

21 NCAC 32B .0205 CITIZENSHIP

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Statutory Authority G.S. 90-9;
Eff. February 1, 1976;
Amended Eff. November 1, 1985; May 1, 1985;
Recodified from 21 NCAC 32B .0105 Eff. April 5, 1989;
Amended Eff. May 1, 1989;
ARRC Objection Lodged October 19, 1989;
ARRC Objection Lodged March 15, 1990;
Repealed Eff. May 1, 1990.

21 NCAC 32B .0206 APPLICATION FORMS
21 NCAC 32B .0207 LETTERS OF RECOMMENDATION

History Note: *Authority G.S. 90-9; 90-11;*
Eff. February 1, 1976;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0106 Eff. April 5, 1989;
Recodified from 21 NCAC 32B .0107 Eff. April 5, 1989;
Amended Eff. July 1, 2004; May 1, 1989;
Repealed Eff. April 1, 2008.

21 NCAC 32B .0208 MILITARY STATUS

History Note: *Authority G.S. 90-9;*
Eff. February 1, 1976;
Recodified from 21 NCAC 32B .0108 Eff. April 5, 1989;
Repealed Eff. May 1, 1989.

21 NCAC 32B .0209 FEE

History Note: *Authority G.S. 90-15;*
Eff. February 1, 1976;
Amended Eff. December 1, 1984;
Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
Amended Eff. March 1, 1989; December 1, 1985; May 1, 1985;
Recodified From 21 NCAC 32B .0109 Eff. April 5, 1989;
Amended Eff. July 1, 2007; July 1, 2004; April 1, 1994; July 1, 1993; May 1, 1989;
Repealed Eff. April 1, 2008.

21 NCAC 32B .0210 REQUIRED APPLICATION MATERIALS

History Note: *Authority G.S. 90-9;*
Eff. February 1, 1976;
Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
Amended Eff. September 1, 1987; November 1, 1985; May 1, 1985;
Recodified from 21 NCAC 32B .0110 Eff. April 5, 1989;

Amended Eff. July 1, 2004; July 1, 1993; May 1, 1989;
Repealed Eff. April 1, 2008.

21 NCAC 32B .0211 PASSING SCORE

History Note: Authority G.S. 90-9; 90-12; 90-15;
Eff. February 1, 1976;
Amended Eff. January 1, 1983; November 8, 1977;
Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
Amended Eff. November 1, 1985; May 1, 1985;
Recodified from 21 NCAC 32B .0111 Eff. April 5, 1989;
Amended Eff. September 1, 2007; July 1, 2004; July 1, 1993; May 1, 1989;
Repealed Eff. April 1, 2008.

21 NCAC 32B .0212 EXAMINATION TIMES

History Note: Authority G.S. 90-5;
Eff. February 1, 1976;
Recodified from 21 NCAC 32B .0112 Eff. April 5, 1989;
Amended Eff. July 1, 2004; April 1, 1994; July 1, 1993; May 1, 1985;
Repealed Eff. April 1, 2008.

21 NCAC 32B .0213 GRADUATE MEDICAL EDUCATION AND TRAINING FOR LICENSURE

History Note: Authority G.S. 90-9;
Eff. November 8, 1977;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0113 Eff. April 5, 1989;
Amended Eff. July 1, 2007; July 1, 2004; July 1, 1993; May 1, 1989;
Repealed Eff. April 1, 2008.

21 NCAC 32B .0214 PERSONAL INTERVIEW

History Note: Authority G.S. 90-6;
Eff. May 1, 1985;
Temporary Rule Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0114 Eff. April 5, 1989;
Amended Eff. May 1, 1989;
Temporary Amendment Eff. September 5, 1989 for a period of 180 days to expire on March 3, 1990;
ARRC Objection Lodged October 19, 1989;
Temporary Amendment Eff. February 16, 1990, for a period of 135 days to expire on July 1, 1990;
ARRC Objection Lodged March 15, 1990;
Amended Eff. July 1, 2004; September 1, 1995; July 1, 1993; May 1, 1990;
Repealed Eff. April 1, 2008.

21 NCAC 32B .0215 EXAMINATION COMBINATIONS

History Note: Authority G.S. 90-6; 90-9; 90-11;
Eff. July 1, 1993;
Repealed Eff. July 1, 2004.

SECTION .0300 – LICENSE BY ENDORSEMENT

21 NCAC 32B .0301 MEDICAL EDUCATION

21 NCAC 32B .0302 ECFMG CERTIFICATION

History Note: Authority G.S. 90-6; 90-9; 90-10; 90-13;
Eff. February 1, 1976;
Amended Eff. January 1, 1983; October 29, 1979;
Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
Amended Eff. March 1, 1987; November 1, 1985; May 1, 1985;
Recodified from 21 NCAC 32B .0201 Eff. April 5, 1989; (Rule .0301);
Recodified from 21 NCAC 32B .0202 Eff. April 5, 1989; (Rule .0302);
Amended Eff. July 1, 2004; May 1, 1989;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0303 CITIZENSHIP

History Note: Filed as a Temporary Repeal Eff. February 16, 1990, for a period of 135 days to expire on
July 1, 1990;
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March 3, 1990;
Statutory Authority G.S. 90-13;
Eff. February 1, 1976;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0203 Eff. April 5, 1989;
Amended Eff. May 1, 1989;
ARRC Objection Lodged October 19, 1989;
ARRC Objection Lodged March 15, 1990;
Repealed Eff. May 1, 1990.

21 NCAC 32B .0304 APPLICATION FORMS

21 NCAC 32B .0305 EXAMINATION BASIS FOR ENDORSEMENT

21 NCAC 32B .0306 LETTERS OF RECOMMENDATION

21 NCAC 32B .0307 CERTIFIED PHOTOGRAPH AND CERTIFICATION OF GRADUATION

21 NCAC 32B .0308 FEE

History Note: Authority G.S. 90-8.1; 90-9.1(c); 90-10; 90-13; 90-15;
Eff. February 1, 1976;
Amended Eff. November 1, 1985; December 1, 1984; November 1, 1982;
Recodified from 21 NCAC 32B .0204 Eff. April 5, 1989; (Rule .0304);
Recodified from 21 NCAC 32B .0205 Eff. April 5, 1989; (Rule .0305);
Recodified from 21 NCAC 32B .0206 Eff. April 5, 1989; (Rule .0306);
Recodified from 21 NCAC 32B .0207 Eff. April 5, 1989; (Rule .0307);
Recodified from 21 NCAC 32B .0208 Eff. April 5, 1989; (Rule .0308);
Amended Eff. August 1, 2008; July 1, 2007; July 1, 2004; February 1, 1995; April 1, 1994; January
1, 1992; May 1, 1989;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0309 PERSONAL INTERVIEW

History Note: Authority G.S. 90-13;
Eff. February 1, 1976;
Amended Eff. November 1, 1985; November 8, 1977;
Recodified from 21 NCAC 32B .0209 Eff. April 5, 1989;
Amended Eff. May 1, 1989;
ARRC Objection Lodged October 19, 1989;
Temporary Amendment Eff. September 5, 1989 for a period of 180 days to expire on March 3, 1990;
Temporary Amendment Eff. February 16, 1990, for a period of 135 days to expire on July 1, 1990;

ARRC Objection Lodged March 15, 1990;
Amended Eff. May 1, 1990;
Temporary Amendment Eff. February 15, 1991 for a period of 180 days to expire on August 15, 1991;
ARRC Objection Lodged February 25, 1991;
Temporary Amendment Expired August 15, 1991;
Amended Eff. July 1, 2004; September 1, 1995; July 1, 1993; September 1, 1991;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0310 DEADLINE

History Note: Authority G.S. 90-6;
Eff. February 1, 1976;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0210 Eff. April 5, 1989;
Amended Eff. May 1, 1989;
Repealed Eff. July 1, 2004.

