PROPOSED TEMPORARY RULE FOR PUBLICATION ON THE OAH WEBSITE

CHECK APPROPRIATE BOX:

[X] **Proposed Temporary Rule [G.S. 150B-21.1(a3)]**

[ ] **Proposed Temporary Rule simultaneously adopted as an emergency rule [G.S. 150B-21.1A(a)]**

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1. Rule-Making Agency: Medical Board

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2. Proposed Action -- Check the appropriate box(es) and list <u>rule citation(s)</u> beside proposed action:

[X] **ADOPTION:** 21 NCAC 32B .1362

[ ] **AMENDMENT:**

[ ] **REPEAL:**

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3. Public Hearing: Yes

Date	Time	Location
12/17/2025	11:00AM	The public hearing will be held remotely via teleconference. Telephone Number: 919-518-9840; Conference ID: 239 117 45#

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4. Reason for agency adopting rule(s) under temporary action:

[ ] A serious and unforeseen threat to the public health, safety or welfare.

[X] The effective date of a recent act of the General Assembly or of the U.S. Congress.
Cite: SL 2025-37
Effective date: 01/01/2026

[ ] A recent change in federal or state budgetary policy.
Effective date of change:

[ ] A recent federal regulation.
Cite:
Effective date:

[ ] A recent court order.
Cite order:

[ ] Other:

Explain: The rule is necessary to implement the Part I of House Bill 67/SL 2025-37, which was signed into law July 1 2025, but goes into effect January 1, 2026.

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5. Comments from the public shall be directed to:

  Name: Leigh Anne Satterwhite
  Address: 3127 Smoketree Court
                    Raleigh, NC 27604
  Phone (optional):   919-326-1109, ext. 395
  Fax (optional):
  EMail (optional)   rules@ncmedboard.org

6. Comment Period Starts: 12/02/2025	**Comment Period Ends:** 12/23/2025
7. Rule-making Coordinator: Name: Leigh Anne Satterwhite Phone: 919-326-1109 Ext. 395 eMail: leigh.satterwhite@ncmedboard.org **Agency contact, if any:** Name: Marcus Jimison Phone: 919-326-1109, ext. 226 Email: marcus.jimison@ncmedboard.org	**8. The Agency formally proposed the text of this rule(s) on** **Date:** 11/21/2025

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

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3   **SECTION .1300 – GENERAL**

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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 of one of the requirements of G.S. 90-

35   12.03(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.

| | | (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, holds an O-1 visa, and submits the same supporting documentation provided to the US Citizenship and Immigration Services indicating their extraordinary ability is relevant to the practice of 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 States 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).

History Note: Authority G.S. 90-5.1(a)(3); 90-8.1; 90-12.03; 90-13.1;