



EPISODE 107: Increase Your Chances of Getting Hired With Additional Licenses - Here's How!

With guest Dr. April Palmer

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello, hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode 107. Many of you who are listening know what it's like to go through the often time consuming and arduous process of getting a medical license.

When I was finishing up my residency in Florida, I had purchased a dermatology practice in Austin and needed to obtain a Texas license. As part of this process, I had to fly to

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Austin to take the medical jurisprudence exam, which was all of 45 minutes. The morning of the test I was driving from a friend's house who lived outside of Austin and I got caught in traffic and almost missed the exam. I still remember the proctor lady frowning at me as I ran into the closing door. To be frank, the test seemed like a waste of time and money. You still have to take this test for a Texas license, but thankfully it can be done online.

We all need one state license to practice, but there are some situations when it can be helpful to have additional state licenses, such as when you're doing telemedicine or applying to certain nonclinical jobs.

Wouldn't it be great to be able to have a more streamlined way of applying for multiple licenses? Well, there is. Today we're talking about the Interstate Medical Licensure Compact, also known as the IMLC. This compact makes the process of getting a license in additional states much easier. My delightful guest today, family medicine physician, Dr. April Palmer, is going to share some very helpful information about the interstate medical licensure compact. She will be discussing how this process works, the time and cost involved, why she looked into this option for herself and more. Without further ado, it is my absolute pleasure to welcome Dr. April Palmer to the podcast. Well, howdy April? How are you?

AP: Hey there, Heather. I'm great. How are you? Thanks for having me.

HF: Oh, I'm so delighted to have you here and I really appreciate you coming on to talk about this topic.

AP: Sure.

HF: I would love it if you want to tell us a little bit about you and what was going on when you first reached out for coaching and how it led to where you are now.



AP: Yeah. I'd be glad to share it. It feels like a long journey at this point, even though it really hasn't been. It feels long. I made so much progress in my career and I'm glad for that before I contacted you. And really the reason I contacted you is I've been in private practice for 16 years and was doing honestly well and was successful in what I was doing and the care for my patients. But I began to feel over the last several years much more discouraged and much more just unhappy in practice. And some of that is burnout and I know that that is a frequent topic on the podcast and a frequent topic with physicians in general. So, burnout, and then on top of that, right at the point that I was feeling the most overwhelmed, that's when the pandemic hit.

HF: And it's a pandemic of burnout. Absolutely.

AP: Pandemic of burnout. Yeah. And then in primary care, which I know again, a lot of your folks identify with, the buck stops with you. And so, everything falls back on let your primary care physician take care of that or research that or fix that honestly. For me, that became something that was more challenging, frankly emotionally over the years. And the feeling of people knocking on my door to use an analogy you and I have talked about before with problems over and over and over just started to weigh a little more heavily on me.

And in addition to all of that, I felt stuck in my practice, in an outpatient primary care setting. That's really all I felt like I could do. I didn't feel like I had a lot of chances to change up my, frankly, even day to day routine or my career prospects or those types of things. So, it wasn't a great feeling at that point.

HF: Where would you put your satisfaction level at that time you reached out on a scale of zero to 10? With 10 being you loved what you were doing and zero, you're ready to run out the door.

AP: I thought about that a lot back then. I would've ranked it around two, which sounds pretty pitiful. And the other thing too that I didn't share is just trying to, again, make more sense of who I am as a person and personally what I needed. In contrast, honestly, with what my career was providing me, I realized some important things. Like my best weekends, how sad is this? My best weekends were when I could plan to work all weekend and get caught up.

HF: I remember you saying that you felt guilty if you weren't working on the weekends trying to catch up. And that was your plan, your goal, to get caught up on the weekend.

AP: Yeah. Because otherwise on Monday all the charts and all the phone calls and everything else start again. In going through this process, I just started doing some looking around for things on the internet and found some Facebook groups and found some other organizations and people that started to talk about a different path.

It was eye opening and life changing to me to realize I could do something different than what I was doing. Other people can change careers and change jobs and we as physicians most of the time or very often, we can't. Particularly if we have a certain specialty, we can't change out of that specialty and we can't rewrite the way that we practice the way that we have a job. And all of a sudden, it was a real thing, that, "Wait, people do this and people make changes."

And in that whole process, I found your podcast and started listening to those on a regular basis and also as part of the email group that you send out. Every Thursday you send out email too as well. And it just became at the risk of just sounding over inflated, because I'm not, it became really a lifeline kind of that something else is out there.

