- New Hampshire
- South Dakota
- Tennessee
- Utah
- Washington
- West Virginia
- Wisconsin
- Wyoming

And

Your primary residence is in the SPL or At least 25% of your practice of medicine occurs in the SPL or Your employer is located in the SPL or You use the SPL for U.S. federal income tax purposes

Then you can apply for additional licenses in

- Alabama
- Arizona
- Colorado
- Guam
- Idaho
- Illinois
- Iowa
- Kansas
- Maine
- Michigan
- Minnesota
- Mississippi
- Montana
- Nebraska
- Nevada
- New Hampshire
- South Dakota
- Tennessee
- Utah
- Washington
- West Virginia
- Wisconsin
- Wyoming

How Long Will it Take to Get my License?

Physician Licensure Application Fees and Timelines by State

Like many clinicians who work locum tenens, you may be interested in practicing in more than one state. As you undoubtedly know, medical licensure fees and requirements—as well as the time frame for processing applications and documentation—vary from state to state. Variables such as how quickly medical schools/postgraduate training programs provide primary source information to a given board or when background check results are returned have to be considered as well, not to mention a board's workload and the volume of applications it processes.

To provide you with state-specific information in one convenient location, we have compiled a list of every medical board/licensing authority in the United States. In addition to furnishing contact information for each entity, we have provided fee details and the average time for obtaining a license, and have noted where Federation Credentials Verifications Service (FCVS) is accepted or required.

Please note that the fees, timelines, and other information provided below were in effect at the writing of this post and are subject to change. Similarly, the timelines for obtaining a license are estimates.

Medicus Healthcare Solutions' experienced licensing team can help you with the licensing process in any state. To speak with one of our dedicated licensing coordinators, please call (855) 301-0563, or email Licensing@medicushcs.com and one of our knowledgeable team members will contact you shortly.

How Long Will it Take to Get my License?



ALABAMA (MD/DO)

- Medical License Commission of Alabama
P.O. Box 887
Montgomery, AL 36101-0087
Phone: (334) 242-4153
Fax: (334) 242-4155
- Application Packet: \$20
- Criminal Background Check Fee: \$65
- Initial License Fee: \$175
- FCVS Accepted
- Average time for obtaining license: 6 to 8 weeks, but could take up to 6 months



ALASKA (MD/DO)

- Alaska State Medical Board
Licensing Examiners
P.O. Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2781
Fax: (907) 465-2974
E-mail: medicalboard@alaska.gov
- Application Fee: \$200
- License fee: \$300
- FCVS Accepted
- Average time for obtaining license: 5 to 7 months

How Long Will it Take to Get my License?



ARIZONA (MD/DO)

- **Arizona Medical Board**
9545 E. Doubletree Ranch Rd.
Scottsdale, AZ 85258
Phone: (480) 551-2700
Fax: (877) 255-2212
- **Application Fee:** \$500 (once license is approved, there is a \$500 biennial licensing fee)
- **FCVS Accepted**
- **Average time for obtaining license:** 2 to 3 months



ARKANSAS (MD/DO)

- **Arkansas State Medical Board
Licensure Department**
1401 W. Capitol Ave. #340
Little Rock, AR 72201
Phone: (501) 296-1802
Fax: (501) 296-1972
- **License Fee:** \$500 (\$400 application fee plus \$100 Centralized Credentials Verification Service [CCVS] Assessment)
- **Request for Temporary Permit:** \$50 plus application fee
- **FCVS Not Accepted**
- **Average time for obtaining license:** Depends on individual's application file. Usually a minimum of 6 weeks for a resident, and can take 3 to 4 months if physician has been in practice for many years, or if the applicant is an international medical graduate.

How Long Will it Take to Get my License?



