Executive Summary

Maine Physician Licensure Statute

**Licensure Requirements:** Those wishing to practice medicine in the state of Maine need to obtain a temporary, youth camp, emergency, limited license to practice administrative medicine, volunteer, or full medical license.

**Licensure Reciprocity:** The Maine Licensure Statute does allow for reciprocity between states if the Board determines that the examination passed by the physician applicant is equivalent to the Maine examination.

**Licensure Exceptions:** The Maine Licensure Statute allows for the following common exceptions:

- Consultative Services: Physicians are able to offer consultative services on an irregular basis without being required to receive full medical licensure.

- Military Exception: Those physicians, licensed in any one of the 50 states, are permitted to administer care to military members, as either a civilian contract employee or a military physician officer, without having to first receive additional licensure.

- Emergency Exception: A physician is permitted to administer care to a person in an emergency situation, regardless if that physician is licensed in the state where the care is taking place.

- Domestic administration of family remedies.

**Internet Prescribing of Medications:** The policy of the Maine Board of Licensure in Medicine prohibits physicians from issuing prescriptions solely on an online questionnaire to patients the physician has never met based, and considers such actions to be inappropriate and unprofessional conduct.
MAINE PHYSICIAN LICENSURE STATUTE

Title 32. Professions and Occupations
Chapter 48. Board of Licensure in Medicine

3270. Licensure Required

Unless licensed by the board, an individual may not practice medicine or surgery or a branch of medicine or surgery or claim to be legally licensed to practice medicine or surgery or a branch of medicine or surgery within the State by diagnosing, relieving in any degree or curing, or professing or attempting to diagnose, relieve or cure a human disease, ailment, defect or complaint, whether physical or mental, or of physical and mental origin, by attendance or by advice, or by prescribing or furnishing a drug, medicine, appliance, manipulation, method or a therapeutic agent whatsoever or in any other manner unless otherwise provided by statutes of this State. An individual licensed under chapter 36 may prefix the title “Doctor” or the letters “Dr.” to that individual's name, as provided in section 2581, or a chiropractor licensed by this State may prefix the title “Doctor” or the letters “Dr.” to that individual's name when accompanied by the word “Chiropractor,” or a dentist duly licensed by this State may prefix the title “Doctor” or the letters “Dr.” to that individual's name or a naturopathic doctor licensed by this State may prefix the title “Doctor” or the letters “Dr.” to that individual's name when accompanied by the word “Naturopathy” or the words “Naturopathic Medicine” or an optometrist duly licensed under the laws of this State may prefix the title “Doctor” or the letters “Dr.” to that individual's name when accompanied by the word “Optometrist” or a podiatrist licensed under the laws of this State may prefix the title “Doctor” or the letters “Dr.” to that individual's name when accompanied by the word “Podiatrist” or “Chiropodist.”

Whoever, not being duly licensed by the board, practices medicine or surgery or a branch of medicine or surgery, or purports to practice medicine or surgery or a branch of medicine or surgery in a way cited in this section, or who uses the title “Doctor” or the letters “Dr.” or the letters “M.D.” in connection with that individual's name, contrary to this section, commits a Class E crime. The prefixing of the title “Doctor” or the letters “Dr.” or the appending of the letters “M.D.” by an individual to that individual's name or the use of the title of doctor or physician in any way by an individual not licensed as described is prima facie evidence that that individual is...
The Board does not have authority to deny a temporary educational certificate, or to defer granting a temporary educational certificate, to a person seeking to become a hospital resident solely because such applicant has graduated from a foreign medical school which has refused to provide information regarding the school requested by the Federation of State Medical Boards. Op.Atty.Gen. No. 83-36, Aug. 4, 1983.

purporting to practice medicine or surgery contrary to this section, except that nothing contained in this section prevents an individual who has received the doctor's degree from a reputable college or university, other than the degree of “Doctor of Medicine” from prefixing the letters “Dr.” to that individual's name, if that individual is not engaged, and does not engage, in the practice of medicine or surgery or the treatment of a disease or human ailment. Nothing in this chapter may be construed as to affect or prevent the practice of the religious tenets of a church in the ministration to the sick or suffering by mental or spiritual means.

