CHAPTER Med 300 LICENSURE REQUIREMENTS

PART Med 301 APPLICATION REQUIREMENTS

Readopt with amendment Med 301.01 and Med 301.02, effective 1-10-20 (Document #12972), to read as follows:

Med 301.01 Definitions.

(a) "Administrative license" means a license to engage in professional, managerial, or administrative activities related to the practice of medicine or to the delivery of health care services, but does not include the practice of clinical medicine.

~~(b) "Applicant" means a physician on whose behalf an application has been filed.~~

(***b***~~c~~) "Board certified" means a physician who is currently certified by a medical specialty board recognized by the American Board of Medical Specialties (ABMS) or by the American Osteopathic Association (AOA).

~~(d) "Clearance" means a document received directly from a state licensing authority which verifies whether or not a person has ever been granted a license by that state, the dates during which that license was valid and whether the licensing authority has ever taken disciplinary action against that license.~~

(***c***~~e~~) "Clinical medicine" means medical practice that includes but is not limited to:

(1) Direct involvement in patient evaluation, diagnosis, and treatment;

(2) Prescribing any medication;

(3) Delegating medical acts or prescription authority;

(4) The supervision of physicians, physician ***associates***~~assistants~~, or registered nurses in the practice of clinical medicine; or

(5) Direct involvement in medical decisions impacting population health.

(***d***~~f~~) "Courtesy license" means a license, issued pursuant to RSA 329:14, VII, which ***shall be valid for*** ~~not exceed~~ 100 calendar days and is restricted to specific dates and location(s) as indicated on the license. The term includes "locum tenens license".

(***e***~~g~~) "Federation Credentials Verification Service" (FCVS)~~"~~ means the service provided by the Federation of State Medical Boards which verifies and maintains a permanent collection of original source documentation of physician educational, examination and identification documents.

(***f***~~h~~) "Special license" means a license, issued pursuant to RSA 329:14, VI which is restricted to specific dates and location(s) as indicated on the license, in the following categories:~~:~~

(1) "Camp license" as described in Med 305.02(a); and

(2) "Visiting professor license" as described in Med 305.02(b).

(***g***~~i~~) "Special training license" means a license, issued pursuant to RSA 329:14, V which is restricted to specific dates and location(s) as indicated on the license. The term includes "resident training license.".

~~(j) "Temporary license" means an unrestricted license valid for only 6 months pending the applicant's receipt of an unrestricted permanent license.~~

(***h***~~k~~) "Unrestricted permanent license" means a license granted pursuant to RSA 329:14, III. ~~that expires biennially on June 30.~~

Med 301.02 Application ***Review*** ~~Process~~. ***Applications shall be reviewed in accordance with Plc 304.06 and Plc 304.08.***

~~(a) Persons wishing to practice medicine in New Hampshire shall submit both the Federation of State Medical Boards' Uniform Application, available on the board's website, and a "State Addendum," revised 11/2019, which contains the information specified in Med 301.03, and the application fee specified in Table 3.6.1. in Med 306.01.~~

~~(b) An application which is not signed by the applicant shall not be accepted and shall be returned to the applicant.~~

~~(c) The board shall acknowledge receipt of an application within 60 days and shall notify the applicant of any deficiencies in the application, including the absence of the application fee, or any further information needed to clarify the applicant's qualifications. Failure to remedy the deficiencies within 52 weeks of the board's initial receipt of the application shall result in dismissal of the application.~~

~~(d) Applications shall be granted by the board pursuant to the requirements set forth in RSA 329:14, II.~~

~~(e) If the application is denied, the applicant shall be provided an opportunity to request a hearing for reconsideration pursuant to Med 208 on the deficiency issues identified by the board. Any such request shall be received by the board within 30 days.~~

Readopt with amendment Med 301.03 and Med 302.01, effective 1-10-20 (Document #12972), to read as follows:

Med 301.03 Application for ***Licensure*** ~~an Unrestricted Permanent License~~.

