

<h1 style="margin: 0;">Regulatory Analysis Form</h1>		<p><b>This space for use by IRRC</b></p> <p style="text-align: center;">2007 AUG 23 AM 11:24</p> <p style="text-align: center;">REVIEW COMMISSION</p>
<p>(1) Agency</p> <p><b>Department of State, Bureau of Professional and Occupational Affairs, State Board of Medicine</b></p>		<p>IRRC Number: <b>2420</b></p>
<p>(2) I.D. Number (Governor's Office Use)</p> <p><b>16A-4917</b></p>		
<p>(3) Short Title</p> <p><b>Licensure of Medical Doctors</b></p>		
<p>(4) PA Code Cite</p> <p><b>49 Pa. Code, §§ 17.1, 17.2, 17.5</b></p>	<p>(5) Agency Contacts &amp; Telephone Numbers</p> <p>Primary Contact: Gerald S. Smith, Senior Counsel in Charge, State Board of Medicine (717) 783-7200</p> <p>Secondary Contact: Joyce McKeever, Deputy Chief Counsel, Department of State (717) 783-7200</p>	
<p>(6) Type of Rulemaking (check one)</p> <p><input checked="" type="checkbox"/> <b>Proposed Rulemaking</b></p> <p><input type="checkbox"/> <b>Final Order Adopting Regulation</b></p> <p><input type="checkbox"/> <b>Policy Statement</b></p>	<p>(7) Is a 120-Day Emergency Certification Attached?</p> <p><input checked="" type="checkbox"/> <b>No</b></p> <p><input type="checkbox"/> <b>Yes: By the Attorney General</b></p> <p><input type="checkbox"/> <b>Yes: By the Governor</b></p>	
<p>(8) Briefly explain the regulation in clear and nontechnical language.</p> <p><b>The regulations pertaining to eligibility for a license to practice medicine for graduates of foreign medical school and for those seeking a license by endorsement have become unduly restrictive and unduly costly. The Board intends to amend its regulations at 49 Pa. Code §§ 17.1(b) and 17.5(c)(2) to delete requirements that graduates of foreign medical schools demonstrate 32 months and 4000 hours of instruction and 72 weeks of clinical instruction. These requirements have become unduly restrictive to the entry of qualified applicants to the practice of medicine in the Commonwealth of Pennsylvania. Additionally, the time and expense involved with verifying each credit hour and each clinical rotation exceeds the relative benefit.</b></p> <p><b>The Board also intends to amend its regulations at 49 Pa. Code § 17.2(c) pertaining to license by endorsement so as to remove the examination as a mandatory requirement and provide the Board with greater discretion in assessing the qualifications for license by endorsement of physicians who have extensive practice experience. Over the years, the Board has reviewed applications from eminently qualified physicians of high professional reputation. The Board has come to recognize that requiring such practitioners to take general licensing examinations poses an undue restriction to licensing these qualified practitioners. Accordingly, the Board intends to strike the examination as a mandatory requirement when reviewing applications for license by endorsement.</b></p>		

### Regulatory Analysis Form

(9) State the statutory authority for the regulation and any relevant state or federal court decisions.

**The regulatory amendments are adopted under Section 8 of the Medical Practice Act of 1985(act) (63 P.S. §422.8), which authorizes the Board to promulgate standards for licensing consistent with the requirements of sections 27, 28, and 29 of the act (63 P.S. §§422.27, 422.28, and 422.29).**

(10) Is the regulations mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

**No.**

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

**The current requirements have become unduly restrictive to the entry of qualified applicants to the practice of medicine in the Commonwealth of Pennsylvania.**

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

**Nonregulation would adversely the Commonwealth's ability to attract qualified physicians.**

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

**Recipients of medical services will benefit if the Commonwealth improves its competitive ability to attract qualified physicians.**

## Regulatory Analysis Form

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

**No adverse impact is anticipated.**

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

**All applicants for license are currently required to adhere to the existing regulations. The proposed regulations will be less restrictive than the current scheme.**