21 NCAC 32B .0311 ENDORSEMENT RELATIONS
21 NCAC 32B .0312 ROUTINE INQUIRIES

History Note: Authority G.S. 90-6; 90-11; 90-13;
Eff. February 1, 1976;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0212 Eff. April 5, 1989; (Rule .0312);
Recodified from 21 NCAC 32B .0211 Eff. April 5, 1989; (Rule .0311);
Amended Eff. October 1, 2006; July 1, 2004; May 1, 1989;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0313 GRADUATE MEDICAL EDUCATION AND TRAINING

History Note: Authority G.S. 90-13;
Eff. November 8, 1977;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0213 Eff. April 5, 1989;
Amended Eff. July 1, 2004; May 1, 1989;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0314 PASSING EXAM SCORE

History Note: Authority G.S. 90-6; 90-10; 90-13;
Eff. January 1, 1983;
Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
Amended Eff. November 1, 1985; May 1, 1985;
Recodified from 21 NCAC 32B .0214 Eff. April 5, 1989;
Amended Eff. September 1, 2007; October 1, 2006; July 1, 2004; July 1, 1993; January 1, 1992; May 1, 1989;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0315 TEN-YEAR QUALIFICATION

History Note: Authority G.S. 90-11; 90-13;
Eff. March 1, 1991;
Amended Eff. July 1, 2004; February 1, 1995; July 1, 1993; January 1, 1992;
Repealed August 1, 2010.

21 NCAC 32B .0316 SPEX FEE

History Note: Authority G.S. 90-15;
 Eff. March 1, 1991;
 Repealed Eff. July 1, 2004.

SECTION .0400 - TEMPORARY LICENSE BY ENDORSEMENT OF CREDENTIALS

21 NCAC 32B .0401 CREDENTIALS

21 NCAC 32B .0402 TEMPORARY LICENSE FEE

History Note: Authority G.S. 90-13; 90-15;
 Eff. February 1, 1976;
 Amended Eff. November 1, 1985;
 Recodified from 21 NCAC 32B .0301 Eff. April 5, 1989 (Rule .0401);
 Recodified from 21 NCAC 32B .0302 Eff. April 5, 1989 (Rule .0402);
 Amended Eff. April 1, 1994; May 1, 1989;
 Repealed Eff. August 1, 2010.

21 NCAC 32B .0403 HARDSHIP

History Note: Authority G.S. 90-13;
 Eff. February 1, 1976;
 Amended Eff. November 1, 1985;
 Recodified from 21 NCAC 32B .0303 Eff. April 5, 1989;
 Repealed Eff. May 1, 1989.

- 21 NCAC 32B .0404 CITIZENSHIP**
- 21 NCAC 32B .0405 STATE BOARD INQUIRIES**
- 21 NCAC 32B .0406 AMA REPORT**
- 21 NCAC 32B .0407 DEA REPORT**
- 21 NCAC 32B .0408 MILITARY STATUS**
- 21 NCAC 32B .0409 FOREIGN MEDICAL GRADUATES**
- 21 NCAC 32B .0410 FEE**
- 21 NCAC 32B .0411 HARDSHIP**
- 21 NCAC 32B .0412 PERSONAL APPEARANCE**
- 21 NCAC 32B .0413 BOARD INTERVIEW**

History Note: Filed as a Temporary Amendment Eff. January 31, 1985 For a Period of 120 Days to Expire
 on May 30, 1985;
 Statutory Authority G.S. 90-6; 90-10; 90-13; 90-15;
 Eff. February 1, 1976;
 Amended Eff. May 1, 1985; December 1, 1984; January 1, 1983; October 29, 1979;
 Repealed Eff. November 1, 1985;
 Recodified from 21 NCAC 32B .0304-.0313 Eff. April 5, 1989.

21 NCAC 32B .0414 POSTGRADUATE TRAINING

History Note: Authority G.S. 90-13;
 Eff. November 8, 1977;
 Repealed Eff. November 1, 1985;
 Recodified from 21 NCAC 32B .0314 Eff. April 5, 1989.

21 NCAC 32B .0415 PASSING FLEX SCORE

History Note: *Filed as a Temporary Amendment Eff. January 31, 1985 For a Period of 120 Days to Expire on May 30, 1985;*
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Eff. January 1, 1983;
Amended Eff. May 1, 1985;
Repealed Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0315 Eff. April 5, 1989.

SECTION .0500 - RESIDENT'S TRAINING LICENSE

- 21 NCAC 32B .0501 APPLICATION FORM**
- 21 NCAC 32B .0502 CERTIFICATION OF GRADUATION**
- 21 NCAC 32B .0503 CERTIFIED PHOTOGRAPH**
- 21 NCAC 32B .0504 LETTERS OF RECOMMENDATION**
- 21 NCAC 32B .0505 APPOINTMENT LETTER**
- 21 NCAC 32B .0506 FEE**
- 21 NCAC 32B .0507 ECFMG CERTIFICATION**

History Note: *Authority G.S. 90-15*
Eff. February 1, 1976;
Amended Eff. November 1, 1985; December 1, 1984; October 29, 1979;
Recodified from 21 NCAC 32B .0401 Eff. April 5, 1989 (Rule .0501);
Recodified from 21 NCAC 32B .0402 Eff. April 5, 1989 (Rule .0502);
Recodified from 21 NCAC 32B .0403 Eff. April 5, 1989 (Rule .0503);
Recodified from 21 NCAC 32B .0404 Eff. April 5, 1989 (Rule .0504);
Recodified from 21 NCAC 32B .0405 Eff. April 5, 1989 (Rule .0505);
Recodified from 21 NCAC 32B .0406 Eff. April 5, 1989 (Rule .0506);
Recodified from 21 NCAC 32B .0407 Eff. April 5, 1989 (Rule .0507);
Amended Eff. July 1, 2007; May 1, 1989;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0508 MEDICAL EDUCATION

History Note: *Authority G.S. 90-15;*
Eff. December 1, 1985;
Recodified from 21 NCAC 32B .0408 Eff. April 5, 1989;
Amended Eff. August 1, 2002; May 1, 1990; May 1, 1989;
Repealed Eff. August 1, 2010.