And as I got more and more, the switch started to happen more kind of hopeful and less hopeful about my current job and more hopeful about a change. I finally said, "I need

some help to do this.” And that's when I reached out to you.

HF: I'm sure a lot of the listeners are relating to what you're saying. And I know when I was in dermatology practice, I would think of the family physicians and wonder how they can do that job because it seems so hard to me. And this was before the EMR, this was before there were so many of the administrative burdens that you are all working under. And it made me feel sorry for so many of my colleagues. And now what I'm seeing today is just even very young physicians first year out in practice are not finding the joy because there's such a heavy burden that it's hard to enjoy the parts that we really thought we would be enjoying.

AP: Yeah. And fortunately for me, that didn't happen to me that early on in my career. I had some years that I enjoyed what I was doing for sure. And I'm proud that I made a huge difference in a lot of lives and in my community and those things. But I think it's a sad place that we have people in every stage of their career that are all kind of saying the same thing.

HF: Yeah. We don't want it to stay this way, but right now we have to take care of ourselves and do what we need to do.

AP: Yes.

HF: Would you like to just share briefly how you came into finding the IMLC and deciding that was something you wanted to look into?

AP: Sure. Heather, when you and I worked together, you have a process that you go through to help, first of all just sort of identify, this is my recollection, to identify what you want. And that was a huge thing to me. Nobody had really ever asked me, “What do you want from a career? What are the personal things that are important to you in life and then in a career and what do you need from that?”



And so, it starts to help to focus and say of all of these, this cloud of nonclinical career options, where do I point myself? And so, in the work that you and I did, we decided that a good fit for me to explore was utilization management careers. And those are usually in the managed care industry. And so, that's where I started. We worked on a resume in depth. We worked on a LinkedIn profile. And you have those courses and videos that I used all really helpful because I just needed direction. It was a good specific direction.

But we worked on all of these things. I did some interviews with other people in the field, some informational interviews. And so, the word on the street was that I was a great candidate, that my experience was excellent. And I had actually done a little utilization management, a very small amount on the side as kind of a curbside or a side job a few years ago. So, I knew a tiny bit about it.

HF: Right. You were doing some chart review as an independent contractor. Yeah.

AP: Yeah. And so, everybody was basically saying, "Hey, you're a great candidate. You have a lot of experience, you can speak well, you can write well, you've got a great resume, great LinkedIn." And honestly, I just wasn't getting a lot of interviews, really very few interviews. And it was kind of puzzling really to anybody that I talked to.

And I realized that a lot of the positions were specific about the license that you had. My license is in Louisiana. I realized very quickly in this that Louisiana is not a desirable license. Meaning that does not benefit me whatsoever. And the fact that that was the only license that I had meant that I didn't qualify for a huge amount of positions that were out there.

And so, my decision to change that led me to look at the IMLC because I thought if I can have more licenses on my portfolio or on my resume, that would help me to get more interviews and more jobs. So, I started down that process.

HF: Thanks for that explanation of why you decided to look into this option. Can you tell us a little bit about the interstate medical licensure compact? Which we'll be referring to as the IMLC going forward to make it easier.

AP: I had heard about the IMLC here and there over the years, but didn't really know very much about it. And then I started to research. It's a compact of state license boards that started... The concept began around 2013, but in 2017, they were able to enact this organization. And basically, it's exactly what it says, interstate medical license compact. They are able to facilitate physicians having multiple state licenses significantly easier and quicker than going through the individual states.

When I thought I needed to have a couple of licenses on my belt, honestly for the UM jobs and for whatever else I might choose to do down the line, that seemed like a really good fit because as I said, it was streamlined.

HF: And these were health insurance jobs that you were wanting to apply for in general and also some benefit management companies?

AP: Yeah, that was the original goal. But at first when I started all of this, I was thinking, "Do I want to do telemedicine?" And for telemedicine positions, having multiple state licenses is almost a necessity for that. So, I didn't know if that would be something that I would do either full-time or on a part-time basis. There are locum opportunities. Lots of different types of positions can benefit obviously from having multiple state licenses. I just thought it seemed like a good career investment, frankly.

And when you decide to work with the IMLC, there are at the moment 37 states that participate. And also, Washington, DC and Guam. And so, not every state obviously in the country does, but, but the vast majority do. And that means as soon as one is certified through that IMLC, you can get 37 state licenses very, very, very quickly. Which



is a super neat concept, especially considering how bureaucratic this process really is. I started the work on that and the initial application and went through it and finally came out at the other end. And now I have other licenses under my belt.

