



ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road, Scottsdale, AZ 85258
Telephone (480) 551-2700 • Fax (480) 551-2704
Website: www.azmd.gov or questions@azmd.gov

APPLICATION for LOCUM TENENS REGISTRATION TO PRACTICE MEDICINE in the STATE of ARIZONA

LOCUM TENENS REGISTRATION IS VALID FOR ONE HUNDRED EIGHTY (180) CONSECUTIVE DAYS. THE REGISTRATION WILL BE ISSUED ONLY ONCE IN A THREE YEAR PERIOD. THE PHYSICIAN ISSUED THE LOCUM TENENS REGISTRATION IS NOT ELIGIBLE FOR A DEA NUMBER IN ARIZONA. A LOCUM TENENS REGISTRATION ALLOWS THE PHYSICIAN TO PRACTICE MEDICINE ONLY AT THE LOCATION AND FOR THE ARIZONA LICENSEE AS APPROVED BY THE BOARD.

The board may issue a registration to allow a doctor of medicine who is not an Arizona licensee to provide locum tenens medical services to substitute for or temporarily assist a doctor of medicine who holds an active license pursuant to the Arizona Revised Statutes and Rules or a doctor of osteopathy who holds an active Arizona license under the following conditions:

1. The applicant holds an active license to practice medicine issued by a state, district, territory or possession of the United States.
2. The applicant provides on forms and in a manner prescribed by the board proof that the applicant meets the applicable requirements of the Arizona Revised Statutes sections 32-1422, 32-1423 or 32-1424. For your convenience, we have attached a copy of each section.
3. The license of the applicant from the jurisdiction in which the applicant regularly practices medicine is current and unrestricted and has not been revoked or suspended for any reason and there are no unresolved complaints or formal charges filed against the applicant with any licensing board.
4. The doctor of medicine or doctor of osteopathy for whom the applicant for registration under this section is substituting or assisting provides to the board a written request for locum tenens registration of the applicant.
5. The applicant pays the fee prescribed in the Arizona Revised Statutes under section 32-1436.

APPLICATION INSTRUCTIONS and CHECKLIST

(Read Carefully)

The following items are to be completed and submitted to the Board by the applicant.

- ✦ Locum Tenens Registration Application
- ✦ Copy of evidence of name and date of birth - Submit one of the following: U. S. Birth Certificate, U. S. Passport, Naturalization Certificate, Permanent resident card or Visa.
- ✦ Home Address, Phone Number, Date of Birth and Social Security Number Supplement (*This information will remain confidential.*)
- ✦ Check, Money Order or Payment Card authorization form (see attached) for the nonrefundable fee in the amount of **\$350 (US dollars only)**. Applications submitted without the fee will not be processed.
- ✦ Certified copy of M.D. degree diploma
- ✦ Certified copies of all postgraduate training certificates
- ✦ Certified copy of ECFMG Certificate, if applicable

The following required information will be obtained by the Board:

- ✦ Federation of State Medical Boards (FSMB) Disciplinary Search
- ✦ American Medical Association (AMA) Physician Profile
- ✦ Verification of licensure from every state in which you currently hold or have ever held licensure
- ✦ National Practitioners Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDP) Data Bank reports
- ✦ Credentials submitted in foreign languages shall have affixed thereto a certified translation into English.

- ✦ Requests for exemptions or waivers of any portion of this application will be denied and will delay your consideration for licensure.
- ✦ All credentials submitted become the property of the Arizona Medical Board and ***will not*** be returned.
- ✦ Photocopies shall not exceed 8 ½ inches by 11 inches in size.
- ✦ If paying by Payment Card Authorization, the application and documents may be faxed to 480-551-2704.

PLEASE ALLOW 30 DAYS FOR PROCESSING OF YOUR APPLICATION.

APPLICATION for LOCUM TENENS REGISTRATION

Official Use Only: Inquiry # _____ Date Application Received _____

(To be completed and signed by applicant. All questions MUST be answered, even if only to indicate "None" or "N/A".)

1. Present Name _____
(Last) (First) (Middle) (Maiden)

(a) Other names used: _____

2. Office/Training Address: _____
(No.) (Street) (City) (State) (Zip/Post Code)

3. All States or provinces in which you **have or had** a license or registration. If more than five, attach separate listing. If license is pending or was not issued, so state. If none, please indicate by stating "Not Applicable."