SECTION .0600 - SPECIAL LIMITED LICENSE

- 21 NCAC 32B .0601 APPLICATION AND LIMITATION**
- 21 NCAC 32B .0602 CERTIFICATION OF GRADUATION**

History Note: *Authority G.S. 90-12;*
Eff. February 1, 1976;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0501 Eff. April 5, 1989 (Rule .0601);
Recodified from 21 NCAC 32B .0502 Eff. April 5, 1989 (Rule .0602);
Amended Eff. May 1, 1989;
Repealed Eff. March 1, 2011.

21 NCAC 32B .0603 CERTIFIED PHOTOGRAPH

21 NCAC 32B .0604	LETTERS OF RECOMMENDATION
21 NCAC 32B .0605	DIPLOMA OF PSYCHOLOGICAL MEDICINE
21 NCAC 32B .0606	FEE
21 NCAC 32B .0607	ECFMG CERTIFICATION
21 NCAC 32B .0608	PERSONAL INTERVIEW

History Note: Authority G.S. 90-11; 90-12; 90-15;
 Eff. February 1, 1976;
 Amended Eff. November 1, 1985; December 1, 1984; October 29, 1979;
 Recodified from 21 NCAC 32B .0503 Eff. April 5, 1989 (Rule .0603);
 Recodified from 21 NCAC 32B .0504 Eff. April 5, 1989 (Rule .0604);
 Recodified from 21 NCAC 32B .0505 Eff. April 5, 1989 (Rule .0605);
 Recodified from 21 NCAC 32B .0506 Eff. April 5, 1989 (Rule .0606);
 Recodified from 21 NCAC 32B .0507 Eff. April 5, 1989 (Rule .0607);
 Recodified from 21 NCAC 32B .0508 Eff. April 5, 1989 (Rule .0608);
 Amended Eff. July 1, 2004; May 1, 1989;
 Repealed Eff. August 1, 2010.

SECTION .0700 - CERTIFICATE OF REGISTRATION FOR VISITING PROFESSORS

21 NCAC 32B .0701	REQUEST FOR THE CERTIFICATE OF REGISTRATION
21 NCAC 32B .0702	MEDICAL LICENSURE
21 NCAC 32B .0703	LIMITATION
21 NCAC 32B .0704	DURATION
21 NCAC 32B .0705	PERSONAL INTERVIEW
21 NCAC 32B .0706	FEE FOR VISITING PROFESSORS CERTIFICATE OF REGISTRATION

History Note: Authority G.S. 90-12; 90-15;
 Eff. February 1, 1976;
 Amended Eff. December 1, 1985; November 1, 1985; December 1, 1984;
 Recodified from 21 NCAC 32B .0601 Eff. April 5, 1989 (Rule .0701);
 Recodified from 21 NCAC 32B .0602 Eff. April 5, 1989 (Rule .0702);
 Recodified from 21 NCAC 32B .0603 Eff. April 5, 1989 (Rule .0703);
 Recodified from 21 NCAC 32B .0604 Eff. April 5, 1989 (Rule .0704);
 Recodified from 21 NCAC 32B .0605 Eff. April 5, 1989 (Rule .0705);
 Recodified from 21 NCAC 32B .0606 Eff. April 5, 1989 (Rule .0706);
 Amended Eff. July 1, 2004; September 1, 1995; April 1, 1994; May 1, 1989;
 Repealed Eff. August 1, 2010.

21 NCAC 32B .0707 CERTIFIED PHOTOGRAPH

History Note: Authority G.S. 90-12;
 Eff. March 1, 1988;
 Recodified from 21 NCAC 32B .0607 Eff. April 5, 1989;
 Amended Eff. May 1, 1989;
 Repealed Eff. August 1, 2010.

SECTION .0800 - MEDICAL SCHOOL FACULTY LICENSE

21 NCAC 32B .0801	DEFINITION OF PRACTICE
21 NCAC 32B .0802	ELIGIBILITY REQUIREMENTS
21 NCAC 32B .0803	APPLICATION
21 NCAC 32B .0804	FEE
21 NCAC 32B .0805	CERTIFIED PHOTOGRAPH AND CERTIFICATE OF GRADUATION
21 NCAC 32B .0806	VERIFICATION OF MEDICAL LICENSURE

21 NCAC 32B .1103 PERSONAL INTERVIEW
21 NCAC 32B .1104 ROUTINE INQUIRIES
21 NCAC 32B .1105 CME

History Note: Authority G.S. 90-6; 90-14; 90-15.1;
Eff. January 1, 2008;
Repealed Eff. August 1, 2010.

SECTION .1200 – REINSTATEMENT OF FULL LICENSE

21 NCAC 32B .1201 APPLICATION FORMS
21 NCAC 32B .1202 LETTERS OF RECOMMENDATION

History Note: Authority G.S. 90-6; 90-14; 90-15.1;
Eff. January 1, 2008;
Repealed Eff. August 1, 2010.

21 NCAC 32B .1203 FEE

History Note: Authority G.S. 90-6; 90-14; 90-15.1;
Eff. February 5, 2008;
Repealed August 1, 2010.

21 NCAC 32B .1204 PERSONAL INTERVIEW
21 NCAC 32B .1205 ROUTINE INQUIRIES
21 NCAC 32B .1206 ECFMG CERTIFICATION

History Note: Authority G.S. 90-6; 90-14; 90-15.1;
Eff. January 1, 2008;
Repealed Eff. August 1, 2010.

21 NCAC 32B .1207 TEN-YEAR QUALIFICATION

History Note: Authority G.S. 90-6; 90-10; 90-14; 90-15.1;
Eff. February 1, 2008;
Repealed Eff. August 1, 2010.

SECTION .1300 - GENERAL

21 NCAC 32B .1301 DEFINITIONS

The following definitions apply to Rules within this Subchapter:

- (1) ABMS - American Board of Medical Specialties;
- (2) ACGME – Accreditation Council for Graduate Medical Education;
- (3) AMA – American Medical Association;
- (4) AMA Physician's Recognition Award – American Medical Association recognition of achievement by physicians who have voluntarily completed programs of continuing medical education;
- (5) AOA – American Osteopathic Association;
- (6) AOIA – American Osteopathic Information Association;
- (7) Area(s) of Practice – the medical or surgical specialty in which a physician or physician assistant has practiced or intends to practice;
- (8) Board –The North Carolina Medical Board;
- (9) CACMS – Committee for the Accreditation of Canadian Medical Schools;
- (10) CAQ – Certificate of Added Qualification conferred by a specialty board recognized by the ABMS, the AOA, CCFP, FRCP or FRCS;
- (11) CCFP – Certificat of the College of Family Physicians;

