



**FEDERATION OF
STATE MEDICAL BOARDS**

States with Enacted and Proposed Additional Licensure Pathways State-by-State Overview

- **Eighteen (18) states** have enacted legislation that allows qualifying internationally-trained physicians (ITPs) to gain full licensure **without** accredited (North American) PGT:
 - AR, FL, IA, ID, IL, IN, LA, MA, MN, NC, NV, OK, OR, RI, TN, TX, VA, and WI
- **Sixteen (16) states** have pending or proposed similar legislation in the recent past (exclusive of those that have enacted legislation and introduced new legislation):
 - AZ, CT, GA, KS, KY, ME, MD, MI, MO, ND, NY, PA, SC, VT, WA, and WY
- At least **three (3) states** have pathways to gain **limited** licensure without any additional GME:
 - CA, NY, and WA
- Nearly **every** jurisdiction has one or more pathway to licensure through “eminence:” extraordinary ability or distinction, faculty, research, or at the Board’s discretion.
 - These “eminence” pathways are beyond the scope of this chart.
- To see the status of these bills, please see our [“Additional Licensure Pathways Legislative Tracker”](#)

State	Status	Detail	Citation
AR	Enacted	Revises foreign medical graduate (FMG) laws in the state, requiring the FMG’s medical school be approved by ECFMG instead of the Board (ASMB) and creates a pathway to licensure for FMGs without foreign or domestic (ACGME-accredited) PGT (as prescribed by Ark. Code § 17-95-403(b)(3)(iii)(b)) for applicants that have: been offered full-time employment as a physician from an Arkansas healthcare provider, defined as an entity “licensed or certified to provide healthcare services... by the ASMB” in an underserved or health professional shortage area; an active, unencumbered license to practice medicine in a foreign country; actively practiced medicine during the four year period preceding their application; credentials evaluated by the ECFMG; ECFMG certification; and “pass the exam used by the ECFMG” (USMLE Steps 1 & 2 and the Occupational English Test (OET) Medicine). Applicants must appear personally in front of the ASMB with their licensed, sponsoring physician, provide “information as to what area or department in which [they] will be practicing medicine.” The provisional license is valid for one year, and licensees that wish to continue must complete renewal forms and pay a fee, and may be requested to appear in person before the ASMB again. Licensees must maintain remain employed by a qualified employer for at least three consecutive years, and notify the Board within five business days after any change of employer. After two years of practice under the provisional license, the licensee is eligible for a full, unrestricted license (but must continue to practice at the qualified employer for at least one more year). Notably, Board rulemaking authority is not mentioned in the legislation.	SB 601 (2025)
AZ	Failed	SB 1108: Would have allowed the Arizona medical or osteopathic board to issue provisional licenses to international medical licensees (IMLs) with a qualifying medical degree and residency equivalent, English fluency, and at least five years of recent clinical experience in select countries (e.g., UK, Canada, Australia). Applicants must have had a job offer in a county with under one million people, meet statutory licensure criteria (except internship/residency), and have had legal immigration status. Provisional licenses would have been renewable annually, required supervision by a fully licensed physician, and adhered to CME and malpractice coverage requirements. After four years of compliant practice, the license would have automatically converted to full licensure if the physician was ECFMG certified, un-disciplined, and received a positive attestation from their supervisor. Health care employers would have been required to report employment terminations, and the Board was authorized to revoke licenses accordingly. Employers would have been authorized also administer competency tests.	SB 1108 (2025)

State	Status	Detail	Citation
		The bill would have mandated a detailed report on the program's outcomes by 2033, became effective December 31, 2025, and sunset in 2033. For one year post-enactment, medical boards would have been exempt from the state's rulemaking procedures.	
		HB 2148: Would have created the Arizona Licensure Program for Foreign Medical Graduates and Nurses, allowing medical and nursing boards to issue provisional licenses to eligible international applicants. Candidates must have a qualifying medical or nursing degree, legal U.S. status, English proficiency, and pass a background check. Credentials must be verified through ECFMG or a similar body. Provisional licensees would work under supervision in designated health care shortage areas, with licenses valid for one year and renewable for up to two years. Supervisors must be fully licensed and provide regular evaluations. The Boards must tailor supervision to each specialty, offer assessments, mentorship, and help with training and exam preparation. To qualify for full licensure, applicants must complete supervised practice, pass licensure exams, and work two to four years in underserved areas, depending on specialty and community need. The Boards must also create orientation programs, language support, and placement partnerships, and submit annual progress reports and a comprehensive review every five years.	HB 2148 (2025)
		SB 1406 (2024): Was very similar to SB 1108 (2025); for more information, reference the summary or the bill linked in the citation column.	SB 1406 (2024)
CA	Enacted (limited licensure)	The Physicians from Mexico Pilot Program (MPP) grants a <i>time-limited IMG license</i> to Mexican doctors Licensed, certified (by entities listed), and in good standing in their specialty in Mexico that have a passing score on a specialty board review course (equivalent to that needed by U.S. applicants), have specialty specific requirements, completed a six month orientation distance learning program, completed ESL classes, and have a U.S. Social Security card (valid to work only) or Individual Taxpayer Identification Number (ITIN). Physicians enroll in a six-month externship program with a nonprofit community health center approved by the Board. MPP licenses are valid for three years and nonrenewable. The program is capped at 30 Mexican physicians that must complete 25 CE credits per year and 75 total.	AB 1045 (2002)
CT	Failed	"Shell bill" would have mandated that statutes be amended "to facilitate qualified and experienced foreign medical doctors who lawfully migrated to the U.S. in becoming licensed to practice medicine in the state" by providing provisional licenses to IMGs who: Completed a residency <i>and</i> received education and training outside of the U.S. that is "substantially similar" to the education and training that physicians obtain in the U.S. Provisional licensees must have practiced under supervision of a Connecticut-licensed physician, and after two years, licensees would have been eligible for an unrestricted license.	SB 1054 (2025)
FL	Enacted	Qualifying IMGs must have an active, unencumbered license to practice medicine in a foreign country, have actively practiced medicine the entire four-year period preceding their application, completed a "residency or substantially similar postgraduate medical training" that is "substantially similar to a residency program accredited by the ACGME," had their credentials evaluated by the ECFMG, have an ECFMG certification, and passed ECFMG examinations (USMLE Steps 1 & 2 and Occupational English Test, Medicine (OET)). IMGs must have an offer for full-time employment as a physician from a health care provider in the state, must maintain their employment for at least two consecutive years in accordance with rules adopted by the Board, and must notify the Board within five business days of any change of employer. The Board may, at its discretion, "exclude foreign medical school[s] from consideration as an institution[s] that provide medical education that is reasonably comparable" to that of U.S. institutions. Legislation implies that after the two-year probationary period at a designated health care provider, the license converts to full.	SB 7016 (2024)