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

**In developing and drafting the regulation, the Board sought input from those individuals and groups who have identified themselves to the Board as parties interested in the regulatory proposals of the Board. The Board received no negative public comment pertaining to the proposal.**

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

**No anticipated costs or identifiable savings. Applications for license will be processed more efficiently allowing applicants to begin employment more quickly. The Board is not able to place a dollar value on these benefits.**

### **Regulatory Analysis Form**

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

**Local governments will not be affected by the regulation.**

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

**The Board will not incur an increase in administrative costs by implementing the regulation.**

## Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY 7/1/01	FY +1 Year 7/1/02	FY +2 Year 7/1/03	FY +3 Year 7/1/04	FY +4 Year 7/1/05	FY +5 Year 7/1/06
<b>SAVINGS:</b>	\$	\$	\$	\$	\$	\$
Regulated Community						
Local Government						
State Government						
Total Savings						
<b>COSTS:</b>						
Regulated Community						
Local Government						
State Government						
Total Costs						
<b>REVENUE LOSSES:</b>						
Regulated Community						
Local Government						
State Government						
Total Revenue Losses						

(20a) Explain how the cost estimates listed above were derived.

The proposed amendments are believed to provide a cost savings because applications will be processed more efficiently and applicants will be employable earlier. However, the Board is unable to give a dollar estimate to these benefits.

## Regulatory Analysis Form

(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3 FY 99-00	FY -2 FY 00-01	FY -1 FY 01-02	Current FY FY 02-03
State Board of Medicine	\$ 6,747,000.00	\$ 2,562,885.01	\$2,595,622.41	\$ 2,885,504.70

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

**The proposed amendments are anticipated to create a benefit to the Commonwealth; see answer to 20a.**

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

**No nonregulatory alternatives were considered, because the existing regulations must be amended.**

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

**No alternative regulatory schemes were considered.**

## Regulatory Analysis Form

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

**There are no federal licensure standards.**

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

**This regulation does not put Pennsylvania licensees at a competitive disadvantage with other states. The current regulations are more restrictive than those of other states. In regard to the requirements of our contiguous sister states:**

**Delaware requires ECFMG certification only and allows discretion for endorsement.**

**Ohio requires ECFMG certification and allows discretion for endorsement.**

**New York uses criteria similar to that used by ECFMG and allows discretion for endorsement.**

**New Jersey requires four weeks each in five specific core clinical rotations and premed courses in physics, chemistry, and biology, as well as ECFMG certification. In regard to endorsement New Jersey requires examination for licensing regardless of qualifications.**

**Maryland does not license graduate trainees, but requires ECFMG and two years graduate medical training for unrestricted license. The examination is not mandatory for eminent physicians.**

**West Virginia does not license graduate trainees and does not recognize eminent physicians.**

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

**This regulation will have no effect on other regulations of the Board or other state agencies.**

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

**The Board reviews regulatory proposals at regularly scheduled monthly public meetings. A schedule of board meetings can be found on the Department of State's website at [www.dos.state.pa.us/bpoa](http://www.dos.state.pa.us/bpoa). The Board provided a draft of the proposed regulations to those persons who have identified themselves as interested in the regulatory proposals of the Board. No public comments were received.**

## Regulatory Analysis Form

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

**No changes to reporting, record keeping, or other paperwork are required by this regulation.**

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

**The Board has perceived no special needs of any subset of its applicants or licensees for whom special accommodations should be made.**

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

**The regulation will be effective upon publication as final rulemaking in the *Pennsylvania Bulletin*.**

(31) Provide the schedule for continual review of the regulation.