- (12) CFPC – College of Family Physicians of Canada;
- (13) COCA – Commission on Osteopathic Colleges Accreditation;
- (14) Core Competencies – patient care; medical knowledge; communication; practice-based learning; systems-based care; and professionalism as defined by the ACGME;
- (15) CME – Continuing Medical Education;
- (16) COMLEX – Comprehensive Osteopathic Medical Licensure Examination;
- (17) COMVEX – Comprehensive Osteopathic Medical Variable-Purpose Examination;
- (18) ECFMG – Educational Commission for Foreign Medical Graduates;
- (19) FCVS – Federation Credential Verification Service;
- (20) Fifth Pathway – an avenue for licensure as defined in the AMA's Council on Medical Education Report 1-I-07;
- (21) FLEX – Federation Licensing Examination;
- (22) FRCP – Fellowship of the Royal College of Physicians of Canada;
- (23) FRCS – Fellowship of the Royal College of Surgeons of Canada;
- (24) FSMB – Federation of State Medical Boards;
- (25) GME – Graduate Medical Education;
- (26) HIPDB – Healthcare Integrity and Protection Data Bank;
- (27) IMG – International Medical Graduate – a physician who has graduated from a medical or osteopathic school not approved by the LCME, the CACMS or COCA;
- (28) Intensity of Practice – the number of hours, the number of years and the responsibilities involved in a person's medical practice;
- (29) LCME – Liaison Commission on Medical Education;
- (30) LMCC – Licentiate of the Medical Council of Canada;
- (31) MCCQE – Medical Council of Canada Qualifying Examination;
- (32) Mentoring Physician – a licensed physician with no public disciplinary record in the last 10 years, who is certified by an American Board of Medical Specialties ("ABMS"), the American Osteopathic Association ("AOA") or a board determined by the Medical Board to be equivalent to the ABMS or AOA and who practices in the same or similar area of practice into which the applicant for reentry is reentering. A mentoring physician must have had some experience as a medical educator or mentor, and shall have no conflicts of interest with the reentry applicant that would impair the mentoring physician's ability to provide an objective evaluation of the reentering licensee's competence;
- (33) NBME – National Board of Medical Examiners;
- (34) NBOME – National Board of Osteopathic Medical Examiners;
- (35) NPDB – National Practitioner Data Bank;
- (36) RCPSC – Royal College of Physicians and Surgeons of Canada;
- (37) Reentry Plan – an individualized program of assessment, education and re-assessment intended to confirm the competence to practice in an intended area of practice of an applicant for reentry;
- (38) Reentry Agreement – a public, non-disciplinary agreement which incorporates by reference the Reentry Plan;
- (39) Reentry Period – the duration of Reentry Plan;
- (40) SPEX – Special Purpose Examination; and
- (41) USMLE – United States Medical Licensing Examination.

History Note: Authority G.S. 90-8.1; 90-14(a)(11a);
 Eff. August 1, 2010;
 Amended Eff. March 1, 2011;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1302 SCOPE OF PRACTICE UNDER PHYSICIAN LICENSE

A physician holding a Physician License may practice medicine and perform surgery in North Carolina.

History Note: Authority G.S. 90-1.1;
 Eff. August 1, 2010;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1303 APPLICATION FOR PHYSICIAN LICENSE

(a) In order to obtain a physician license, an applicant shall:

- (1) submit 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 a photograph that shows a front view of the applicant's face;
- (3) submit documentation of a legal name change, if applicable;
- (4) supply a certified copy of applicant's birth certificate if the applicant was born in the U.S. or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status that the Board will use to verify applicant's ability to work lawfully in the U.S.;
- (5) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education and received a medical degree. However, the Board shall waive the 130-week requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS, or AOA approved specialty board within the past 10 years;
- (6) for an applicant who has graduated from a medical or osteopathic school approved by the LCME, the CACMS, or COCA, meet the requirements set forth in G.S. 90-9.1;
- (7) for an applicant graduating from a medical school not approved by the LCME, meet the requirements set forth in G.S. 90-9.2;
- (8) provide proof of passage of an examination testing medical knowledge. In addition to the examinations set forth in G.S. 90-10.1 the Board accepts the following examinations (or their successors) for licensure:
 - (A) COMLEX;
 - (B) MCCQE; and
 - (C) Current certification or current recertification by an ABMS, CCFP, FRCP, FRCS, AOA, ABOMS, or other Board approved speciality board;
- (9) submit proof that the applicant has completed graduate medical education as required by G.S. 90-9.1 or 90-9.2, as follows:
 - (A) A graduate of a medical school approved by LCME, CACMS, or COCA shall have completed at least one year of graduate medical education approved by ACGME, CFPC, RCPSC, or AOA;
 - (B) A graduate of a medical school not approved by LCME shall have completed two years of graduate medical education approved by ACGME, CFPC, RCPSC, or AOA;
 - (C) An applicant may satisfy the graduate medical education requirements of Parts (A) or (B) of this Subparagraph by showing proof of current certification by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS, or AOA;
- (10) submit a FCVS profile:
 - (A) If the applicant is a graduate of a medical school approved by LCME, CACMS, or COCA, and the applicant previously has completed a FCVS profile; or
 - (B) If the applicant is a graduate of a medical school other than those approved by LCME, COCA, or CACMS;
- (11) if a graduate of a medical school other than those approved by LCME, AOA, COCA, or CACMS, furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if: the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required);
- (12) submit an AMA Physician Profile and, if the applicant is an osteopathic physician, also submit an AOA Physician Profile;
- (13) if applying on the basis of the USMLE, submit:
 - (A) a transcript from the FSMB showing a score on USMLE Step 1, Step 2, and Step 3; and
 - (B) proof that the applicant has passed each step within three attempts. However, the Board shall waive the three-attempt requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS, AOA, American Board of Oral Maxillofacial Surgery ("ABOMS") approved specialty board within the past 10 years;
- (14) if applying on the basis of COMLEX, submit:

- (A) a transcript from the NBOME showing a score on COMLEX Level 1, Level 2 (cognitive evaluation), and Level 3; and
 - (B) proof that the applicant has passed COMLEX within three attempts. However, the Board shall waive the three-attempt requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS, AOA, or ABOMS approved specialty board within the past 10 years;
 - (15) if applying on the basis of any other board-approved examination, submit a transcript showing a passing score;
 - (16) submit two completed fingerprint record cards;
 - (17) submit a signed consent allowing a search of local, state, and national files for any criminal record;
 - (18) provide two original references from persons with no family or marital relationship to the applicant. These references shall be:
 - (A) from physicians who have observed the applicant's work in a clinical environment within the past three years;
 - (B) on forms supplied by the Board;
 - (C) dated within six months of the submission of the application; and
 - (D) bearing the original signature of the writer;
 - (19) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and
 - (20) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- (b) In addition to the requirements of Paragraph (a) of this Rule, the applicant shall submit proof that the applicant has:
- (1) within the past 10 years taken and passed either:
 - (A) an exam listed in G.S. 90-10.1 (a state board licensing examination, NBOME, USMLE, COMLEX, or MCCQE or their successors);
 - (B) SPEX (with a score of 75 or higher); or
 - (C) COMVEX (with a score of 75 or higher);
 - (2) within the past 10 years:
 - (A) obtained certification or recertification or CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS, AOA or American Board of Maxillofacial Surgery;
 - (B) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous certification);
 - (3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC, or AOA; or
 - (4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.
- (c) All reports must be submitted directly to the Board from the primary source.
- (d) An applicant shall 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 by the applicant and the Board's concerns.
- (e) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

History Note: Authority G.S. 90-5.1(a)(3); 90-8.1; 90-9.1; 90-9.2; 90-13.1; Eff. August 1, 2010; Amended Eff. December 1, 2013; January 1, 2012; November 1, 2011; October 1, 2011; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. May 1, 2022; July 1, 2019.