State	Status	Detail	Citation
GA	Carried over to '26	Bill would authorize the Board to issue a provisional license a qualified IMG that has Federal immigration status; received a degree from an “accredited medical school” outside of the U.S.; been licensed and practiced medicine for at least three of the last 10 years; received an ECFMG certificate or “other credential evaluation service approved by the Board” (which can be waived if from a noncooperative country); passed USMLE Steps 1 and 2; entered into an agreement for a full-time employment relationship with an institution, defined as a hospital licensed by the Dept. of Community Health, a Board approved medical school, a teaching hospital, a FQHC, or a clinic that services Medicaid or underserved populations; and satisfied any other criteria required by the Board. The provisional license is valid for two years and is nonrenewable, but licensees may convert it to a restricted license, which allows licensees to practice in health professional shortage and underserved areas, so long as they have maintained their provisional license in good standing; passed USMLE Step 3; entered into another agreement for full-time employment similar to that of provisional licensees. The restricted license is valid for a period of two and is renewable, but after two years (a minimum of four years total), licensees may apply for full licensure. The Board is empowered to “establish standards and criteria, evaluate applications, and issue licenses... promulgate rules and regulations necessary to implement” the statute.	SB 142 (2025)
	Failed	SB 529, which failed, was quite similar to SB 142, however, it did not have a limitation on time out of practice, like the new bill has.	SB 529 (2024)
ID	Enacted	Effective January 1, 2025, allows international physicians that have matriculated through an international medical program, defined as any “medical education or training outside of the U.S. or Canada that is substantially similar” to the training required for physicians in Idaho and has been certified by ECFMG” to apply for the licensure pathway, so long as they are not a legal resident of the U.S. or Canada, completed a residency or PGT, practiced medicine for at least three years post PGT or completed at least 500 hours of clinical experience, are in good standing, and practiced within the last five years prior to application, possess basic fluency in English (passed OET), and have an offer of employment from a sponsoring entity, defined as health systems, hospitals, freestanding emergency departments, independent physician practices, primary care clinics, and urgent care clinics. Qualifying international physicians are granted three-year, provisional licenses so long as they obtain federal immigration status and pass USMLE Steps 1 and 2. An applicant that fails to pass either step on two separate occasions “may be required to be interviewed, evaluated, or examined by the Board.” The applicant must submit to a background test and notify the Board of any changes in employment, and must work with a sponsoring entity for the duration of the provisional license. Provisional licenses convert to full licenses after three years of practice, so long as they are not under investigation, are given a letter of recommendation from their supervising physician, and passed USMLE Step 3.	H 542 (2024)
IN	Enacted	Authorizes the Board to issue a limited license to an ITP that pays a \$100 application fee; has a medical doctorate or substantially similar degree from an international medical program in good standing as determined by the Board; has ECFMG certification; is in good standing with the medical licensing or regulatory institution in their country of practice <i>and</i> has no pending discipline; completed a residency, clinical training, or PGT “substantially similar, as determined by the Board” to those ACGME-accredited; has practiced medicine or osteopathic medicine for at least <i>five years of the last six years</i> preceding application; passed <i>all Steps</i> of the USMLE; has Federal immigration status; is proficient in English; and has a written offer of employment at a health care facility, <u>defined</u> as a hospital, birthing center, or “other medical facility,” in an underserved area, which are designated by the Dept. of Health; and that facility both agrees to sponsor and supervise the provisional licensee. Limited licensees must practice at qualifying health care facilities defined above, may not practice “outside the scope of specialty of the onsite board-certified supervising physician,” patients must be informed that they are being seen by a limited licensee, and the licensee’s prescriptive abilities are limited, must be supervised, delineated in a written practice agreement, and a statement from the facility’s governing body granting the licensee practicing privileges. The limited license must be renewed biennially and is valid for six years. After a minimum of five years, the limited license may be converted to full at the discretion of the Board. The Board is empowered to require a comprehensive evaluation to assess the licensee’s competency prior to	HB 1555 (2025)

State	Status	Detail	Citation
		issuing a full license, and also may revoke the limited license if the licensee ceases practicing at a qualifying facility, or there is another “compelling reason” to do so. The bill is effective July 1, 2025, and sunsets December 31, 2040. Unrelated to additional pathways, the bill also requires applicants for osteopathic licensure to complete COMLEX within 10 years of passing COMLEX Level 1.	
IL	Enacted	Effective January 1, 2025, “shell bill” authorizes the Dept. of Financial and Professional Regulation (IDFPR) to issue limited licenses to qualified IMGs, pursuant to rules the IDFPR must adopt regarding qualifications and fees. According to the Illinois State Medical Society, IMGs “would work for two years with limited practice under supervision... in an area with medical need or with a health professional who treats underserved populations.” Relatedly, HB 2948 (2023) creates a new ombudsman position within IDFPR to help eligible IMGs navigate the relicensing process.	SB 1298 (2023)
		On January 14, 2025, the IDFPR promulgated rules to implement SB 1298. The rules define IMGs as: Medical graduates trained outside the U.S. whose education has “been certified by the ECFMG;” having passed all steps of the USMLE; having an unencumbered license from another country; and not licensed to practice medicine in the U.S. IMGs are eligible to apply for a limited license to practice medicine in the state, and the IDFPR, upon its determination of fitness, may issue the license, which is valid for two years. Applicants must: Submit an application, plus \$100 fee; provide an official transcript and diploma; provide their ECFMG certificate (waivable if the applicant hails from a “non-cooperating country”); have practiced in at least three of the last 10 years, and if the applicant has <i>not</i> practiced within the last three years, they must show evidence of U.S. clinical experience; submit to a background check; and enter into an agreement with a sponsoring entity, defined as a hospital, critical access teaching hospital, FQHC, state facility, CHC, or another facility approved by the IDFPR; that “provides an assessment and evaluation program designed to develop, assess, and evaluate the physician’s nonclinical and clinical skills and familiarity with standards appropriate for medical practice.” Limited licensees may only practice within the sponsoring entity and under the supervision of a “faculty supervisor” that is a fully licensed physician, and must file a practice agreement between themselves and the sponsoring entity with the IDFPR. The sponsoring entity maintains professional responsibility for the licensee, the licensee must notify the IDFPR if the practice agreement is terminated. The limited license may be renewed every two years, in accordance with Ill. Admin. Code tit. 68 § 1285.120, with an exception to the CME requirements in the initial licensure period. After at least two years of practice under the limited license, licensees may apply for a restricted license, which entitles licensees to practice independently in health professional shortage areas (HPSAs) as defined by the IDFPR. Applicants for the restricted license must: Successfully complete the two-year supervised work experience at the sponsoring entity, including the assessment and evaluation program; show proof of “anticipated” employment in an HPSA; and pay a \$230 fee. After at least two years of restricted practice (at least four years total), the licensee is eligible to apply for a full, unrestricted medical license.	IDFPR Rules (see § 1285.345)
IA	Enacted	Effective January 1, 2025, allows the Board to grant provisional licenses to IMGs that are graduates of foreign medical schools evaluated by the ECFMG, licensed and in good standing for the immediately preceding five years, without pending disciplinary action; have completed a residency or “substantially similar” PGT in their resident country, have practiced medicine for at least five years following their PGT, possess basic English fluency and Federal immigration status, have an offer of employment at an Iowa health care facility; and have passed the USMLE (<i>which steps not explicitly mentioned</i>). The provisional license <i>may</i> be converted to a full license after three years of practice in good standing and without violation of Iowa Stat. § 148.6, as long as the licensee was employed by the health care facility for the entirety of the three-year period and passes a background check, among other administrative components.	SF 477 (2023)
KS	Carried over to ‘26	Bill would require the Board to issue a provisional license to qualifying international physicians (IPs) that have a medical doctorate or substantially similar degree by a domestic or international medical program, defined as any medical school, residency or internship program whose graduates are eligible for ECFMG certification; completed a residency or “substantially similar” postgraduate medical	HB 2251 (2025)