(a) Applicants for ***licensure*** ~~an unrestricted permanent license~~ shall provide, ~~or cause to be provided,~~ the following information***:*** ~~on a form supplied by the board~~:

(1) A completed and signed "Universal Application for Licensure" required by Plc 304;

(2) The "Addendum to the Universal Application Initial License -Medicine", dated [month] 2026 which shall contain the following information:

a. The applicant's educational history including the names of all educational institutions attended, the dates of attendance, and the degree awarded;

b. Certification of medical education received from and verified by FCVS;

c. Proof of education that has met the requirements of Med 302.01;

d. A listing of all institutions in which the applicant has pursued post graduate training and a written verification received directly from FCVS that the applicant has completed at least 2 years of training which meet the requirements of Med 302.01;

e. Verification from FCVS that the applicant has passed all components of at least one of the licensure examinations listed under Med 303.01;

f. Disclosure of whether the applicant is board certified and if so, a certified copy of that certification;

g. Attestation the applicant been actively engaged in the practice of clinical medicine within the past 12 months;

h. Disclosure of whether the applicant has ever failed any medical licensing examination or been denied the privilege of finishing or been accused of cheating or improper conduct during any required examination, and, if so, the circumstances involved;

i. A yes or no answer to whether the Drug Enforcement Administration (DEA) or any federal or state authority has ever taken action against, restricted, suspended, revoked, or investigated the applicant's controlled substance registration;

(3) A criminal history records check in accordance with RSA 329:11-a for the purposes of determining good character as a licensee qualification pursuant to RSA 329:12, I, (d)(2); and

(4) The application fee required by Plc 1002.28.

(b) Any applicant wishing to challenge the denial of an application for initial licensure shall submit a written request for a rehearing to the OPLC within 30 days of notification of denial pursuant to Plc 206.31.

~~(1) The applicant's name, including any names previously used;~~

~~(2) The applicant's residence and business addresses and telephone numbers, business e-mail address and business fax number;~~

~~(3) The applicant's date of birth, place of birth and social security number required pursuant to 45 CFR Part 60.8 and RSA 161-B:11, VI-a. The applicant shall furnish his or her social security number on the line provided below the following preprinted statement:~~

~~"The board will deny licensure if you refuse to submit your social security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public. The board is required to obtain your social security number for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your social security number is mandatory."~~

~~(4) The applicant's educational history including the names of all institutions attended, the dates of attendance and the degree awarded;~~

~~(5) A certification of medical education received directly from and verified by FCVS;~~

~~(6) If the applicant graduated from a medical school outside the United States or Canada:~~

~~a. Certified copies of an official transcript of grades and proof of graduation with certified English translation received directly from and verified by FCVS; and~~

~~b. Verification received directly from FCVS that the applicant holds a current certification from the Educational Commission of Foreign Medical Graduates (ECFMG);~~

~~(7) A listing of all institutions in which the applicant has pursued post graduate training and a written verification received directly from FCVS that the applicant has completed at least 2 years of training which meet the requirements of Med 302.01;~~

~~(8) Verification received directly from FCVS that the applicant has passed one of the licensure examinations listed under Med 303.01;~~

~~(9) A listing of every state in which the applicant holds or has ever held a license and clearances of those licenses received directly from the licensure authority;~~

~~(10) Disclosure of whether the applicant is board certified and if so, a certified copy of that certification;~~

~~(11) Disclosure of whether the applicant has ever lost or been denied board certification and if so, an explanation for the circumstances;~~

~~(12) Disclosure of whether the applicant has ever been subject to a claim for malpractice and if so, the circumstances of that claim;~~

~~(13) Disclosure of whether the applicant has ever taken an examination or applied for licensure under a different name;~~

~~(14) Disclosure of whether the applicant has ever failed any medical licensing examination or been denied the privilege of finishing or been accused of cheating or improper conduct during any required examination, and, if so, the circumstances involved;~~

~~(15) Disclosure of whether the applicant has ever been denied a medical license and, if so, the circumstances of that denial;~~

~~(16) Disclosure of whether the applicant has ever had hospital privileges, employment, or appointment at any health care institution denied, limited, suspended, or revoked or whether the applicant has ever resigned in lieu of such actions and if so, the circumstances involved;~~

~~(17) Disclosure of whether the applicant is currently under investigation or whether any disciplinary action has been taken against the applicant during the past 10 years by any governmental authority, hospital, or health care facility or by any professional medical association, and, if so, the circumstances involved;~~