(a) _____
(State Board) (License No.)(Status of License, i.e., expired, active, etc.)

(b) _____
(State Board) (License No.)(Status of License, i.e., expired, active, etc.)

(c) _____
(State Board) (License No.)(Status of License, i.e., expired, active, etc.)

(d) _____
(State Board) (License No.)(Status of License, i.e., expired, active, etc.)

(e) _____
(State Board) (License No.)(Status of License, i.e., expired, active, etc.)

4. Medical School Name: _____

Medical School Location: _____ Date of Graduation: _____
Month/Day/Year

If you graduated from a medical school located outside the United States of America or Canada please list below:

ECFMG # _____ Certificate Date: _____
Month/Day/Year

5. List chronologically, all Internship, Residency and Fellowship training in U.S. or Canada (**COMPLETED OR NOT**), or Assistant Professorship (or higher) at any programs attended, showing institution, address, type of program and dates. Attach separate listing if needed.

INSTITUTION NAME CITY/STATE TYPE OF PROGRAM/PGY YEAR DATES OF ATTENDANCE

INSTITUTION NAME	CITY/STATE	TYPE OF PROGRAM/PGY YEAR	DATES OF ATTENDANCE

6. License Exam: Please indicate all exams taken, the date(s) taken (month/day/year) and what state, if applicable:

a. United States Medical Licensing Exam (USMLE)

Step I (Date) _____ Step II (Date) _____ Step III (Date) _____ State _____

b. State Written Examination Date _____ State _____

(The Commonwealth of Puerto Rico written examination is not accepted)

c. National Board of Medical Examiners Examination (NBME) Certification Date _____

d. Federation of State Medical Boards Licensing Examination (FLEX) Date(s) _____
Comp I (Date) _____ Comp II (Date) _____

e. Licentiate of the Medical Council of Canada (LMCC) Date _____

f. Special Purpose Examination (SPEX) Date _____ State _____

7. State your area of practice: _____

8. List all certifications and re-certifications by a board or sub-board recognized by the **American Board of Medical Specialties only**.

Specialty Board	Certification #	Dates of Certification/Recertification	Expiration Date
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9. Account for, in **chronological order**, all activities since graduation from medical school to present. **ALL PERIODS OF TIME MUST BE ACCOUNTED FOR. Attach a separate sheet if necessary. DO NOT ATTACH A CURRICULUM VITA (CV).**

ACTIVITIES	LOCATION	FROM/TO (MONTH/YEAR)
(e.g.) Prepare for USMLE/Vacation	City/State	06/99 to 01/00

10. Have you ever had any application for any professional license refused or denied by any licensing authority?	YES †	NO †
11. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?	YES †	NO †
12. Have you ever been dropped, suspended, placed on probation, expelled, fined, resigned or been requested to resign from any medical school or post secondary educational program in which you were enrolled?	YES †	NO †
13. Has any training program taken action against you including probation, restriction, suspension, revocation, modification, accepted resignation, asked you to leave temporarily or permanently?	YES †	NO †
14. Have you ever voluntarily surrendered any healthcare license?	YES †	NO †
15. Have you ever had any healthcare license revoked?	YES †	NO †
16. Have you ever been the subject of disciplinary action or are you currently under investigation with regard to your healthcare license, been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	YES †	NO †
17. Have your privileges ever been restricted, terminated, voluntarily or involuntarily resigned or withdrawn by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	YES †	NO †
18. Has disciplinary action been taken against you by any licensing agency with regard to any professional license? Including but not limited to restricted, terminated, voluntarily or involuntarily resigned or withdrawn.	YES †	NO †
19. Are there any pending complaints, investigations, or disciplinary actions against you with any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?.	YES †	NO †
20. Have you ever had a registration issued by a controlled substance authority (State or Federal) revoked, suspended, limited, restricted, modified, denied or have you surrendered or given up in lieu of action?	YES †	NO †
21. Have you ever been charged with or convicted, pardoned or had a record expunged or vacated of a felony, misdemeanor involving moral turpitude? (see explanation below) A “yes” answer is required even if you entered a diversion program.	YES †	NO †
22. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	YES †	NO †
23. In the last ten (10) years has a judgment or settlement been entered against you as a defendant in a medical malpractice suit? *Please <u>do not</u> report <u>pending malpractice suits or settlements paid not related to a civil action.</u>	YES †	NO †
24. Have you ever been court martialled or discharged other than honorably from the armed service?	YES †	NO †
25. Have you ever been terminated from a healthcare position with a city, county, or state government or the Federal government?	YES †	NO †
26. Have you ever been convicted of insurance fraud or received sanctions, including restrictions, suspension or removal from practice, imposed by any agency of the Federal government?	YES †	NO †