All fees set in this chapter are nonrefundable application fees or administrative processing fees payable to the board at the time of application or at the time board action is requested. Unless otherwise specified, the board shall set the fees.

3271. Qualifications for Medical Licensure

Except where otherwise specified by this chapter, all applicants for licensure as a physician or surgeon in the State must satisfy the following requirements.

1. Medical education. Each applicant must:

   A. Graduate from a medical school designated as accredited by the Liaison Committee on Medical Education;

   B. Graduate from an unaccredited medical school, be evaluated by the Educational Commission for Foreign Medical Graduates and receive a permanent certificate from the Educational Commission for Foreign Graduates; or

   C. Graduate from an unaccredited medical school and achieve a passing score on the Visa Qualifying Examination or another comprehensive examination determined by the board to be substantially equivalent to the Visa Qualifying Examination.
2. Postgraduate training. Each applicant who has graduated from an accredited medical school on or after January 1, 1970 but before July 1, 2004 must have satisfactorily completed at least 24 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. Notwithstanding other requirements of postgraduate training, an applicant is eligible for licensure when the candidate has satisfactorily graduated from a combined postgraduate training program in which each of the contributing programs is accredited by the Accreditation Council on Graduate Medical Education and the applicant is eligible for accreditation by the American Board of Medical Specialties in both specialties. Each applicant who has graduated from an accredited medical school prior to January 1, 1970 must have satisfactorily completed at least 12 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. Each applicant who has graduated from an accredited medical school on or after July 1, 2004 or an unaccredited medical school must have satisfactorily completed at least 36 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada or the Royal Colleges of England, Ireland or Scotland. An applicant who has completed 24 months of postgraduate training and has received an unrestricted endorsement from the director of an accredited graduate education program in the State is considered to have satisfied the postgraduate training requirements of this subsection if the applicant continues in that program and completes 36 months of postgraduate training. Notwithstanding this subsection, an applicant who is board certified by the American Board of Medical Specialties is deemed to meet the postgraduate training requirements of this subsection.

3. Examination. Each applicant must achieve a passing score on each component of the uniform examination of the Federation of State Medical Boards or other examinations designated by the board as the qualifying examination or examinations for licensure. Each applicant must additionally achieve a passing score on a State of Maine examination administered by the board.
4. **Fees.** Each applicant shall pay a fee up to $600 plus the cost of the qualifying examination or examinations. This fee covers the cost of processing the application and is not refundable. Payment must be submitted with the application.

5. **Board action.** An applicant may not be licensed unless the board finds that the applicant is qualified and no cause exists, as set forth in section 3282-A, that may be considered grounds for disciplinary action against a licensed physician or surgeon.

6. **Waiver for exceptional circumstances.** The board may waive the requirements of subsection 2 for a physician who does not meet the postgraduate training requirements but who meets the requirements of this subsection.

   A. To be considered for a waiver under this subsection, the physician must:

   (1) Be a graduate of a foreign medical school, not including a medical school in Canada or Great Britain;

   (2) Be licensed in another state; and

   (3) Have at least 3 years of clinical experience in the area of expertise.

   B. If the physician meets the requirements of paragraph A, the board shall use the following qualifications of the physician to determine whether to grant a waiver:

   (1) Completion of a 3-year clinical fellowship in the United States in the area of expertise. The burden of proof as to the quality and content of the fellowship is placed on the applicant;

   (2) Appointment to a clinical academic position at a licensed medical school in the United States;

   (3) Publication in peer-reviewed clinical medical journals recognized by the board;

   (4) The number of years in clinical practice; and

   (5) Other criteria demonstrating expertise, such as awards or other recognition.
The Maine Administrative Code provides for volunteer status licensure, another license in the “special license” category. Under this volunteer status, a physician has retired or is retiring from the active practice of medicine and wishes to donate his or her medical expertise to treat indigent and needy patients in free clinics. The treatment of family, acquaintances, or friends is not authorized under this status.

