

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

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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	