

**NOTICE OF RULE ADOPTION—FINAL RULE**

**STATE OF MISSISSIPPI  
{INSERT AGENCY NAME}  
{Optional Insert Agency Division or Department}**

{Insert Name of Agency}  
c/o {Insert Name of Agency Contact Person}  
{Insert Address line 1}  
{Insert Address line 2}  
{Insert Address line 3}  
{Insert Address line 4}  
{Insert Telephone Number}  
{Insert e-mail address}

**Specific Legal Authority Authorizing the promulgation of Rule:** {Insert citation to state or federal statute, or rule \_\_\_\_\_ }  
**Reference to Rules repealed, amended or suspended by the Proposed Rule :**{Insert citation to specific rule(s) repealed, amended or suspended \_\_\_\_\_ }

**Date Rule Proposed:** {Insert Date}

**Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:** {Insert here

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ }

**The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.**

An oral proceeding was held on this rule:

Date: {Insert Date}  
Time: {Insert Time}  
Place: {Insert Place}

An oral proceeding was not held on this rule.

**The Agency has considered the written comments and the presentations made in any oral proceedings, and**

This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:  
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and  
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

**Effective Date of Rule:** {Insert Date}

\_\_\_\_\_  
**Signature and Title of Person Submitting Rule for Filing**

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## MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

TO: Mississippi Secretary of State

From: Mississippi State Board of Medical Licensure

Date: March 12, 2009

Subject: Notice of Proposed Rule Adoption - Final Rule

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the power to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine.

This rule as adopted is without variance from the proposed rule.

This is an amendment to Board regulation, Chapter 02, Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians. This amendment will require applicants for medical license to graduate from a medical school approved by the California Medical Board or the Caribbean Accreditation Authority.

## Chapter 02 Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians

### Licensure by Examination

- 100 To qualify for admission by examination, an individual shall meet the following requirements, provided that the Board may admit any individual to the examination while reserving its right to deny licensure if that individual fails to meet all requirements for licensure subsequent to success or completion of the examination:
1. Applicant must satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
  2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
    - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), or if a college of osteopathic medicine, must be accredited by the Professional Education Committee of the American Osteopathic Association (AOA).
    - b. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.
    - c. If the degree is from a foreign medical school, the school must be included in the list of medical schools recognized by the Medical Board of California at the time of graduation. However, if the medical school is located in the British Overseas Territories, the medical school must be accredited by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) at the time of graduation. In addition, the applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101.
    - d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
  3. Applicants for licensure by examination must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.
  4. Present certified copy of birth certificate or valid passport.
  5. Subject to the provisions of Section 300.1 and 300.2, an applicant must successfully complete and pass all parts/steps of the FLEX or USMLE.

6. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
  7. Submit fee prescribed by the Board; however, any fees related to permanent licensure may be deferred for applicants indicating a desire to practice medicine under a Temporary License or Limited License within the confines of an ACGME or AOA approved postgraduate training program pursuant to Chapter 04 of these regulations.
  8. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.
- 101 A Fifth Pathway Program, as a prerequisite for licensure by examination pursuant to Section 100.2.c.ii, will be considered on an individual basis. Students who have completed the academic curriculum in a foreign medical school and who have fulfilled the conditions set forth, may be offered the opportunity to substitute for an internship required by the foreign medical school, an academic year of supervised clinical training prior to entrance into the first year of ACGME or AOA approved postgraduate medical education. The supervised clinical training (Fifth Pathway) must be under the direction of a medical school accredited by the LCME. Fifth Pathway will be available to students who have fulfilled the following conditions:
1. Completed, in an accredited American college or university, undergraduate pre-medical work of the quality acceptable for matriculation in an accredited U.S. medical school.
  2. Studied medicine at a medical school located outside the United States, Puerto Rico and Canada but which is recognized by the World Health Organization.
  3. Completed all of the formal requirements of the foreign medical school except internship and/or social service.
- 102 The Board will accept for examination or licensure only those individuals completing Fifth Pathway Programs by December 31, 2009.
- 103 Prior to issuance of a permanent Mississippi medical license, a graduate of a foreign medical school who has successfully completed all other requirements of application for licensure by examination must present documentation of having completed at least three (3) years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons.