State	Status	Detail	Citation
		training program or has practiced as a medical professional for at least <i>seven years</i> after medical school graduation; been in good standing <i>within</i> the last five years and without pending disciplinary action; practiced medicine for at least <i>five years</i> if completed foreign PGT; ECFMG certification; passed <i>all Steps</i> of the USMLE; basic English fluency; Federal immigration status (although IPs may apply for provisional licensure prior to receiving this status); and an offer of employment at a healthcare provider in the state, defined as “a for-profit or nonprofit entity or individual that provides, bills or is paid for healthcare procedures or services.” The Board may require the IP to submit evidence of satisfactory similar training, passage of exams, satisfactory results of a background investigation, and confirm payment of fees, among other aspects. The Board is allowed to revoke a provisional license if the licensee is not practicing at a qualifying healthcare provider, is without employment for more than 30 days, or violates any section of KS Stat § 65-2836. After three years of active practice in the state under the provisional license, the license is automatically converted to full status.	
KY	Failed	Bill would have required the Board to create regulations by January 1, 2026, establishing a provisional licensure pathway for international medical graduates (IMGs) to gain full medical licensure. IMGs must have had a valid, unencumbered foreign license for the past five years, no disciplinary history, five years of medical practice, ECFMG certification and credentialing, a residency comparable to ACGME standards, and a full-time physician job offer. To obtain full licensure, provisional licensees must have passed a Board assessment, maintained good standing, met employment terms, and avoided professional misconduct. The bill also mandated Board reporting on the pathway’s effectiveness, including applicant numbers, licensure outcomes, and complaint data.	HB 786 (2025)
	Failed	Bill would have authorized the Board to grant provisional licenses to IMGs, so long as the applicant had met the requirements of other IMGs to practice in the state, which included English language fluency, graduation from a medical school outside of the U.S. or Canada “approved by the Board,” ECFMG certification, passed “an examination prescribed by the Board”, had an offer of employment as a physician “with a sponsor that is a professional practice, healthcare entity, or corporation” within the state, had practiced for at least five years, was in good standing within their country of practice, and completed “substantially similar” postgraduate training. Provisional licenses would have been converted to full licenses after three years of practice with the employing sponsor, after which, the licensee need not continue practice with the original sponsor. The Board was authorized to revoke the provisional license if the licensee ceased working with their sponsor before the conclusion of the two year provisional period, or engaged in unacceptable (Ky. Rev. Stat. § 311.595) or unprofessional (Ky. Rev. Stat. § 311.597) conduct.	HB 574 (2024)
LA	Enacted	Effective August 1, 2024, allows the Board to issue licenses to IMGs that hold a degree from an international medical program that is “substantially similar” to the education or training required to practice in the state, are licensed in good standing with the regulatory body in their home country, have completed a residency or similar PGT in their licensing country, <i>or</i> have at least five years’ experience as a practicing physician, have U.S. or Canadian citizenship <i>or</i> legal work status in the U.S., as well as English proficiency, and have an offer of employment at a facility owned or operated by state-licensed hospitals. Licensees must practice at these licensed facilities for the first two years of their licensure but “after such time the licensee is no longer subject to this limitation,” and the Board can revoke the license with “clear and convincing evidence” that services rendered violated medical safety, competency, or conduct standards established by the Board. The Board <i>shall</i> promulgate any necessary rules and regulations to enforce the legislation.	HB 972 (2024)

State	Status	Detail	Citation
ME	Carried over to '26	LD 105 and HP 70: Have the same applicant requirements as LD 2268 (<i>below</i>). Qualifying ITPs apply directly to a rural graduate medical education collaborative ("collaborative") in the State for screening and placement, which must develop criteria for this purpose. Those selected are granted temporary educational licenses, which are valid for two years and may be renewed twice (for a total of six years). Temporary education licensees that complete the sponsoring institution's assessment program and pass USMLE Step 3 may apply for a renewable two-year license to practice medicine only at participating health care facilities in physician shortage areas. Physicians with this license may practice medicine independently in a primary care setting or a specialty approved by the board. After practicing under this license for a minimum of six years, the ITP may apply for a full and unrestricted license. Lastly, the bill establishes the International Medical Graduates Sponsorship Program Fund to carry out the sponsorship program and requires biennial reports to the Legislature on the status of the program, including number of ITPs in the program and their progress towards full licensure.	LD 105 and HP 70 (2025)
	Failed	LD 2268: would have created a sponsorship program for international medical graduates (IMGs), funding up to 10 positions at ACGME-accredited hospitals to train and employ eligible applicants. To qualify for a limited license, applicants must have been WHO-recognized medical school graduates, have had at least one year of medical practice, 12 months of state residency, ECFMG certification (waivable), have passed USMLE Steps 1 & 2, and have full-time employment with a sponsoring institution. The limited license would have been valid for two years, renewable twice (up to six years), during which the institution trains and evaluates the licensee. After completing the program and passing USMLE Step 3, licensees would have been able to apply for a renewable two-year restricted license to work independently in underserved areas. After at least two years with the restricted license, they would have been able to apply for full licensure.	LD 2268 (2024)
MD	Failed	Amended bill would have allowed the Board to issue a non-renewable, three-year license to international medical graduates who: held a WHO-recognized medical degree, completed at least two years of equivalent postgraduate training, have had five years of good-standing licensure, no pending disciplinary issues, ECFMG certification, passed all USMLE steps, resided in-state, were proficient in English, and met other Board criteria. The Board would have been authorized to consider past discipline or competency issues when issuing or revoking a license and can revoke it for scope-of-practice violations, job termination, or disciplinary action. The Board would also have been authorized to set regulations for qualifications, fees, licensure pathways, and enforcement. The bill would have taken effect October 1, 2027.	HB 1199 (2025)
	Withdrawn	Bill would have created a licensure pathway for "foreign practicing physicians" (FPPs) that graduated from medical schools outside of the U.S. and Canada, practiced for at least five years prior to application and are in good standing with their regulatory authority, have an offer of employment as a physician with a health care provider in Maryland that operates an accredited PGT program, and met any other qualification that the Board promulgates. FPPs can convert their licenses to full if they pass an examination devised by a newly established consortium, without any additional restrictions (minimum of two years of provisional practice is implied). If the FPP fails, the Board "may extend the license... for one year for preparing and repeating the examination." The Board may not renew the license if the FPP fails to achieve a passing score in three years. The FPP must practice with a health care provider with an accredited PGT program for the duration of their limited license. The bill requires the Board to establish a consortium to "develop, implement, and administer an examination to assess the ability of a FPP to meet the standard of care for independent practice," including requiring the FPP to keep a logbook of all patients seen in their <i>first two years of licensure</i>, and have the consortium review and assess cases, determine the passing score, develop the procedures for repeating the examination if necessary, and policies for educational requirements and license restrictions for this cohort.	HB 1054 (2024)

