



BOARD MEETING MINUTES

November 19 - 21, 2025

3127 Smoketree Court
Raleigh, North Carolina

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held November 19 - 21, 2025.

The November 19 - 21, 2025 meeting of the North Carolina Medical Board was held in person at 3127 Smoketree Court, Raleigh, NC 27604 and certain closed portions of the meeting were conducted virtually, including licensing and investigative interviews. Anuradha Rao-Patel, MD, President, called the meeting to order. Board members in attendance were Robert L. Rich, Jr., MD, President-Elect; Mark A. Newell, MD, MMM; Secretary/Treasurer; Vickie A. Harry; Joshua D. Malcolm, JD; Gregory S. McCarty, MD; Miguel A. Pineiro, PA-C; Anthony R. Plunkett, MD.; Sharona Y. Johnson, PhD, FNP-BC.; Devdutta G. Sangvai, MD, JD, MBA; Member absent: Earic R. Bonner, MD, MBA

PRESIDENTIAL REMARKS

Dr. Anuradha Rao-Patel reminded the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act. Reported conflicts were included within individual committee reports.

ANNOUNCEMENTS and UPDATES

Dr. Rao-Patel recognized new staff as they were introduced by their perspective manager. She also called on managers to recognized staff with promotions.

INSTILLATION CEREMONY AND NEW OFFICER OATHS

Dr. Rao-Patel presented Dr. Devdutta Sangvai, Immediate Past President with a presidential resolution a for his service as President of the North Carolina Medical Board for 2024 - 2025.

Dr. Sangvai administered the Oath of Office to Dr. Rao-Patel as the 127th NCMB President.

Dr. Rao-Patel administered the Oath of Office for President-Elect to Dr. Robert L. Rich, and for Secretary/Treasurer to Dr. Mark A. Newell. She also administered the New Board Member Oath to Dr. Gregory S. McCarty.

NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)

Dr. Sharona Y. Johnson gave the NCPHP Board of Directors report.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Dr. Jordan gave the NCPHP Compliance Committee report. The specifics of this report are not included because the information contained in the report is confidential and non-public.

A motion passed to return to open session.

NCMB LEGAL DEPARTMENT REPORT

Mr. Brian Blankenship, Chief Legal Officer, gave the Legal Department Report on Friday, November 21, 2025.

Open session:

Mr. Blankenship updated the Board on the schedule of the December 2025 and February 2026 hearings and hearing assignments.

A motion passed to close the session pursuant to N.C. Gen Stat. §143-318.11(a) to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and/or 90-21.22 of the North Carolina General Statutes and not considered public records within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Closed session:

Mr. Blankenship provided information within the attorney-client privilege regarding outside litigation matters. Additionally, Mr. Blankenship provided information within the attorney-client privilege regarding work product occurring since the last Legal Department Report was presented.

The Legal Department Report was concluded.

The Board accepted the report as information.

A motion passed to return to open session.

NCMB COMMITTEE REPORTS

Executive Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; J. Nelson Dollar, MA; Mark A. Newell, MD, MMM; Robert L. Rich, MD.; Devdutta G. Sangvai, MD, JD, MBA

Open Session.

Financial Update

a. Introduction to EisnerAmper Accounting Team

Ms. Evelyn Contre provided the Executive Committee with an update on the recent transition to outsource the Board's accounting functions and to introduce the EisnerAmper team.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. Year-To-Date Financials

The Committee reviewed the following financial reports through September 30, 2025: Balance Sheet, Profit & Loss versus Budget, and the Profit & Loss Comparison with the accounting team.

Committee Recommendation: Accept the financial information as reported.

Board Action: Accept Committee recommendation. Accept the financial information as reported.

c. Investment Account Update

The Committee reviewed the investment statements for August and September 2025 with the accounting team.

Committee Recommendation: Accept the investment statements as reported.

Board Action: Accept Committee recommendation. Accept the investment statements as reported.

d. Semi-annual Report from Investment Advisor

Mr. Len Lopez, Fifth Third Bank, provided an update on the stock and bond markets and the Board's investment account.

Committee Recommendation: Accept the report as information.

Board Action: Accept Committee recommendation. Accept the report as information.

