Assemblywoman Bustamante Adams:

The Board is providing this response at your request, our understanding being that you are requesting information as to whether any statutes or regulations found in Nevada’s Medical Practice Act (Chapters 630 of the NRS and NAC) facilitate or impede the role of GME acceptance from within or outside the state of Nevada, thereby impacting, either positively or negatively, the medical doctor shortage in our state.

It is the Board’s position that no statute or regulation in Nevada’s Medical Practice Act impedes the acceptance of GME, more commonly known as residency and fellowship programs, either conducted within or outside the state of Nevada. To the contrary, the Board has taken proactive steps to encourage participants of GME programs to either continue their professional practice in Nevada after completion of their GME program located in the state, or to potentially relocate to Nevada after completion of an out-of-state GME program.

During the 2011 legislative session the Board proposed legislation, which was ultimately signed into law that same year, which allows the issuance of an unrestricted license following completion of 24 months of recognized and approved GME training, most if not all programs being 36 months in duration. This change in law has encouraged both Nevada GME program residents to remain and practice in the state following completion of their GME training and out-of-state GME program residents to seek unrestricted licensure in Nevada, as the significant offshoot of this allowance provides GME residents the ability to apply for their American Board of Medical Specialty certification, the application for which cannot occur until they have obtained an unrestricted license to practice medicine in at least one state of the United States.

The Board uses the Federation of State Medical Boards Credential Verification Service, a secure repository of direct-source-verified credentials of physicians, to include identity, medical school transcripts, national examination histories, and postgraduate medical education. If a GME resident decides to register with this Service, the timeframe for obtaining medical licensure in Nevada can be greatly expedited.

The Board has a database of University of Nevada School of Medicine residents and tenders to them the Board’s quarterly newsletter. Regularly included in the Board newsletter are informational pieces regarding the Federation of State Medical Boards Credential Verification Service and the benefits associated with this service, as well as other matters surrounding obtaining medical licensure in the state after completion of their GME program.

Finally, the Board is currently in the process of creating an outreach program to GME residents in the state of Nevada, with a focus on what can be expected by a resident when he or she
completes his or her GME program and seek medical licensure here in Nevada, as well as how to apply for full unrestricted licensure at the program's 24th month.

Included herein are the relevant statutes and regulations that relate to GME licensure in the state of Nevada. Please feel free to contact me directly if you have further questions as to the Board's GME involvement in the state of Nevada.

Respectfully,

[Signature]

Douglas C. Cooper, CMBI
Executive Director
Nevada State Board of Medical Examiners
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NRS 630.160 Requirements for license to practice medicine; action by Board if Board receives information concerning applicant that differs from information previously received by Board.

1. Every person desiring to practice medicine must, before beginning to practice, procure from the Board a license authorizing the person to practice.

2. Except as otherwise provided in NRS 630.1605, 630.161 and 630.258 to 630.266, inclusive, a license may be issued to any person who:

   (a) Is a citizen of the United States or is lawfully entitled to remain and work in the United States;

   (b) Has received the degree of doctor of medicine from a medical school:

      (1) Approved by the Liaison Committee on Medical Education of the American Medical Association and Association of American Medical Colleges; or

      (2) Which provides a course of professional instruction equivalent to that provided in medical schools in the United States approved by the Liaison Committee on Medical Education;

   (c) Is currently certified by a specialty board of the American Board of Medical Specialties and who agrees to maintain the certification for the duration of the licensure, or has passed:

      (1) All parts of the examination given by the National Board of Medical Examiners;

      (2) All parts of the Federation Licensing Examination;

      (3) All parts of the United States Medical Licensing Examination;

      (4) All parts of a licensing examination given by any state or territory of the United States, if the applicant is certified by a specialty board of the American Board of Medical Specialties;

      (5) All parts of the examination to become a licentiate of the Medical Council of Canada; or

   (d) Is currently certified by a specialty board of the American Board of Medical Specialties in the specialty of emergency medicine, preventive medicine or family practice and who agrees to maintain certification in at least one of these specialties for the duration of the licensure, or:

      (1) Has completed 36 months of progressive postgraduate:

         (I) Education as a resident in the United States or Canada in a program approved by the Board, the Accreditation Council for Graduate Medical Education or the Coordinating Council of Medical Education of the Canadian Medical Association; or

         (II) Fellowship training in the United States or Canada approved by the Board or the Accreditation Council for Graduate Medical Education;

      (2) Has completed at least 36 months of postgraduate education, not less than 24 months of which must have been completed as a resident after receiving a medical degree from a combined dental and medical degree program approved by the Board; or

   (3) Is a resident who is enrolled in a progressive postgraduate training program in the United States or Canada approved by the Board, the Accreditation Council for Graduate Medical Education or the Coordinating Council of Medical Education of the Canadian Medical Association, has completed at least 24 months of the program and has committed, in writing, to the Board that he or she will complete the program; and

   (e) Passes a written or oral examination, or both, as to his or her qualifications to practice medicine and provides the Board with a description of the clinical program completed demonstrating that the applicant’s clinical training met the requirements of paragraph (b).