State	Status	Detail	Citation
MA	Enacted	Creates a limited license for internationally-trained physician (ITP) that have an ECFMG certificate, unless granted an exemption by the board; passed USMLE Steps 1 and 2; received a degree of doctor of medicine or its equivalent from a legally chartered medical school recognized by the WHO; been licensed and practiced medicine for at least one year; and entered into an agreement with a participating healthcare facility, defined as , a federally-qualified health center (FQHC), community health center (CHC), hospital or other healthcare facility approved by the board that will "develop, assess and evaluate the applicant's familiarity with nonclinical skills and standards appropriate for medical practice in the Commonwealth" according to criteria developed or approved by the Board. The Board may require additional criteria to limited practice. The limited license is valid for one year, with one possible renewal. ITPs that pass USMLE Step 3, their facility's assessment, and any additional requirements may apply for a once-renewable, two-year restricted license to practice medicine only in a physician shortage area. However, any additional eligibility prerequisites "shall not include post-graduate clinical training" and the restricted licensee may practice independently in a primary care specialty, psychiatry or other specialty as approved by the board. After at least two years (three to six years overall) of restricted practice, the ITP may apply for a full, unrestricted license to practice medicine	H 5100 (2024)
MI	Pending	Authorizes the Board to issue temporary and limited medical licenses to qualified international medical graduates. A temporary license may be granted to an applicant who has a recognized foreign medical degree, at least one year of authorized medical practice, ECFMG or equivalent certification (which may be waived), completion of USMLE Steps 1 and 2 or an equivalent, and a full-time supervised employment agreement with a Board-approved facility such as a hospital or FQHC. Participating facilities must evaluate the applicant's nonclinical and related skills under Board-developed criteria. The temporary license is valid for two years and may be renewed once. After two years, an applicant who passes USMLE Step 3 (or an equivalent) and demonstrates competent nonclinical skills may obtain a limited license, which allows independent practice in medically underserved areas. The limited license is also valid for two years and may be renewed once. After at least four years of practice under these licenses and fulfillment of all other requirements, the Board may grant a full medical license.	HB 4925 (2025)
	Failed	Bill would have allowed the Board to issue a temporary license to international medical graduates with a WHO-recognized degree, at least one year of medical practice, ECFMG certification (waivable), USMLE Steps 1 & 2, and a full-time job at an approved healthcare facility. Temporary licensees must practice under supervision, with their skills evaluated by the facility using Board-approved criteria. The license is valid for two years and renewable once. After two years, passing USMLE Step 3, and a successful evaluation, licensees may convert to a limited license to practice independently in underserved areas. After four years total, they may apply for full licensure.	HB 5613 (2024)
MN	Enacted	Authorizes the Board to issue a limited license to an individual that has: Satisfied specified requirements in MN Sec. 147.037, including: A degree medical or osteopathic school approved by the board as equivalent to accredited United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation, or other relevant data; not being under license suspension or revocation; filed an application with the Board and paid a fee; and ECFMG certification; Federal immigration status; practiced medicine for at least 60 months (five years) within the last 12 years outside the U.S.; evidence of an offer to practice medicine "within the context of a collaborative agreement [detailed specifically in the legislation] within a hospital or clinical setting" where the limited licensee and physicians work together to provide patient care in a designated rural area or underserved urban community; submitted two letters of recommendation, one from a physician the applicant has worked with and another from an administrator of the hospital or clinical setting where applicant previously worked, that "attest to the applicant's good medical standing;" and passed Steps 1 and 2 of the USMLE or COMLEX, within three attempts. Employers must pay the limited licensees an amount equivalent to that of a medical resident, carry medical malpractice insurance, and are prohibited from retaliating or disciplining an employee for raising a complaint relating to these terms. After one year of limited practice, a collaborating physician must submit a letter to the board attesting that the limited licensee "has a basic understanding of federal and state laws regarding the provision of health care," documentation standards, and standards of care, amount other topics itemized in the legislation. After two years of limited practice in good standing with at least 1,692 hours per year of practice, the board may issue a full, unrestricted license, so long as the licensee submits a letter of	HF 2 (2025)

State	Status	Detail	Citation
		recommendation from a physician that participated in their collaborative practice, passed USMLE or COMLEX Step 3 within three attempts, and completed 20 hours of CME. The limited license is not renewable. Additionally, the limited license holder must submit to the board, every six months or upon request, a statement certifying that they are [still] employed as a physician and whether they have been subjected to professional discipline. The board may suspend or revoke a limited license if the licensee violates a rule or statute... Limited licensee can change employers and may petition the Board for a 90 day grace period to regain employment, but must still follow the statute's requirements to achieve full licensure. The bill becomes effective January 1, 2026.	
	Failed	HF 3891 & SF 3611 failed when the 2024 legislative adjourned. For more information about these bills, please see the links in the citation column.	HF 3891 & SF 3611 (2024)
MO	Failed	The bill would have required the Board to issue provisional licenses to international physicians with a medical degree from a qualifying program, ECFMG certification, USMLE Step 1–3 passage, English fluency, valid immigration status (or pending), and a job offer from an approved in-state healthcare provider. Applicants must also have had completed a qualifying residency or have seven years of post-graduate medical practice, with at least five years of practice if trained abroad, and no recent disciplinary issues. The Board would have been authorized to request documentation of training, background checks, and fees, and can revoke licenses for violations or if the licensee is not employed at an approved facility. After three years of in-state practice in good standing, the provisional license would have automatically converted to full licensure.	HB 1198 (2025)
NC	Enacted	Authorizes the Board to issue an "internationally-trained physician (ITP) employee license" to an applicant that has been offered full-time employment as a physician at a state-licensed hospital or medical practice in a rural county, where a fully licensed physician is physically present; a current and active license in good standing from a foreign country, or previously had such a license within the last five years; completed at least 130 weeks (~2.5 years) of medical education at a school listed in the World Dictionary of Medical Schools and "eligible for ECFMG certification;" completed two years of PGT at a program accredited in the applicant's country, or has actively practiced medicine for at least 10 years after graduation; demonstrated competency by passing or receiving one of the NBME, USMLE, FLEX, or other Board-approved exam; or a recognized medical licensing exam from an IAMRA member country "that tests for the ability to practice medicine, medical knowledge of various disciplines, communication and interpersonal skills, and includes an interactive testing component;" or specialty board certification by ABMS, the BOS AOA, the RCPSC, or any other specialty board recognized by the Board; or comprehensive clinical competency assessment by a Board-approved program. The Board may waive these requirements and instead issue a temporary license and require applicants to pass the SPEX or Post-Licensure Assessment Systems within one year; not been subject to licensure discipline or Board investigation; not been convicted of a crime related to the practice of medicine or a felony-equivalent - the applicant must submit a background check from their home country for verification; practiced medicine for at least five years; English proficiency; and U.S. work authorization, although the applicant may apply for the license before receiving this authorization. ITP licensees may not practice outside of a qualifying facility, doing so subjects the licensee to a misdemeanor, fines, and potential license revocation. The license becomes remains valid so long as the licensee continues to practice at a qualifying facility or "obtains any other license to practice medicine issued by the Board." After four years of practice in good standing, the licensee is eligible for a full license. However, the Board is required to issue the license so long as the applicant has no disciplinary actions, no pending investigations, no felony or misdemeanor [other than traffic violations] convictions, no pending charges, and no adverse actions affecting their privileges or ability to practice. Lastly, the Board is directed, in consultation with partner organizations as needed, to collect data pertaining to the licensure pathway, including the number and types of inquiries from potential applicants, the number of provisional licenses granted and denied, the number of complaints received regarding licensees, and the number of licensees that complete the pathway to full licensure, among other queries.	HB 67 (2025)