Old Business:

a. Update on Board Member Appointments

Mr. Thomas W. Mansfield, NCMB CEO, provided the Executive Committee with an update on the Board Member Appointment process. The NCMB Review Panel has re-opened the application for the seats previously held by Drs. Bradley and Sangvai. The seat previously held by Dr. Bradley is reserved for either a duly licensed DO or an integrative medicine physician who practices full time in an academic setting. The Review Panel will reconvene on January 31st to conduct interviews and is looking for applicants who work in under or un-represented specialities.

Additionally, the Governor will be appointing a public member to fill the seat currently held by Mr. Joshua Malcom.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

New Business:

a. 2026 NCMB Review Panel Appointment

Mr. Mansfield stated the NCMB Review Panel reviews candidates for all non-public member positions on the Board and makes recommendations to the Governor. The Review Panel consists of nine members including a public member of the Medical Board. Mr. Dollar has served as the Board's representative for the past year and has confirmed that he will be able to serve again in 2026.

The Board needs to appoint a public member as its 2026 representative.

Committee Recommendation: Reappoint Mr. Dollar to serve on the NCMB Review Panel.

Board Action: Accept Committee recommendation. Reappoint Mr. Dollar to serve on the NCMB Review Panel.

b. Emergency Medical Services Advisory Council Appointment

NCMB nominates current or former Board members to serve on the Office of Emergency Medical Services (OEMS) Advisory Council.

Dr. Tim Lietz, a past NCMB Board member, is being considered for appointment to the Advisory Council.

The Committee was given for reference and review a letter from Tom Mitchell, OEMS, regarding the Advisory Council and the CV for Tim Lietz, MD.

Dr. Sangvai was recused from voting on the recommendation.

Committee Recommendation: Nominate Dr. Lietz for appointment to the Advisory Council.

Board Action: Accept Committee recommendation. Nominate Dr. Lietz for appointment to the Advisory Council.

c. Emergency Medical Services Disciplinary Committee

NCMB nominates a member to serve on the Office of Emergency Medical Services OEMS) Disciplinary Committee. Mr. Mansfield provided the Executive Committee with an update on the OEMS Disciplinary Committee appointment process.

The Committee agreed to solicit a current or former Board member to volunteer.

Dr. Sangvai was recused from voting on the recommendation.

Committee Recommendation: Nominate a current or former member of the Board who volunteers.

Board Action: Accept Committee recommendation. Nominate Dr. Howard Hall for appointment to the Disciplinary Committee.

d. NCPHP Compliance Committee Appointment

The NCPHP Compliance Committee includes three past members of NCMB. The NCPHP Compliance Committee discusses NCPHP participants, including anonymous NCMB licensees.

Dr. John Rusher has indicated that he is available and interested in serving.

Committee Recommendation: Appoint Dr. Rusher to serve on the NCPHP Compliance Committee.

Board Action: Accept Committee recommendation. Appoint Dr. Rusher to serve on the NCPHP Compliance Committee.

e. Additional Staff Positions

Mr. Mansfield asked the Committee to recommend to the Board to add two positions to the Office of Medical Director (OMD) that are not contained in the Fiscal Year 2026 budget the Board passed in September.

Those two positions are an additional MD, DO, or PA to serve as an Associate or Assistant Medical Director and a Medical Records Coordinator.

Committee Recommendation: Modify the Fiscal Year 2026 budget and approve the two requested positions for immediate recruitment.

Board Action: Accept Committee recommendation. Modify the Fiscal Year 2026 budget and approve the two requested positions for immediate recruitment.

f. Legislative Update

Ms. Elizabeth Meredith updated on Committee on H926.

Committee Recommendation: Accept legislative update as information.

Board Action: Accept Committee recommendation. Accept the legislative update as information.

Policy Committee Report

Members present were: Robert L. Rich, Jr., M.D., Chair; J. Nelson Dollar, M.A.; Joshua D. Malcolm, J.D.; Gregory S. McCarty, M.D.; Anthony R. Plunkett, M.D. Member absent: Devdutta G. Sangvai, M.D., J.D., MBA.