C. The costs associated with the board’s determination of licensing eligibility in regard to paragraph B must be paid by the applicant upon completion of the determination under paragraph A. The application cost must reflect and not exceed the actual cost of the final determination.

7. Special license categories. The board may issue a license limited to the practice of administrative medicine as defined by routine technical rule of the board adopted pursuant to Title 5, chapter 375, subchapter 2-A.

The Maine Administrative Code provides for volunteer status licensure, another license in the “special license” category. Under this volunteer status, a physician has retired or is retiring from the active practice of medicine and wishes to donate his or her medical expertise to treat indigent and needy patients in free clinics. The treatment of family, acquaintances, or friends is not authorized under this status.

3274. Licenses

Each physician licensed under this chapter is entitled to receive a license under the seal of the board and signed by the chair and the secretary, which must be publicly displayed at the individual’s principal place of practice, as long as this individual continues the practice of medicine.

3275. Licensure by Reciprocity

1. Licensure without examination. The board may, at its discretion, grant licensure without written examination to a physician in good standing who otherwise meets the requirements of section 3271 and who has been:

A. Examined and certified by the National Board of Medical Examiners;

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1 An applicant for a License Limited to the Practice of Administrative Medicine must complete the same application, pay the same fees, and meet the same requirements for licensure as an applicant for an unlimited medical license.
Temporary licenses are not renewable after 1 year.

To access the application for a temporary license, click here.

3276. Temporary Licensure

A physician who is qualified under section 3275 may, without examination, be granted a temporary license for a period not to exceed one year when the board determines that this action is necessary in order to provide relief for local or national emergencies or for situations in which the number of physicians is insufficient to supply adequate medical services or for the purpose of permitting the physician to serve as locum tenens for another physician who is licensed to practice medicine in this State. The fee for this temporary license may not be more than $400.

No person can be granted a temporary license if not duly registered and licensed in another state prior to the application for such temporary license. 1961-62 Atty.Gen.Rep. 133.
3277. Youth Camp Physicians

A physician who is qualified under section 3275 may, at the discretion of the board, be temporarily licensed as a youth camp physician so that the physician may care for the campers in that particular youth camp licensed under Title 22, section 2495 for which the physician was hired and retained as a youth camp physician. That physician is entitled to practice only on patients in the youth camp. The temporary license must be obtained each year. Application for this temporary license must be made in the same form and manner as for regular licensure. An examination may not be exacted from applicants for these temporary licenses. The fee for temporary licensure may not be more than $400 annually.

3278. Emergency 100-Day License

A physician who presents a current active unconditioned license from another United States licensing jurisdiction and who can provide reasonable proof of meeting qualifications for licensure in this State must be issued a license to serve temporarily for declared emergencies in the State or for other appropriate reasons as determined by the board. The license is effective for not more than 100 days. The fee for this license may be not more than $400.

3279. Interns; Residents; Visiting Instructors


2. Residents. An applicant who is qualified under section 3271, subsection 1 may receive a temporary educational certificate from the board to act as a hospital resident. A certificate to a hospital resident may be renewed every 3 years at the discretion of the board for not more than 7 years.
2-A. Joint-program resident. An applicant who is enrolled in a program of medical and graduate medical training conducted jointly by a medical school accredited by the Liaison Committee on Medical Education and a graduate medical education program approved by the Accreditation Council on Graduate Medical Education may receive a temporary educational certificate from the board to act as a hospital resident as part of that graduate medical education program if the applicant is concurrently enrolled in the final year of medical training and the initial year of graduate medical education. The board may not issue a certificate pursuant to this subsection for a period longer than that required to obtain the M.D. degree. The period during which the certificate is in force may not be considered in determining satisfaction of the requirement for postgraduate medical education under section 3271, subsection 2.

3. Conditions of certification. An applicant for a temporary educational certificate may not be certified unless the board finds that the applicant is qualified and that there exists no cause, as set forth in section 3282-A, that would be considered grounds for disciplinary action against a licensed physician or surgeon. The board, in its discretion, may require an examination for applicants for temporary educational certificates. Recipients of these certificates are entitled to all the rights granted to physicians who are licensed to practice medicine and surgery, except that their practice is limited to the training programs in which they are enrolled. A temporary educational certificate may be suspended or revoked, or the board may refuse to renew the certificate, for the reasons stated in section 3282-A, or if the intern or hospital resident has violated the limitations placed upon the intern’s temporary educational certificate.