State	Status	Detail	Citation
		The Board is required to adopt rules to implement the law, and is authorized to ("may") establish a time limit for the provisional license. If enacted, the ITP section of the bill would become effective January 1, 2026.	
	Enacted (without pathway section)	The original bill would have allowed the Board to issue a limited license to internationally trained physicians with a current or recently expired foreign license, at least five years of practice, 130 weeks of WDOMS-recognized education, and either ECFMG eligibility plus two years of accredited postgraduate training or ten years of clinical experience. Applicants must have passed a licensing exam, earned board certification, or completed a Board-approved assessment; have no disciplinary history or serious convictions; be proficient in English; and be legally authorized to work in the U.S. They must be employed by an accredited hospital or rural practice under state-licensed supervision, with Board-defined oversight. These licensees may only practice within the hospital or affiliated sites, and the license becomes inactive if they work elsewhere.	HB 125 (2023)
NY*	Enacted (limited permit)	New York law provides that the Board can grant limited permits for qualifying IMGs that: • "Fulfill all requirements for a physician license except those relating to the examination and citizenship or permanent residence in the U.S.;" • Are ECFMG certified or "passed an examination satisfactory to the Board;" and • Have a non-immigration visa for the continuation of medical study. Permittees are authorized to practice medicine under the supervision of a licensed physician and only in a public, voluntary, or proprietary hospital. Limited permits are valid for two years and may be renewed for up to two additional years if NYSED's Office of the Professions receives written evidence of progress toward licensure and justifying cause for renewal. Limited permits may not be extended beyond four years of practice. Applicants for a limited permit must meet the same educational requirements as those applying for licensure.	NY Educ L § 6525 NYSED License Requirements (Limited Permits) 8 NYCRR Part 60.6
	Carried over to '26	Bill would authorizes the Board to issue limited permits to qualified internationally trained physicians (ITPs) that are licensed in another country "meeting standards satisfactory to the Board and in accordance with the Education Dept.'s Commissioner's regulations." Limited permittees must practice under supervision at a participating healthcare facility, defined as FQHCs, CHCs, and hospitals in an areas with a physician shortage (as approved by the Board). The limited license is valid for two years, during which time the permittee's "performance... is mentored, assessed, and evaluated" by the supervising physician. Following the completion of the supervised practice period, an ITP shall be granted a two-year restricted license allowing independent practice in primary care, psychiatry, or other Board-approved specialty areas, within a physician shortage area. Following the restricted licensure period (four years of provisional licensure in total), ITPs are eligible for full licensure. The Board, in consultation with the Dept. of Health and Dept. of Education is required to promulgate rules to implement the statute, including program standards for the limited permit period, requirements for participating healthcare facilities to establish full-time employment relationships with ITPs, and regulations to implement the pathway to full licensure. Lastly, the bill requires the Board to report annually on the progress of this pathway, including the number of participating ITPs, their specialty, and the region they are serving. The bill, if enacted, would become effective 180 days after becoming law.	A 7319 (2025)
ND	Failed	The bill would have required the Board to issue a provisional license to international physicians with a qualifying medical degree, ECFMG certification, USMLE Step 1–3 passage, English proficiency, valid immigration status, no recent disciplinary issues, and a job offer from an approved in-state healthcare provider. Applicants must also have completed a qualifying residency or have seven years of medical practice. After three years of in-state practice in good standing, the provisional license would have automatically converted to full licensure. The Board could have revoked licenses for violations or if employment ends, and had authority to verify credentials, exams, and conduct background checks. The bill failed in the Senate, 44–3, on February 24, 2025.	SB 2270 (2025)

State	Status	Detail	Citation
NV	Enacted	Authorizes the Board to issue a limited license to a qualifying applicant that that has (or has held): a valid and unrestricted license to practice medicine in good standing issued by a foreign country other than Canada (if the applicant is no longer licensed, their license must have been in good standing when deactivated); graduated from a foreign medical school whose curriculum is judged to be acceptable by the Board; completed a residency program “or other PGT program” or practiced medicine <i>within the last five years</i> immediately preceding application (“or within such other time period as the Board deems acceptable”); basic fluency in the English language, as determined by the Board; “good moral character and reputation;” and passed all Steps of the USMLE (For physicians that have not practiced within two years, the Board may require the applicant to take an exam “similar to USMLE Step 2” to evaluate clinical skills). Upon limited licensure, the licensee must notify the Board of an employment offer at a qualified employer, including FQHCs, nonprofits that provides mental or behavioral health or primary care services, or physician group practices in an underserved area; among other options. The licensee must file a written practice agreement with the Board detailing their supervision, and the limited licensee must practice under supervision (except in an emergency) of a full licensee that practices in a substantially similar specialty, who maintains liability for the limited licensee’s practice. The supervisor must “continuously monitor, periodically evaluate and, if required... report to the Board information relating to performance and competence.” The Board retains the ability to discipline the licensee according to NRS 630.161 or 630.301-3065. After two years of limited practice, the Board may issue an unrestricted license, so long as the limited licensee is in good standing and has received written recommendations from each supervising physician. Further, the Board must adopt regulations to implement the statute, if enacted, on myriad components including the written practice agreement, governing the prescribing and dispensing of controlled substances, establishing the specialties within which a limited licensee may practice, criteria for monitoring and evaluating the limited licensee, and licensure and renewal procedures, among other aspects. Lastly, the bill requires the standard reporting requirements, such as the number of applications for limited licenses, and later, full licenses received; an evaluative assessment of the quality of the limited licensees, and data on the specialties of licensees and the facilities in which they are practicing, among other queries. The bill becomes effective July 1, 2026.	SB 124 (2025)
OK	Enacted	Makes the ECFMG the arbiter of whether a foreign applicant for full licensure, using the “traditional licensure pathway” (when an ECFMG-certified IMG matriculates through accredited GME prior to licensure), graduated from a satisfactory international medical program. Applicants must meet all requirements in 59 OK Stat § 493.2, including 12-24 months of GME. Regarding additional licensure pathways, the bill authorizes the Board to issue limited licenses to qualifying IMGs that: graduated from a medical school which meets ECFMG requirements; pay an application fee; complete a three-year PGT program in the licensing country <i>or</i> practiced medicine for at least three of the last five years outside of the U.S.; has English proficiency, determined by the ECFMG; and has an offer of employment as a physician at a health care provider in the state that operates an ACGME-accredited PGT program. The limited licensee must provide care at a qualifying facility, supervised by the chair of the department within the applicant's intended practice. After three years of limited practice, the Board may grant a full license, so long as the limited licensee is in good standing without disciplinary actions or investigations pending and has passed all steps of the USMLE.	HB 2050 (2025)
OR	Enacted	Authorizes the Board to issue a provisional license to an applicant that has a degree substantially similar to a medical doctorate, as determined by the Board; completed a training program “substantially similar to an approved training program,” defined as a residency approved by ACGME, AOA, or the RCPSC; practiced medicine in another country for at least three years; is ECFMG certified; is of good moral character; “Complied with all Board rules that apply to similar applicants for a license to practice medicine;” and has an offer of employment at a clinical facility “that will provide supervision and assessment of the applicant” in accordance with standards established by the Board.	SB 476 (2025)