Old Business:

a. 3.1.2: Policy for the Use of Audio or Visual Recordings in Patient Care (Appendix A)

The Committee again considered and discussed the proposed revisions and comments from the past Committee members. After discussion, the Committee agreed to adopt the revisions.

Committee recommendation: Adopt and publish the revised position statement.

Board Action: Accept Committee recommendation. Adopt and publish the revised position statement.

New Business:

a. 3.2.1: Medical Records

The Committee discussed adding language regarding retention of text messages and email communications in patient medical records. The Committee discussed proposed language and where it should be added in the position statement. The Committee requested that the agreed language be circulated to stakeholders and that staff bring back any comments for discussion at a later meeting with an anticipated date of January 2026.

Additionally, the Committee discussed the Retention of Medical Records section of the position statement. The Committee requested that staff research other regulatory boards guidance on retention of medical records after the death of the holder of those records.

Committee recommendation: Provide the revised language regarding text messages and email communications retention to the stakeholders and bring back any comments for discussion at a later meeting with an anticipated date of January 2026.

Staff to research other regulatory boards guidance on retention of medical records after the death of the holder of those records.

Board Action: Accept Committee recommendation. Provide the revised language regarding text messages and email communications retention to the stakeholders and bring back any comments for discussion at a later meeting with an anticipated date of January 2026.

Staff to research other regulatory boards guidance on retention of medical records after the death of the holder of those records.

b. 5.1.2: Laser Surgery

Due to time constraints, the Committee was unable to discuss this position statement. The Committee requested that staff circulate the position statement to the Committee members for consideration and comment prior to the January meeting and bring back for discussion.

Committee recommendation: Staff to circulate the position statement to the Committee members for consideration and comment prior to the January meeting and bring back for discussion at a later meeting with an anticipated date of January 2026.

Board Action: Accept Committee recommendation. Staff to circulate the position statement to the Committee members for consideration and comment prior to the January meeting and bring back for discussion at a later meeting with an anticipated date of January 2026.

c. 5.1.3: Care of the Patient Undergoing Surgical or Other Invasive Procedure

Due to time constraints, the Committee was unable to discuss this position statement. The Committee requested that staff circulate the position statement to the Committee members for consideration and comment prior to the January meeting and bring back for discussion.

Committee recommendation: Staff to circulate the position statement to the Committee members for consideration and comment prior to the January meeting and bring back for discussion at a later meeting with an anticipated date of January 2026.

Board Action: Accept Committee recommendation. Staff to circulate the position statement to the Committee members for consideration and comment prior to the January meeting and bring back for discussion at a later meeting with an anticipated date of January 2026.

Miscellaneous:

a. Position Statement Review Chart

The Committee reviewed the position statement review chart and determined that, in addition to bringing back any comments from the stakeholders regarding 3.2.1: Medical Records, should time allow, the Committee will also discuss 5.1.2: Laser Surgery, 5.1.3: Care of the Patient Undergoing Surgical or Other Invasive Procedure, 5.1.1: Office-Based Procedures, and 8.1.1: Physician Practice Drift at the January 2026 meeting. Staff will circulate those position statements to the Committee members for consideration and comment prior to the January meeting.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Licensing Committee Report

Members present were Earic R. Bonner, MD, MBA, Chair; Vickie A. Harry; Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C, MHPE Robert L. Rich, MD.

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The License Committee reviewed ten cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

a. Licensing Dashboard Update, Becky Powers Chief of Licensing and Registration

The Committee received a presentation on the data in the Licensing Dashboard. The Chief
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Licensing and Registration Officer presented data on seven metrics developed for the Committee. The data presented was broken down into three areas: current status, workload, and licenses issued.

Current staffing: There are currently 14 full-time staff, including a seasonal contractor, one part-time staff, and one open position in the department.

The number of applications in the system is approximately 1,815 applications. As predicted in the July 2025 Dashboard presentation, the board received over 8,000 applications by the end of FY 2025. This data demonstrates the high volume of applications in the system.