~~(18) Disclosure of whether the applicant has ever voluntarily surrendered a license to practice medicine in lieu of facing disciplinary action or ever withdrawn an application for licensure, hospital privileges or appointment for any reason and if so the circumstances involved;~~

~~(19) Disclosure of whether the applicant has ever been a defendant in a criminal proceeding and the circumstances of that criminal proceeding;~~

~~(20) Disclosure of whether the applicant has ever lost the privilege to possess, dispense, or prescribe controlled substances or been investigated by any state or federal drug enforcement agencies~~;

~~(21) Disclosure of whether the applicant is currently suffering from any condition, mental or physical, that impairs the applicant's judgment or that would otherwise adversely affect his or her ability to practice medicine in a competent, ethical, and professional manner;~~

~~(22) Disclosure of whether the applicant is currently or has in the past been monitored or treated by a private, state, medical society or hospital physician health program, other than through the NH board approved physician health program;~~

~~(23) Disclosure of whether the applicant has not been actively engaged in the practice of clinical medicine within the past 12 months;~~

~~(24) A certified copy of the applicant's birth certificate or passport received directly from FCVS;~~

~~(25) A listing of all professional activities pursued including the dates of such activities since the applicant graduated from medical school;~~

~~(26) Original letters of reference, on letterhead and addressed to the board, from:~~

~~a. The chief medical officer or president of the medical staff in every hospital in which the applicant currently holds staff privileges; or~~

~~b. Letters of reference from 2 practicing physicians;~~

~~(27) A recent, full face, 2 x 3 inch photograph of the applicant;~~

~~(28) The applicant's notarized signature attesting to the accuracy of the information provided; and~~

~~(29) If applicable, a copy of the applicant's current Drug Enforcement Administration (DEA) certificate.~~

~~(b) Applicants shall include the application fee required in Table 3.6.1 in Med 306.01.~~

~~(c) A temporary license, valid for only 6 months, shall be issued pursuant to RSA 329:14, III only to applicants for a full New Hampshire license who have met the requirements of Med 301.03(a) and (b) above, excluding Med 301.03(a)(5), Med 301.03(a)(6), Med 301.03(a)(7), Med 301.03(a)(8) and Med 301.03(a)(24). Applicants shall not begin to practice until such time as they receive a temporary license.~~

~~(d) Applicants for temporary license shall also provide, or cause to be provided, the following:~~

~~(1) Evidence of qualifications as follows:~~

~~a. Proof of a full, unrestricted medical license in another state received directly from the state licensing authority indicating that the applicant's license covers the dates in which he or she is practicing in New Hampshire; or~~

~~b. Certified copies of a medical degree diploma, proof of 2 years of postgraduate training which meet the requirements of Med 302.01, and proof that the applicant has passed one of the licensure examinations listed under Med 303.01;~~

~~(2) Proof that the applicant has applied to the FCVS with full intent to complete the FCVS process; and~~

~~(3) The temporary license fee specified in Table 3.6.1 in Med 306.01.~~

Med 302.01 Educational Requirements. ***Applicants seeking licensure shall meet the following educational requirements pursuant to RSA 329:12:***

(a) Have studied the treatment of human ailments in a medical school maintaining at the time of such studies a standard satisfactory to the Accreditation Council for Medical Education and has graduated from such school or has studied medicine in a medical school located outside the United States which is recognized by the United Nations World Health Organization (UNWHO) and had such studies confirmed by Educational Commission for Foreign Medical Graduates (ECFMG) Certification; and

(b) Have completed at least 2 years of postgraduate training approved by the Accreditation Council on Graduate Medical Education, the American Osteopathic Association, or its equivalent which shall include, at a minimum, the following:

(1) Board certification in the applicant's area of specialty; or

(2) Completion of 10 or more years of practice combined with proof of 2 years of post-graduate training outside the United States or Canada.

(c) Each applicant who has graduated from an accredited medical school prior to January 1, 1970, is required to have satisfactorily completed at least 12 months in a graduate educational program approved by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, or the Royal College of Physicians and Surgeons of Canada.