**The Board reviews its revenues and costs of its programs on a fiscal year and biennial basis.**



FACE SHEET  
FOR FILING DOCUMENTS  
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

RECEIVED  
2004 AUG 23 AM 11:24  
REVIEW COMMISSION

DO NOT WRITE IN THIS SPACE

#2420

Copy below is hereby approved as to  
form and legality. Attorney General

*Angela M. Elliott*  
BY: \_\_\_\_\_  
(DEPUTY ATTORNEY GENERAL)

SEP 16 2003

DATE OF APPROVAL

Copy below is hereby certified to be a true and correct  
copy of a document issued, prescribed or promulgated by:

*Dept. of State*  
\_\_\_\_\_  
(AGENCY)

DOCUMENT/FISCAL NOTE NO. 16A-4917

DATE OF ADOPTION: \_\_\_\_\_

BY: \_\_\_\_\_

*Charles D. Hummer, Jr., M.D.*  
Charles D. Hummer, Jr., M.D.

TITLE: Chairman  
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

Copy below is approved as  
to form and legality.  
Executive or Independent  
Agencies.

BY: \_\_\_\_\_

8/20/03  
DATE OF APPROVAL

(Deputy General Counsel  
(~~Chief Counsel,~~  
~~Independent Agency~~  
Strike inapplicable  
title)

- [ ] Check if applicable  
Copy not approved.  
Objections attached.  
[ ] Check if applicable. No Attorney  
General approval or  
objection within 30 day  
after submission.

PROPOSED RULEMAKING  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICINE  
49 PA. CODE, CHAPTER 17  
LICENSURE OF MEDICAL DOCTORS

August 18, 2004

The State Board of Medicine (Board) proposes to amend its regulations pertaining to licensing medical doctors and licensing medical doctors by endorsement. These amended regulations will be contained at 49 Pa. Code, Chapter 17, §§17.1, 17.2, and 17.5 as set forth in Annex A.

**A. Effective Date**

The amendments will be effective upon publication as final form regulations in the Pennsylvania Bulletin.

**B. Statutory Authority**

Section 8 of the Medical Practice Act of 1985 (act) (63 P.S. §422.8) authorizes the Board to promulgate standards for licensing consistent with the requirements of sections 27, 28 and 29 of the act (63 P.S. §§422.27, 422.28, and 422.29).

**C. Background and Purpose**

The Board has determined that its regulations pertaining to eligibility for a license to practice medicine of graduates of foreign medical schools and of applicants for a license by endorsement are, in view of currently available alternatives, unduly restrictive and unduly costly. The Board therefore intends to amend its regulations at 49 Pa. Code §§ 17.1(b) and 17.5(c)(2) to delete the requirements that graduates of foreign medical schools demonstrate 32 months and 4000 hours of instruction and 72 weeks of clinical instruction. The Board's experience indicates that these requirements have become unduly restrictive to qualified applicants to the practice of medicine in the Commonwealth of Pennsylvania. Further, the Board has determined that the time and expense involved with verifying each credit hour and each clinical rotation exceeds the relative benefit. This is especially significant given fact that the Educational Commission for Foreign Medical Graduates (ECFMG), the nationally recognized certifying and examining body, obtains original source verification of medical education prior to certifying foreign medical graduates. Additionally, few, if any, other jurisdictions have comparable requirements. Thus, the Commonwealth is placed at a competitive disadvantage in attracting qualified applicants.

The Board will continue the requirement at §§ 17.1(a)(3) and 17.5(c)(1) that graduates of foreign medical colleges obtain certification from the ECFMG in order to be eligible for licensing. ECFMG certification is the nationally recognized standard for assessing the qualifications of graduates of foreign medical schools. It has long been a requirement of the Board and is a requirement for license in most, if not all, jurisdictions in the United States.

Prior to granting certification, the ECFMG verifies that the physician has obtained a diploma from a medical school recognized by the country in which the school is situated, that the school is listed in the International Medical Education Directory; that the curriculum requirement

August 18, 2004

is a minimum of four academic years; and that the physician has passed steps 1 and 2 of the United States Medical Licensing Examination (USMLE), has passed the Clinical Skills Assessment Examination and has passed the Test of English as a Foreign Language, (TOEFL). Additionally, the ECFMG verifies the validity of primary source documentation such as diploma, transcript, and documentation of other credentials, as well as any name change documentation.