For the current fiscal year, more than 7,618 licenses have been issued. Approximately 13% of those applications were complex and required additional rounds of review. The time to license is an average of 95 days for the reporting period. While this is below the stated timeframe of 4 – 5 months, there was a discussion of opportunities to work on reducing this timeframe in the future. The department Licensing Departments budget was passed allowing the hiring of additional personal for 2026. We will continue to work on internal processes for more efficient processes for FY 2026.

Board members discussed the report. Dr. Rich utilized this information in a presentation of facts to another organization providing statistical information showing the number of licences coming into North Carolina.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

- b. ITPE Temporary Rule Proposal, Rob Patchett, Board Attorney (Appendix B)

The Committee received a recommendation to adopt temporary Internationally Trained Physician Employee rule 21 NCAC 23B.

Legislative adoption as part of HB67 becomes effective January 1, 2026. The proposed rule establishes application process and requirements for ITPE. The proposed rule is determined to be necessary for implementation of ITPE.

Committee recommendation: Vote to move to the full Board for approval.

Board Action: Accept Committee recommendation. Vote to move to the full Board for approval

License Interview Report

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Eight licensure interviews were conducted virtually. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Investigative) Committee Report

Members present were: Mark A. Newell, MD, MMM, Chair; J. Nelson Dollar, MA; Vicki A. Harry; Sharona Y. Johnson, PhD, FNP-BC; Miguel A. Pineiro, PA-C, MHPE; Robert L. Rich, MD. Member absent: Devdutta G. Sangvai, MD, JD, MBA

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Investigative) Committee reviewed 50 investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Complaints) Committee Report

Members present were: Mark A. Newell, MD, MMM, Chair; J. Nelson Dollar, MA; Vicki A. Harry; Sharona Y. Johnson, PhD, FNP-BC; Miguel A. Pineiro, PA-C, MHPE; Robert L. Rich, MD. Member absent: Devdutta G. Sangvai, MD, JD, MBA

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Complaints) Committee reviewed 36 complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Disciplinary (Compliance) Committee Report

Members present were: Mark A. Newell, MD, MMM, Chair; J. Nelson Dollar, MA; Vicki A. Harry; Sharona Y. Johnson, PhD, FNP-BC; Miguel A. Pineiro, PA-C, MHPE; Robert L. Rich, MD. Member absent: Devdutta G. Sangvai, MD, JD, MBA

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-

16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Compliance) Committee reviewed eight investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Malpractice) Committee Report

Members present were: Mark A. Newell, MD, MMM, Chair; J. Nelson Dollar, MA; Vicki A. Harry; Sharona Y. Johnson, PhD, FNP-BC; Miguel A. Pineiro, PA-C, MHPE; Robert L. Rich, MD. Member absent: Devdutta G. Sangvai, MD, JD, MBA

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Malpractice) Committee reviewed 25 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Investigative Interview Report

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Ten investigative interviews were conducted virtually. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Outreach Committee Report

Members present were: Anthony R. Plunkett, MD, Chair; Vicki A. Harry; Sharona Y. Johnson, PhD, FNP-BC; Joshua D. Malcolm, JD

Old Business:

- a. Welcome and Introduction
 - i. Mission and committee description

ii. Goals discussion

The Chief Administrative and Communications Officer invited Committee Members to share their thoughts about potential priorities and projects for the coming year. The group discussed several ideas, including increasing professional outreach to residents, possibly with content similar to the mock disciplinary RIMS session and continuing with efforts to confer with hospital and health system Medical Executive Committees (MEC) to reach licensees who work in these settings. The Committee discussed the need to build trust and understanding between licensees and the Board, mainly by clearly explaining how it approaches licensing and regulation. It was noted that, in many cases, licensees and stakeholder assumptions are significantly different, and worse, than Board data show. In addition, Committee Members expressed interest in possibly establishing an internship program to create learning and professional opportunities for students in multiple disciplines, while noting that there may be barriers.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Old Business:

- a. Update on presentations
 - i. Professional and public presentations
 - ii. Regulatory Immersion Series events
- b. Update on presentations to medical Executive Committees

The Communications Director gave an update on public and professional outreach efforts, which are winding down for 2025. Staff are currently scheduling presentations, including mock disciplinary committee RIMS sessions at medical and PA schools, into Spring 2026. Committee members are encouraged to observe a RIMS session and consider presenting one in the future, as more Board Members are needed to staff these sessions. Committee members again suggested that other professional audiences, such as residents, could benefit from the RIMS content and encouraged staff to look into ways to expand to include them. RIMS could be adapted, for example, to be tailored to particular medical specialties, with case studies featuring issues in specific areas of practice.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

New Business:

- a. Year-round Board Member recruitment efforts

The Communications Director outlined the Communications Department's intention to create content about the value of serving the public and the medical profession as a Board Member with NCMB on a year-round basis, rather than to simply advertise current openings.