21 NCAC 32B .1304-.1349 RESERVED FOR FUTURE CODIFICATION

21 NCAC 32B .1350 REINSTATEMENT OF PHYSICIAN LICENSE

- (a) "Reinstatement" is for a physician who has held a North Carolina license, but whose license either has been inactive for more than one year, or whose license became inactive as a result of disciplinary action (revocation or suspension) taken by the Board. It also applies to a physician who has surrendered a license prior to charges being filed by the Board.
- (b) All applicants for reinstatement shall:

- (1) submit a completed application, attesting under oath or affirmation that information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
 - (2) submit a photograph that shows a front view of the applicant's face;
 - (3) submit documentation of a legal name change, if applicable;
 - (4) supply a copy of the applicant's birth certificate if the applicant was born in the U.S. or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant shall provide information about the applicant's immigration status that the Board shall use to verify the applicant's legal presence in the U.S. Applicants who are not physically present in the U.S. and who do not plan to practice by being physically present in the U.S. shall submit a written statement to that effect;
 - (5) furnish an original ECFMG certification status report of a currently valid certification of the ECFMG if the applicant is a graduate of a medical school other than those approved by LCME, AOA, COCA, or CACMS. The ECFMG certification status report requirement shall be waived if: the applicant has passed the ECFMG examination and completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required);
 - (6) submit documentation of CME obtained in the last three years;
 - (7) submit two completed fingerprint cards;
 - (8) submit a signed consent allowing a search of local, state, and national files to disclose any criminal record;
 - (9) provide two original references from persons with no family or marital relationship to the applicant. These references shall be:
 - (A) from physicians who have observed the applicant's work in a clinical environment within the past three years;
 - (B) on forms supplied by the Board;
 - (C) dated within six months of submission of the application; and
 - (D) bearing the original signature of the author;
 - (10) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and
 - (11) upon request, provide any additional information the Board deems necessary to evaluate the applicant's qualifications.
- (c) In addition to the requirements of Paragraph (b) of this Rule, the applicant shall submit proof that the applicant has:
- (1) within the past 10 years taken and passed either:
 - (A) an exam listed in G.S. 90-10.1 (a state board licensing examination, NBOME, USMLE, COMLEX, or MCCQE or their successors);
 - (B) SPEX (with a score of 75 or higher); or
 - (C) COMLEX (with a score of 75 or higher);
 - (2) within the past ten years:
 - (A) obtained certification or recertification of CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS, AOA, or American Board of Oral Maxillofacial Surgery;
 - (B) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous certification);
 - (3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC or AOA; or
 - (4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.
- (d) All reports shall be submitted directly to the Board from the primary source.
- (e) An applicant shall be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character if the Board determines it needs more information to evaluate the applicant based on the information provided by the applicant and the Board's concerns.
- (f) An application must be complete within one year of submission. If not, the applicant shall be charged another application fee plus the cost of another criminal background check.
- (g) Notwithstanding the provisions of this Rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply. Information about these Rules is available from the Board.

History Note: Authority G.S. 90-5.1(a)(3); 90-8.1; 90-9.1; 90-10.1; 90-13.1;
Eff. August 1, 2010;
Amended Eff. September 1, 2014; November 1, 2013; November 1, 2011;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. May 1, 2022; July 1, 2019.

21 NCAC 32B .1351-.1359 RESERVED FOR FUTURE CODIFICATION

21 NCAC 32B .1360 REACTIVATION OF PHYSICIAN LICENSE

(a) "Reactivation" applies to a physician who has held a physician license in North Carolina, and whose license has been inactive for up to one year except as set out in Rule .1704(e) of this Subchapter. Reactivation is not available to a physician whose license became inactive either while under investigation by the Board or because of disciplinary action by the Board.

(b) In order to reactivate a Physician License, an applicant shall:

- (1) submit a completed application which can be found on the Board's website in the application section at <http://www.ncmedboard.org/licensing>, attesting under oath 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) supply a certified copy of the applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant shall provide information about the applicant's immigration and work status which the Board shall use to verify the applicant's ability to work lawfully in the United States; Those applicants who are not present in the US and who do not plan to practice physically in the US shall include a statement to that effect in the application.
- (3) submit a FSMB Board Action Data Bank report;
- (4) submit documentation of CME obtained in the last three years;
- (5) submit two completed fingerprint record cards supplied by the Board;
- (6) submit a signed consent form allowing search of local, state, and national files for any criminal record;
- (7) pay to the Board the a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and
- (8) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character, if the Board needs more information to complete the application.

(c) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(d) Notwithstanding the above provisions of this Rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply. Information about these Rules is available from the Board.

History Note: Authority G.S. 90-8.1; 90-9.1; 90-12.1A; 90-13.1; 90-14(a)(11a);
Eff. August 1, 2010;
Amended Eff. September 1, 2014;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1370 REENTRY TO ACTIVE PRACTICE

(a) An applicant for licensure who has not actively practiced or who has not maintained continued competency for the two-year period immediately preceding the filing of an application for a license shall complete a reentry agreement as a condition of licensure.

(b) The first component of a reentry agreement involves assessing the applicant's current strengths and weaknesses in the intended area(s) of practice. The process may include testing and evaluation by colleagues, educators or others.

(c) The second component of the reentry agreement is education. Education shall address the applicant's area(s) of needed improvement and consist of a reentry period of retraining and education upon terms based on the factors set forth in Paragraph (d) of this Rule.

(d) Factors that may affect the length and scope of the reentry plan include:

- (1) The applicant's amount of time out of practice;
- (2) The applicant's prior intensity of practice;

- (3) The reason for the interruption in practice;
 - (4) The applicant's activities during the interruption in practice, including the amount of practice-relevant continuing medical education;
 - (5) The applicant's previous and intended area(s) of practice;
 - (6) The skills required of the intended area(s) of practice;
 - (7) The amount of change in the intended area(s) of practice during the time the applicant has been out of continuous practice;
 - (8) The applicant's number of years of graduate medical education;
 - (9) The number of years since the applicant completed graduate medical education; and
 - (10) As applicable, the date of the most recent ABMS, AOA or National Commission on Certification of Physician Assistant certification or recertification.
- (e) If the Board approves an applicant's plan for reentry, the approved plan shall be incorporated by reference into a reentry agreement and executed by the applicant, the Board, and any applicable Board agents assisting with the reentry agreement.
- (f) After the reentry agreement has been executed, and the applicant has completed all other requirements for licensure, the applicant shall receive a License. The licensee may not practice outside of the scope of the reentry agreement during the reentry period.
- (g) Unsatisfactory completion of the reentry agreement or practicing outside the scope of the reentry agreement shall result in the automatic inactivation of the licensee's license unless the licensee requests a hearing within 30 days of receiving notice from the Board.
- (h) Upon successful completion of the reentry agreement, the Board shall terminate the reentry agreement.

