



EPISODE 2 How To Keep Your License Active If You Leave Medicine

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A: I didn't want to give that license up for anything and that's something I would recommend. It's pretty difficult to get a license, so once you have it, keep at least one.

HF: Are you wondering if you get into a non-clinical job how to keep your license active? Do you have questions about what to do if you've been out of practice for a number of years? What you might have to do to get an active license again? We're going to look at these and other questions today with someone who knows a lot about these things.

Today on the podcast I have a guest that I'm really excited about. This is Arnold Lorenzo. He works for medicallicensing.com, a company that streamlines the credentialing and licensing process for physicians, PAs, and nurses. In addition to the work that he does at medicallicensing.com he is also a part-time practicing chiropractor. He really understands that you have to have an active license to be able to do your craft as a practitioner.

Today Arnold is here to chat with me about a lot of these questions that physicians have about what happens if I go into non-clinical work? What do I do to get my license active again? Should I place it on retired status? Retired-active? So, without further ado, I'd love to welcome Arnold Lorenzo to the podcast. Hey Arnold, how's it going?

A: Hey Heather! I'm good, thanks for having me.

HF: I'm so excited to have you here today. Let's start out with, since you are a chiropractor and you have a practice, how did you get into medical licensing?

A: Well it's pretty recent actually. I didn't start doing this until last year. I had been practicing since around 2005 from 1999 till 2005 when I decided I didn't really want to do a full-time practice anymore. So I kind of left that and was taking other jobs inside of the medical field. I was managing a physical therapy rehab facility for kids. Then I tried my hat at other non-medical careers, and I looked at this one. This was something that

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seemed to fit for me where I can speak to physicians, talk to them about the licensing. I know how difficult and how annoying it is to apply for licensing and dealing with these boards, so if there was something I could do to help out, it seemed to fit my personality and seemed to fit a need for the market, for doctors, so it fits.

HF: So could you talk a little bit about what a physician should start thinking about if they're even considering going non-clinical, where they might not be practicing? What should they do with their license if they don't really need it for the non-clinical job?

A: Well I have personal experience with that because I didn't practice for many years, but that license is precious. You worked very hard for it, you spent a lot of money to get it, I wouldn't give it up so easily. The best thing is what I did. I just kept doing my CMEs, showed up, got educated, knew what was happening in my profession for all that time, kept renewing my license, paid for it. For us, we even have to maintain malpractice insurance, so I had to maintain my malpractice insurance even though I wasn't seeing patients.

I just had to keep that active. I didn't want to give that license up for anything and that's something I would recommend. It's pretty difficult to get a license so once you have it, keep at least one.

HF: Obviously there are different states with different requirements, so what would be good for a physician to do if he or she is considering or even has already let their license lapse? What are some steps that they should start to take?

A: You have to go on to the, the state boards are usually pretty good about giving their requirements on there. So if you're thinking about reactivating or if you're thinking about giving up the license, I would advise that you go on and actually look at each state board, whichever one you happen to be licensed in, look at their rules and what they would require to get it back. What's required to have a license in an active status. Some states, 'inactive' means that's when you can't do anything. Other states this means you can still see your family. You have to do your CMEs. You may or may not need to have malpractice insurance. So look at what it is in your state and, before you make a decision, get informed on that and what is required and what it will take.

HF: Yeah, it is confusing I know because there is no universal requirement and some states have a lot of hoops you have to jump through and some are easier. Have you seen some differences that stand out to you between some of the states?

A: Oh sure, just in the cost alone. You have a state like Pennsylvania where it's only like \$35 to get a license and others where like Rhode Island where it would cost \$1090. So



there's just a difference in cost but then there's a difference in the requirements. You can have your basic requirements where you're going to have to show your medical school transcripts, your post-graduate training, your exams, but then there's other smaller and slightly more difficult requirements - whether you need letters of recommendation, whether you need employment verification, malpractice insurance verification, like Massachusetts. Background checks, there's a lot of state variances in which states require background checks and which don't and especially, background checks are an issue. It's not everything that's open. A state that doesn't require one is going to be a lot faster and a lot easier to get a license than one that does.

HF: What are some of the things that you see them checking on these background checks?

A: Well, mostly they're looking for a felony, misdemeanors, that kind of thing. A background check is going to be a state or an FBI. It's not going to be anything more than that. They're not looking for anything medical related. That's what the National Practitioner Databank report which most states are going to require that as well. That's when they'll look at any kind of history you've had as a physician, whether it be malpractice or complaints against you, those kinds of things.