HF: Yeah, it's a wonderful organization and they keep working on adding additional licenses. So, you can go to the site, which we'll link to and check the map. It shows you the participating state. Can you tell us a little bit, April, about the process that you went through?

AP: Yeah. Their website, which I know you're going to share, is really helpful. It is a very simple website. It has a lot of information including really good frequently asked questions and some videos and other things. So basically, you click start, start the application and you answer the questions. And the initial part is really not that complicated, honestly.

As far as fees go, I'm sure we'll touch on that later but it is a \$700 fee upfront. And they're very specific about, you have to meet the qualifications for this program. If you don't meet the qualifications, there's a list of them. If you don't meet the qualifications, then that money is forfeit. That was the initial financial investment. What happens after that is they send your application to your state. That is called the state of principal licensure or the SPL. And for most people, that's going to be the state where they live and where they currently have a medical license.

What happens at that point is it's all in the hands of your state or however long it takes them to process that. When they finish their processing, they send what's called a letter of qualification back to the IMLC. And then at that point, again, it's really very simple. They finish it within a few weeks, you pick your state licenses and you go from there.

So, it starts with the IMLC. They direct you along the way and how to deal with your own state work through that process. And then everything goes back to the IMLC to finish out.

HF: What was your experience like with Louisiana being your primary state?

AP: Well, I'm going to try to be as positive as I can and at the same time being honest. Louisiana is not known to be the quickest or the simplest to do things. And my experience with the IMLC was incredibly positive. My experience with my own state was not. There is a list. If you look at the IMLC and you kind of dig through the website, you can find how long it typically takes to process these applications. And there's a vast range. Louisiana was past the longest.

HF: Oh, no.

AP: The longest time it could take to process this. And most of that, I firmly believe is because they insisted to do everything on paper. I had to do their requirements, mail it in, wait on them to mail something back. And when you look at how other states do this, and not all, I'm sure that everybody has their bureaucratic issues. But when you look at how other states do this, very many of them do it totally electronically. There's a form submitted. Even some things that need to be notarized, you can use E-notaries, facilitate and pay for those things. Louisiana, as I said, is totally paper driven. And then when they would receive the paper, they would say, it will take us weeks to acknowledge the receipt.

HF: Painful.

AP: Acknowledge the receipt it will take us weeks to process. So, the thing is, and I don't know how other states do, I can't attest to that. I have a feeling a lot of states will do the same thing. They made me reapply through the Federation of State Medical Boards or

the FSMB. And some of you who have been in practice for a long time may not remember when we did this many, many years ago, but that's the organization that has access and a record of all of our residency, college, even things like your transcripts from college and medical school and your USMLE scores.

So, I had to redo that, again, directed by my lovely state. I had to redo that with the cost involved for that. Finish up that whole process, submit many, many other things including going to the local police office and being fingerprinted.

HF: Oh, no.

AP: And then mailing the fingerprints back to them. So regardless, it took almost 12 weeks for my state to process that application, which was considerably longer than it should have taken, at least compared to some other states.

HF: April, let me ask you, had you seen on the website where your state was beyond the longest or the longest there before you started the process? Or did you figure that out later?

AP: No, I didn't notice before I started the process. And I don't know that it would've mattered because you know how when you get a form and it says, "Hey, this could take two to six weeks." Well, you're really kind of thinking it's probably going to take two. Well, it didn't. It took 12.

HF: Oh, my gosh.

AP: And that's okay. It's behind me now. But at that point I was really frustrated because in my mind this was keeping me from XYZ opportunity. If they could just finish this, then I could get these licenses and I could apply to positions that said you have to have a

license in Texas or Alabama or wherever else you want to be. And so, in my mind it was going to broaden my prospects significantly and I was just ready for that to be done.

Once that state is finished, they issue a certificate of qualification that goes back to the IMLC and then everything gets processed from there. So, that was the only frustrating thing that I had in all of this, was just waiting on that.

HF: Yeah. For people who are listening might be thinking, "Oh, my gosh, this sounds like more work. It's not really saving me time." But as from what you're saying, April, other states could be much more streamlined, quicker. You may not have to wait all that time. And then once that happens, I think the process really starts rolling.

AP: It does. And I don't want to portray anything in a more negative light than what I feel it was just at that time I was very frustrated. Now looking back and in retrospect, of course, it didn't seem like that big of a deal anymore. But every state has their process that they're going to go through.