CALIFORNIA

○ [The Medical Board of California \(MD\)](#)

2006 Evergreen St., Suite 1200
Sacramento, CA 95815
Phone: (916) 263-2382
Fax: (916) 263-2944
Email: webmaster@mbc.ca.gov

- **Application Fee:** \$491 (includes fingerprint processing fee)
- **Initial License Fee:** \$808
- **FCVS Accepted**
- **Average time for obtaining a license:** 60 days once application is submitted

○ [Osteopathic Medical Board of California \(DO\)](#)

1300 National Dr., Suite 150
Sacramento, CA 95834-1991
Phone: (916) 928-8390
Fax: (916) 928-8392
E-mail: osteopathic@dca.ca.gov

- **Application Fee:** \$249 (includes fingerprint processing fee)
- **FCVS Accepted**
- **Average time for obtaining a license:** Overall process can take 6 to 7 months

How Long Will it Take to Get my License?

COLORADO (MD/DO)

- Colorado Medical Board
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7690
Fax: (303) 894-7692
Email: dora_medicalboard@state.co.us
- **Licensure Application Fee:** \$412 (includes processing and licensing fee)
- **FCVS Accepted**
- **Average time for obtaining a license:** 6 weeks to 4 months

CONNECTICUT (MD/DO)

- Connecticut Department of Public Health
Physician Licensure
410 Capitol Ave., MS #12 APP
P.O. Box 340308
Hartford, CT 06134
Phone: (860) 509-7603
Fax: (860) 707-1931
Email: dph.healingarts@ct.gov
- **Application Fee:** \$605 (Note: Applications are only accepted online.)
- **FCVS Accepted**
- **Average time for obtaining a license:** 1 to 3 months

How Long Will it Take to Get my License?



DELAWARE (MD/DO)

- **State of Delaware**
Division of Professional Regulation
Cannon Building, Suite 203
861 Silver Lake Blvd.
Dover, DE 19904
Phone: (302) 744-4500
Email: customerservice.dpr@state.de.us
- **Application Fee:** \$378
- **FCVS Accepted**
- **Average time for obtaining a license:**
Not provided; depends on when required documentation is received from other entities.
Status of application can be checked online.



DISTRICT OF COLUMBIA/WASHINGTON, DC (MD/DO)

- **Department of Health Board of Medicine**
899 North Capitol St., NE
Washington, DC 20002
Phone: (202) 442-5955
Fax: (202) 442-4795
Email: doh@dc.gov
- **Application Fee:** \$305
- **License Fee:** \$500
- **FCVS Accepted**
- **Average time for obtaining a license:** Not provided; once all documents are received, application goes to “analysis phase” and decision will be made at next board meeting. (With the exception of August, board meets monthly.)

How Long Will it Take to Get my License?



FLORIDA

○ [Board of Medicine \(MD\)](#)

Department of Health
P.O. Box 6330
Tallahassee, FL 32314-6330
Phone: (850) 245-4131
Fax: (850) 488-0596

- **Application Fee:** \$500
- **Initial License Fee:** \$429
- **NICA Fee:** \$250 for non-participating, \$5,000 for participating
- **Highly Recommends FCVS**
- **Average time for obtaining a license:** 2 to 6 months from receipt of application

○ [Board of Osteopathic Medicine \(DO\)](#)

Department of Health
P.O. Box 6330
Tallahassee, FL 32314-6330
Phone: (850) 245-4161
Fax: 850-412-2684

- **Application Fee:** \$200
- **Initial Licensure Fee:** \$305
- **NICA Fee:** \$250 for non-participating, \$5,000 for participating
- **Highly Recommends FCVS**
- **Average time for obtaining a license:** 2 to 6 months from receipt of application

How Long Will it Take to Get my License?



GEORGIA (MD/DO)

- Georgia Composite Medical Board
2 Peachtree St., NW, 36th Floor
Atlanta, GA 30303-3465
Phone: (404) 656-3913
Fax: (404) 656-9723
- Application Fee: \$500
- FCVS Accepted
- Average time for obtaining a license: 1 to 3 months



HAWAII (MD/DO)

- Department of Commerce and Consumer Affairs Professional and Vocational Licensing
P.O. Box 3469
Honolulu, HI 96801
Phone: (808) 586-3000
Email: pvl@dcca.hawaii.gov
- Application Fee: \$392 (issued 2/1 – 1/31 even years); \$221 (issued 2/1 – 1/31 odd years)
- FCVS Accepted
- Average time for obtaining a license: 4 to 6 weeks from the time completed application is received, provided it does not require board review

How Long Will it Take to Get my License?