Accordingly, the Board is satisfied that a physician who graduates from a foreign medical school and obtains ECFMG certification should be eligible for a graduate training license. Once the remaining current requirements of graduate medical training and passage of the USMLE step 3 are met, the physician should be eligible for an unrestricted license.

Next, the Board intends to amend its regulations at 49 Pa. Code § 17.2(c) pertaining to license by endorsement to delete the examination as a mandatory requirement. The deletion of the mandatory requirement will provide the Board with greater discretion in assessing the qualifications for license by endorsement of physicians who have extensive practice experience. In enforcing this regulation, the Board has reviewed applications from eminently qualified physicians of high professional reputation. The Board has come to recognize that requiring such practitioners to take general licensing examinations poses an undue restriction to licensing these qualified practitioners. Accordingly, the Board intends to strike the examination as a mandatory requirement when reviewing applications for license by endorsement.

The current language in section 17.2(d) describes criteria that the Board viewed as equivalent to ECFMG certification for physicians licensed prior to March 25, 1958. These regulations are no longer necessary because they would be applicable to individuals who would now be approximately 74 years old. ECFMG certification has included steps 1 and 2 of the USMLE since June and September 1992 respectively. Prior certification by the ECFMG required the passage of one of several alternative examinations. At this point in time individuals who have prior ECFMG certification should also possess over ten years of experience. Accordingly, the Board believes it appropriate for endorsement purposes to treat individuals with ECFMG certification as possessing the equivalent of passing scores on steps 1 and 2 of the USMLE. Accordingly, section 17.2(d) will be amended to recognize this equivalency.

The Board identified the criteria it has considered when reviewing applications for license by endorsement from individuals who otherwise are qualified to practice medicine but who have not taken a licensing examination recognized by the Board. This proposed regulation will codify those criteria. Under the proposed regulation the Board may consider years of experience, professional and academic achievement and credentials, and certification by a Board recognized specialty certification body in lieu of the examination provided for in §17.2(c).

The Board also intends to accept the Federation of State Medical Board's Credentials Verification Service (FCVS) as an optional mechanism for applicants to document completion of education, training, and examination requirements. The FCVS serves as a depository and as a

clearinghouse for applicants. Applicants who are seeking licensure must submit documentation demonstrating completion of medical education and clinical training. Applicants applying in more than one jurisdiction will have the option of submitting credentialing documents to the FCVS, which will verify the authenticity and accuracy of those documents. Applicants who utilize the FCVS may save time and expense because their credentials will be verified once rather than multiple times.

#### **D. Description of Amendments**

The proposed amendments at 49 Pa. Code §§ 17.1(b) and 17.5(c)(2) delete the requirements that graduates of foreign medical schools demonstrate 32 months and 4000 hours of instruction and 72 weeks of clinical instruction. Section 17.1(b) is further amended to indicate that applicants may use the FCVS to verify their credentials.

49 Pa. Code § 17.2(c) pertaining to license by endorsement will be amended to delete the examination requirement as mandatory. Section 17.2(d) will be amended to accept ECFMG certification as the equivalent of passing scores on USMLE steps 1 and 2.

Section 17.2(e) will be amended to identify the criteria the Board will consider in lieu of examination when reviewing applications for license by endorsement.

#### **E. Compliance with Executive Order 1996-1**

In accordance with the requirements of Executive Order 1996-1 (February 6, 1996), in drafting and promulgating the regulation, the Board solicited input and suggestions from the regulated community and other parties who have identified themselves as interested in the Board's regulatory agenda.

#### **F. Fiscal Impact and Paperwork Requirements**

There is no adverse fiscal impact or paperwork requirement imposed on the Commonwealth, political subdivision, or the private sector.

#### **G. Sunset Date**

The board continuously monitors its regulations. Therefore, no sunset date has been assigned.

#### **H. Regulatory Review**

Under Section 5(a) of the Regulatory Review Act, (71 P.S. §745.5(a)), on August 23, 2004, the Board submitted a copy of the proposed rulemaking and a copy of a Regulatory

Preamble

16A-4917

August 18, 2004

Analysis form to the Independent Regulatory Review Commission (IRRC), and to the Chairpersons of the Senate Consumer Protection and Professional Licensure Committee and the House Professional Licensure Committee. A copy of this material is available to the public upon request.