4. Visiting instructors. A physician who has an unrestricted license to practice medicine or surgery in another state may practice medicine or surgery in this State when the physician is performing medical procedures as part of a course of instruction in graduate medical education in a hospital located in this State. The right of a visiting medical instructor to practice medicine in this State may be suspended or revoked for the reasons stated in section 3282-A, or if the visiting medical instructor has performed medical procedures that are not a part of a course of instruction.

5. Contract students. An applicant who is qualified under section 3271, subsection 1, who received a medical education as a contract student as provided in Title 20-A, chapter 421, and who agrees to practice in a primary care or other specialized area as defined in Title 20-A, section 11803, subsection 2, or an underserved area as defined in
Title 20-A, section 11802, is considered to have completed the postgraduate training requirements of section 3271, subsection 2, upon satisfactory completion of at least 12 months in a graduate educational program approved as specified in section 3271. The board may make the relicensure of an individual for 4 years after the individual's licensure under this subsection contingent on the individual's continuing to practice in an underserved area.

This subsection applies only to individuals entering into a contract under Title 20-A, chapter 421, on or before December 31, 1984.

6. Fees. The board shall set fees for physicians and students licensed pursuant to this section. The amounts set for licenses issued under this section may not be more than $300.

The superior court could not have preempted the administrative court of its exclusive authority to revoke or suspend a physician's license. Board of Registration in Medicine v. Fiorica, 488 A.2d 1371 (1985).

3282-A. Disciplinary Sanctions

1. Disciplinary proceedings and sanctions. The board shall investigate a complaint, on its own motion or upon receipt of a written complaint filed with the board, regarding noncompliance with or violation of this chapter or any rules adopted by the board.

The board shall notify the licensee of the content of a complaint filed against the licensee as soon as possible, but not later than 60 days after receipt of this information. The licensee shall respond within 30 days. The board shall share the licensee's response with the complainant, unless the board determines that it would be detrimental to the health of the complainant to obtain the response. If the licensee's response to the complaint satisfies the board that the complaint does not merit further investigation or action, the matter may be dismissed, with notice of the dismissal to the complainant, if any.

If, in the opinion of the board, the factual basis of the complaint is or may be true and the complaint is of sufficient gravity to warrant further action, the board or a subcommittee of the board may request and conduct an informal conference with the licensee. The board shall provide the licensee with adequate notice of the conference and the issues to be discussed. The complainant may attend and may be accompanied
The Board acted within its discretion in denying a physician's request to alter the terms of the consent agreement entered into by the Board and the physician, so as to remove the restrictions imposed on his license, where the consent agreement unambiguously provided that the decision to modify, continue, or terminate any and all provisions of the consent agreement fell within the sole discretion of the Board, and this discretion was never challenged at the time of execution of the consent agreement. *Nicholson v. Board of Licensure in Medicine*, 935 A.2d 660 (2007).

by up to 2 individuals, including legal counsel. The conference must be conducted in executive session of the board or a Subcommittee of the board, pursuant to Title 1, section 405, unless otherwise requested by the licensee. Before the board decides what action to take at the conference or as a result of the conference, the board or a Subcommittee of the board shall give the complainant a reasonable opportunity to speak. Statements made at the conference may not be introduced at a subsequent formal hearing unless all parties consent. The complainant, the licensee or either of their representatives shall maintain the confidentiality of the conference.

When a complaint has been filed against a licensee and the licensee moves or has moved to another state, the board may report to the appropriate licensing board in that state the complaint that has been filed, other complaints in the physician's record on which action was taken and disciplinary actions of the board with respect to that physician.

When an individual applies for a license under this chapter, the board may investigate the professional record of that individual, including professional records that the individual may have as a licensee in other states. The board may deny a license or authorize a restricted license based on the record of the applicant in other states.

If the board finds that the factual basis of the complaint is true and is of sufficient gravity to warrant further action, it may take any of the following actions it determines appropriate.

