



NOTICE OF TEXT

[Authority G.S. 150B-21.2(c)]

OAH USE ONLY

VOLUME: **40**

ISSUE: **17**

CHECK APPROPRIATE BOX:

- Notice with a scheduled hearing
- Notice without a scheduled hearing
- Republication of text. Complete the following cite for the volume and issue of previous publication, as well as blocks 1 - 4 and 7 - 14. If a hearing is scheduled, complete block 5.
Previous publication of text was published in Volume: Issue:

1. Rule-Making Agency: [Medical Board](#)

2. Link to agency website pursuant to G.S. 150B-19.1(c): <https://www.ncmedboard.org/about-the-board/latest-board-activity/rule-change-tracker>

3. Proposed Action -- Check the appropriate box(es) and list rule citation(s) beside proposed action:

ADOPTION: [21 NCAC 32B .1362](#)

AMENDMENT:

REPEAL:

READOPTION with substantive changes:

READOPTION without substantive changes:

REPEAL through READOPTION:

4. Proposed effective date: [07/01/2026](#)

5. Is a public hearing planned? [Yes](#)

If yes:

Date	Time	Location
05/01/2026	11:00 A.M.	The public hearing will be held remotely via teleconference. Telephone Number: 919-518-9840 ; Conference ID: 661 182 245# .

6. If no public hearing is scheduled, provide instructions on how to demand a public hearing:

7. Explain Reason For Proposed Rule(s):

In July 2025, the General Assembly enacted a pathway for internationally trained physicians to obtain an expedited North Carolina medical license under certain circumstances. The proposed rule implements the new law by establishing an application process for the Internationally Trained Physician Employee license.

8. Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit written objections to the Rules Review Commission. If the Rules Review Commission receives written and signed objections in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive those objections by mail, delivery service, hand delivery, or email. If you have any further questions concerning the submission of objections to the Commission, please call a Commission staff attorney at 984-236-1850.

Rule(s) is automatically subject to legislative review. Cite statutory reference:

9. The person to whom written comments may be submitted on the proposed rule(s):

Name: Leigh Anne Satterwhite
Address: 3127 Smoketree Court
Raleigh, NC 27604
Phone (optional): 919-326-1109
Fax (optional):
EMail (optional) rules@ncmedboard.org

10. Comment Period Ends: 05/01/2026

11. Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

No fiscal note required

12. Rule-making Coordinator:

Name: Leigh Anne Satterwhite
919-326-1109 Ext. 395
leigh.satterwhite@ncmedboard.org

Agency contact, if any:

Name: Marcus Jimison
Phone: 919-326-1109
Email: marcus.jimison@ncmedboard.org

13. The Agency formally proposed the text of this rule(s) on

Date: 11/21/2025

1 21 NCAC 32B .1362 is proposed for adoption as follows:

2
3 **SECTION .1300 – GENERAL**

4
5 **21 NCAC 32B .1362 APPLICATION FOR INTERNATIONALLY TRAINED PHYSICIAN EMPLOYEE**
6 **LICENSE**

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

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

11 (1) a completed application, attesting under oath or affirmation that the information on the application
12 is true and complete, and authorizing the release to the Board of all information pertaining to the
13 application;

14 (2) a completed form from (1) a hospital located and licensed in North Carolina attesting to an offer of
15 full-time employment, or (2) a NC licensed supervising physician located at a medical practice in a
16 North Carolina rural county with a population of less than 500 people per square mile attesting to
17 an offer of full-time employment where the supervising physician is physically practicing on-site;

18 (3) documentation of a legal name change, if applicable;

19 (4) a photograph, two inches by two inches, affixed to the oath or affirmation that has been attested to
20 by a notary public;

21 (5) proof of licensure in good standing from the medical licensing authority in a foreign country as
22 required by G.S. 90-12.03(a)(2);

23 (6) proof of 130 weeks of medical education from a medical school as described in G.S. 90-12.03(a)(3);

24 (7) furnish an original ECFMG certification status report;

25 (8) proof of ECFMG eligibility, which shall include furnishing an original ECFMG certification status
26 report and successful passage of USMLE Step 1 and Step 2;

27 (9) proof of either (1) two years of graduate medical education approved by applicant's country of
28 licensure or (2) active practice in country of licensure for at least 10 years after graduation. Proof
29 graduate medical education will require verification from both the graduate medical education
30 program regarding attendance and applicant's country of licensure of approval. Proof of active
31 practice will require verification from employers, with applicable dates, positions and
32 responsibilities; if the applicant was self-employed, the Board may require business documents, tax
33 records, and patient attestations for the 10-year period to confirm the active practice of medicine;

34 (10) examination transcripts from the examining body that meet one of the requirements of G.S. 90-
35 12.03(a)(4):