~~(a) Applicants who have graduated from medical schools located in the United States or Canada shall confirm that the medical school is accredited by the Liaison Committee for Medical Education (LCME).~~

~~(b) Applicants from medical schools located outside the United States or Canada shall maintain the academic standard recognized by the United Nations World Health Organization (UNWHO) and have their studies confirmed by the Educational Commission for Foreign Medical Graduates (ECFMG).~~

~~(c) Applicants shall have completed at least 2 years of postgraduate medical training, postgraduate year 1, postgraduate year 2, in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), or its equivalent which shall include, at a minimum, the following:~~

~~(1) Board certification in the applicant's area of specialty; or~~

~~(2) Completion of 10 or more years of practice combined with proof of 2 years of post-graduate training outside the United States or Canada.~~

~~(d) Applicants who have not completed 2 years of postgraduate training in an institution accredited by ACGME or AOA shall petition the board pursuant to Med 205.01 to determine if the applicant's qualifications meet the requirements of (d) above. Such petitions shall provide any information in addition to that specified in (d) above which the applicant wishes the board to consider in making a determination of equivalency.~~

Readopt with amendment Med 303.01, effective 9-5-24 (Document #14070), to read as follows:

PART Med 303 EXAMINATIONS

Med 303.01 Examination Requirements.~~(a)~~ Applicants for licensure shall have passed one of the following ***sets*** ~~series~~ of examinations, ***however the office shall waive the examination requirement for any applicant who can provided evidence of satisfactorily passing all examinations and requirements to become board certified by the American Board of Medical Specialties (ABMS) or by the American Osteopathic Association (AOA), in accordance with RSA 329:12, II***:

(a) National Board of Osteopathic Examiners (NBOE);

~~(1) National Board of Medical Examiners (NBME), parts I, II, and III~~;

(***b***~~2~~) The Federation Licensing Examination (FLEX)***;*** ~~, components 1 and 2;~~

(***c***~~3~~) The United States Medical Licensing Examination (USMLE)***; or***~~, steps 1, 2, Clinical Knowledge and Clinical Skills, and 3;~~

~~(4) National Board of Osteopathic Examiners (NBOE) parts I, II, and III; or~~

(***d***~~5~~) The Medical Council of Canada ~~Qualifying~~ Examination (***LMCC)***.~~MCCQE).~~

~~(b) Applicants who completed one of the following combinations of examinations on or before December 31, 1999, shall be exempt from the requirements of (a) above:~~

~~(1) One of each of the following:~~

~~a. NBME part I, NBOE part I, or USMLE step 1;~~

~~b. NBME part II, NBOE part II, or USMLE step 2 (Clinical Knowledge) and step 2 (Clinical Skills); and~~

~~c. NBME part III, NBOE part III, or USMLE step 3;~~

~~(2) FLEX component 1 and USMLE step 3; or~~

~~(3) One of each of the following:~~

~~a. NBME part I, NBOE part I, or USMLE step 1;~~

~~b. NBME part II, NBOE part II, or USMLE step 2 (Clinical Knowledge) and step 2 (Clinical Skills); and~~

~~c. FLEX Component 2.~~

~~(c) Applicants shall pass each examination section within 4 attempts. This examination requirement shall be waived for any applicant who is board certified by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA).~~

~~(d) A passing grade in each of the required examinations shall be the passing score as defined by each entity that administers the examination.~~

Repeal Med 303.02, effective 1-10-20 (Document #12972), as follows:

~~Med 303.02 Candidates for USMLE Step 3.~~

~~(a) Examination candidates who wish to take USMLE step 3 in New Hampshire shall apply directly to the Federation of State Medical Boards (FSMB).~~

~~(b) Examination candidates shall not be eligible for licensure until they have met the requirements of Med 302 and Med 303 and filed an application for licensure pursuant to Med 301.03.~~

~~(c) Candidates for USMLE step 3 shall:~~

~~(1) Have graduated from a medical school accredited by the LCME or have completed their medical education from an institution located outside the United States and have such studies confirmed by the ECFMG;~~

~~(2) Have begun the first academic year of postgraduate training at an institution accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada (RCPSC) or the AOA; and~~

~~(3) Have passed USMLE step 1, step 2 (Clinical Knowledge) and step 2 (Clinical Skills) or one of the acceptable combinations of examinations noted in Med 303.01 (b).~~

Readopt with amendment Med 305, effective 1-10-20 (Document #12972), to read as follows:

PART Med 305 SPECIAL, COURTESY, AND TRAINING LICENSES

Med 305.01 Locum Tenens Licenses~~.~~

(a) Applicants who currently hold ***an active license in good standing from another jurisdiction that has substantially similar licensing requirements to New Hampshire may apply for a Locum Tenens license.*** ~~a full, unrestricted medical license in another state, and who wish to practice in New Hampshire for a limited period of time may apply for a restricted license~~.