A. With the consent of the licensee, the board may enter into a consent agreement that fixes the period and terms of probation best adapted to protect the public health and safety and rehabilitate or educate the licensee. A consent agreement may be used to terminate a complaint investigation, if entered into by the board, the licensee and the Attorney General's office.
B. In consideration for acceptance of a voluntary surrender of the license, the board may negotiate stipulations, including terms and conditions for reinstatement, that ensure protection of the public health and safety and serve to rehabilitate or educate the licensee. These stipulations may be set forth only in a consent agreement signed by the board, the licensee and the Attorney General's office.

C. If the board concludes that modification or nonrenewal of the license is in order, the board shall hold an adjudicatory hearing in accordance with Title 5, chapter 375, subchapter 4.

D. If the board concludes that suspension or revocation of the license is in order, remove restrictions imposed on his license, where the consent the board shall file a complaint in the District Court in accordance with Title 4, chapter 5.

The board shall require a licensee to notify all patients of the licensee of a probation or stipulation under which the licensee is practicing as a result of board disciplinary action. This requirement does not apply to a physician participating in an alcohol or drug treatment program pursuant to Title 24, section 2505, a physician who retires following charges made or complaints investigated by the board or a physician under the care of a professional and whose medical practices and services are not reduced, restricted or prohibited by the disciplinary action.

2. Grounds for discipline. The board may suspend or revoke a license pursuant to Title 5, section 10004. The following are grounds for an action to refuse to issue, modify, restrict, suspend, revoke or refuse to renew the license of an individual licensed under this chapter:

   A. The practice of fraud or deceit in obtaining a license under this chapter or in connection with service rendered within the scope of the license issued;

   B. Habitual substance abuse that has resulted or is foreseeably likely to result in the licensee performing services in a manner that endangers the health or safety of patients;
C. A professional diagnosis of a mental or physical condition that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients;

D. Aiding or abetting the practice of medicine by an individual who is not licensed under this chapter and who claims to be legally licensed;

E. Incompetence in the practice for which the licensee is licensed. A licensee is considered incompetent in the practice if the licensee has:

(1) Engaged in conduct that evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client or patient or the general public; or

(2) Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice for which the licensee is licensed;

F. Unprofessional conduct. A licensee is considered to have engaged in unprofessional conduct if the licensee violates a standard of professional behavior, including engaging in disruptive behavior, that has been established in the practice for which the licensee is licensed. For purposes of this paragraph, “disruptive behavior” means aberrant behavior that interferes with or is likely to interfere with the delivery of care;

G. Subject to the limitations of Title 5, chapter 341, conviction of a crime that involves dishonesty or false statement or relates directly to the practice for which
For the purpose of establishing guilt in a hearing to revoke a medical license, a conviction following a guilty plea with protestations of innocence constitutes a conviction that allows licensure revocation. Board of Registration in Medicine v. Fiorica, 488 A.2d 1371 (1985).

the licensee is licensed, or conviction of a crime for which incarceration for one year or more may be imposed;

H. A violation of this chapter or a rule adopted by the board;

I. Engaging in false, misleading or deceptive advertising;

J. Prescribing narcotic or hypnotic or other drugs listed as controlled substances by the Drug Enforcement Administration for other than accepted therapeutic purposes;

K. Failure to report to the secretary of the board a physician licensed under this chapter for addiction to alcohol or drugs or for mental illness in accordance with Title 24, section 2505, except when the impaired physician is or has been a patient of the licensee;

L. Failure to comply with the requirements of Title 24, section 2905-A; or

M. Revocation, suspension or restriction of a license to practice medicine or other disciplinary action; denial of an application for a license; or surrender of a license to practice medicine following the institution of disciplinary action by another state or a territory of the United States or a foreign country if the conduct resulting in the disciplinary or other action involving the license would, if committed in this State, constitute grounds for discipline under the laws or rules of this State.