HF: I was looking on the Pennsylvania state site which is actually very well done. They make the distinction between 'active' and 'retired active' and 'retired'. Can you talk a little bit about those differences and what physicians might consider?

A: That's where one of these things where like 'active retired' means that you still have to do your CMEs. You're not really working, seeing patients. However, you can write prescriptions and you can see your immediate family members. So if you're going to pick one, that's probably the best one to go because you still have a foot in the door.

When you're not 'active,' you're 'inactive' or 'retired' that means that's it. You're going to have to go through more hoops to get that fully active later on, if you decide to do that.

HF: So when you say they can write prescriptions, that's just for their immediate family I assume?

A: Yeah, it gets a little iffy where maybe friends counts, I wouldn't really know that much about that part of it but I know that for at least your immediate family you definitely could.

HF: So let's say, we have a physician who maybe took some time off to raise kids, they let their license lapse, what are some of the different requirements you've seen?



Everything from the more lenient states to the more difficult states of what they might need to do to get back in the practice?

A: Well, it can go as easy as letters of recommendation from colleagues, proof of the CMEs that you've done because you're going to have to go back and have done the CMEs probably for the entire span that you've been gone. So if you require 24 in a period, in a biennium, however many bienniums you've missed you're probably going to need all of those hours. That would be the easy end. The harder end would be that they require you to take a physician re-entry program which, those are tough. Because there not many of them, they're expensive and they're difficult to get into so if that's required of you, yeah, it's going to be tough.

And when I mean expensive, I mean like between four or five figures. Going to be in the thousands of dollars to get back and it's going to take the time too. It could take over a year, a physician re-entry program. They may ask you to take a SPEX [exam] which is like a special examination just to see how your skills are, your knowledge, how much you've kept up. You might need a board appearance. The board members, especially the practicing board members, might ask you questions related to your field. So it's very tough to come back after an extended period.

HF: It is and you're right, it's this whole thing of the prevention is really valuable because it is like climbing back up Everest and often when someone has been out of practice for a while there are also may be some financial considerations. I've known some people who have looked into this re-entry and there's often a \$10,000 assessment fee just to assess where you're at. And then the re-entry program is, like you said, can be, I think the one at UTMB, University of Texas Medical Branch that they have, is a minimum of \$10,000 dollars. And then you often have to pay some type of preceptor for other programs to monitor you. So it's a big investment.

A: For sure. I mean that's the best advice. If you know you're going to be out for a while, unless you're completely like that's it, I'm done, take the license burn it, I would do whatever it takes to at least keep it active you know, and you don't have to practice but don't let the license lapse. Do your CMEs, pay the renewal fees, pay the malpractice if it's required. Prescribe to your families if you have to, anything to just keep a foot in the door. It doesn't mean you're going to get a job because the job is a different story because now they're going to ask you questions as to your experience, what you've been doing, but at least you have the license. It's active, you can open up your own practice if you wanted to. There's more doors open to you with that license than without it.



HF: And I know some physicians are concerned that even if they do those things that somehow not being in practice is going to prevent them from renewing their license. So let's just say, a physician stops practicing but they pay their dues, they do the CME. In general, should that be enough, no matter what non-clinical work they're doing for them to keep that license active?

A: Yeah, it usually is. It doesn't really come up too many times about what are you actually doing. As long as you do your CMEs and as long as you pay the fee and you're still an active physician. So, that definitely was the case with me. They don't ask for a CV or anything. They may ask for the NPDB report but again for renewals, if you're keeping up, every biennium and doing it, it usually doesn't come up.

HF: Now, can you talk a little bit about when a physician wants to get licenses in another state? Maybe they're wanting to do telemedicine or do something where it would be a benefit. What's a good way to approach that?

A: Have your records handy because the biggest issue we run into is that doctors they don't have good CVs. They don't have the records really handy and they might get mad at us because we're stalled on certain points, but we can't make up the information, you have to know what days, when you went to medical school. It has to come with the months and the years. We have to know when you started and when you stopped. We have to know where you did your post-graduate training.

The states also want to know which exam you did. Whether it be the NBME, the COMLEX, there's FLEX, USMLE and they want to know when you took all the parts. If you passed or you failed. If you failed a part, and you needed to take it again, they need to know every single time you took that. So get all of that stuff ready, have it ready to go and seek help if you need it but you're going to need those records.

