

1 21 NCAC 32B .1402 is proposed for amendment as follows:

2  
3 **21 NCAC 32B .1402 APPLICATION FOR RESIDENT'S TRAINING LICENSE**

4 (a) In order to obtain a Resident's Training License, an applicant shall:

- 5 (1) submit a completed application which can be found on the Board's website in the application section  
6 at ~~http://www.nemedboard.org/licensing~~; attesting under oath or affirmation that the information on  
7 the application is true and complete, and authorizing the release to the Board of all information  
8 pertaining to the application;
- 9 (2) submit documentation of a legal name change, if applicable;
- 10 (3) submit a photograph that shows a front view of your face; ~~photograph, two inches by two inches,~~  
11 ~~affixed to the oath or affirmation which has been attested to by a notary public;~~
- 12 (4) submit proof on the Board's Medical Education Certification form that the applicant has completed  
13 at least 130 weeks of medical education; ~~education to P.O. Box 20007, Raleigh, NC 27619 or~~  
14 ~~license@nemedboard.org.~~
- 15 (5) furnish an original ECFMG certification status report of a currently valid ECFMG certification if  
16 the applicant is a graduate of a medical school other than those approved by LCME, AOA, COCA,  
17 or CACMS. The ECFMG certification status report requirement shall be waived if:
- 18 (A) if the applicant has passed the ECFMG examination and successfully completed an  
19 approved Fifth Pathway program (the applicant shall provide an ECFMG score transcript  
20 from the ECFMG); or
- 21 (B) ~~the applicant has been licensed in another state on the basis of a written examination before~~  
22 ~~the establishment of the ECFMG in 1958;~~
- 23 (6) submit an appointment letter from the program director of the GME program or his or her appointed  
24 agent verifying the applicant's appointment and commencement date;
- 25 (7) submit two completed fingerprint record cards; ~~cards supplied by the Board to P.O. Box 20007,~~  
26 ~~Raleigh, NC 27619;~~
- 27 (8) submit a signed consent form allowing a search of local, state, and national files for any criminal  
28 record; ~~record to P.O. Box 20007, Raleigh, NC 27619.~~
- 29 (9) pay a non-refundable fee pursuant to G.S. 90-13.1(b), plus the cost of a criminal background check;
- 30 (10) provide proof that the applicant has taken and passed within three attempts:
- 31 (A) COMLEX Level 1, ~~each component of~~ COMLEX Level 2 (cognitive ~~evaluation and~~  
32 ~~performance~~ evaluation) and, if taken, COMLEX Level 3; or
- 33 (B) USMLE Step 1, ~~each component of~~ USMLE Step 2 (Clinical Knowledge) ~~Knowledge and~~  
34 ~~Clinical Skills~~) and, if taken USMLE Step 3; or
- 35 (C) MCCQE Part 1 and, if taken, MCCQE Pat 2;