Under Section 5(g) of the Regulatory Review Act IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections shall specify the regulatory review criteria which have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the rulemaking, by the Board, the General Assembly and the Governor of comments, recommendations or objections raised.

### **I. Public Comment**

Interested persons are invited to submit written comments, recommendations, or objections regarding the proposed regulation to Joanne Troutman, Health Licensing Division, Bureau of Professional and Occupational Affairs, P.O. Box 2649, Harrisburg, Pennsylvania 17105-2649 within thirty (30) days following publication for the proposed rulemaking in the Pennsylvania Bulletin.

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Charles D. Hummer, Jr., M.D.  
Chairperson

**ANNEX A**

**TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS**

**PART I. DEPARTMENT OF STATE**

**SUBPART A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

**CHAPTER 17. STATE BOARD OF MEDICINE – MEDICAL DOCTORS**

**Subchapter A. LICENSURE OF MEDICAL DOCTORS**

**§ 17.1. License without restriction.**

(a) Except as provided in [subsection (b) and ] §17.2 (relating to license without restriction – endorsement), to secure a license without restriction an applicant shall:

\* \* \*

(b)[An applicant who is a graduate of an unaccredited medical college, who files an application for a license after December 31, 1988—the application is not considered filed with the Board until it is complete— shall, in addition to satisfying the requirements in subsection (a), have completed:

(1) Four academic years totaling at least 32 months and 4,000 hours of instruction in medical curriculum. Regular attendance shall be verified. Credit will not be given toward this requirement for instruction obtained in other than an accredited or unaccredited medical college, except for clinical rotations assigned

under the auspices of the medical college in which the applicant was enrolled while participating in the clinical rotations.

(2) Seventy-two weeks of clinical rotations in an institution which has a graduate medical training program in the clinical area for which credit is sought, or, if the institution is not within the United States, is either a part of a medical college or has a formal affiliation with a medical college.] Applicants may use the Federation's Credentials Verification Service (FCVS) to verify their credentials to the Board.

**§ 17.2. License without restriction—endorsement.**

\* \* \*

(c) License examination. In evaluating the qualifications of an applicant who seeks a license without restriction on the basis of endorsement, the Board will accept [no substitute for] a passing score on a licensing examination acceptable to the Board. [See § 17.1(a)(1).] If the examination was not taken in English, but is otherwise acceptable, and a passing score was secured, the Board will accept the examination result if the applicant has also secured a passing score [of 550] on the Test of English as a Foreign Language (TOEFL) [or ECFMG certification].

(d) ECFMG certification. [The ECFMG established a certification mechanism which became effective on March 25, 1958. In part, the ECFMG certification

process is designed to test whether a graduate of an unaccredited medical college has acquired sufficient medical knowledge to participate in graduate medical training in United States hospitals, and whether a person who has graduated from an unaccredited medical college and whose principal language is not English has mastered the English language so that the person has achieved the communication skills necessary to participate in graduate medical training in United States hospitals. The Board recognizes that many medical doctors who graduated from unaccredited medical colleges prior to the establishment of the ECFMG certification process and who have not received ECFMG certification have, nevertheless, been licensed as medical doctors prior to March 25, 1958, in this Commonwealth and in other states, territories and possessions of the United States. If, prior to March 25, 1958, a graduate of an unaccredited medical college secured a license to practice medicine and surgery without restriction in any of the states, territories or possessions of the United States, and has successfully completed 3 years of graduate medical training, the Board will endorse these qualifications as equivalent to the ECFMG certification. Additionally, the Board will endorse the combination of the successful completion of a fifth pathway program and an ECFMG certification examination as equivalent to the ECFMG certification.] For purposes of endorsement, a graduate from an unaccredited medical school who has obtained certification by the ECFMG shall be deemed to have the equivalent of a passing score on steps 1 and 2 of the USMLE.