(b) Locum tenens licenses shall be issued by the ***OPLC*** ~~board~~ subject to the following limitations:

(1) ***A*** ~~No~~ locum tenens license shall be valid for ~~a period in excess of~~ 100 ~~consecutive calendar~~ days ***and may be renewed***;

(2) Locum tenens licenses shall be valid for practice only at the location specified on the face of the license;

(~~3~~) ~~Only one locum tenens license shall be issued to any applicant during any 12 month period;~~ and

(43) Locum tenens licenses shall be posted at the location specified on the face of the license at all times during the period of licensure.

(c) Applicant for locum tenens licensure shall provide the following to the OPLC:

(1) A completed and signed "Universal Application for Initial Licensure" required by Plc 304;

(2) License verification from a substantially similar jurisdiction;

(3) The name, address, and effective date of the New Hampshire health care facility at which the applicant will be practicing, on the "Addendum to the Universal Application for Initial License -locum tenens license", dated [month] 2026; and

(4) The application fee required by Plc 1002.28.

(d) Any applicant wishing to challenge the denial of an application for initial licensure shall submit a written request for a rehearing to the OPLC within 30 days of notification of denial pursuant to Plc 206.31.

~~(c) Applicants for locum tenens licensure shall provide , or cause to be provided, the following on or attached to an "Application for Locum Tenens License," revised 11/2019:~~

~~(1) The applicant's name, gender, and residence address;~~

~~(2) The address(es) and telephone number(s) of the applicant's prior 3-year practice location(s);~~

~~(3) The applicant's date and place of birth;~~

~~(4) The name of the institution where the applicant graduated from medical school and the date of graduation;~~

~~(5) The name of the institutions where the applicant completed his or her post graduate training and the dates of that training;~~

~~(6) Disclosure of whether the applicant has ever previously applied for licensure in New Hampshire and if so, the date of that application;~~

~~(7) Disclosure of whether the applicant has ever been subject to disciplinary action by any licensing or certifying agency or by any hospital or health care institution and if so, the dates and circumstances of that action;~~

~~(8) Disclosure of whether the applicant has had any medical malpractice suit brought against him or her or has had any claim settled on his or her behalf in the last 10 years;~~

~~(9) The state in which the applicant holds current licensure and clearance of that license received directly from the state licensing authority indicating that the applicant's license covers the dates in which he or she is practicing in New Hampshire;~~

~~(10) The name and address of the New Hampshire health care facility at which the applicant will be practicing;~~

~~(11) The dates during which the applicant will be practicing and verification of those dates received directly from the New Hampshire healthcare facility at which the applicant will be practicing;~~

~~(12) The signature of the applicant; and~~

~~(13) Original letters of reference, on letterhead and addressed to the board, from:~~

~~a. The chief medical officer or president of the medical staff in every hospital in which the applicant currently holds staff privileges; or~~

~~b. Letters of reference from 2 practicing physicians.~~

~~(d) Applicants shall include the application fee required in Table 3.6.1 in Med 306.01.~~

Med 305.02 Special Camp and Visiting Professor License.

(a) Physicians wishing to practice medicine at a New Hampshire licensed camp facility shall apply for a camp license by submitting ***the following:*** ~~an "Application for a Special License/Camp," revised 11/2019, which includes the information contained in (e) below.~~

(1) A completed and signed "Universal Application for Initial Licensure" required by Plc 304;

(2) License verification from another jurisdiction;

(3) The name, address, and effective date of the New Hampshire licensed facility at which the applicant will be practicing, on the "Addendum to the Universal Application for Initial Licensure- Camp License", revised [month] 2026; and

(4) The application fee required by Plc 1002.28.

(b) Any applicant wishing to challenge the denial of an application for initial licensure shall submit a written request for a rehearing to the OPLC within 30 days of notification of denial pursuant to Plc 206.31.

