

# REGISTRATION AND PERMIT REQUIREMENTS FOR GRADUATE MEDICAL EDUCATION PROGRAMS



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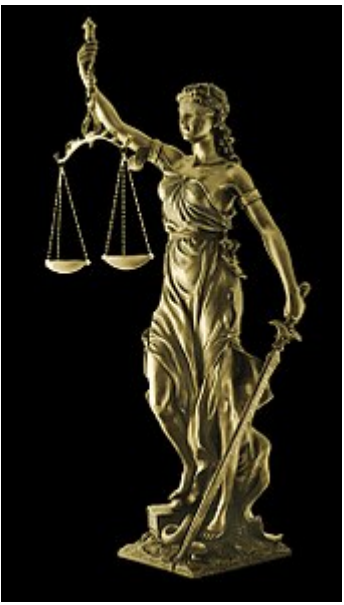
*Presented By:*

William V. Roeder

Executive Director

New Jersey State

Board of Medical Examiners



# STATUTORY AUTHORITY

- ▶ **N.J.S.A. 45:9-6.** requires that all persons commencing the practice of medicine or surgery in this State shall apply to the board for a license.
  - ▶ The phrase "the practice of medicine or surgery" is defined to include the practice of any branch of medicine and/or surgery, and any method of treatment of human ailment, disease, pain, injury, deformity, mental or physical condition...
- ▶ **N.J.S.A. 45:9-19.12.** Issuance of permits, registration to practitioners in training. The State Board of Medical Examiners shall, by regulation, provide for the issuance of permits to, or registration of, persons engaging in the practice of medicine or surgery or podiatric medicine while in training within the context of an accredited graduate medical education program conducted at a hospital licensed by the Department of Health.

# Registration and Permit Requirements

## *N.J.A.C. 13:35-1.5*

- ▶ **Registered Residents (PGY-1)**
  - ▶ Those granted authorization to engage in the practice of medicine and surgery in the first year of a graduate medical education program
- ▶ **Permit Holders (PGY-2 through 5)**
  - ▶ Those granted authority to engage in the practice of medicine and surgery while in the second year or beyond of a graduate medical education program
- ▶ **Graduate Medical Education Program**
  - ▶ Programs Accredited by the ACGME, AOA or APMA
  - ▶ Residency, Internship, Fellowship

# Registration - Residents (PGY-1)

- ▶ Completed at least 60 undergraduate credits including at least one course each in biology, chemistry and physics
- ▶ Graduation from a Medical School accredited by LCME, AOA or listed in FAIMER
- ▶ Completion of Clinical Clerkships (Four Weeks Duration)
  - ▶ Internal Medicine
  - ▶ Surgery
  - ▶ OB/GYN
  - ▶ Pediatrics
  - ▶ Psychiatry
- ▶ If Foreign Graduate - obtained ECFMG Certification
- ▶ Not been the subject of disciplinary proceedings, denied training permit, asked to resign from GME program
- ▶ Not subject to any impairment issues

# Didactic Training

- ▶ Must be completed in the jurisdiction where the school is authorized to confer a degree

# MASTER LIST

## GME Director Provides Certification Meets Requirements



- ▶ Personally Reviewed the PGY-1 Applicant credentials
- ▶ Certifies PGY-1 has the requirements listed above
- ▶ Certifies Director is unaware of any information that would make the applicant ineligible
- ▶ Director prepares Master List
  - ▶ Name of registrants
  - ▶ **ALL** Schools Attended, not just the school of graduation

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS  
MASTER LIST OF UNLICENSED PHYSICIANS REGISTERED  
PURSUANT TO (N.J.A.C. 13:35-1.5) TO  
PARTICIPATE IN PGY-1 PROGRAM

At the following hospital:

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Specialty Program:

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Last Name	First Name	MI	Social Security Number	Date of Birth	Starting Date	Medical School(s)
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#### CERTIFICATION

I hereby certify that I am the Director of Medical Education at the hospital named above which is a licensed hospital in the State with accredited programs by the ACGME, AOA or the CPME/APMA and I am the individual who is responsible for the general selection, training and evaluation of residents in this hospital. I certify that the physician(s) listed above is/are being appointed as a PGY 1 of the resident staff of this hospital. I certify that the application of the individual(s) listed above have been reviewed to ascertain that the person has attained the prerequisites set forth in subsection (c) of N.J.A.C. 13:35-1.5. I understand it is my responsibility to report to the Board any conduct by this resident which might represent cause for the withdrawal of registration or suspension of the permit. The above statements are true to the best of my knowledge and belief. If any of the above statements are willfully false, I am aware that I may be subject to punishment.