State	Status	Detail	Citation
		Provisional licensees must practice under the supervision of a fully licensed physician in good standing, under rules established by the Board regarding supervision. The clinical facility must be a FQHC or other facility that qualifies, according to Board rule. The licensee is considered a fully licensed physician for all purposes, including credentialing, billing, duties, responsibilities, penalties, and sanctions. After four years of provisional practice, completion of a clinical assessment evaluation, requirements of ORS § 677.100, and any additional rules promulgated by the Board, the licensee may apply for full licensure. The bill also requires the Board to report biennially to the Legislature on the number of applications for provisional licensure, the number of licenses issued or denied, and the list of employers that employ ITPs, among other queries. The bill also requires the Board to report biennially to the Legislature on the number of applications for provisional licensure, the number of licenses issued or denied, and the list of employers that employ ITPs, among other queries.	
PA	Pending	The bill amends existing law pertaining to temporary licensees (63 P.S. § 422.22) within the state's Medical Practice Act, specifically requiring the Board to grant a full and unrestricted license to a temporary licensee who is a graduate of an international medical school, performed the duties of a physician for at least <i>three years</i> outside of the U.S., and demonstrates competency as determined by the Board; good standing with the Board two years after issuance of a temporary license; and sufficient evidence that the temporary licensee has an offer of employment as a physician at a health care facility in the state. Existing statute (63 P.S. § 422.22(b)) allows the Board to issue a temporary license to qualifying applicants that is legal age, of good moral character, and not "addicted to the intemperate use of alcohol or the habitual use of narcotics or other habit-forming drugs;" has not been convicted a felony under the state's Controlled Substances Act, with certain possible exceptions; completed educational requirements; "otherwise satisfies the qualifications for the license;" and holds an equivalent license without restriction "granted by another state, territory, possession or country" (63 P.S. § 422.33(b)). If enacted, the bill would become effective in 60 days.	HB 1066 (2025)
RI	Enacted	Enacted June 23 and effective immediately, authorizes the Board to issue international physician registrations (IPRs) to qualifying internationally-trained physicians (ITPs) that have: received a degree of doctor of medicine or its equivalent from a legally chartered medical school outside the U.S. recognized by the ECFMG; completed "the required years of training" in a residency program accredited by ACGME-I, World Federation for Medical Education (WFME), or other accreditation authority approved by the Board (explicitly clarifying that ACGME-accredited residencies in the U.S. and RCPS-accredited residencies in Canada do not qualify); been licensed or authorized to practice medicine <i>and</i> has practiced medicine for at least three years; ECFMG certification (that can be waived at the Board's discretion if the applicant hails from a non-cooperating country); passed USMLE Steps 1 & 2 within three attempts per step; entered into an agreement with the participating healthcare facility, defined as FQHC, CHC, hospital, or other facility approved by the Board; that "that provides a Board-approved assessment, training and evaluation program designed to develop, assess, train and evaluate... clinical and non-clinical skills;" and satisfied any other criteria required by the Board. The IPR is valid for <i>one year</i> but is renewable. ITPs in primary care specialties must practice under the IPR for at least three years (those in non-primary care specialties may renew their licenses for the total number of years required for ACGME-accredited residency training in those specific specialties). After this period, licensees are eligible for a full licensure, so long as they: complete the facility's assessment and evaluation; receive an attestation that they are "competent to practice independently;" and pass USMLE Step 3 within three attempts. The license authorizes the holder to practice independently in a primary care specialty, psychiatry, or "other specialty approved by the Board." The RI Dept. of Health Director is empowered to promulgate rules and regulations necessary to carry out the provisions.	HB 5108 & SB 347 (2025)

State	Status	Detail	Citation
		Notwithstanding the IPR path to full licensure, the bill also creates an alternate route to full licensure, eligible to physicians with 10 years of physician experience in good standing in another state; Board certification in a specialty; and membership in a recognized professional organization specific to their specialty.	
SC	Carried over to '26	Bill would require the Board to grant a provisional license to qualifying international physicians that have a medical doctorate or “substantially similar degree” by medical school recognized by the AMA “or its extant accreditation program for medical education, or a successor;” been in good standing with the foreign licensing or regulatory institution at all times for the last <i>five years</i> and have no discipline pending; completed a residency or substantially similar PGT <i>or</i> have at least <i>seven years’</i> practice experience; at least five years of practice experience (if completed a residency/PGT); passed all Steps of the USMLE; English language proficiency; eligibility to obtain Federal immigration status; an offer for employment at any health care provider, defined as health systems, hospitals, hospital-based facilities, freestanding emergency facilities and urgent care clinics; that operates in the state; and completed an application, pays fees, and submits to a criminal background investigation. The Board is empowered to revoke the provisional license if the licensee is not employed by a qualifying employer or if there is “clear and convincing evidence that medical services provided by the licensee have violated state medical safety, competency, or conduct standards.” After three years of active practice, the provisional license automatically converts to a full license. Further, the bill requires the Board to grant a provisional license to IPs that are licensed to practice in Australia, Canada, Hong Kong, Ireland, Ireland, Israel, New Zealand, Singapore, South Africa, Switzerland, the UK, or any additional country added by the Board; that is eligible to obtain Federal immigration status. After three years of active practice, the provisional license automatically converts to a full license, however the Board is not required to license IPs “without evidence of equivalent training, without evidence of satisfactory passage of exams, without satisfactory results of a background investigation, without the completion of the license application, and without payment of all required fees.” If enacted, the bill becomes effective January 1, 2026.	S 376
TN	Enacted	SB 1451: Effective July 1, 2024, allows the Board to issue a temporary license to IMGs that have demonstrated competency as “determined by the Board,” completed a three-year post-graduate training program in their licensing country; <i>or</i> has otherwise practiced as a physician for at least three of the last five years outside the U.S., and an offer for employment as a physician at a healthcare provider in the state with an ACGME-accredited PGT program. Temporary licensees may only practice at qualifying healthcare facilities. After two years of practice in good standing, the Board <i>shall</i> grant a licensee an unrestricted license. SB 1936: Enacted May 6, 2024, but not effective until January 1, 2025, amends SB 1451 by requiring IMGs on the alternate pathway to complete three years’ of PGT in their licensing country and practice as a physician for at least three years outside of the U.S. The legislation also empowers the Board to use their discretion in licensing decisions, stating that the Board may issue a full license after two years of provisional licensure (previously, bill language was that the Board shall issue this license).	SB 1451 (2023) SB 1936 (2024)
	Carried over to '26	The amended bills would repeal existing pathways statute and replace them with a new temporary foreign training license. Specifically, the bills would require the Board to issue a temporary foreign training license to qualified applicants that have legal status in the U.S.; “sufficient evidence of good moral character;” paid appropriate fees set by the Board; graduated from a medical school that meets the Board’s standards; ECFMG certification; completed Steps 1 and 2 of the USMLE; completed three years of PGT <i>and</i> practiced for at least <i>one year</i> ; been licensed in good standing <i>within five years preceding application</i> and without pending discipline; and an offer of employment as a physician at a healthcare provider. The Board is authorized to identify the type of employer and clinical facilities to allow for a supervising physician to supervise and assess the skills and competence of ITPs, which <i>must</i> include: FQHCs, RHCs, CHCs, hospitals with ACGME-accredited PGTs, and Board-approved supervising physicians. The Board is authorized to add additional qualified providers, based on certain requirements.	SB 1054 and HB 1201 (2025)