IDAHO (MD/DO)

- **Idaho Board of Medicine**
P.O. Box 83720
Boise, ID 83720-0058
Phone: (208) 327-7000
Fax: (208) 327-7005
Email: info@bom.idaho.gov
- **Application Fee:** \$500 for licensure by endorsement
- **Requires Uniform Application**
- **FCVS Accepted**
- **Average time for obtaining a license:** 2 to 4 months



ILLINOIS (MD/DO)

- **Illinois Department of Financial and Professional Regulation**
320 W. Washington St., 3rd Floor
Springfield, IL 62786
Phone: (800) 560-6420
Fax: (217) 782-7645
- **Application Fee:** \$700, plus \$5 CSR
- **FCVS Accepted**
- **Average time for obtaining a license:** 3 to 4 months

How Long Will it Take to Get my License?



INDIANA (MD/DO)

- **Medical Licensing Board of Indiana**
402 W. Washington St., Room W072
Indianapolis, IN 46204
Phone: (317) 234-2060
Fax: (317) 233-4236
- **Application Fee:** \$250, plus \$60 CSR
- **Request for Temporary Permit:** \$100 plus application fee
- **FCVS Accepted**
- **Average time for obtaining a license:** 2 to 3 months



IOWA (MD/DO)

- **Iowa Board of Medicine**
400 SW 8th St., Suite C
Des Moines, IA 50309-4686
Phone: 515-281-6641
Fax: (515) 242-5908
- **Application Fee:** \$505, plus \$60 Uniform Application Fee
- **Utilizes Uniform Application**
- **FCVS Accepted**
- **Average time for obtaining a license:** 3 to 4 months

How Long Will it Take to Get my License?



KANSAS (MD/DO)

- **Kansas State Board of Healing Arts**
800 SW Jackson
Lower Level – Suite A
Topeka, KS 66612
Phone: (785) 296-7413
Fax: (785) 296-0852
- **Application Fee:** \$300, plus \$60 Uniform Application Fee
- **Background Check Fee:** \$47
- **NPDB Report Fee:** \$3
- **FCVS Accepted**
- **Average time for obtaining a license:** 2 to 4 months



KENTUCKY (MD/DO)

- **Kentucky Board of Medical Licensure**
Hurstbourne Office Park
310 Whittington Pkwy., #1B
Louisville, KY 40222-4916
Phone: (502) 429-7150
Fax: (502) 429-7158
- **Application Fee:** \$300
- **FCVS Required**
- **Temporary Permit:** No additional fee/application fee only
- **Average time for obtaining a license:** 8 to 10 weeks

How Long Will it Take to Get my License?



LOUISIANA (MD/DO)

- ⬡ Louisiana State Board of Medical Examiners
P.O. Box 30250
New Orleans, LA 70190-0250
Phone: (504) 568-6820
Fax: (504) 568-8893
- ⬡ Application Fee: \$382
- ⬡ FCVS Required
- ⬡ Average time for obtaining a license: 2 weeks to 3 months

How Long Will it Take to Get my License?



MAINE

○ [Maine Board of Licensure in Medicine \(MD\)](#)

137 State House Station
161 Capitol St.
Augusta, ME 04333-0137
Phone: (207) 287-3601
Fax: (207) 287-6590

- **Application Fee:** \$700
- **FCVS Accepted and Completion of Uniform Application Required**
- **Average time for obtaining a license:** Up to 90 days after board receives application and all documents

○ [Maine Board of Osteopathic Licensure \(DO\)](#)

142 State House Station
161 Capitol St.
Augusta, ME 04333-0142
Phone: (207) 287-2480
Fax: 207-536-5811
Email: osteo.pfr@maine.gov

- **Application Fee:** \$350 for licensure by endorsement
- **FCVS Accepted and Completion of Uniform Application Required**
- **Average time for obtaining a license:** 60 to 90 days for total processing of application

How Long Will it Take to Get my License?