# PERMITS (PGY-2 THROUGH PGY-5)

- ▶ **COMPLETED APPLICATION**

- ▶ Underlying Documents supporting PGY-1 Registration
- ▶ PGY-1 Verification
- ▶ Curriculum Vitae
- ▶ Criminal History Background Check
- ▶ Medical School Transcript/Verification for **ALL** schools *attended*
- ▶ Employer Certification form
- ▶ Didactic Training Certificate
- ▶ E.C.F.M.G. Certificate (if applicable)



# TOTAL OF FIVE YEARS OF TRAINING

- ▶ In extending offers for Post Graduate Training
  - ▶ Permit Exemption to full Licensure
  - ▶ Only available for FIVE years of training, which includes,
    - ▶ Training in New Jersey
    - ▶ Training outside of New Jersey
    - ▶ Regardless of Programs/Specialties
    - ▶ Whether or not Credit was Awarded
- ▶ Evaluate against meeting Qualifications for Licensure
  - ▶ that at least two years of that training are in the same field or would, when considered together, be credited toward the criteria for certification by a single specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association

Print Name \_\_\_\_\_  
First M.I. Last

### Section Four - Character, Ethics and Medical Conditions

#### Information regarding moral character and ethical professional responsibility

- a. Have you ever been arrested for, formally accused of, charged with, indicted for or convicted of the commission of any crime or offense, whether state, federal, or in other countries, including offenses categorized as misdemeanors, high misdemeanors or felonies? (NOTE: If you have been arrested or had a conviction for which you have been informed the record has been expunged, please verify that the expungement has in fact been implemented prior to answering "No" to this question.) (A dismissal is not an expungement.)  
Yes No
- b. Have you ever been denied a license to practice medicine or eligibility to sit for a licensing exam in this State or in any other state or jurisdiction, foreign or domestic?  
Yes No
- c. Has any action been taken against your professional license or have you taken any action to avoid your license to avoid regulatory agencies?  
Yes No
- d. Have you ever completed a graduate medical education program in this State or in any other state or jurisdiction, foreign or domestic?  
Yes No
- e. Have you ever been denied privileges or had your privileges to practice terminated or

**NOT A TRICK QUESTION**

# FINGERPRINTING

- ▶ Deadline for Completion - **JUNE 1, 2018**
- ▶ Program's responsibility to verify that applicants have completed (or at a minimum made appointments)
- ▶ Imperative that you follow up
- ▶ Continued failure to show up for appointments WILL result in having resident pulled off the floor until fingerprint process is COMPLETED
- ▶ Process can take up to thirty days
- ▶ Fee (Hospital Check/Money Order)
  - ▶ Initial - **\$50.00** (Non-refundable)
  - ▶ Resubmittal - \$17.50



# International Graduates ONLY Medical School Transcripts



- ▶ Caribbean Schools - Originals
  - ▶ All Others (Asia, Africa, Central/South America, Europe)
    - ▶ Notarized Copies (Standard Letter, 8 X 10)
      - ▶ Please do not double side copy
      - ▶ Please do not use legal size paper
- OR
- ▶ Medical Verification Form
  - ▶ Original Mark sheets are not required and should not be sent

# GENERAL REMINDERS



## ▶ **Transfer of Permits**

- ▶ Request in Writing
- ▶ New Completed Application
- ▶ Completed documentation from Former Program
- ▶ Be diligent in tracking Five years of Training
- ▶ If resident is eligible for licensure, policy of Board to apply
  - ▶ Do so promptly so as not to lead to disruption
- ▶ If it is a transfer within the same hospital system, simply notify Board of transfer; no new application is needed

## ▶ **Resident Leaves the Program**

- ▶ Required to Notify Board if resident leaves
  - ▶ Resignation
  - ▶ Termination
  - ▶ Leave of Absence
- ▶ As soon as practical, but no later than thirty days

▶ **DESIGNATE ONE PERSON AS THE CONTACT PERSON**

- ▶ Want to coordinate efficiently and effectively
- ▶ This person will coordinate matters within the health care facility and Board office

▶ **Review Applications Using Checklist**

- ▶ Completed Files
- ▶ One Review for Deficiencies
- ▶ Program Directors responsible for follow up
- ▶ Specialty Program Indicated in Top Right Corner on first page

# 13:35-1.1 OBSERVERSHIP PROGRAM

- ▶ a) "Observer" shall mean an **undergraduate medical student** of an allopathic or osteopathic school accredited limited to the student's vacation period in an extra-curricular professional experience.
- ▶ b) An observership program shall be limited to:
  - ▶ 1) Observation of operative procedures;
  - ▶ 2) The taking of histories;
  - ▶ 3) The performance of physical examinations;
  - ▶ 4) The performance of non-invasive procedures under the direct supervision of and in the immediate presence of the supervising licensed physician; and
  - ▶ 5) The participation in patient rounds and other organized patient care activities of the supervising physician.
- ▶ c) At no time shall the observer be delegated any responsibility for the care of the patient, the patient's diagnosis or any aspect of the patient's treatment, including the prescription of medication for the patient. An observer shall make no entries on the patient's permanent record.
- ▶ d) The observer shall at all times of patient contact wear an identifying badge inscribed "Medical Student."

# 2018 DEADLINES

## ▶ February 15, 2018

- ▶ Submit the estimated number of positions you expect to fill for Permits

## ▶ March 1, 2018

- ▶ Deadline for Submitting Residency Training Permit Applications

## ▶ June 1, 2018

- ▶ Final Submission of PGY-1 Registration Certifications
- ▶ Final Verifications for PGY-1 applying for Permits
- ▶ All Fingerprinting must be completed (Additional time for out of State residents will be considered)

## ▶ July 2, 2018

- ▶ Deadline for Issuing Residency Training Permits





# CONTACT INFORMATION

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