3. The Board may issue a license to practice medicine after the Board verifies, through any readily available source, that the applicant has complied with the provisions of subsection 2. The verification may include, but is not limited to, using the Federation Credentials Verification Service. If any information is verified by a source other than the primary source of the
information, the Board may require subsequent verification of the information by the primary source of the information.

4. Notwithstanding any provision of this chapter to the contrary, if, after issuing a license to practice medicine, the Board obtains information from a primary or other source of information and that information differs from the information provided by the applicant or otherwise received by the Board, the Board may:
   (a) Temporarily suspend the license;
   (b) Promptly review the differing information with the Board as a whole or in a committee appointed by the Board;
   (c) Declare the license void if the Board or a committee appointed by the Board determines that the information submitted by the applicant was false, fraudulent or intended to deceive the Board;
   (d) Refer the applicant to the Attorney General for possible criminal prosecution pursuant to NRS 630.400; or
   (e) If the Board temporarily suspends the license, allow the license to return to active status subject to any terms and conditions specified by the Board, including:
      (1) Placing the licensee on probation for a specified period with specified conditions;
      (2) Administering a public reprimand;
      (3) Limiting the practice of the licensee;
      (4) Suspending the license for a specified period or until further order of the Board;
      (5) Requiring the licensee to participate in a program to correct alcohol or drug dependence or any other impairment;
      (6) Requiring supervision of the practice of the licensee;
      (7) Imposing an administrative fine not to exceed $5,000;
      (8) Requiring the licensee to perform community service without compensation;
      (9) Requiring the licensee to take a physical or mental examination or an examination testing his or her competence to practice medicine;
      (10) Requiring the licensee to complete any training or educational requirements specified by the Board; and
      (11) Requiring the licensee to submit a corrected application, including the payment of all appropriate fees and costs incident to submitting an application.

5. If the Board determines after reviewing the differing information to allow the license to remain in active status, the action of the Board is not a disciplinary action and must not be reported to any national database. If the Board determines after reviewing the differing information to declare the license void, its action shall be deemed a disciplinary action and shall be reportable to national databases.

NRS 630.265 Limited license to practice medicine as resident physician.

1. Except as otherwise provided in NRS 630.161, the Board may issue to a qualified applicant a limited license to practice medicine as a resident physician in a graduate program approved by the Accreditation Council for Graduate Medical Education if the applicant is:
   (a) A graduate of an accredited medical school in the United States or Canada; or
   (b) A graduate of a foreign medical school and has received the standard certificate of the Educational Commission for Foreign Medical Graduates or a written statement from that Commission that the applicant passed the examination given by it.

2. The medical school or other institution sponsoring the program shall provide the Board with written confirmation that the applicant has been appointed to a position in the program and is a citizen of the United States or lawfully entitled to remain and work in the United States. A limited license remains valid only while the licensee is actively practicing medicine in the residency program and is legally entitled to work and remain in the United States.
3. The Board may issue a limited license for not more than 1 year but may renew the license if the applicant for the limited license meets the requirements set forth by the Board by regulation.

4. The holder of a limited license may practice medicine only in connection with his or her duties as a resident physician or under such conditions as are approved by the director of the program.

5. The holder of a limited license granted pursuant to this section may be disciplined by the Board at any time for any of the grounds provided in NRS 630.161 or 630.301 to 630.3065, inclusive.

NAC 630.130 Limited license for graduate program of training.

1. The applicant for a limited license to practice medicine as a resident physician in a graduate program of clinical training must file an application with the Board on the standard form for application for a license to practice medicine and submit with the application such proofs and documents as are required on the form to the extent that the proofs and documents are applicable to the issuance of the limited license.

2. The application must be accompanied by written confirmation from the institution sponsoring the graduate program of clinical training that the applicant has been appointed to a position in the program. If the applicant is not a citizen of the United States, the applicant must also provide satisfactory evidence from the United States Citizenship and Immigration Services of the Department of Homeland Security that he or she is lawfully entitled to remain and work in the United States.

3. The Board will review the application and, upon approval, issue the limited license. An applicant for a limited license may be required to appear before the Board or one of its members for an oral interview before the issuance of the limited license.

4. A limited license issued under this section will state on its face that it is a limited license to practice medicine as a resident physician in a graduate program of clinical training, and the period during which it is valid. If the licensee is not a citizen of the United States, a limited license is valid only as long as the licensee is lawfully entitled to remain and work in the United States.