MARYLAND (MD/DO)

- Department of Health and Mental Hygiene
Maryland Board of Physicians
4201 Patterson Ave.
Baltimore, MD 21215
Phone: (410) 764-4777
Fax: (410) 358-2252
Email: mbpmail@rcn.com
- **Application Fee:** \$790 U.S. medical school graduate, \$890 international medical school graduate
- **FCVS Accepted**
- **Average time for obtaining a license:** Minimum of up to 4 months



MASSACHUSETTS (MD/DO)

- Massachusetts Board of Education in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
Phone: (781) 876-8200
Fax: (781) 876-8383
- **Initial Full License:** \$600
- **FCVS Accepted, but Required for Foreign Graduates**
- **Average time for obtaining a license:** Minimum of 8 to 16 weeks

How Long Will it Take to Get my License?



MICHIGAN

○ [Michigan Board of Medicine \(MD\)](#)

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing

P.O. Box 30192

Lansing, MI 48909-8170

Phone: (517) 335-0918

Fax: (517) 373-2179

- **Application Fee:** \$151.50. (If also applying for a controlled substance license, the fee is \$237.35.)
- **FCVS Accepted**
- **Average time for obtaining a license:** Minimum of 6 to 8 weeks

○ [Michigan Board of Osteopathic Medicine and Surgery \(DO\)](#)

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing

P.O. Box 30004

Lansing, MI 48909

Phone: 517-335-0918

- **Application Fee:** \$151.50. (If also applying for a controlled substance license, the fee is \$237.35.)
- **FCVS Accepted**
- **Average time for obtaining a license:** Minimum of 6 to 8 weeks

How Long Will it Take to Get my License?



MINNESOTA (MD/DO)

- **Minnesota Board of Medical Practice**
2829 University Ave. SE, Suite 500
Minneapolis, MN 55414-3246
Phone: (612) 617-2130
Fax: (612) 617-2166
Email: Medical.Board@state.mn.us
- **Application Fee:** \$392 (\$200 processing fee and \$192 annual registration fee)
- **FCVS Accepted**
- **NOTE:** Temporary permit option discontinued December 15, 2016
- **Average time for obtaining a license:** 3 months



MISSISSIPPI (MD/DO)

- **Mississippi State Board of Medical Licensure**
1867 Crane Ridge Dr., Suite 200-B
Jackson, MS 39216
Phone: (601) 987-3079
Fax: (601) 987-4159
- **Application Fee:** \$550 (All applications must be completed online.)
- **FCVS Accepted**
- **Average time for obtaining a license:** 2 to 5 months

How Long Will it Take to Get my License?



MISSOURI (MD/DO)

- Missouri State Board of Registration for the Healing Arts
P.O. Box 4
Jefferson City, MO 65102
Phone: (573) 751-0098
Fax: (573) 751-3166
- Application Fee: \$75
- FCVS Accepted
- Average time for obtaining a license: 2 to 3 months



MONTANA (MD/DO)

- Montana Board of Medical Examiners
P. O Box 200513
Helena, MT 59620-0513
Phone: (406) 841-2361
Fax: (406) 841-2305
- Application Fee: \$500
- FCVS Accepted
- Average time for obtaining a license: Minimum of 2 to 4 months

How Long Will it Take to Get my License?



NEBRASKA (MD/DO)

- Nebraska Department of Health and Human Services
Regulation and Licensure Credentialing Division

P.O. Box 94986

Lincoln, NE 68509

Phone: (402) 471-2118

Fax: (402) 471-8614

- **Application Fee:** \$300 during odd years. During even years, costs vary from month to month.
- **Background Check Fee:** \$38
- **FCVS Not Accepted**
- **Average time for obtaining a license:** Minimum of 8 to 12 weeks

How Long Will it Take to Get my License?