3286. Emergency Action

Upon its own motion or upon complaint, the board, in the interests of public health, safety and welfare, shall treat as an emergency a complaint or allegation that an individual licensed under this chapter is or may be unable to practice medicine with reasonable skill and safety to patients by reason of mental illness, alcohol intemperance, excessive use of drugs, narcotics or as a result of a mental or physical condition interfering with the competent practice of medicine. In enforcing this paragraph, the board may compel a physician to submit to a mental or physical examination by physicians designated by it. Failure of a physician to submit to this examination when directed constitutes an admission of the allegations against the physician, unless the failure was due to circumstances beyond the physician’s control, upon which a final order of disciplinary action may be entered without the taking of testimony or
presentation of evidence. A physician affected under this paragraph must, at reasonable
intervals, be afforded an opportunity to demonstrate that the physician can resume the
competent practice of medicine with reasonable skill and safety to patients.

For the purpose of this chapter, by practicing or by making and filing a biennial license
to practice medicine in this State, every physician licensed under this chapter who
accepts the privilege to practice medicine in this State is deemed to have given consent
to a mental or physical examination when directed in writing by the board and to have
waived all objections to the admissibility of the examining physicians' testimony or
examination reports on the grounds that the testimony or reports constitute a privileged
communication.

Injunctions must issue immediately to enjoin the practice of medicine by an individual
licensed to practice under this chapter when that individual's continued practice will or
may cause irreparable damage to the public health or safety prior to the time
proceedings under this chapter could be instituted and completed. In a petition for
injunction pursuant to this section, there must be set forth with particularity the facts
that make it appear that irreparable damage to the public health or safety will or may
occur prior to the time proceedings under this chapter could be instituted and
completed. The petition must be filed in the name of the board on behalf of the State.
APPENDIX

CODE OF MAINE RULES

02. Department of Professional and Financial Regulation

373. Board of Licensure in Medicine

Chapter 1. Rules and Regulations for Physician Licensing

1. Definitions

1. “A License Limited to the Practice of Administrative medicine” means:

   A. 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; and/or,

   B. medical research (excluding clinical trials on humans).

2. “Administratively Complete” identifies the status of an application received by the Board with all questions on the application completely answered, signature and date affixed, all required notarizations included, all required supplemental materials provided in correct form, all requests for additional information submitted and, all fees, charges, fines, judgments paid.

3. “Administratively Incomplete Application” is an application that is not Administratively Complete.

4. “Board” means the Board of Licensure in Medicine.

5. “Clinical medicine” includes but is not limited to:

   A. Direct involvement in patient evaluation, diagnosis and treatment,

   B. Prescribing any medication,

   C. Delegating medical acts or prescriptive authority, or

   D. The supervision of physicians, physician assistants, or advanced practice registered nurses in the practice of clinical medicine.
6. “Fellowship” refers to advanced supervised postgraduate clinical education in a medical specialty.

7. “Fifth Pathway” is an avenue by which United States (U.S.) citizens or permanent U.S. residents who have attended four years at an unaccredited medical school may complete their supervised clinical work at a U.S. medical school to qualify to receive a medical diploma from the unaccredited medical school, become eligible for entry to U.S. residency training, and ultimately become eligible to obtain a license to practice in the U.S.

8. “Residency” is a period of supervised, postgraduate clinical training in a program accredited by the Accreditation Council on Graduate Medical Education (ACGME).

9. “SPEX” (Special Purpose Examination). The SPEX is a computerized, multiple choice examination of current knowledge requisite for the general, undifferentiated practice of medicine owned and administered by the Federation of State Medical Boards. The examination is intended for physicians who currently hold, or who have previously held, a valid, unrestricted license to practice medicine in a U.S. or Canadian jurisdiction. Appropriate candidates for the SPEX include physicians seeking licensure reinstatement or reactivation after some period of professional inactivity or physicians involved in disciplinary proceedings in which the board determines the need for evaluation. The SPEX is also appropriate for physicians applying for licensure by endorsement who are several years beyond initial licensure.