Note: In the event the response to any of the questions numbered 10 through 26 is “YES”, the applicant must file with the application a detailed report concerning the above matters, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the result of any hearings, and the disposition of such charge(s). IN ADDITION, the applicant must submit photocopies of any complaints, hearings, settlements or judgments together with copies of patient’s hospital and/or office records to the AMB.

Moral Turpitude includes but is not limited to the following: Armed Robbery, Assault with a Deadly Weapon, Attempted Insurance Fraud, Fabricating and Presenting False Public Claim, False Reporting to Law Enforcement Agency, Falsification of Records of the Court, Forgery, Fraud, Hit & Run, Illegal Sale & Trafficking in Controlled Substances, Indecent Exposure, Kidnapping, Larceny, Mann Act (Federal Commercialization of Women Statute), Misleading Sale of Securities in Connection with Transfer of Real Property, Perjury, Possession of Heroin for Sale/Unlawful Sale or Dispensing Narcotic Drugs, Rape, Shoplifting and Soliciting Prostitution.

**CONFIDENTIAL
PHYSICIAN HEALTH PROGRAM**

1. Within the last five years, have you been diagnosed, treated or admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia or any psychotic disorder?	YES †	NO †
2. Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program? *If in a confidential program in another state see explanation below.	YES †	NO †
3. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, include any disease or condition generally regarded as chronic by the medical community, i.e. (1) behavioral health illness or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in your usual practice? See below for definition of ability to practice medicine.	YES †	NO †

In the event you answer YES to any of the above questions, you must file with the application a detailed written narrative statement concerning the above matter(s), including the name of healthcare providers and treatment centers where you were treated, along with the discharge summary of your treatment and progress. If you are currently participating or have participated in the past 5 years pursuant to a confidential agreement or order in a program for the treatment and rehabilitation of doctors of medicine impaired by alcohol, drug abuse or for other issues, please submit a copy of the agreement/order along with compliance reports from the state monitoring programs

FAILURE TO PROPERLY ANSWER THESE QUESTIONS CAN RESULT IN BOARD DISCIPLINARY ACTION, INCLUDING REVOCATION OR DENIAL OF A LICENSE.

Ability to practice medicine is to be construed to include all of the following:

- 1. The cognitive capacity to make appropriate clinical diagnoses and exercise reason medical judgments and to learn and keep abreast of medical developments;**
- 2. The ability to communicate those judgments and medical information to patients and other healthcare providers, with or without the use of aids or devices, such as a voice amplifier; and**
- 3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.**

(THIS SECTION INTENTIONALLY LEFT BLANK)

The applicant _____
(PRINT OR TYPE YOUR NAME)

being first duly sworn upon his oath deposes and says: that I am the person herein named subscribing to this application; that I have read the statutes and rules regarding licensure and have read the complete application, know the full content thereof, and declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which the applicant is aware that the applicant is the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business and professional associates (past, present and future), and all government agencies (local, state, federal or foreign) to release to the Arizona Medical Board or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine my medical competence, professional conduct or physical or mental ability to safely engage in the practice of medicine. I further authorize the Arizona Medical Board or its successors to release to the organizations, individuals or groups listed above any information which is material to the application or any subsequent licensure. I further acknowledge that falsification or misrepresentation of any item or response on this application is adequate to deny the same or to hold a hearing to revoke the same, if issued.

... I am a U.S. Citizen or U.S. National (If this box is checked please submit with your application a copy of one of the listed approved supporting documents listed in the "Arizona Statement of Citizenship and Alien Status for State Public Benefits" i.e. Birth Certificate, U.S. Passport, etc.)