NEVADA

○ [Nevada State Board of Medical Examiners \(MD\)](#)

P.O. Box 7238
Reno, NV 89510
Phone: (775) 688-2559
Fax: (775) 688-2321

- **Application Fee:** \$1,425 (Includes application fee, registration fee, criminal background investigation fee)
- **FCVS Accepted**
- **Average time for obtaining a license:** 2 to 4 months

○ [Nevada State Board of Osteopathic Medicine \(DO\)](#)

2275 Corporate Cir., Suite 210
Henderson, NV 89074
Phone: (702) 732-2147
Fax: (702) 732-2079

- **Application Fee:** \$1,425 (Includes application fee, initial license fee, fingerprinting fee)
- **FCVS Accepted**
- **Average time for obtaining a license:** 30 to 45 days

How Long Will it Take to Get my License?



NEW HAMPSHIRE (MD/DO)

- **New Hampshire Board of Medicine**
2 Industrial Park Dr., Suite 8
Concord, NH 03301-8520
Phone: (603) 271-1203
Fax: (603) 271-6702
- **Application Fee:** \$300
- **Courtesy License (Locum Tenens) Fee:** \$150
- **FCVS Required**
- **Average time for obtaining a license:** Up to 6 months



NEW JERSEY (MD/DO)

- **New Jersey Division of Consumer Affairs
Board of Medical Examiners**
P.O. Box 183
Trenton, NJ 08625-0183
Phone: (609) 826-7100
Fax: (609) 984-3930
- **Application fee:** \$325
- **FCVS Accepted**
- **Average time for obtaining a license:** 4 to 6 weeks

How Long Will it Take to Get my License?

NEW MEXICO

📍 [New Mexico Medical Board \(MD\)](#)

2055 S. Pacheco St., Bldg. 400
Santa Fe, NM 87505
Phone: (505) 476-7220
Fax: (505) 476-7237

- 📍 **Application fee:** \$400
- 📍 **FCVS Recommended**
- 📍 **Average time for obtaining a license:** 2 to 4 months

📍 [Board of Osteopathic Medical Examiners \(DO\)](#)

P.O. Box 25101
Santa Fe, NM 87504
Phone: (505) 476-4622
Fax: (505) 476-4665
Email: Osteoboard@state.nm.us

- 📍 **Application Fee:** \$400
- 📍 **FCVS Recommended**
- 📍 **Average time for obtaining a license:** 8 to 12 weeks

How Long Will it Take to Get my License?



NEW YORK (MD/DO)

- **New York Office of the Professions
State Board of Medicine**
89 Washington Ave.
Albany, NY 12234-1000
Phone: (518) 474-3817
Fax: (518) 402-2323
- **Application Fee: \$735**
- **FCVS Accepted for Domestic Graduates, FCVS
Required for Foreign Graduates**
- **Average time for obtaining a license: 2 to 4
months**



NORTH CAROLINA (MD/DO)

- **North Carolina Medical Board**
P.O. Box 20007
Raleigh, NC 27619-0007
Phone: (919) 326-1100
Fax: (919) 326-1130
- **Application Fee: \$440** (Includes fingerprint
processing fee and NPDB query fee)
- **FCVS Not Required**
- **Average time for obtaining a license: 4 to 6
months**

How Long Will it Take to Get my License?



[NORTH DAKOTA \(MD/DO\)](#)

- **North Dakota State Board of Medical Examiners**
City Center Plaza
418 E. Broadway Ave., Suite 12
Bismarck, ND 58501
Phone: (701) 328-6500
Fax: (701) 328-6505
- **Application Fee:** \$200
- **FCVS Accepted**
- **Average time for obtaining a license:** May vary from a couple weeks to several months. (Process can be delayed by different variables, such as an incomplete application and waiting for documents and verifications to arrive.)