(c) A holder of a camp license is limited to:

(1) Practice only at the specified licensed camp facility;

(2) Practice only on specific dates; and

(3) Practice which does not include holding hospital privileges in New Hampshire.

(***d***~~c~~) Physicians wishing to practice medicine, perform surgery, or do other procedures for the education and enlightenment of the medical community shall apply for a visiting professor license by submitting ***the following:*** ~~an "Application for Special License/Visiting Professor," revised 11/2019, which includes the information contained in (e) below.~~

(1) A completed and signed "Universal Application for Initial License" required by Plc 304;

(2) License verification from another jurisdiction;

(3) The name, address, and effective date of the New Hampshire licensed facility at which the applicant will be practicing, on the "Addendum to the Universal Application for Initial Licenese- Visiting Professor", revised [month] 2026; and

(4) The application fee required by Plc 1002.28.

(e) Any applicant wishing to challenge the denial of an application for initial licensure shall submit a written request for a rehearing to the OPLC within 30 days of notification of denial pursuant to Plc 206.31.

(***c***~~d~~) A holder of a visiting professor license is limited to:

(1) Practice only at a specified licensed New Hampshire hospital in an educational capacity, whether or not direct patient care is provided;

(2) Practice only on specific dates; and

(3) Practice for which the patient is not being charged, provided that:

a. The hospital or facility may charge the patient for its services and for the services of other health professionals;

b. The hospital or facility shall not charge the patient for the services rendered by the visiting professor; and

c. The physician abides by the American Medical Association (AMA) Code of Ethics Rule 6.10 on billing with multiple providers.

~~(e) Applicants for either a camp or visiting professor license shall provide, or cause to be provided, the following on or attached to the applicable form above:~~

~~(1) The applicant's name and residence address;~~

~~(2) The address(es) and telephone number(s) of the applicant's practice locations for the previous 3 years;~~

~~(3) The applicant's date of birth, place of birth, and social security number;~~

~~(4) The name of the institution where the applicant graduated from medical school and the date of graduation;~~

~~(5) The name of the institutions where the applicant completed his or her post graduate training and the dates of that training;~~

~~(6) Disclosure of whether the applicant has ever previously applied for licensure in New Hampshire and if so, the date of that application;~~

~~(7) Disclosure of whether the applicant has ever been subject to disciplinary action by any licensing or certifying agency or by any hospital or health care institution and if so, the dates and circumstances of that action;~~

~~(8) Disclosure of whether the applicant is board certified and if so, the specialty in which that certification is held;~~

~~(9) The name of the New Hampshire licensed facility at which the applicant will be practicing;~~

~~(10) The dates during which the applicant will practice and verification of those dates received directly from the New Hampshire licensed facility;~~

~~(11) The state in which the applicant currently holds a license and clearance of that license received directly from the state licensing authority indicating that the applicant's license covers the dates in which he or she is practicing in New Hampshire; and~~

~~(12) The signature of the applicant.~~

~~(f) Applicants shall include the application fee for special license required in Table 3.6.1. in Med 306.01.~~

Med 305.03 Administrative License. ***Pursuant to RSA 329:14, VIII, the office may issue licenses authorizing the practice of medicine limited to administrative medicine for physicians whose practice***

does not include the provision of clinical services to patients. Applicants for an Administrative License shall submit the following documentation:

(a) A completed and signed "Universal Application for Initial Licensure" required by Plc 304; and

(b) The application fee required by Plc 1002.28.

~~(a) An applicant for an administrative license shall complete the same application and meet the same requirements as an applicant for unrestricted permanent licensure. However, the applicant for an administrative license shall not be required to show that the applicant has been engaged in the practice of clinical medicine.~~

~~(b) The holder of an administrative license shall not engage in clinical medicine.~~

~~(c) The holder of an administrative license shall pay the same fees and meet all other requirements for issuance and renewal of that license as a licensee with a unrestricted permanent license.~~

Med 305.04 Resident Training License.

(a) The ***OPLC*** ~~board~~ shall issue training licenses, pursuant to RSA 329:14, V, to persons ***of good professional character who are enrolled in a residency or fellowship program accredited by the Council on Graduate Medical Education and who submit the following documentation:*** ~~pursuing post graduate training in a health facility approved for this purpose by the ACGME or the AOA~~.