#### Licensure by Reciprocity or Endorsement

- 200 The Board endorses, for the purpose of reciprocity, licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Section 300 below, all applicants for medical licensure by reciprocity who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX

weighted average of 75 or higher. From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse, for the purpose of reciprocity, licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.

- 201 Those doctors of osteopathic medicine who graduated prior to June 1, 1973, and who make application for licensure by reciprocity with another state will be considered only if they took and passed the same written licensure examination given in that state at that time to graduates of medical schools. A statement to this effect will be obtained by this Board from that licensing board.
- 202 The Board may affiliate with and recognize for the purpose of waiving examination and may grant licenses to Diplomates of the NBME; on or after February 13, 1973, to Diplomates of the NBOME and licentiates of the Medical Council of Canada. If a Diplomate of the NBME or NBOME, the applicant must have a Certification of Endorsement from that Board submitted directly to the Board. If seeking endorsement with the Medical Council of Canada, the applicant must have a Certificate of Standing submitted directly to the Board.
- 203 The applicant must have the state board where the original license was obtained by examination submit a certified copy of the examination to the Board.
- 204 The Board may grant a license by reciprocity to a graduate of a foreign medical school who was licensed in another state by written examination prior to March 8, 1973, if he or she is certified by a board recognized by the American Board of Medical Specialties. A statement verifying that the applicant is currently certified must be submitted directly to the Board by the American Board of Medical Specialties Board. The applicant must comply with all other licensure requirements for foreign medical graduates.
- 205 In addition to the above requirements for licensure by reciprocity and/or endorsement, an individual shall meet the following requirements:
1. Applicant must be twenty-one (21) years of age and of good moral character.
  2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
    - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA) or the College of Osteopathic Medicine must be accredited by the American Osteopathic Association (AOA).
    - b. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian

- Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.
- c. If the degree is from a foreign medical school, the school must be included in the list of medical schools recognized by the Medical Board of California at the time of graduation. However, if the medical school is located in the British Overseas Territories, the medical school must be accredited by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) at the time of graduation. In addition, the applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101, and be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.
  - d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
3. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.
  4. If a graduate from a foreign medical school, applicant must present documentation of having completed either:
    - a. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons; or
    - b. at least one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons, be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association and must have approval by the Mississippi State Board of Medical Licensure.
  5. An applicant who otherwise possesses all of the qualifications for licensure by reciprocity/endorsement, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the Special Purpose Examination (SPEX)\* as administered by and under auspices of the Board, unless the applicant:
    - a. Submits satisfactory proof of current certification by an American Board of Medical Specialties or American Osteopathic Association approved

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\* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards of the United States, Incorporated.

- specialty board; or
- b. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of the University of Mississippi School of Medicine. In such case, a license shall remain in effect so long as Licensee is a member of the faculty of the University School of Medicine.
6. Present certified copy of birth certificate or valid passport.
  7. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
  8. Submit fee prescribed by the Board.
  9. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.

206 Graduates of foreign medical schools seeking licensure by reciprocity or endorsement via Fifth Pathway Programs will be considered on an individual basis subject to those requirements set forth in Section 101.

### Licensure Examinations

300 For the purpose of licensing by examination and reciprocity, the Board recognizes three (3) separate and distinct examinations, to-wit: The examinations administered by the NBME, FLEX and USMLE. The Board adopted the FLEX as a method of licensure by examination on March 8, 1973. Prior to this date, the Board administered a written examination and endorsed, for the purposes of reciprocity, licenses to practice medicine or osteopathic medicine obtained in most states by written examination. A separate discussion of each examination and this Board's requirements for the purpose of licensure is as follows:

1. FLEX
  - a. The Board adopted the Federation Licensing Examination (FLEX) as the method of licensure by examination on March 8, 1973. The last regular administration of the FLEX was December 1993. The Board will recognize FLEX as a valid medical licensing examination subject to all requirements heretofore and hereinafter set forth.
  - b. Prior to January 24, 1985, the FLEX examination was divided into three components:
    - Day I--Basic Science
    - Day II--Clinical Science
    - Day III--Clinical Competence