Committee members and staff discussed possible strategies, such as including more information about the importance and benefits of serving as a clinician Board Member in professional presentations and even in the mock disciplinary committee RIMS session to plant the idea of service early. It was noted that other initiatives, such as speaking with MEC committee members, could also support Board Member recruitment if messaging about the importance of clinician Board Member service is presented. Committee members were encouraged to create a short video talking about the value of Board service, to be shared on the Board's social media platforms.

Committee Recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as information.

Miscellaneous:

- a. Recap of recent podcast episodes

The Communications gave a brief overview of recent podcast episodes, noting that staff have posted five new episodes in a two month period. Topics include licensee experiences during Hurricane Helene, the Interstate Medical Licensure Compact (IMLC) and health literacy.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

ADJOURNMENT

The Medical Board officially adjourned at 11:18 a.m. on Friday, November 21, 2025.

The next meeting of the Medical Board will be virtual, January 21-23, 2026.



Mark A. Newell, MD, MMM, Secretary/Treasurer

3.1.2: Policy for the Use of Audio or Visual Recordings in Patient Care

The Board recognizes that there may be valid reasons for licensees to make audio or visual recordings (including photography) of patients during a healthcare encounter. However, such recordings must be made and used solely for appropriate professional reasons and employ safeguards that protect a patient's autonomy, privacy, confidentiality, and dignity. In instances where a patient may be asked to disrobe, the patient should be provided an opportunity to disrobe beyond the view of any camera.

Recordings that could lead to disclosure of any part of a patient's image or identity constitute protected health information and must be managed and transmitted in a manner that complies with HIPAA and other privacy and security requirements. All patient images, recordings, screen captures of whatever kind from whatever source are to be considered part of the patient's medical record and protected in compliance with HIPAA and other privacy and security requirements.

21 NCAC 32B .XXXX APPLICATION FOR INTERNATIONALLY TRAINED PHYSICIAN EMPLOYEE LICENSE

(a) The Internationally Trained Physician License is limited to physicians who have not attended accredited medical schools or graduate medical education programs in the United States.

(b) In order to obtain an Internationally Trained Physician License, the Board must receive from the applicant or the primary source:

- (1) a completed application, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) a completed form from (1) a hospital located and licensed in North Carolina attesting to an offer of full-time employment, or (2) a NC licensed supervising physician located at a medical practice in a North Carolina rural county with a population of less than 500 people per square mile attesting to an offer of full-time employment where the supervising physician is physically practicing on-site.
- (3) documentation of a legal name change, if applicable;
- (4) a photograph, two inches by two inches, affixed to the oath or affirmation that has been attested to by a notary public;
- (5) proof of licensure in good standing from the medical licensing authority in a foreign country as required by G.S. 90-12.03(a)(2);
- (6) proof of 130 weeks of medical education from a medical school as described in G.S. 90-12.03(a)(3)
- (7) furnish an original ECFMG certification status report.
- (8) proof of ECFMG eligibility, which shall include furnishing an original ECFMG certification status report and successful passage of USMLE Step 1 and Step 2.
- (9) proof of either (1) two years of graduate medical education approved by applicant's country of licensure or (2) active practice in country of licensure for at least 10 years after graduation. Proof of graduate medical education will require verification from both the graduate medical education program regarding attendance and applicant's country of licensure of approval. Proof of active practice will require verification from employers, with applicable dates, positions and responsibilities; if the applicant was self-employed, the Board may require business documents, tax records, and patient attestations for the 10-year period to confirm the active practice of medicine.
- (10) examination transcripts from the examining body that meet of one of the requirements of G.S. 90-12.03(4):
 - (A) if applying on the basis of the USMLE, the USMLE transcript must show a score on USMLE Step 3 and the applicant must have passed within three attempts.
 - (B) if applying on the basis of the COMLEX, the COMLEX transcript must show a score on COMLEX Level 1, Level 2 (cognitive evaluation), and Level 3 and the applicant must have passed each level within three attempts.
 - (C) if applying on the basis of any other board-approved examination under G.S. 90-10.1 or 21 NCAC 32B .1303, the transcript must be received from the examining body and must show a passing score of each part.
 - (D) if applying on the basis of a comprehensive assessment, the applicant should submit a proposal to the Board prior to undergoing the assessment to ensure approval. The comprehensive assessment must be performed by independent licensed physicians or medical educators. The assessment must evaluate the applicant's clinical knowledge, skills and judgment as well as their cognitive state and safety to practice. The assessment must perform the evaluation through multiple choice examination, neuro-cognitive screen, structured clinical interviews, simulated patient encounters, and procedure simulations. The assessment must evaluate and specify all current strengths and weaknesses in the intended area(s) of practice. The assessment must include testing and evaluation by licensed physicians or medical educators. The Board must receive an assessment report from the independent evaluators indicating the applicant's competence, all strengths and weaknesses in practice, and the ability to practice safely.
 - (E) if the applicant does not qualify for any of the examinations listed in G.S. 90-12.03(a)(4), the Board may waive the requirement as long as the applicant satisfies all other requirements of G.S. 90-12.03, submits evidence has met an additional competency requirement by satisfactory passage of an exam comparable to subsection (c) of this section, and demonstrates exceptional recognition for their contributions to medicine and healthcare through research, innovative treatments, or advancements in medicine. The applicant must submit three letters

of recommendation from licensed physicians that attest to the applicant's exceptional contributions to the practice of medicine and healthcare through research, innovative treatments, or advancements in medicine. The applicant must successfully pass the Special Purpose Examination or Post-Licensure Assessment Systems

within one year or the temporary license is rendered inactive.

- (11) confirmation from all jurisdictions where the applicant holds or has held a license that the applicant has not had a license revoked, suspended, restricted, denied or other acted against and is not the subject of any pending investigation as required by G.S. 90-12.03(a)(5).
- (12) criminal background check translated into English and submitted by country of licensure directly to the Board.
- (13) Submit two completed fingerprint record cards;
- (14) submit a signed consent allowing a search of local, state, and national files for any criminal record;
- (15) confirmation that the applicant has practiced medicine for at least five years. Proof of active practice will require verification from employers, with applicable dates, positions and responsibilities; if the applicant was self-employed, the Board may require business documents, tax records, and patient attestations.
- (16) demonstration of proficiency in English by:
 - (A) successfully passing an examination required under G.S. 90-10.1;
 - (B) licensure from a country where English is the primary language utilized by medical education programs; or
 - (C) completing the Occupational English Test (OET) Medicine. The transcript for OET Medicine must be received from OET.
- (17) supply a certified copy of applicant's birth certificate or a certified copy of a valid and unexpired U.S. passport if the applicant was born in the U.S. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration status which the Board will use to verify applicant's lawful presence in the U.S.;
- (18) valid social security number;
- (19) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a) plus the costs of a United State criminal background check; and
- (20) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All information submitted under subsection (b) must be delivered to the Board from the primary originating source in English in order to verify the accuracy and authenticity of the information.

(d) An applicant may be required to appear in person for an interview with the Board or its agent if the Board determines it needs more information to evaluate the applicant based on the information provided and the Board's concerns.

(e) An application must be completed within one year of the date of the applicant's oath.

(f) The holder of an internationally trained physician employee license may submit an application to convert their license to a full license after four years of active practice and who meets the requirements of G.S. 90-12.03(d). The Board must receive from the applicant or the primary source:

- (1) a completed application, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit to a criminal background check, and pay the cost of the criminal background check;
- (3) submit a signed consent allowing a search of local, state, and national files for any criminal record;
- (4) report their practice plans, including geographic location of practice, practice setting, and area of specialty; and
- (5) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a).