HF: And can you talk a little bit about the interstate medical licensing compact for multiple licenses?

A: Yeah, it's a really good program. It's like the embryonic stages of a national licensing program which I think we really need, even though it would hurt my business but it's really actually good to be able to move around. The nurses have it, we have a nurse multi-state licence, you can practice in 49 of the 50 states. So if doctors should have something similar to that, there's no reason why it should be that different from one state to the next.

They have their requirements and it's usually going to be only if you are living in a state that it's already part of the compact. You have to live in one of those states and that



state has to serve as a state of principal licenser. So if you have a license in, say, Illinois, you need to apply again to Illinois for the compact and then if they accept you, boom! Instantly you have access to up to 25 different states and you can just, all you have to do is pay the fees for the license. You don't have to go through all the verification process, all of the other parts, the background checks, or all the other things.

So you just need to do one application, get accepted to the compact and boom, you're instantly accepted into all those other states. And it's much faster, cheaper, you know, you have access to all those states but you do have to keep up with it. Now you'll have to keep all those things renewed. You do have to do the CMEs and report it to all these states so, it has the same burdens of multiple licenses, it's just easier to get.

HF: Is that something that you help physicians with if they have all those licenses to be helping them keep up with these things?

A: Yeah, that's a service that we offer as well. We do a license maintenance which we call it, which is like a tracking. We have in our system a tickler which reminds us when the renewals are up and then it also will notify us if the doctor is short on CMEs. We ask that once they do a CME course and once they get the verification of the course, to send it to us, we'll upload it into our platform and once it's ready to go, we just say, Hey doctor, this license is ready to be renewed. He wants to renew it. He says yes, just has to pay the fee for the renewal fee and we do it, that's it, every two years.

HF: Nice, it can definitely be worth it!

A: For multiple licenses, I don't know how you would keep track of it, it's impossible.

HF: I know this is like a crystal ball kind of question but do you think there could be a day in the near future, or further future, where there is just one license, a national license?

A: Just from what I see about the boards, they're kind of like, in some cases they seem to be a little bit backwards. There are some states now that are moving away from electronic signatures and they want wet signatures again. So when I see stuff like that, where it's like, come on, this is the opposite of the way we should be going, it makes me a little pessimistic that they would do this nationally. Some states they're really, really behind the times but I think that in the process of modernization of health care in general, licensing a physician needs to be a part of it, needs to be modernized and one license for one country instead of each state.

HF: What do you think is underneath some of that backwards trend, as you call it, with the boards?



A: Maybe it's lack of funding for them, maybe it's low staff., I don't know. It seems, especially the latest ones were, they'd been accepting it, and then all of a sudden, they stopped. I don't know if they've had some doctors come with fraudulent activities or anything – I'm only speculating – I can't imagine what makes something move backwards, at least technology-wise.

HF: Now, sometimes physicians who have an issue, or they're sort of worried about an issue with their license, might ask me, are there certain states that are more lenient if I were to get a license with them? Have you seen anything like that when there's some kind of a questionable or sketchy past?

A: I mean it always depends. A malpractice is not a deal-breaker, it's okay. A felony usually is. I haven't seen too many doctors be successful with the felony. Things like perhaps a physician, the drug program, where they've had an issue with opioids or something. A lot of states are okay with that as long as you show all the documentation and show the proof that you've completed it and that you've been clean.

Some, again, Illinois is another one, is they'll put you on hold and they'll try and investigate everything and ultimately, it's up to one person or very small [number of] people. So it's hard to generalize because the rules are black and white, but the interpretation and the disposition is usually up to people. So it could come down to yes or no.

HF: So before we actually started taping, you and I were talking about the situation with temporary licenses during COVID and how that might be helpful for getting a permanent license. Would you like to revisit that?

A: Yeah sure. There's still a lot of states that are in a state of emergency, due to COVID, so a lot of the governors have signed executive orders allowing physicians from out of state – in some cases even like New Jersey allowed international physicians to get temporary licenses - so as long as your license in another jurisdiction will allow you to get a temporary license to practice, whether it be in person or telemedicine, not necessarily all the states. I would advise you to go the Federation of State Medical Boards, FSMB.org, and there's a COVID section there and they're pretty good on updating all of the states that have waived or loosened the requirements to get licenses, or at least, on a temporary basis.