[OHIO \(MD/DO\)](#)

- **State Medical Board of Ohio**
30 E. Broad Street, 3rd Floor
Columbus, OH 43215-6127
Phone: (614) 466-3934
Fax: (614) 728-5946
- **Application Fee:** \$335
- **Criminal Record Check Fee:** \$24 (FBI) and \$22 (Ohio BCI), plus vendor processing fees
- **FCVS Required**
- **Average time for obtaining a license:** 3 to 5 months depending on the FCVS and the results of the background check.

How Long Will it Take to Get my License?



OKLAHOMA

- [Oklahoma Board of Medical Licensure and Supervision \(MD\)](#)

P.O. Box 18256
Oklahoma City, OK 73154-0256
Phone: (405) 962-1400
Fax: (405) 962-1440

- **Medical License Fee:** \$302
- **Temporary License Fee:** \$250
- **FCVS Recommended**
- **Average time for obtaining a license:** 2 to 3 months

- [Oklahoma State Board of Osteopathic Examiners \(DO\)](#)

4848 N. Lincoln Blvd., Suite 100
Oklahoma City, OK 73106
Phone: (405) 528-8625
Fax: (405) 557-0653

- **Application Fee:** \$575
- **FCVS Accepted**
- **Average time for obtaining a license:** Not provided; contact board for time frame

How Long Will it Take to Get my License?



OREGON (MD/DO)

- Oregon Medical Board
1500 SW First Ave., Suite 620
Portland, OR 97201-5826
Phone: (971) 673-2700
Fax: (971) 673-2670
- Application Fee: \$375
- Initial (2-year) Registration: \$556
- Criminal Background Check Fee: \$48
- FCVS Recommended
- Average time for obtaining a license: 2 to 4 months



PENNSYLVANIA (MD/DO)

- Pennsylvania State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
Phone: (717) 787-2381
Fax: (717) 787-7769
Email: ST-MEDICINE@PA.GOV
- Contact board directly for licensure and fee information
- FCVS Recommended
- Average time for obtaining a license: Not provided; contact board for time frame

How Long Will it Take to Get my License?



RHODE ISLAND (MD/DO)

○ Rhode Island Board of Medical Licensure and Discipline

Dept. of Health, Cannon Bldg., Room 205
Three Capitol Hill
Providence, RI 02908-5097
Phone: (401) 222-3855
Fax: (401) 222-2158

- **Full Medical License Fee:** \$1,090 (or \$1,290 if also applying for a Controlled Substance Registration [CSR])
- **FCVS Required**
- **Average time for obtaining a license:** Minimum of 12 to 16 weeks



SOUTH CAROLINA (MD/DO)

○ South Carolina Board of Examiners

P.O. Box 11289
Columbia, SC 29211-1289
Phone: (803) 896-4500
Fax: (803) 896-4515

- **Application Fee:** \$580
- **FCVS Required**
- **Average time for obtaining a license:** Application will be processed within 14 days after received by the board. (Status can be checked online.) License issued within 3 to 6 months after application is processed.

How Long Will it Take to Get my License?

SOUTH DAKOTA (MD/DO)

- **South Dakota Board of Medical and Osteopathic Examiners**
101 North Main Ave., Suite 301
Sioux Falls, SD 57104
Phone: (605) 367-7781
Fax: (605) 367-7786
- **Application Fee:** \$200
- **Background Check Fee:** \$43.25
- **FCVS Recommended for International Medical Graduates**
- **Average time for obtaining a license:** Minimum of 6 to 8 weeks

TENNESSEE (MD/DO)

- **Tennessee Board of Medical Examiners**
Heritage Place Metro Center
227 French Landing, Suite 300
Nashville, TN 37243
Phone: (615) 532-3202
Fax: (615) 253-4484
- **Application Fee:** \$410
- **Background Check Fee:** \$60
- **FCVS Accepted**
- **Average time for obtaining a license:** Minimum of 8 weeks

How Long Will it Take to Get my License?