*History Note: Authority G.S. 90-8.1; 90-14(a)(11a);
Eff. March 1, 2011;
Amended Eff. January 1, 2016;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

SECTION .1400 – RESIDENT'S TRAINING LICENSE

21 NCAC 32B .1401 SCOPE OF PRACTICE UNDER RESIDENT'S TRAINING LICENSE

A physician holding a limited license to practice in a medical education and training program may practice only within the confines of that program and under the supervision of its director.

*History Note: Authority G.S. 90-12.01;
Eff. August 1, 2010;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

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

- (a) In order to obtain a Resident's Training License, an applicant shall:
- (1) submit 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 documentation of a legal name change, if applicable;
 - (3) submit a photograph that shows a front view of the applicant's face;
 - (4) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education;
 - (5) furnish an original ECFMG certification status report of a currently valid ECFMG certification if the applicant is a graduate of a medical school other than those approved by LCME, AOA, COCA, or CACMS. The ECFMG certification status report requirement shall be waived if the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (the applicant shall provide an ECFMG score transcript from the ECFMG);
 - (6) submit an appointment letter from the program director of the GME program or his or her appointed agent verifying the applicant's appointment and commencement date;
 - (7) submit two completed fingerprint record cards;

- (8) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
 - (9) pay a non-refundable fee pursuant to G.S. 90-13.1(b), plus the cost of a criminal background check;
 - (10) provide proof that the applicant has taken and passed within three attempts:
 - (A) COMLEX Level 1, COMLEX Level 2 (cognitive evaluation) and, if taken, COMLEX Level 3; or
 - (B) USMLE Step 1, USMLE Step 2 (Clinical Knowledge) and, if taken USMLE Step 3; or
 - (C) MCCQE Part 1 and, if taken, MCCQE Pat 2;
 - (11) In the event any of the above required information should indicate a concern about the applicant's qualifications, upon request, the applicant shall supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- (b) In the event any of the above required information should indicate a concern about the applicant's qualifications, an applicant shall be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character, if the Board needs more information to complete the application.
- (c) If the applicant previously held a North Carolina residency training license, the licensure requirements established by rule at the time the applicant first received his or her North Carolina residency training license shall apply. Information about these Rules is available from the Board.

History Note: Authority G.S. 90-8.1; 90-12.01; 90-13.1; 90-14(a); Eff. August 1, 2010; Amended Eff. January 1, 2016; September 1, 2014; November 1, 2013; August 1, 2012; November 1, 2011; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. May 1, 2022.

SECTION .1500 – FACULTY LICENSE

21 NCAC 32B .1501 SCOPE OF PRACTICE UNDER MEDICAL SCHOOL FACULTY LICENSE

A physician holding a Medical School Faculty License may practice only within the confines of the medical school or its affiliates. "Affiliates" means the primary medical school hospital(s) and clinic(s), as designated by the ACGME.

History Note: Authority G.S. 90-12.3; Eff. March 1, 2011; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1502 APPLICATION FOR MEDICAL SCHOOL FACULTY LICENSE

(a) The Medical School Faculty License is limited to physicians who have expertise that can be used to help educate North Carolina medical students, post-graduate residents, and fellows but who do not meet the requirements for physician licensure.

(b) In order to obtain a Medical School Faculty License, an applicant shall:

- (1) submit 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 the Board's form, signed by the Dean or the Dean's appointed representative, stating that the applicant has received a full-time paid appointment as either an instructor, lecturer, assistant professor, associate professor, or full professor at a medical school in the state of North Carolina;
- (3) submit documentation of a legal name change, if applicable;
- (4) submit a photograph, two inches by two inches, affixed to the oath or affirmation that has been attested to by a notary public;
- (5) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education. However, the Board shall waive the 130-week requirement if the applicant has been certified or recertified by an ABMS, FRCP, or FRCS approved specialty board within the past 10 years;
- (6) 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 and work status which the Board will use to verify applicant's lawful presence in the U.S.;
- (7) submit proof of satisfactory completion of at least one year of GME approved by ACGME, CFPC, RCPSC, or AOA; or evidence of other education, training or experience, determined by the Board to be equivalent;
 - (8) submit reports from all medical or osteopathic boards from which the applicant has ever held a medical or osteopathic license, stating the status of the applicant's license and whether or not any action has been taken against the license;
 - (9) submit an AMA Physician Profile; and, if applicant is an osteopathic physician, also submit an AOA Physician Profile;
 - (10) submit a NPDB report dated within 60 days of applicant's oath;
 - (11) submit a FSMB Board Action Data Bank report;
 - (12) submit two completed fingerprint record cards supplied by the Board;
 - (13) submit a signed consent form allowing a search of local, state, and national files to disclose any criminal record;
 - (14) provide two original reference letters from persons with no family or marital relationship to the applicant. These letters must be:
 - (A) from physicians who have observed the applicant's work in a clinical environment within the past three years;
 - (B) on forms supplied by the Board;
 - (C) dated within six months of the applicant's oath; and
 - (D) bearing the original signature of the writer;
 - (15) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and
 - (16) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- (c) All reports must be submitted directly to the Board from the primary source.
- (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.

History Note: Authority G.S. 90-5.1(a)(3); 90-12.3; 90-13.2;
 Eff. June 28, 2011;
 Amended Eff. November 1, 2013;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
 Amended Eff. July 1, 2019.

SECTION .1600 – SPECIAL PURPOSE LICENSE

21 NCAC 32B .1601 SCOPE OF PRACTICE UNDER SPECIAL PURPOSE LICENSE

The Board may limit the physician's scope of practice under a Special Purpose License by geography, term, practice setting, and type of practice.

History Note: Authority G.S. 90-12.2A;
 Eff. August 1, 2010;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1602 SPECIAL PURPOSE LICENSE

(a) The Special Purpose License is for physicians who wish to come to North Carolina for a limited time, scope and purpose, such as to demonstrate or learn a new technique, procedure or piece of equipment, or to educate physicians or medical students.

(b) In order to obtain a Special Purpose License, an applicant shall:

- (1) submit a completed application, attesting under oath 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 a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
- (3) submit documentation of a legal name change, if applicable;
- (4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
- (5) comply with all requirements of G.S. 90-12.2A;
- (6) submit the Board's form, completed by the mentor, showing that the applicant has received an invitation from a medical school, medical practice, hospital, clinic or physician licensed in the state of North Carolina, outlining the need for the applicant to receive a special purpose license and describing the circumstances and timeline under which the applicant will practice medicine in North Carolina;
- (7) submit an AMA Physician Profile and, if applicant is an osteopathic physician, also submit AOA Physician Profile;
- (8) submit an FSMB Board Action Data Bank report;
- (9) submit two completed fingerprint record cards supplied by the Board;
- (10) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
- (11) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check;
- (12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All reports must be submitted directly to the Board from the primary source, when possible.