(e) The Board may consider years of experience, professional and academic achievement and credentials, and certification by a Board recognized specialty certification body in lieu of the examination requirement provided in §17.2(c).

\* \* \*

**§ 17.5. Graduate license.**

\* \* \*

(c) Additional requirements for securing a graduate license are that the applicant shall satisfy the following:

(1) Have been certified by the ECFMG, if the applicant is a graduate of an unaccredited medical college.

(2) [Have completed, if the applicant is a graduate of an unaccredited medical college or satisfies the requirements of subsection (b)(2), and files an application for a graduate license after December 31, 1988—the application is not considered filed with the Board until it is complete—the following:

(i) Four academic years totaling at least 32 months and 4,000 hours of instruction in medical curriculum. Regular attendance shall be verified. Credit will not be given towards this requirement for instruction which was obtained in other than an accredited or unaccredited medical college, except for clinical rotations assigned under the auspices of the medical college in which the applicant was enrolled while he participated in the clinical rotations.

(ii) Seventy-two weeks of clinical rotations in an institution which has a graduate medical training program in the clinical area for which credit is sought, or, if the institution is not within the United States, is either a formal part of a medical college or has a formal affiliation with a medical college.

(3)] Satisfy the requirements in § 16.12 (relating to general qualifications for licenses and certificates).

\* \* \*



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICINE**

**Post Office Box 2649  
Harrisburg, Pennsylvania 17105-2649  
(717) 783-1400**

**August 23, 2004**

The Honorable John R. McGinley, Jr., Chairman  
INDEPENDENT REGULATORY REVIEW COMMISSION  
14<sup>th</sup> Floor, Harristown 2, 333 Market Street  
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation  
State Board of Medicine  
16A-4917: Licensure of Medical Doctors

Dear Chairman McGinley:

Enclosed is a copy of a proposed rulemaking package of the State Board of Medicine pertaining to Licensure of Medical Doctors.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

A handwritten signature in black ink, reading "Charles D. Hummer, Jr., M.D.".

Charles D. Hummer, Jr., M.D., Chairperson  
State Board of Medicine

CDH/GSS:lm

Enclosure

cc: Linda C. Barrett, Chief Counsel  
Department of State  
Basil L. Merenda, Commissioner  
Bureau of Professional and Occupational Affairs  
Joyce McKeever, Deputy Chief Counsel  
Department of State  
Cynthia Montgomery, Regulatory Counsel  
Department of State  
Gerald S. Smith, Senior Counsel in Charge  
Department of State  
Sabina I. Howell, Counsel  
State Board of Medicine  
State Board of Medicine

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE  
REGULATORY REVIEW ACT**

I.D. NUMBER: 16A-4917  
SUBJECT: Licensure of Medical Doctors  
AGENCY: DEPARTMENT OF STATE

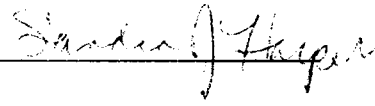

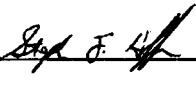
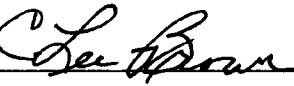
#2420

**TYPE OF REGULATION**

- X Proposed Regulation  
Final Regulation  
Final Regulation with Notice of Proposed Rulemaking Omitted  
120-day Emergency Certification of the Attorney General  
120-day Emergency Certification of the Governor  
Delivery of Tolled Regulation  
a. With Revisions b. Without Revisions

RECEIVED  
2003 AUG 23 PM 11:24  
DEPARTMENT OF STATE

**FILING OF REGULATION**

DATE	SIGNATURE	DESIGNATION
8/23		HOUSE COMMITTEE ON PROFESSIONAL LICENSURE
<hr/>		
		SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE
<hr/>		
8/27/01		INDEPENDENT REGULATORY REVIEW COMMISSION
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		ATTORNEY GENERAL (for Final Omitted only)
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8/23		LEGISLATIVE REFERENCE BUREAU (for Proposed only)

September 19, 2003