(1) A completed and signed "Universal Application for Initial Licensure" required by Plc 304;

(2) The following information on the "Addendum to the Universal Application for Initial License – Training License", revised [month] 2026; and

(i) The name of the hospital at which the applicant will be training;

(ii) The beginning and end date of said training in (a);

(iii) The name of the residency or fellowship program accredited by the ACGME;

(iv) Information from the training program confirming enrollment;

(v) Certified copy of the ECFMG certificate held by the applicant, if the applicant graduated from a medical school outside the United States or Canada; and

(vi) Complete certification received from the NBME or NBOE that the applicant has taken and passed the required exams.

(3) The application fee required by Plc 1002.28.

(b) Training licenses shall only be valid for the practice of medicine when limited to:

(1) Practice under the auspices of the training program and in healthcare facilities which are affiliated with that program;

(2) Practice under the ~~direct~~ supervision of a medical officer of the training program who shall be a physician licensed in New Hampshire; and

(3) Practice during the dates specified by the training license, or until such time as the licensee separates from the training program for any reason.

~~(c) Applicants for resident training license shall provide, or cause to be provided, the following on or attached to the "Application for Training License Resident and Graduate Fellows," revised 11/2019:~~

~~(1) Name and current residence address and telephone number of the applicant;~~

~~(2) Date and place of birth;~~

~~(3) Name of the medical school attended, the dates attended, and the year of graduation;~~

~~(4) Name of the hospital where the applicant will be training;~~

~~(5) Name of the ACGME or AOA accredited training program in which the applicant is enrolled and the signature of the director of graduate medical education certifying that the applicant is currently enrolled and that the information on the application matches that on file with the training program;~~

~~(6) Beginning and ending dates of the training program in which the applicant is enrolled and the signature of the program director certifying that the applicant is approved for entry into that specific program;~~

~~(7) Certified copy of the ECFMG certificate held by the applicant if the applicant graduated from a medical school outside the United States or Canada;~~

~~(8) Certification received directly from the NBME that the applicant has taken and passed USMLE steps 1, step 2 (Clinical Knowledge), and 2 (Clinical Skills);~~

~~(9) Disclosure of whether the applicant has ever previously resigned from a graduate medical education program or been reprimanded, sanctioned, restricted or disciplined in any way by such a program;~~

~~(10) Disclosure of whether the applicant has ever held a license in any state and if so, clearance of that license received directly from the licensing authority;~~

~~(11) Disclosure of whether the applicant has ever been convicted of a felony, and if so the circumstances involved;~~

~~(12) Disclosure of whether the applicant has ever been dependent on alcohol or drugs and if so, a description of the treatment program pursued; and~~

~~(13) The signature of the applicant.~~

~~(d) Applicants shall include the resident training license fee required in Table 3.6.1. in Med 306.01.~~

~~(e) Resident training licenses shall expire 4 years from the date of issuance.~~

(***c***~~f~~) Holders of training licenses shall notify the ***OPLC*** ~~board~~ immediately upon separation from the residency program if training is discontinued prior to the expected termination date specified in (a)(2)(***ii***~~a~~) above.

APPENDIX A

RULE	STATUTE
Med 301.01	RSA 329:9, II; RSA 329:12, II; RSA 329:14, III, VI, VIII
Med 301.02	RSA 310:4, II(c)
Med 301.03(a)(1)	RSA 310:4, II(c)
Med 301.03(a)(2)	RSA 329:9, II; RSA 329:12, I(d)(2)-(5)
Med 301.03(a)(3)	RSA 329:11-a
Med 301.03(a)(4)	RSA 310:5
Med 301.03(b)	RSA 310:6
Med 302.01	RSA 329:12
Med 303.01	RSA 329:12, II
Med 303.02 (repeal)	
Med 305.01	RSA 329:9, II; RSA 329:9, VIII; RSA 329:14, VII
Med 305.01(a) - (d)	RSA 329:9, II, RSA 329:14, VII
Med 305.02	RSA 329:9, II; RSA 329:9, VIII; RSA 329:14, VI
Med 305.03	RSA 329:9, II; RSA 329:14, VIII
Med 305.04	RSA 329:9, II; RSA 329:14, V