... I am NOT a U. S. Citizen or U.S. National (If this box is checked you must download, complete and submit with your application "Arizona Statement of Citizenship and Alien Status for State Public Benefits" form along with a copy of one of the listed approved supporting documents i.e. Alien Registration Card, Visa, etc.)

Signature of Applicant _____, M.D. Date _____

If you would like to designate/authorize ONE other individual beside yourself to check the status of your application with the AMB, please complete the following information:

Individual Name _____ Phone # _____ E:mail: _____

*** ARIZONA LAW REQUIRES AN APPLICANT WHO HAS BEEN CHARGED WITH A FELONY OR A MISDEMEANOR INVOLVING CONDUCT THAT MAY AFFECT PATIENT SAFETY AFTER SUBMITTING THE APPLICATION TO NOTIFY THE AMB WITHIN 10 DAYS AFTER THE CHARGE IS FILED. ARIZONA REVISED STATUTE (A.R.S.) §32-3208 (SEE WEBSITE UNDER *Physician Center – Reportable Misdemeanors* FOR LIST OF REPORTABLE MISDEMEANORS – ALL FELONIES ARE REPORTABLE.)**



Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258
Phone: 480-551-2700 Fax: 480-551-2704
www.azmd.gov

**Home Address, Telephone Number, Social
Security Number and Date of Birth**
(Confidential Information, see below)

Please Read Carefully

RETURN WITH APPLICATION

Arizona Revised Statute (A.R.S.) §32-1435(B) requires the licensee to provide the Arizona Medical Board with a current address and telephone number. Additionally, A.R.S. § 32-3801 mandates that the Arizona Medical Board not provide access to a physician's home address and telephone number unless these are the only address and telephone number of record. Please ***do not*** indicate your home address and telephone number on any other application forms for licensure.

Please type or legibly print the following information:

Name

Home Street Address

City, State, Zip or Postal Code, Country

Home phone number (including area code)

Office Phone Number

Mobile phone number

Office Fax

E-mail

Home address and telephone phone number will remain confidential
unless it is the only address and telephone number of record.

Please send all correspondence to _____Home _____Office

Social Security Number

Date of Birth (Month, Day and Year)

City and State or Country of Birth

**SOCIAL SECURITY NUMBER, DATE OF BIRTH AND PLACE OF BIRTH ARE CONFIDENTIAL
INFORMATION – NOT FOR PUBLIC DISCLOSURE**

**TO BE COMPLETED BY THE ARIZONA LICENSED PHYSICIAN WHO THE LOCUM TENENS
WILL BE SUBSTITUTING FOR OR ASSISTING.**

NAME OF LOCUM TENENS APPLICANT _____

1. Location(s) where Locum Tenens will assist/substitute for Sponsoring Physician:

• Address: _____
(Number) (Street) (City) (State) (Zip code)

Telephone Number: _____ Facsimile Number: _____

• Address: _____
_____ (Number) (Street) (City) (State) (Zip
code)

Telephone Number: _____ Facsimile Number: _____

(Attach separate listing if needed.)

2. Reason(s) for request of Locum Tenens Registration: _____

3. Exact date for which Locum Tenens is requested: _____
FROM (month/day/year) **TO** (month/day/year)

_____, M.D. Date: _____
(Arizona Licensed Physician Signature)

Please print name of signing Arizona Licensed Physician _____

Arizona License Number _____

FOR OFFICIAL USE ONLY

Application Processed by _____ Date Processed _____

Application Approved _____ 20 ____ By _____

Locum Tenens Registration No. _____ Locum Tenens Date Issued _____



ARIZONA MEDICAL BOARD

**PAYMENT CARD AUTHORIZATION
LOCUM TENENS REGISTRATION FEE**

Payment for: _____, M.D.

APPLICATION PROCESSING FEE \$350

Type of Card: Visa MasterCard American Express

Card #: - - -

Expiration Date: - (MM-YY)

Name as Shown on Payment Card: _____

Billing Address: (Required)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number of Cardholder: (Required) _____

Mailing Address: (If different from billing address)

Street Address: _____

City: _____ State: _____ Zip: _____

Signature of Cardholder: _____ Date: _____

Please complete and return this form *with your application and all necessary documents for licensure* if paying by credit card.
This form and the application may be faxed to: 480-551-2704

If faxing this form, please do not mail the original as you may be charged twice.