(d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(e) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

History Note: Authority G.S. 90-8.1; 90-9.1; 90-12.2A; 90-13.1;
 Eff. August 1, 2010;
 Amended Eff. November 1, 2013;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

SECTION .1700 – OTHER LICENSES

21 NCAC 32B .1701 SCOPE OF PRACTICE UNDER LIMITED VOLUNTEER LICENSE AND RETIRED LIMITED VOLUNTEER LICENSE

The holder of a Limited Volunteer License or a Retired Volunteer Limited License may practice medicine and surgery only at clinics that specialize in the treatment of indigent patients, and may not receive any compensation for services rendered, either direct or indirect, monetary, in-kind, or otherwise for the provision of medical services.

History Note: Authority G.S. 90-8.1; 90-12.1A;
 Eff. August 1, 2010;
 Amended Eff. November 1, 2013;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1702 APPLICATION FOR LIMITED VOLUNTEER LICENSE

(a) The Limited Volunteer License is available to physicians who hold an active license in a state or jurisdiction other than North Carolina, and who wish to volunteer at civilian indigent clinics.

(b) In order to obtain a Limited Volunteer License, an applicant shall:

- (1) submit 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 a photograph, two inches by two inches, affixed to the oath or affirmation attested to by a notary public;

- (3) submit documentation of a legal name change, if applicable;
 - (4) submit proof of active licensure from another state or jurisdiction indicating the status of the license and whether or not any action has been taken against the license;
 - (5) submit a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
 - (6) submit a NPDB report, dated within 60 days of submission of the application;
 - (7) submit a FSMB Board Action Data Bank report;
 - (8) submit two completed fingerprint record cards supplied by the Board;
 - (9) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
 - (10) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a) to cover the cost of a criminal background check;
 - (11) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- (c) All materials must be submitted directly to the Board from the primary source, when possible.
- (d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
- (e) An application must be completed within one year of the date of submission.

History Note: Authority G.S. 90-8.1; 90-12.1A;
 Eff. August 1, 2010;
 Amended Eff. November 1, 2013;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1703 SCOPE OF PRACTICE UNDER RETIRED LIMITED VOLUNTEER LICENSE

The holder of a Retired Limited Volunteer License may practice medicine and surgery only at clinics that specialize in the treatment of indigent patients, and may not receive any compensation for services rendered, either direct or indirect, monetary, in-kind, or otherwise for the provision of medical services.

History Note: Authority G.S. 90-8.1; 90-12.1A;
 Eff. August 1, 2010;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1704 APPLICATION FOR RETIRED LIMITED VOLUNTEER LICENSE

- (a) The Retired Limited Volunteer License is available to physicians who have been licensed in North Carolina or another state or jurisdiction, have an inactive license, and who wish to volunteer at indigent clinics.
- (b) An applicant who has never held a North Carolina license but held an active license in another state or jurisdiction, which is currently inactive, shall:
- (1) submit 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 a photograph, two inches by two inches, affixed to the oath or affirmation which has been attested to by a notary public;
 - (3) submit documentation of a legal name change, if applicable;
 - (4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
 - (5) submit proof of licensure from another state or jurisdiction indicating the status of the license and whether or not any action has been taken against the license;
 - (6) submit two completed fingerprint record cards supplied by the Board;
 - (7) submit a signed consent form allowing a search of local, state and national files for any criminal record;

- (8) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a) to cover the cost of a criminal background check;
 - (9) submit a FSMB Board Action Data Bank report;
 - (10) submit a NPDB report, dated within 60 days of submission of the application;
 - (12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
 - (13) All materials must be submitted to the Board from the primary source, when possible.
- (c) An applicant who holds an active North Carolina physician license may convert that to a Retired Limited Volunteer License by completing the Application for Retired Volunteer License.
- (d) An applicant who held a North Carolina license which has been inactive less than six months may convert to a Retired Limited Volunteer License by completing the Application for Retired Volunteer License.
- (e) An applicant who held a North Carolina license which has been inactive for more than six months but less than two years shall meet the requirements set forth in 21 NCAC 32B .1360.
- (f) An applicant who held a North Carolina license which has been inactive for more than two years shall meet the requirements set forth at 21 NCAC 32B .1350.
- (g) A physician who has been out of practice for more than two years will be required to complete a reentry program as set forth in 21 NCAC 32B .1370.
- (h) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
- (i) An application must be completed within one year of the date of submission.

History Note: Authority G.S. 90-8.1; 90-12.1A;
 Eff. August 1, 2010;
 Amended Eff. November 1, 2013;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1705 LIMITED PHYSICIAN LICENSE FOR DISASTERS AND EMERGENCIES

- (a) The Board may, pursuant to G.S. 90-12.5, issue a Limited Physician License for Disasters and Emergencies whenever the Governor of the State of North Carolina has declared a disaster or states of emergency, or in the event of an occurrence for which a county or municipality has enacted an ordinance to deal with state of emergency under G.S. 14-288.12, 14-288.13, or 14-288.14, or to protect the public health, safety or welfare of its citizens under Article 22 of Chapter 130A of the General Statutes, G.S. 160A-174(a) or G.S. 153A-12(a).
- (b) In order to obtain a Limited Physician License for Disasters and Emergencies, an applicant shall:
- (1) provide government-issued photo identification;
 - (2) provide proof of current licensure to practice medicine in another state or jurisdiction; and
 - (3) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application.
- (c) The Board may obtain any additional information it deems necessary to evaluate the applicant's competence and character.
- (d) The Board may limit the physician's scope of practice as to geography; term; type of practice; and prescribing.
- (e) A physician holding a Limited Physician License for Disasters and Emergencies shall not receive any compensation, either direct or indirect, monetary, in-kind, or otherwise for the provision of medical services.

History Note: Authority G.S. 90-12.5;
 Eff. August 1, 2010;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1706 PHYSICIAN PRACTICE AND LIMITED LICENSE FOR DISASTERS AND EMERGENCIES

- (a) The Board shall waive requirements for licensure in the circumstances set forth in G.S. 90-12.5.
- (b) There are two ways for physicians to practice under this Rule:
- (1) Hospital to Hospital Credentialing: A physician who holds a full, unlimited, and unrestricted license to practice medicine in another U.S. state, territory, or district and has unrestricted hospital credentials and privileges in any U.S. state, territory, or district may come to North Carolina and practice

medicine at a hospital that is licensed by the North Carolina Department of Health and Human Services upon the following terms and conditions:

- (A) the licensed North Carolina hospital shall verify all physician credentials and privileges;
 - (B) the licensed North Carolina hospital shall keep a list of all physicians coming to practice and shall provide this list to the Board within 10 days of each physician practicing at the licensed North Carolina hospital. The licensed North Carolina hospital shall also provide the Board a list of when each physician has stopped practicing medicine in North Carolina under this Rule within 10 days after each physician has stopped practicing medicine under this Rule;
 - (C) all physicians practicing under this Rule shall be authorized to practice medicine in North Carolina and shall be deemed to be licensed to practice medicine in the State and the Board shall have jurisdiction over all physicians practicing under this Rule for all purposes set forth in or related to G.S. 90, Article 1, and such jurisdiction shall continue in effect even after any and all physicians have stopped practicing medicine under this Rule;
 - (D) a physician may practice under this Rule for the shorter of :
 - (i) 30 days from the date the physician has started practicing under this Rule; or
 - (ii) a statement by an appropriate authority is made that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license deemed to be issued shall become inactive; and
 - (E) physicians practicing under this Rule shall not receive any compensation outside of their customary compensation for the provision of medical services during a disaster or emergency.
- (2) Limited Emergency License: A physician who holds a full, unlimited, and unrestricted license to practice medicine in another U.S. state, territory, or district may apply for a limited emergency license on the following conditions:
- (A) the applicant must complete a limited emergency license application;
 - (B) the Board shall verify that the physician holds a full, unlimited, and unrestricted license to practice medicine in another U.S. state, territory, or district;
 - (C) in response to a declared disaster or state of emergency and in order to best serve the public interest, the Board may limit the physician's scope of practice;
 - (D) the Board shall have jurisdiction over all physicians practicing under this Rule for all purposes set forth in or related to Article 1 of Chapter 90 of the North Carolina General Statutes, and such jurisdiction shall continue in effect even after such physician has stopped practicing medicine under this Rule or the Limited Emergency License has expired;
 - (E) this license shall be in effect for the shorter of:
 - (i) 30 days from the date it is issued; or
 - (ii) a statement by an appropriate authority is made that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license issued shall become inactive; and
 - (F) physicians holding limited emergency licenses shall not receive any compensation outside of their customary compensation for the provision of medical services during a disaster or emergency.

History Note: Authority G.S. 90.5.1(a)(1)(3); 90-12.5; 90-14(a);
Emergency Adoption Eff. October 2, 2018;
Emergency Adoption Expired Eff. December 14, 2018;
Eff. July 1, 2019.

21 NCAC 32B .1707 LIMITED LICENSE FOR DISASTERS AND EMERGENCIES FOR PHYSICIANS AND PHYSICIAN ASSISTANTS WITH INACTIVE NORTH CAROLINA LICENSES

History Note: Authority G.S. 90-5.1(a)(3); 90-12.5;
Emergency Adoption Eff. March 20, 2020;
Temporary Adoption Eff. June 26, 2020;

Temporary Adoption Expired Eff. April 11, 2021.

21 NCAC 32B .1708 COVID-19 DRUG PRESERVATION RULE

(a) The following drugs are "Restricted Drugs" as that term is used in this Rule:

- (1) Hydroxychloroquine;
- (2) Chloroquine;
- (3) Lopinavir-ritonavir;
- (4) Ribavirin; and
- (5) Darunavir.

(b) A physician or physician assistant shall prescribe a Restricted Drug only if that prescription bears a written diagnosis from the prescriber consistent with the evidence for its use.

(c) When a patient has been diagnosed with COVID-19, any prescription of a Restricted Drug for the treatment of COVID-19 shall:

- (1) Indicate on the prescription that the patient has been diagnosed with COVID-19;
- (2) Be limited to no more than a 14-day supply; and
- (3) Not be refilled, unless a new prescription is issued in conformance with this Rule, including not being refilled through an emergency prescription refill.

(d) A physician or physician assistant shall not prescribe a Restricted Drug for the prevention of, or in anticipation of, the contraction of COVID-19 by someone who has not yet been diagnosed.

(e) A prescription for a Restricted Drug may be transmitted orally only if all information required by this Rule is provided to the pharmacy by the physician, physician assistant, or either of their agents, and that information is recorded in writing in accordance with 21 NCAC 46 .1819(e).

(f) This Rule does not affect orders for administration to inpatients of health care facilities.

(g) This Rule does not apply to prescriptions for a Restricted Drug for a patient previously established on that particular Restricted Drug on or before March 10, 2020.

*History Note: Authority G.S. 90-5.1(a)(3);
Emergency Adoption Eff. April 6, 2020;
Temporary Adoption Eff. June 26, 2020;
Eff. April 1, 2021.*

SECTION .1800 – RESERVED FOR FUTURE CODIFICATION

21 NCAC 32B .1800 RESERVED FOR FUTURE CODIFICATION

SECTION .1900 – RESERVED FOR FUTURE CODIFICATION

21 NCAC 32B .1900 RESERVED FOR FUTURE CODIFICATION

SECTION .2000 – EXPEDITED APPLICATION FOR PHYSICIAN LICENSE

21 NCAC 32B .2001 EXPEDITED APPLICATION FOR PHYSICIAN LICENSE

(a) A physician who meets the qualifications listed in this Rule may apply for a license on an expedited basis.

(b) An applicant for an expedited physician license shall:

- (1) complete the Board's 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 documentation of a legal name change, if applicable;
- (3) submit a photograph, two inches by two inches, affixed to the oath or affirmation that has been attested to by a notary public;
- (4) supply a certified copy of applicant's birth certificate if the applicant was born in the U.S. or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status that the Board will use to verify applicant's ability to work lawfully in the U.S. Applicants who are not

present in the U.S. and who do not plan to practice physically in the U.S. shall submit a statement to that effect;

- (5) provide proof that applicant has held an active unrestricted license to practice medicine in at least one other state, the District of Columbia, U.S. Territory or Canadian province continuously for a minimum of five years immediately preceding this application;
 - (6) provide proof of clinical practice providing patient care for an average of 20 hours or more per week, for at least the last two years;
 - (7) provide proof of:
 - (A) current certification or current recertification by an ABMS, CCFP, FRCP, FRCS, AOA, or American Board of Maxillofacial Surgery approved specialty board obtained within the past 10 years; or
 - (B) obtained certification or recertification of CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS, or AOA;
 - (C) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous certification);
 - (8) if the applicant is a graduate of a medical school other than those approved by LCME, AOA, COCA, or CACMS, the applicant shall furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required);
 - (9) submit an AMA Physician Profile and, if the applicant is an osteopathic physician, also submit an AOA Physician Profile;
 - (10) submit two completed fingerprint record cards supplied by the Board;
 - (11) submit a signed consent allowing a search of local, state and national files to disclose any criminal record;
 - (12) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a) plus the cost of a criminal background check; and
 - (13) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.
- (c) A physician applying for an expedited license must:
- (1) not have any professional liability insurance claim(s) or payments(s) within the past 10 years;
 - (2) not have any criminal conviction;
 - (3) not have any medical conditions that could affect the physician's ability to practice safely;
 - (4) not have any regulatory board complaints, investigations, or actions (including applicant's withdrawal of a license application) within the past 10 years;
 - (5) not have any adverse actions taken by a health care institution within the past 10 years;
 - (6) not have any adverse actions taken by a federal agency, the U.S. military, or medical societies within the past 10 years;
- (7) have passed an examination testing general medical knowledge. In addition to the examinations set forth in G.S. 90-10.1 (a state board licensing examination: NBME, USMLE, FLEX, or their successors), the Board accepts the following examinations (or their successors) for licensure:
- (A) COMLEX;
 - (B) NBOME; and
 - (C) MCCQE.
- (d) All reports must be submitted directly to the Board from the primary source.

History Note: Authority G.S. 90-5.1(a)(3); 90-9.1; 90-9.2; 90-11; 90-13.1; Eff. August 1, 2010; Amended Eff. November 1, 2013; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. July 1, 2019.