TEXAS (MD/DO)

- Texas Medical Board
PRC, MC-240
P.O. Box 2029
Austin, TX 78768-2029
Phone: (512) 305-7030
Fax: (512) 463-9416
- **Application Fee:** \$1,002 plus registration fee, which varies upon issuance of license
- **Background Check Fee:** \$44.20
- **FCVS Accepted**
- **Average time for obtaining a license:** Minimum of 4 to 6 months



UTAH (MD/DO)

- Division of Occupational and Professional Licensing
P.O. Box 146741
Salt Lake City, UT 84111-6741
Phone: (801) 530-6628
Fax: (801) 530-6511
- **Application Fee:** \$200 (or \$300, if also applying for a Controlled Substance Registration [CSR])
- **FCVS Required**
- **Average time for obtaining a license:** Minimum of 12 to 16 weeks

How Long Will it Take to Get my License?



VERMONT

○ [Vermont Board of Medical Practice \(MD\)](#)

P.O. Box 70
Burlington, VT 05402-0070
Phone: (802) 657-4223
Fax: (802) 828-5450

○ **Licensure Fee:** \$650

○ **FCVS Recommended**

○ **Average time for obtaining a license:** Minimum of 12 to 16 weeks

○ [The Board of Osteopathic Surgeons \(DO\)](#)

89 Main St., 3rd Floor
Montpelier VT 05620-3402
Phone: (802) 828-1505

○ **Licensure Fee:** \$500

○ **FCVS Accepted**

○ **Average time for obtaining a license:**

Applications are generally processed within 3 to 5 days of receipt of all required information

How Long Will it Take to Get my License?



VIRGINIA (MD/DO)

- **Virginia Board of Medicine**
9960 Mayland Dr., Suite 300
Richmond, VA 23233-1463
Phone: (804) 367-4600
Fax: (804) 527-4426
Email: medbd@dhp.virginia.gov
- **Application Fee:** \$302
- **FCVS Accepted**
- **Average time for obtaining a license:** 12 to 16 weeks

How Long Will it Take to Get my License?



WASHINGTON

○ [Medical Commission \(MD\)](#)

Washington State Department of Health
Dept. of Health Revenue Section
P.O. Box 1099
Olympia, WA 98507-1099
Phone: (360) 236-2750
Fax: (360) 236-2795

- Application Fee: \$491
- FCVS Recommended
- Average time for obtaining a license: 8 to 20 weeks

○ [Board of Osteopathic Medicine and Surgery \(DO\)](#)

Washington State Department of Health
Dept. of Health Revenue Section
P.O. Box 1099
Olympia, WA 98507-1099
Phone: (360) 236-4700

- Endorsement Application Fee: \$391
- Endorsement/State Exam Application Fee: \$516
- FCVS Accepted
- Average time for obtaining a license: 8 to 12 weeks

How Long Will it Take to Get my License?



WEST VIRGINIA

○ [West Virginia Board of Medicine \(MD\)](#)

101 Dee Dr.
Charleston, WV 25311
Phone: (304) 558-2921
Fax: (304) 558-2084

- **Application Fee:** \$400
- **Temporary License:** Additional \$100
- **FCVS Recommended**
- **Average time for obtaining a license:** Minimum of 3 months

○ [West Virginia Board of Osteopathic Medicine \(DO\)](#)

405 Capitol St., Suite 402
Charleston, WV 25301
Phone: (304) 558-6095
Fax: (304) 558-6096

- **Application Fee:** \$400
- **Option of Uniform Application**
- **FCVS Recommended**
- **Average time for obtaining a license:** Not provided; contact board for time frame

How Long Will it Take to Get my License?



