

Temporary Permit Request

I hereby request a **one time only temporary permit**. I understand that the temporary permit shall expire upon the issuance of a full license, initiation of an investigation by the commission, or 90 days, whichever occurs first.

| Signature | | Date | | |
|---|--------------|-----------------------------|--|--|
| Print or type full name | | Date of birth | | |
| | | | | |
| Mailing address | | | | |
| City | State | Zip Code | | |
| Note: Fees submitted with application for initial credentialing, examinations, renewal, and other fees associated with the licensing and regulation of the profession are non-refundable. See <u>WAC 246-12-340</u> . | | | | |
| General Information | | | | |
| Must be licensed in a recognized jurisdiction. Se | ee list on p | bage two. | | |
| A temporary permit may be issued upon rec | eipt of the | e following: | | |
| 1. Completed application form. | | | | |
| a. If any personal data questions 1-13 have a positive answer, it has to be reviewed by the commission's designee. | | | | |
| 2. Temporary permit request form. | | | | |
| 3. Application and temporary permit fees paid | | | | |
| 4. A clear Federation of State Medical Boards | (FSMB) d | lata bank clearance report. | | |
| 5. A clear American Medical Association Profi | le. | | | |
| 6. Written verification from ALL states in which the applicant was or is licensed. | | | | |
| For Office use only | | | | |
| Approved | | | | |
| Disapproved | | | | |
| Review date | | | | |
| Signatura | | | | |
| Signature | | | | |

General Information on Recognized Jurisdictions

Jurisdictions with licensing standards substantially the same as Washington's standards, for postgraduate training requirements are set out below.

If you are a US/Canadian physician who graduated after July 28, 1985 (requirement of 2 years of postgraduate medical training), you must have a license in one of the following states:

| Alaska | Maine | New Hampshire | Rhode Island |
|-------------|----------|---------------|--------------|
| Connecticut | Michigan | New Jersey | South Dakota |
| Illinois | Montana | New Mexico | Utah |
| Kentucky | Nevada | Pennsylvania | |

If you are a US/Canadian physician who graduated before July 28, 1985 (requirement of 1 year of postgraduate medical training), you must have a license in one of the following states:

| Alabama | Idaho | Missouri | Pennsylvania |
|----------------------|---------------|----------------|----------------|
| Alaska | Illinois | Montana | Rhode Island |
| Arizona | Indiana | Nebraska | South Carolina |
| Arkansas | Iowa | Nevada | South Dakota |
| California | Kansas | New Hampshire | Texas |
| Colorado | Kentucky | New Jersey | Utah |
| Connecticut | Louisiana | New Mexico | Vermont |
| Delaware | Maine | New York | Virginia |
| District of Columbia | Maryland | North Carolina | West Virginia |
| Florida | Massachusetts | North Dakota | Wisconsin |
| Georgia | Michigan | Ohio | Wyoming |
| Guam | Minnesota | Oklahoma | |
| Hawaii | Mississippi | Oregon | |

If you are a foreign medical graduate who graduated after July 28, 1985 (requirement of 2 years of postgraduate medical training and ECFMG certification), you must have a license in one of the following states:

| Kentucky | Montana | Ohio |
|---------------|---|--|
| Louisiana | Nebraska | Oregon |
| Maine | Nevada | Rhode Island |
| Maryland | New Hampshire | Tennessee |
| Massachusetts | New Jersey | Texas |
| Michigan | New Mexico | Virginia |
| Minnesota | New York | West Virginia |
| Mississippi | North Carolina | Wyoming |
| Missouri | North Dakota | |
| | Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi | LouisianaNebraskaJaineNevadaMarylandNew HampshireMassachusettsNew JerseyMichiganNew MexicoMinnesotaNew YorkMississippiNorth Carolina |

If you are a foreign medical graduate who graduated before July 28, 1985 (requirement of 1 year of postgraduate medical training and ECFMG certification), you must have a license in one of the following states:

| Alabama | Idaho | Missouri | Pennsylvania |
|----------------------|---------------|----------------|----------------|
| Alaska | Illinois | Montana | Rhode Island |
| Arizona | Indiana | Nebraska | South Carolina |
| Arkansas | Iowa | Nevada | South Dakota |
| California | Kansas | New Hampshire | Tennessee |
| Colorado | Kentucky | New Jersey | Texas |
| Connecticut | Louisiana | New Mexico | Utah |
| Delaware | Maine | New York | Vermont |
| District of Columbia | Maryland | North Carolina | Virginia |
| Florida | Massachusetts | North Dakota | West Virginia |
| Georgia | Michigan | Ohio | Wisconsin |
| Guam | Minnesota | Oklahoma | Wyoming |
| Hawaii | Mississippi | Oregon | |