One of the things we were mentioning is that it doesn't seem to carry over to the permanent. Now, the permanent is still run by the state boards and the state boards are moving at their same pace or slower than before and they're not budging on the



requirements. The temporaries come from the governor's office, the state office, and they are quick, you can get those within the week. But as far as the permanent ones, you're still going to have to go through the process. So it's helpful in letting you practice while the permanent one is being processed and it's helpful if you really just want, not working and you want to go somewhere and start working right away, temporary is good for that. But don't think that it doesn't automatically lead to a permanent.

HF: And just to repeat that site?

A: Federation of State Medical Boards, FSMB.org.

HF: So just to repeat that site that you said, it was for the Federation of State Medical Boards. So FSMB.org?

A: Yes.

HF: Okay, thank you, perfect.

A: And there's a COVID19 resources in there you can see.

HF: I wanted to just mention a little story from a physician, it's actually a great story, who got back into practice after being out 13 years to raise her kids and we were just reviewing it the other day, so I thought I'd share it here because there are some great points here. So she had, she's internal medicine, and she practiced for about 7 years with a group before she went to raise kids and took that break, but she also had another business during that time.

Then she decided she wanted to go back into medicine, so what did she have to do? The good news is that she had maintained her license the whole time. She had kept up with CME, she paid her dues and did all those things but additionally, she had kept in contact with the other physicians. There was a group that was in her specialty practice and they would have dinner like every six months or so and even though they went their separate ways, they kept in contact and they had a very high opinion of her and they also knew what kind of physician she was.

So when she actually applied for her first job re-entering into medicine, she had these great recommendation letters and she had also kept up on her CMEs as she felt she knew current medications and she was up on the latest things.

And in addition, she did a full board review course and she recertified for her boards. And when she went to get this job and interviewed she had to talk to the CEO of the hospital about getting privileges there, and it was a little dicey because she had been out



for a good amount of time, but it really was those strong letters of recommendation, the fact that she had kept up, educating herself and had put in the effort. And that just shows the responsibility of maintaining all these things over time.

I thought that was a great story. Just how it's not easy, not everybody was willing to grant her an interview, but she did get a job, she's back in practice and it's working well.

A: Yeah that's great. She kind of knew going in that she wasn't done with medicine, that she'd probably want to come back at some point, right?

HF: Yeah, and even when it's a question mark, like you said, it's just so much better to hold onto it than have to go try to pull it out of a deep, dark hole! It can feel like it's slipped through the cracks and you're never going to get it back and that's a painful feeling for sure, absolutely.

So just a final question, which is, can you talk a little bit about the different things you help physicians with? I know we touched on some of them, but if they came to you, how you would help them?

A: Our service is for doctors who are really, they're busy. They're working, they're actively practicing and they don't have time to deal with this stuff because it's easy to fill out an application and send it but that's just the first part. The real pain of this business is following up with the boards, following up with the medical school, following up with the post-graduate training facilities, the US facilities, all the credential holders, all the people that you have to deal with, it's hard and it takes a lot of time and it's a lot of following up.

And people who are practicing they're too busy for that. If you're a new doctor, you have time, you don't have any jobs, you can do this yourself, it's not a problem. You know yourself better than we would know you but anybody who's got any kind of practice going on right now, you don't want this headache. Let somebody else handle it for you. I tell the doctors all the time, this is time versus money and you're going to pay a little bit but you don't have to do it and you've saved all that time and you can go about your day and you can practice and not have to worry about it.

HF: It's really nice to know about your service, would you like to tell folks how they can get in touch with you?

A: Yeah sure. I mean our website is medcallicensing.com. I can always be reached. I'm there Monday through Thursday as you know I do practice on Fridays so I'm not there, but somebody's in the office, you can always get a hold of them. I can be reached at



800-849-2168 or you can just email me, shoot me an email at arnold@medicallicensing.com. I'll be glad to speak to you or answer any questions you might have.

HF: Perfect. Well, this has been a lot of fun. We're talking about a really important topic and if we can even help just a few doctors, not have to go through the stress and duress of getting that license back, it's worth it.

A: I wish I'd have known. I wouldn't want to go through this whole thing again!

HF: Definitely, definitely. Alright, well thank you so much, Arnold, for being on the podcast and we'll check back with you later on

A: Sounds good, anytime Heather.

HF: Okay, thank you.

A: Goodbye.

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