2. Requirements for Medical Licensure

1. EXAMINATIONS

A. To qualify for medical licensure the candidate must attain passing scores on each examination in one of the following examination sets separately or in a combination specified in the United States Medical Licensing Exam (USMLE) instructions:

   1. United States Medical Licensing Examination (USMLE); which includes step 1, step 2 and step 2C (clinical skills with standardized patients), and step 3.
2. Federation Licensing Examination (FLEX);

3. National Board of Medical Examiners Examination (NBME).

B. In the alternative, the Board may accept passing scores in one of the following examination sets:

1. A licensing examination administered by any medical board which is a member of the Federation of State Medical Boards;

2. Licentiate of Medical Council of Canada (LMCC);

3. British Isles Credentialing -- General Medical Council of United Kingdom, or Republic of Ireland, or Scotland.

C. The candidate must meet the following limitations or qualifications regarding examination:

1. Complete the examination series (FLEX, NBME, USMLE) within 7 years of passing the first examination, with an automatic exception allowed for dual M.D./PhD. Candidates

2. Complete the first two steps of the USMLE examination (USMLE 1, USMLE 2 including USMLE 2C) or approved combinations with unlimited attempts. Steps 1, 2, and 2C may be retaken after successfully passing them ONLY for the purpose of accomplishing or maintaining the 7 year limitation named immediately above.

3. Complete the final examination in the series (i.e. FLEX 2, NBME 3, USMLE 3) in no more than 3 attempts. Step 3 may not be retaken once passed with a minimum passing score.

4. Attain a minimum passing score of 75 -- on the two number scoring system -- for each examination in the set. For FLEX examinations administered before December 1, 1985, the score must be a minimum of 75 on the composite FLEX weighted average scoring system.
5. If unable to meet the requirements in C.1 and/or C.3, the candidate may appeal directly to the Board for consideration of exception based upon unusual or extenuating circumstances that the Board may deem a reasonable rationale.

E. Any person who violates the integrity of the testing process shall be denied licensure on the grounds that this is unprofessional conduct.

F. Any person who has committed any of the acts set forth in Maine Statute which defines an action for which a licensed physician may be disciplined, may be deemed ineligible for examination and future application.

G. The operation and administration of the currently used medical examination series may be contracted to the Federation of State Medical Boards of the United States, Inc. (FSMB).

2. MANDATORY STATE OF MAINE EXAMINATION

A. Every candidate for licensure must pass an examination administered by the Board. If a candidate fails to attain a score of 75 on this examination, the candidate will be required to appear before a committee of the Board.

B. In addition to all other qualifications a personal interview between the applicant and at least two members of the board will be required for candidates for whom questions in the following areas become evident in the process of application

   1. Clinical competence;

   2. Evidence of disruptive behavior which might negatively impact the practice of medicine or safety of patients;

   3. Other conduct that might be grounds for discipline of a licensee; or,

   4. Communications skills.

The Board Secretary shall determine the need for such an interview.

3. ACCEPTANCE OF UNACREDITED MEDICAL SCHOOL
The Board of Licensure in Medicine has specifically ruled that for a physician to practice psychotherapy or radiological studies in the State of Maine, the physician must be licensed in Maine. Practicing telepsychotherapy and teleradiology without being licensed in Maine is prohibited.

A. For the purposes of qualification for a license to practice medicine or surgery in the state of Maine, an acceptable unaccredited medical school must be listed in the current edition of the Educational Commission for Foreign Medical Graduates ImeD List of Medical Schools. An acceptable accredited medical school is defined in Statute.

B. Completion of the Fifth Pathway Medical education program.

4. SPECIAL CIRCUMSTANCES

Except as defined below, provision of any medical services shall require a full license to practice medicine in the state in which the patient encounter will occur.

A. MEDICAL DIRECTORS FOR INSURANCE COMPANIES LICENSE REQUIRED

Any physician employed by an insurance company as a medical director whose job includes performing any act as defined by this rule as “clinical medicine” must have an unlimited license in this state. If the physician's job does not include any act as defined in this rule as “clinical medicine”, a License Limited to the practice of Administrative Medicine is required.

B. CONSULTATION-LICENSE NOT REQUIRED

Consultation shall be considered to occur when a physician not licensed in the State of Maine reviews records or interviews or examines a patient in any way, and provides a professional opinion or recommendation to a physician licensed in the State of Maine who is the physician of record for the patient being diagnosed or treated. Such consultant must be fully licensed in another state. A non-resident physician does not need a license in this State if he/she consults on an irregular basis with a physician or physicians licensed in this State.