36 (A) if applying on the basis of the USMLE, the USMLE transcript must show a score on
37 USMLE Step 3 and the applicant must have passed within three attempts;

1 (B) if applying on the basis of the COMLEX, the COMLEX transcript must show a score on
2 COMLEX Level 1, Level 2 (cognitive evaluation), and Level 3 and the applicant must have
3 passed each level within three attempts;

4 (C) if applying on the basis of any other board-approved examination under G.S. 90-10.1 or 21
5 NCAC 32B .1303, the transcript must be received from the examining body and must show
6 a passing score of each part;

7 (D) if applying on the basis of a comprehensive assessment, the applicant should submit a
8 proposal to the Board prior to undergoing the assessment to ensure approval. The
9 comprehensive assessment must be performed by independent licensed physicians or
10 medical educators. The assessment must evaluate the applicant's clinical knowledge, skills
11 and judgment as well as their cognitive state and safety to practice. The assessment must
12 perform the evaluation through multiple choice examination, neuro-cognitive screen,
13 structured clinical interviews, simulated patient encounters, and procedure simulations.
14 The assessment must evaluate and specify all current strengths and weaknesses in the
15 intended area(s) of practice. The assessment must include testing and evaluation by
16 licensed physicians or medical educators. The Board must receive an assessment report
17 from the independent evaluators indicating the applicant's competence, all strengths and
18 weaknesses in practice, and the ability to practice safely; or

19 (E) if the applicant does not qualify for any of the examinations listed in G.S. 90-12.03(a)(4),
20 the Board may waive the requirement as long as the applicant satisfies all other
21 requirements of G.S. 90-12.03, holds an O-1 visa, and submits the same supporting
22 documentation provided to the US Citizenship and Immigration Services indicating their
23 extraordinary ability is relevant to the practice of medicine. The applicant must
24 successfully pass the Special Purpose Examination or Post Licensure Assessment Systems
25 within one year or the temporary license is rendered inactive.

26 (11) confirmation from all jurisdictions where the applicant holds or has held a license that the applicant
27 has not had a license revoked, suspended, restricted, denied or other acted against and is not the
28 subject of any pending investigation as required by G.S. 90-12.03(a)(5);

29 (12) criminal background check translated into English and submitted by country of licensure directly to
30 the Board;

31 (13) submit two completed fingerprint record cards;

32 (14) submit a signed consent allowing a search of local, state, and national files for any criminal record;

33 (15) confirmation that the applicant has practiced medicine for at least five years. Proof of active practice
34 will require verification from employers, with applicable dates, positions and responsibilities; if the
35 applicant was self-employed, the Board may require business documents, tax records, and patient
36 attestations;

37 (16) demonstration of proficiency in English by:

- 1 (A) successfully passing an examination required under G.S. 90-10.1;
2 (B) licensure from a country where English is the primary language utilized by medical
3 education programs; or,
4 (C) completing the Occupational English Test (OET) Medicine. The transcript for OET
5 Medicine must be received from OET.
- 6 (17) supply a certified copy of applicant's birth certificate or a certified copy of a valid and unexpired
7 U.S. passport if the applicant was born in the U.S. If the applicant does not possess proof of U.S.
8 citizenship, the applicant must provide information about applicant's immigration status which the
9 Board will use to verify applicant's lawful presence in the U.S.;
- 10 (18) valid social security number;
- 11 (19) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a) plus the costs of a United States
12 criminal background check; and,
- 13 (20) upon request, supply any additional information the Board deems necessary to evaluate the
14 applicant's competence and character.
- 15 (c) All information submitted under subsection (b) must be delivered to the Board from the primary originating
16 source in English in order to verify the accuracy and authenticity of the information.
- 17 (d) An applicant may be required to appear in person for an interview with the Board or its agent if the Board
18 determines it needs more information to evaluate the applicant based on the information provided and the Board's
19 concerns.
- 20 (e) An application must be completed within one year of the date of the applicant's oath.
- 21 (f) The holder of an internationally trained physician employee license may submit an application to convert
22 their license to a full license after four years of active practice and who meets the requirements of G.S. 90-12.03(d).
23 The Board must receive from the applicant or the primary source:
- 24 (1) a completed application, attesting under oath or affirmation that the information on the application
25 is true and complete, and authorizing the release to the Board of all information pertaining to the
26 application;
- 27 (2) submit to a criminal background check, and pay the cost of the criminal background check;
- 28 (3) submit a signed consent allowing a search of local, state, and national files for any criminal record;
29 and
- 30 (4) report their practice plans, including geographic location of practice, practice setting, and area of
31 specialty.

32
33 *History Note: Authority G.S. 90-5.1(a)(3); 90-8.1; 90-12.03; 90-13.1;*
34 *Eff. July 1, 2026*