State	Status	Detail	Citation
		Training licensees must practice at an eligible employer for the duration of the provisional period. After two years of practice, the Board shall issue a full license, so long as the provisional licensee has passed USMLE Step 3, is in good standing, and “barring any disqualifications from the Board.” The Board is “encouraged to collect and share data on the foreign training license pathway to evaluate... effectiveness” and is authorized to promulgate rules to effectuate the act. The bill, if enacted, would become effective January 31, 2026.	
TX	Enacted	Enacted June 20 and effective September 1, 2025, requires the Board to issue a provisional license to qualified “foreign license holding” applicants that have: been granted a degree of doctor of medicine or substantially similar from a program that meets ECFMG requirements; been licensed and in good standing in another country, without any pending investigations; completed a residency program or a substantially similar postgraduate medical training in their country of licensure; passed the Texas medical jurisprudence examination; English language proficiency; has Federal work authorization; passed USMLE Steps 1 & 2 or an equivalent exam (LMCC, NBOME, NMBE, FLEX (TX Occ Code § 155.0511); and has an offer of employment by a health system, hospital, hospital-based facility, freestanding emergency facility, or urgent care clinic that has an ACGME or AOA residency program, or is ACGME or AOA-affiliated. The Board is empowered to promulgate additional requirements by rule. Provisional licenses cannot be issued to applicants <i>without visas</i> from countries deemed by the U.S. Director of Intelligence as a “threat to national security” in their annual threat assessment, or be subject to prohibitions in the International Traffic in Arms Regulations, which is promulgated by the U.S. Dept. of State. This list includes China, Russia, Belarus, Cuba, Iran, North Korea, and Syria. The provisional license is valid for two years, but may be renewed if the licensee has passed USMLE Steps 1 and 2 and is ECFMG certified. Licensees with renewed provisional licenses must practice in a rural community, medically underserved area, or HPSA (which need not be affiliated with ACGME or AOA). The Board shall issue a full license to an applicant that has passed all parts of one the LMCC, NBOME, NMBE, FLEX, or USMLE (TX Occ Code § 155.0511), is not subject to pending discipline, Board investigation, or been convicted of a felony or a misdemeanor involving moral turpitude. The Board is empowered to adopt rules pertaining to the issuing of the provisional license, its renewal, full licensure, and the reporting of board specialty certification requirement information. Regarding physician graduates (PGs – analogous to assistant/associate physicians), requires the Board to create a licensure class for PGs, individuals that: are Texas residents; U.S. citizens or legal permanent residents; have English proficiency; have graduated from a U.S. or Canadian medical or osteopathic school or an international medical school that the Board deems acceptable <i>within the last two years</i>; or if the applicant is licensed and in good standing in another country and: passed USMLE Steps 1 & 2 or an equivalent exam (LMCC, NBOME, NMBE, FLEX (TX Occ Code § 155.0511)); is not enrolled in a Board-approved residency; has not been subject of disciplinary action from a licensing board; and meets any other requirements prescribed by the Board. Physician graduates must practice under an agreement with a specialty board certified supervising physician who has no past or current disciplinary actions. The Board will determine the number of PGs a physician can oversee. PGs may only work in rural counties (population < 100,000), within their supervising physician’s specialty, with the physician assuming legal responsibility for their actions, and under the terms of a supervising practice agreement that is detailed in the legislation. They can use physician titles, be classified as “general practitioners” for CMS, and renew their licenses if they meet CME requirements and maintain their practice agreement. Notably, the bill does not address converting a PG license to full licensure.	HB 2038 (2025)
	Failed	The bill would have required the Texas Medical Board to license international medical graduates (IMGs) who are residents and licensed in good standing in select countries or who graduated from an approved foreign medical program (FMP), passed a qualifying exam (e.g., USMLE), held a recognized medical degree, completed residency or have had at least two years of practice, are proficient in English, and had federal work authorization. For IMGs outside the listed countries, the Board would have been required to adopt rules for approving FMPs that offer substantially similar training to U.S. schools. FMPs could have appealed denials, and must have been approved if five graduates had been licensed. A public list of approved FMPs was required.	HB 994 & HB 296 (2024)