In order to pass this examination, each applicant must have obtained a FLEX weighted average of 75 with Day I given a value of 1/6 of the entire examination, Day II given a value of 2/6, and Day III given a value of 3/6. The Board may make an exemption to the weighted average of 75 if the applicant has completed an approved residency program and is currently certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

After January 24, 1985, the Board has approved administration of a new FLEX examination with a different design from that administered since 1973. This examination is a three-day examination, and is comprised of two components. Component I consists of one and one-half (1½) days and judges the readiness of a physician to practice medicine in a supervised setting. Component II consists of one and one-half (1½) days and judges the readiness of a physician to practice independently. A score of 75 is considered a passing grade for each component. If taken separately, Component I must be passed before taking Component II.

- c. An applicant has seven (7) years in which to pass both components of the FLEX. An applicant is required to repeat only that component failed. A candidate who is unsuccessful in passing the FLEX after three (3) attempts will be required to take one additional year of post-graduate training approved by the Accreditation Council for Graduate Medical Education (ACGME) before being eligible to take the FLEX again. Following completion of the year of postgraduate training, applicant may be allowed three (3) additional attempts to pass the FLEX.

## 2. USMLE

- a. The Board adopted the United States Medical Licensing Examination (USMLE) as an additional method of licensure by examination on September 16, 1993. The USMLE replaced FLEX and the NBME certification examinations during a phase-in period from 1992 to 1994. Unlike the three-day (two component) FLEX, USMLE is a three-step examination that consists of three two-day examinations, Step 1, Step 2 and Step 3. Each step is complementary to the other; no step can stand alone in the assessment of readiness for medical licensure. Unlike the FLEX, which must be taken upon or after graduation from medical school, most applicants will take Step 1 and 2 of the USMLE during their medical school years. Step 3 will be taken after graduation.
- b. To be eligible for Step 1 or Step 2 of the USMLE, an applicant must be an officially enrolled medical student or a graduate of a United States, Puerto Rican or Canadian medical school accredited by the LCME or the AOA, or an officially enrolled medical student or a graduate of a foreign medical school and eligible for examination by the ECFMG for a certificate.
- c. To be eligible to take Step 3 of USMLE, an applicant must (a) complete an application for a Mississippi medical license and (b) meet all other requirements for licensure, as provided in Section 100.
- d. A score of 75 is necessary to successfully pass each step of the USMLE.
- e. USMLE Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree. An applicant has seven (7) years in which to pass all steps of the USMLE. A candidate who is unsuccessful in passing Step 3 after three (3) attempts will be required to take one (1) additional year of ACGME-approved

postgraduate training before being eligible to take Step 3 again. Following completion of the year of postgraduate training, the applicant may be allowed three (3) additional attempts to pass Step 3 of the USMLE.

3. NBME or NBOME

The Board recognizes for the purpose of reciprocity and waiving examination, diplomates of the NBME and on or after February 13, 1973, diplomates of the NBOME. Both examinations are administered in three (3) parts, Parts I, II and III. Applicants must have the NBME or NBOME submit a certificate evidencing successful completion of the examination directly to the Board.

4. EXAM COMBINATIONS

Now that the FLEX and examinations administered by the NBME have been phased out, the Board will accept passing scores for the following combinations of the FLEX, NBME and USMLE examinations:

EXAMINATION SEQUENCE	ACCEPTABLE COMBINATIONS
NBME Part I <i>plus</i> NBME Part II <i>plus</i> NBME Part III	NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> NBME Part III or USMLE Step 3
FLEX Component I <i>plus</i> FLEX Component II	FLEX Component I <i>plus</i> USMLE Step 3 <i>or</i> NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> FLEX Component II
USMLE Step 1 <i>plus</i> USMLE Step 2 <i>plus</i> USMLE Step 3	

**Amended September 13, 1997. Amended January 18, 2001. Amended February 18, 2003. Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended July 1, 2009.**