OR

You may mail the form and application to: Arizona Medical Board, 9545 E. Doubletree Ranch Road. Scottsdale, AZ 85258

ARIZONA REVISED STATUTES/REQUIREMENTS FOR ALLOPATHIC LICENSURE

32-1422. Basic requirements for granting a license to practice medicine

A. An applicant for a license to practice medicine in this state pursuant to this article shall meet each of the following basic requirements:

1. Graduate from an approved school of medicine or receive a medical education which the board deems to be of equivalent quality.
2. Successfully complete an approved twelve month hospital internship, residency or clinical fellowship program.
3. Have the physical and mental capability to safely engage in the practice of medicine.
4. Have a professional record which indicates that the applicant has not committed any act or engaged in any conduct which would constitute grounds for disciplinary action against a licensee under this chapter.
5. Has not had a license to practice medicine revoked by a medical regulatory board in another jurisdiction in the United States for an act that occurred in that jurisdiction that constitutes unprofessional conduct pursuant to this chapter.
6. Is not currently under investigation, suspension or restriction by a medical regulatory board in another jurisdiction in the United States for an act that occurred in that jurisdiction that constitutes unprofessional conduct pursuant to this chapter. If the applicant is under investigation by a medical regulatory board in another jurisdiction, the board shall suspend the application process and may not issue or deny a license to the applicant until the investigation is resolved.
7. Has not surrendered, relinquished or given up a license to practice medicine in lieu of disciplinary action by a medical regulatory board in another jurisdiction in the United States for an act that occurred in that jurisdiction that constitutes unprofessional conduct pursuant to this chapter.
8. Pay all fees required by the board.
9. Complete the application as required by the board.

B. The board may require the submission of such credentials or other evidence, written and oral, and make any investigation it deems necessary to adequately inform itself with respect to an applicant's ability to meet the requirements prescribed by this section, including a requirement that the applicant for licensure undergo a physical examination, a mental evaluation and an oral competence examination and interview, or any combination thereof, as the board deems proper.

C. In determining if the requirements of subsection A, paragraph 4 have been met, if the board finds that the applicant committed an act or engaged in conduct that would constitute grounds for disciplinary action, the board shall determine to its satisfaction that the conduct has been corrected, monitored and resolved. If the matter has not been resolved, the board shall determine to its satisfaction that mitigating circumstances exist which prevent its resolution.

D. In determining if the requirements of subsection A, paragraph 6, have been met, if another jurisdiction has taken disciplinary action against an applicant, the board shall determine to its satisfaction that the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the board shall determine to its satisfaction that mitigating circumstances exist which prevent its resolution.

E. The board may delegate authority to the executive director to deny licenses if applicants do not meet the requirements of this section.

32-1423. Additional requirements for students graduating from an unapproved allopathic school of medicine

In addition to the basic requirements for licensure prescribed in section 32-1422, any applicant who has graduated from an unapproved school of medicine shall meet each of the following requirements:

1. Be able to read, write, speak, understand and be understood in the English language.
2. Hold a standard certificate issued by the educational council for foreign medical graduates, complete a fifth pathway program as provided in section 32-1424, subsection A, or complete thirty-six months as a full-time assistant professor or in a higher position in an approved school of medicine.

3. Successfully complete an approved twenty-four month hospital internship, residency or clinical fellowship program, in addition to the twelve months required in section 32-1422, subsection A, paragraph 2, for a total of thirty-six months of training unless the applicant successfully completed a fifth pathway program as provided by section 32-1424 or has served as a full-time assistant professor or in a higher position in an approved school of medicine for a total of thirty-six months.

32-1424. Fifth pathway program; licensure

A. In addition to the requirements for licensure prescribed in sections 32-1422 and 32-1423, an applicant for licensure under this article who attended a foreign school of medicine and successfully completed all the formal requirements to receive the degree of doctor of medicine except internship or social service, and is accordingly not eligible for certification by the educational council for foreign medical graduates, may be considered for licensure under this chapter if the applicant meets the following conditions:

1. Satisfactorily completes an approved fifth pathway program of one academic year of supervised clinical training under the direction of an approved school of medicine in the United States.