WISCONSIN (MD/DO)

- **Wisconsin Department of Safety and Professional Services**
Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935
Phone: (608) 266-2112
Email: dsps@wisconsin.gov
- **Application Fee: \$75**
- **Option of Uniform Application**
- **FCVS Recommended**
- **Average time for obtaining a license: 8 to 12 weeks**



WYOMING (MD/DO)

- **Wyoming Board of Medicine**
130 Hobbs Ave., Suite A
Cheyenne, WY 82002
Phone: (307) 778-7053
Fax: (307) 778-2069
Email: wyomedboard@wyo.gov
- **Application Fee: \$600**
- **FCVS Required**
- **Uniform Application Required**
- **Average time for obtaining a license: Minimum of 2 to 4 months**

Visas

J-1 & H1-B Process for IMG Physicians

As an international medical graduate, you must complete the following to be eligible to practice medicine in the United States:

- Obtain ECFMG certification
- Complete all 3 steps of the USMLE exams

J-1 Visa

On a J-1 visa you have seven years to complete graduate medical education. Once your education is complete, the terms of the J-1 visa require return to one's home country for at least 2 years. Alternatively, a person may apply for and obtain a waiver of the two-year home residency requirement from the U.S. State Department and U.S. Citizenship & Immigration Services.

J Waiver

A J waiver releases a person from the requirement of returning to their home country after completing their residency or fellowship in the U.S. before being permitted to remain in the U.S. in another status.

To obtain the waiver, a person must be sponsored by an "interested government agency," and obtain a job in a federally-designated Health Professional Shortage Area (HPSA), a Medically Underserved Area (MUA), or a Physician Shortage Area (PSA).

Once sponsored, the employer will need to petition on the physician's behalf to change their immigration status to H1-B [see below]. The physician in turn will need to commit to work for the sponsoring employer for a minimum of 3 years.

Visas

Conrad 30 Program

Federal agencies and state health departments may sponsor medical doctors for J waivers via the Conrad 30 program. The program allows each state in the US to sponsor up to 30 J Visa physicians for waivers of the two-year home residency requirement each year. In some states, the allotted 30 waivers are used up much more quickly than in others.

H1-B visa

Upon expiration of the J-1 visa, a physician will need to change to H-1B status. For anyone already in H-1B status, their employer may file an H-1B transfer petition. H-1B status is initially issued for a period of 3 years, with the possibility of extending for an additional 3 years. The total time a person may spend in H-1B status is six years. For non-Conrad 30 waiver physicians, H-1B status does not require employment in an underserved area.

There is an annual cap on H-1B visas. There are a total 85,000 H-1Bs available each year, allocated across all states in all qualifying professions. Conrad 30 J-1 waiver physicians are not subject to the H-1B cap. In addition, certain employees of qualifying academic medical centers, government, or non-profit research entities are similarly not subject to the cap. H-1Bs are available starting in October 1st of each year. Due to the fact that demand for H-1Bs exceeds the number of available visas, USCIS holds a "random selection" [aka, lottery] to select the 85,000 petitions to be adjudicated. Therefore, petitioning employers should prepare to submit H-1B petitions on April 1st of each year, when the H-1B filing window opens.

Visas

Green Card - Permanent U.S. Residency

While in H1-B status, an employer may initiate the process of petitioning for permanent labor certification on the H-1B physician's behalf, paving the way for Lawful Permanent Residence (aka, LPR status, commonly called a "Green Card"). Permanent labor certification is a complex process, requiring that an employer demonstrate to the U.S. Department of Labor that no qualified U.S. citizen or permanent resident has applied for the job. There are detailed advertising requirements that the employer will have to meet. The Green Card application could remain pending at the Labor Department for up to one year, and in some cases even longer. Upon certification of the labor petition, the employer may sponsor an employee for permanent residence, and the employee may then apply for LPR status on their own behalf.

NOTE: The contents of this Tool Kit are solely informational and do not constitute legal advice. Current visa-holders and potential future visa applicants are encouraged to consult with a competent immigration attorney. In addition, foreign physicians are advised that U.S. immigration law often changes quickly and with little advance notice, and that the information contained herein may not represent the latest legislative, administrative, or policy developments.