And what I also found by calling the IMLC, they're very helpful. They will answer the phone quickly and answer whatever you need right away. But they basically were able to inform me about kind of where I was in the process. And they said, I would not recommend that you do anything individually through the states at this point. This will, I promise you, still be quicker than individually going through the different states. And it's almost like you have to pull the Band-Aid off with your principal state. But you don't have to do that with each individual state after. You're doing it one time. And I would hope that whoever your listeners are, I would hope that it's a little bit simpler for them.

So, don't be discouraged from this compact. I think it's an excellent thing. Just realize it might take a little bit longer depending on your state and frankly kind of how progressive they are with all.



HF: Well, we're going to take a quick break here and then when we come back, I want to talk about a few more details of this process. And so, don't go away, we'll be right back.

LinkedIn has been one of the most helpful resources for my clients in landing great jobs. Initially, many of them were reluctant to put themselves out there and network on this platform, but once they created a profile and learned how to use LinkedIn strategically, they had a lot of success.

My LinkedIn for Physicians course shows you how to create your own standout profile, have success networking and land nonclinical jobs. To learn more about this online course, go to doctorscrossing.com/linkedincourse or simply visit the Doctor's Crossing website and hit the products tab at the top of the page. Now back to our podcast.

We are back here with our guest, Dr. April Palmer, talking about the interstate medical licensure compact. All right, April, you are now onto the next phase. So, if someone wants additional licenses, how does that work?

AP: When you finish, you get your letter from the state, you go back to the IMLC or you go back virtually and you basically choose the original licenses that you want to get. There is a list on the IMLC website that says how much each license costs, that is the next step in the process. You pick however many licenses you want to get, whichever participating states. And then the process goes from there.

When you want to renew later, every renewal also goes through the IMLC. So yet again, you're not having to send individual documents back to each state. You do have to pay renewal fees and licensure fees for every state that you have. But those are, again, much more handled bureaucratically by the IMLC. And so, it's a much more simple process of signing forms and paying the renewal fee to the state.



HF: This is where the benefit really kicks in. What are some of the ranges of the fees for the licenses that you've seen?

AP: There is, again, a chart on the website and the cheapest license that I saw was \$65. Of course, that's one I applied to because it was like, "Why not?" It was so inexpensive.

HF: And what state was that?

AP: That was Alabama.

HF: Oh, right.

AP: I don't know that it's going to be that cheap going, but that was the initial cost of it. And then some of the other ones, there's \$110. I believe that's in Wisconsin. And then the most expensive of all is one of the most desirable of all of them. And that's Texas. Texas is \$814 by far higher than everybody else.

HF: It's that jurisprudence stuff. They just got to get rid of that thing.

AP: Well, that does not include the jurisprudence. And that's actually a good point. Once you are in contact with these states, then they may have a few extra requirements. They're not a ton, but Texas for instance, is the only state that does that jurisprudence exam. So, they give you direction on how to take that. It is an extra fee. It wasn't a lot, but that was on top of the original. The range is anywhere from \$65 up to \$814. And that's all on the website.

HF: I think in Texas you also have to show you can two step.

AP: Well, I wouldn't have been able to get a license then.

HF: All right. I think we've covered a lot of the basics about this great compact. And the website really is fantastic, as April said, lots of FAQs. So, feel free to go on there. Is there anything else that you think we should mention now, April, about this program?

AP: I think it's a really great tool and I think it opens doors for me. It made me feel more confident about my applications and my finding a position and I was able to find something that I really, really, really love. But I think it can be applicable to people in different specialties and different career paths.

And then the last thing I would say too is if you are listening and you feel like you can't do anything different, I'm somebody that says that you can. I was very scared to make a leap to make a change and had a lot of fear involved in that. And I am on the other side and I'm so, so grateful that I've been able to find a job that is much more satisfying personally and professionally.

HF: Where would you say your satisfaction level is on a zero to 10 scale at this time, April?

AP: Well, I can't say 10 because nobody's ever 10. I would say nine, honestly. And it just feels so much better. And I end the day thinking, "Wow, I actually really liked that. I never thought I would say that."

HF: Well, I'm really happy for you and I remember how you felt when I talked to you and you were suffering a lot and you really cared about your patients and you were going to do the best by them, but you weren't having a life.

AP: Yeah, that's accurate. It wasn't a good place.

HF: Oh. So, congratulations and thank you so much for coming on the podcast and talking about this really great program. I'm sure it'll be useful to some of the listeners. So, thank you, April.



AP: Sure. Thanks for asking me.

HF: All right guys. I hope you found this to be fun and informative. Don't forget to carpe that diem and I'll see in the next episode. Bye for now.

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Podcast details

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