State	Status	Detail	Citation
		The bill also mandated provisional licenses for IMGs meeting similar criteria and with a job offer from a qualifying health care provider. These licenses would have been valid for up to three years and converted to full licenses if requirements are met. The Board would have been required to implement rules by December 1, 2025. The bill would have taken effect September 1, 2025.	
	Failed	The bill would have required the Board to issue provisional licenses to qualified applicants who were state residents, held a foreign medical degree, had been licensed and practicing abroad for three years, completed three years of residency or similar training, had ECFMG certification, passed a qualifying exam within seven years, passed a background check, had federal work authorization, and a job offer from a qualifying health facility with an ACGME-accredited training program. Provisional licensees would have been required to practice under supervision for up to two years, after which a full license would have been issued if no discipline or investigations are pending. The Board must have adopted implementing rules by December 1, 2025. The bill would have taken effect September 1, 2025.	HB 2852 (2025)
VA	Enacted	Effective July 1, 2024, allows the Board to grant a provisional license to a qualified IMG for up to two years, that have received a degree from a medical school recognized by the WHO, are licensed in another country and practiced medicine for at least five years, have a valid ECFMG certificate (waivable upon the Board's discretion), passed USMLE Steps 1 and 2, has entered into an employment agreement with a medical care facility "that provides an assessment and evaluation program designed to develop, assess, and evaluate the physician's nonclinical skills and familiarity with [state] standards... "according to criteria developed or approved by the Board" and has "satisfied any other criteria that the Board may require for issuance of a provisional license." Licensees may apply for a renewable two-year extension if they practice in a medically underserved area, achieve a passing score on USMLE Step 3, enter another full-time employment relationship with a medical facility. After at least two years of practice under the renewable license (at least four years overall), the physician may apply for a full, unrestricted license.	HB 995 (2024)
VT	Carried over to '26	Bill would authorize the Board to issue a provisional license to a qualifying internationally-trained physician (ITP) that has a medical doctorate or "substantially similar degree" by medical school recognized by the WHO, FAIMER, or the California Medical Board's list; been licensed to practice medicine, with at least <i>three years'</i> experience (unless the Board approves an alternative period); demonstrated competency, as determined by the Board; completed a three-year PGT program in the applicant's country of training; practiced at least <i>three out of the last five years</i> preceding application; not been out of practice for more than five years (unless the Board approved an alternative time period); ECFMG certification (which can be waived by the Board at their discretion); passed USMLE Steps 1 & 2; not had a license suspended, revoked, limited, conditioned, or otherwise restricted due to unprofessional conduct; or been convicted of a crime, or "otherwise demonstrated a lack of competence or lack of moral character;" and entered into an employment agreement with a participating health care, defined as a hospital, FQHC, or CHC approved by the Board; that offers an assessment and evaluation program designed to develop, assess, and evaluate the provisional licensee's clinical and nonclinical skills, according to Board-approved criteria. ITPs must practice under supervision, and the provisional license is valid for two years, during which the licensee must practice at a qualifying facility. After the two year period, licensees are eligible to apply for a limited license, so long as they complete the facility's assessment and evaluation; have an offer of employment from a qualified healthcare facility in Vermont that serves Medicare and/or Medicaid patients; and passed USMLE Step 3. The Board has discretion to extend the required period of provisional licensure for up to one year based on a change in employment, and the applicant may become ineligible for full licensure if they do not complete the facility's assessment and evaluation, have license discipline, are convicted of a crime, or demonstrate a lack of moral character. Participating healthcare facilities must agree to "provide medical mentoring, evaluation, assessment, and support in navigating the U.S. health care system by one or more fully licensed physicians,"	S 142 (2025)

State	Status	Detail	Citation
		ensure the licensee is only providing care to Vermont patients, carry malpractice insurance for the licensee, and not retaliate against the licensee for any employment-related claim. The limited license is likewise valid for two years, renewable once, and after a minimum of four years under the provisional licenses (and a maximum of three years' provisional licensure and four years' limited licensure), the licensee is eligible to apply for full licensure. Lastly, the Board is required to collect information to evaluate the license pathway, including the number and type of applicants, applicants' country of origin, licensing country, and country of training; and the number of provisional, limited, and full licenses granted by the program; among other queries, which must be reported to the Legislature annually. The Board is empowered to implement rules to effectuate the statute, including determining which countries' licensure is acceptable for the program, and the qualifying facilities evaluation and assessment programs. If enacted, the bill would become effective July 1, 2026.	
WA*	Enacted (limited licensure)	The "clinical experience" license works as a "bridge to residency" for qualifying IMGs that are a Washington state resident for at least one year, ECFMG certified, have passed all steps of the USMLE, completed a background check, have an offer from specified state agencies and maintain practice agreement with the Washington Medical Commission's (WMC) supervising physician. Licensees may only "practice... in connection with his or her duties in employment with the city or county health department." License valid for two years, with one possible renewal (total practice time of four years). At the conclusion of the license period, IMGs must still complete a residency to achieve full licensure. According to FSMB's International Medical Graduates GME Requirements (Key Issue Chart), Washington requires two years of accredited PGT.	SHB 1129 (2021) IMG Clinical Experience License
	Carried over to '26	HB 1306 and SB 5185: Would authorize the WMC to create a "preceptorship pathway" for IMGs to qualify for full licensure without accredited postgraduate training. Qualifying applicants for the limited license must meet the requirements of RCW 18.71.095(6): Washington residence for at least one year; ECFMG certification; passed <i>all</i> steps of the USMLE; and pass a background check. Limited licensees practice under the supervision of a fully licensed physician that practices in the same, or substantially similar, specialty as the limited licensee, at the "nominating" facility or organization, under a practice agreement filed with the WMC. The supervising physician may not supervise more than two limited licensees, unless the WMC grants permission, and the supervising physician retains professional and personal responsibility for the limited licensee's acts. The limited licensee must practice for at least four years before applying ("may") for a full license, so long as they have passed a WMC-approved clinical assessment evaluation, received an attestation from their supervising physician(s), a written endorsement from the practice's medical director, proof of ABMS or AAGP board certification, and any other requirements proposed by the WMC. The bill allows the WMC to establish an abbreviated assessment program for "exceptionally qualified" IMGs, and empowers the WMC to promulgate rules to implement the law.	HB 1306 & SB 5185 (2025)
WI	Enacted	Effective July 1, 2024, allows the Board to grant provisional licenses for qualifying IMGs that have an offer for employment as a physician from a FQHC, CHC, hospital, ASC, or any other health care facility approved by the Board, a medical degree from an international medical program approved by the ECFMG or a program that is "substantially similar" to those required to qualify for a medical license in the state, completed a residency program or PGT "substantially similar" to a residency, practiced for at least five years in their home country post-PGT, and for at least one year continuously out of the previous five prior to application; are ECFMG certified, have Federal immigration status and basic English fluency, and passed all Steps of the USMLE. Provisional license holders must submit a statement to the Board every six months certifying that they are still practicing and whether they have faced any license discipline, with the condition that the license may be revoked if the licensee is no longer working for a qualifying employer. Provisional licensees must practice under supervision, but the provisional license can convert to full licensure after three consecutive years of practice in good standing. The Board is authorized to promulgate	AB 954 (2024)

State	Status	Detail	Citation
		rules defining what degrees and PGT are “substantially similar” to requisite medical degrees and residency training.	
WY	Failed	Bill would have required the Board to grant provisional licenses to international physicians who met specific qualifications, including a recognized medical degree, at least five years of recent practice experience, USMLE passage, English proficiency, eligibility for immigration status, and a job offer from a health care provider in the state. Applicants must have also completed an application, paid fees, and passed a background check. Licensees must have annually verified employment and continuing education. The Board would have been authorized to revoke or discipline the license for noncompliance. After three years of good-standing practice, the provisional license automatically would have become a full license.	SF 155 (2025)

- The accompanying map to this chart can be found here: [States with Enacted and Proposed Additional IMG Licensure Pathways \(Map\)](#)
- You may also be interested in FSMB’s [International Medical Graduates GME Requirements \(Key Issue Chart\)](#)

For informational purposes only: This document is not intended as a comprehensive statement of the law on this topic, nor to be relied upon as authoritative. Non-cited laws, regulation, and/or policy could impact analysis on a case-by-case or state-by-state basis. All information should be verified independently.

Questions, comments, or corrections? Please contact advocacy@fsmb.org