C. DISTANCE MEDICINE -- TELEMEDICINE -- LICENSE REQUIRED

The Board of Licensure in Medicine has specifically ruled that for a physician to practice psychotherapy or radiological studies in the State of Maine, the physician must be licensed in Maine. Practicing telepsychotherapy and teleradiology without being licensed in Maine is prohibited.
For the purposes of Telemedicine the practice of medicine occurs in the state where the patient is located at the time of the examination, diagnosis or treatment.

D. MEDICAL STUDENT EXEMPTION-LICENSE NOT REQUIRED

1. Medical students enrolled in accredited medical schools may render medical services when such services are a part of a hospital-affiliated training program of said accredited medical school.

2. Medical Clerkships may be performed in this state by students registered in an Accreditation Council for Graduate Medical Education (ACGME) certified Medical School in another state when they are under the direct responsibility of the medical school and are directly supervised while in this state by a physician who holds a full and unrestricted license in Maine. The student may perform those functions specifically delegated by the supervising physician.

A universal exception, accepted by all 50 states, does NOT require a medical student to obtain full licensure before administering care to a patient, as long as that student is under the supervision of a licensed physician.

5. POSTGRADUATE TRAINING QUALIFICATIONS FOR RESIDENTS TRAINING IN THIS STATE

A. When the applicant for licensure is in an ACGME accredited post-graduate training program in this state and has completed 24 months of postgraduate training (in this state) and has received an unrestricted endorsement from the graduate educational program director, and it is confirmed that the applicant will continue in the program and complete 36 months of postgraduate training, and if otherwise qualified, a full license of normal duration may be issued.

B. If the applicant subsequently discontinues the graduate educational program or must postpone completing the program, the program director will notify the Board, providing full details of the issue(s) and plan for program completion. The Board will
review the matter and take appropriate action, which may result in discipline, including but not limited to revoking the license.

6. POSTGRADUATE ACCREDITATION WAIVER FOR FOREIGN MEDICAL GRADUATES

A graduate of a foreign medical school which is not in Canada or Great Britain may apply for a waiver of the accredited post graduate training requirement. For the purposes of this rule graduates of the Republic of Ireland are not eligible for this waiver because the Republic of Ireland is a part of the British Isles. For the applicant to receive post graduate training credit for unaccredited fellowships the following requirements must be met:

A. NON-ACCREDITED FELLOWSHIP REQUIREMENTS

Information sufficient to support a Board decision that a non-accredited fellowship is equivalent to an ACGME accredited fellowship must be presented to the Board. As a minimum the following information must be presented:

1. Detailed procedure/patient logs.

2. Attestations from at least 3 teaching physicians, senior residents, or other senior fellows, and nursing staff regarding the applicant's level of responsibility and supervision. The attestations shall include the name and contact address of the attestee.

3. Detailed list of conferences conducted and academic papers produced by applicant during the fellowship.

4. Monthly rotation schedule and the daily schedule detail for each, if available.

5. Fellowship conference schedule and list of those attended by the applicant.

6. Attestation by the fellowship program director of how the following six core competencies are taught in the program: patient care; medical knowledge;
interpersonal and communication skills; professionalism; practice-based learning and improvement; and systems-based practice.

7. Reference letters as to competency and character from the department chief and from the fellowship program director.

8. Proof that the fellowship is hospital-based and the hospital is accredited by The Joint Commission or the fellowship is medical school based and the school is accredited by the Liaison Committee on Medical Education (LCME).

All costs associated with the Board’s determination of license eligibility under this subsection must be borne by the applicant after the determination and before a license is issued.

B. OTHER CRITERIA USED TO ESTABLISH A WAIVER

1. Not more than 3 medical malpractice claims shall have been filed against the applicant in a 10-year period, nor shall there have been any one medical malpractice settlement resulting in a settlement amount of greater than $300,000.

2. Publication of scholarly work shall be in peer-reviewed journals.