2. Successfully completes an approved twenty-four month internship, residency or clinical fellowship program upon completion of the fifth pathway program.

B. A document granted by a foreign school of medicine signifying completion of all the formal requirements for graduation from such foreign medical school except internship or social service training, or both, along with certification by the approved school of medicine in the United States of successful completion of the fifth pathway program is deemed the equivalent of a degree of doctor of medicine for purposes of licensure and practice as a physician in this state.

32-1425. Initial Licensure

A. An applicant who meets the applicable requirements provided in section 32-1422, 32-1423 or 32-1424, has passed steps one and two of the United States medical licensing examination or one of the examination combinations prescribed in section 32-1426, subsection A, paragraph 6, subdivision (c), items (i) and (ii), has paid the fees required by this chapter and has filed a completed application found by the board to be true and correct is eligible for licensure as a doctor of medicine upon successful passage of step three of the United States medical licensing examination with a scaled score of at least seventy-five if the applicant has passed all three steps within a seven year period.

B. An applicant for licensure applying pursuant to section 32-1422, 32-1423 or 32-1424 may take the examination only after successfully completing six months of a board approved hospital internship, residency or clinical fellowship or fifth pathway program or serving as a full-time assistant professor or in a higher position in a board approved school of medicine in this state.

C. The board shall not grant a license until the applicant meets the requirements for licensure pursuant to this chapter.

32-1426. Licensure by endorsement

A. An applicant who is licensed in another jurisdiction and who meets the applicable requirements prescribed in section 32-1422, 32-1423 or 32-1424, has paid the fees required by this chapter and has filed a completed application found by the board to be true and correct is eligible to be licensed to engage in the practice of medicine in this state through endorsement under any one of the following conditions:

1. The applicant is certified by the national board of medical examiners or its successor entity as having successfully passed all three parts of the United States medical licensing examination or its successor examination.

2. The applicant has successfully passed a written examination that the board determines is equivalent to the United States medical licensing examination and that is administered by any state, territory or district of the United States, a province of Canada or the medical council of Canada.

3. The applicant successfully completed the three part written federation of state medical boards licensing examination administered by any jurisdiction before January 1, 1985 and obtained a weighted grade average of at least seventy-five on the complete examination. Successful completion of the examination shall be achieved in one sitting.

4. The applicant successfully completed the two component federation licensing examination administered after December 1, 1984 and obtained a scaled score of at least seventy-five on each component within a five year period.

5. The applicant's score on the United States medical licensing examination was equal to the score required by this state for licensure pursuant to section 32-1425.

6. The applicant successfully completed one of the following combinations of examinations:

(a) Parts one and two of the national board of medical examiners examination, administered either by the national board of medical examiners or the educational commission for foreign medical graduates, with a successful score determined by the national board of medical examiners and passed either step three of the United States medical licensing examination or component two of the federation licensing examination with a scaled score of at least seventy-five.

(b) The federation licensing examination component one examination and the United States medical licensing step three examination with scaled scores of at least seventy-five.

(c) Each of the following:

(i) Part one of the national board of medical examiners licensing examination with a passing grade as determined by the national board of medical examiners or step one of the United States medical licensing examination with a scaled score of at least seventy-five.

(ii) Part two of the national board of medical examiners licensing examination with a passing grade as determined by the national board of medical examiners or step two of the United States medical licensing examination with a scaled score of at least seventy-five.

(iii) Part three of the national board of medical examiners licensing examination with a passing grade as determined by the national board of medical examiners or step three of the United States medical licensing examination with a scaled score of at least seventy-five or component two of the federation licensing examination with a scaled score of at least seventy-five.

B. The board may require an applicant seeking licensure by endorsement based on successful passage of a written examination or combination of examinations, the most recent of which precedes by more than ten years the application for licensure by endorsement in this state to take and pass a special purpose licensing examination to assist the board in determining the applicant's ability to safely engage in the practice of medicine. The board may also conduct a records review and physical and psychological assessments. If appropriate, and may review practice history to determine the applicant's ability to safely engage in the practice of medicine.