Uniform Application for Physician State Licensure (UA)

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In 1995, a centralized repository of physician core credentials was created. Nine years later, the common licensure application form (CLAF) was finally established, and since 2006, 28,000 applications have been filed. It is quite a success story.

From its initial stages to its current success, much has occurred. A year after its creation, technology first supported the alternative licensure model to reduce the burden of multi-state licensure process. In 2002, the call was made for a license application with a model for an expedited endorsement.

Two years after CLAF was established, HRSA (the Health Resource and Service Administration) contracted the Federation of State Medical Boards (FSMB) to design a multi-state demonstration project. A year later, in 2007, the first of three, 3-year HRSA license portability grants was awarded to FSMB. In 2008, CLAF evolved into the Uniform Application for Physician State Licensure, commonly known as the UA. FSMB refined its focus in 2010 and received a second, 3-year grant, with a third grant awarded in 2012. All had a $350,000 –per-year budget.

What is the Uniform Application?
For this web-based application, physicians, both U.S. and foreign-trained, may log onto the site and are guided to a particular state. The core of the application captures common questions of a state’s license, including identification data, medical and graduate medical education, licensure history, possible malpractice claims and work experience.

Each state’s addendum captures the state’s unique questions and helps maintain the board’s autonomy.

The application is a benefit to both state boards and physicians. It reduces costs for states, as grants may be available to offset part or all of the implementation costs. It saves time because it
simplifies the data retrieval process, offers a paperless office environment with online forms and frees up licensing staff time with precise, verified data that integrates with licensing software. It is also a vendor-neutral system that can be implemented everywhere.

The benefit to physicians is that UA is quick and portable, with broad adoption that enables data re-use. It's also easy to use because it has smart fields suggesting content and creates synergy between FCVS (Federation Credentials Verification Service) & UA. About 70% of applicant data is pre-populated and is in a secure data repository, utilizing latest security technology. Support is available for both the boards and physicians.

Seventeen state boards have adopted UA so far, several of which received grant funding. Current users are Iowa, Idaho, Indiana, Kansas, New Hampshire, Minnesota, Ohio, Washington Medical, Washington Osteopathic, Wyoming, Rhode Island, South Dakota, Vermont Medical, Oklahoma Osteopathic, Montana, Nevada Medical and Maine Medical.

Iowa, by the way, pioneered the idea of using the UA as a reporting tool. It is really blazing the trail, using it for three licenses.

Fifty-three other boards are discussing UA, and several will be going live soon, including the Virgin Islands Board of Medical Examiners, Alaska Medical Board, Delaware Board of Medical Practice, Colorado Medical Board, Louisiana State Board of Medical Examiners, Maine Board of Osteopathic Licensure and the Texas Medical Board.

**Improving the product**

In 2009, electronic applications with a paper addendum came into use and in 2010, the electronic addendum and XML feed were added. In 2011, we became fully electronic and integrated with FCVS, becoming an integrated web service and leveraging licensing software providers to develop an importer that can be re-used with different boards.

In 2012, a bi-lateral data transfer with FCVS was implemented, the attestation question discussion continued and we are evaluating the use of UA for physician assistants.

**Grant activity**

FSMB applied for a HRSA-OAT licensure portability grant (LP3) in January 2012 with three goals (1) to increase utilization and further enhance the UA, (2) to build on FCVS improvements to reduce credentialing redundancies and (3) to develop and test licensure models to facilitate multi-state practice. Grant support letters were received from 36 boards and HRSA awarded the grant in July 2012.

The application is very flexible and can include transcripts and everything a board would request. Start-up is simple, with just a few items, such as the state logo, needed to get the process started. In addition to the board’s licensing fee, users must pay a one-time $50 fee for
Ingo Hagemann, M.B.A., joined the Federation of State Medical Boards as director of the Uniform License Application program in November of 2010. Mr. Hagemann is spearheading implementation efforts of the Uniform License Application to be adopted by all medical boards in the nation. As a direct result, the Uniform License Application is supporting the License Portability initiative which benefits multi-state licensing and makes the licensing process for physicians more efficient and less redundant. Mr. Hagemann obtained his Bachelor’s Degree in General Business Administration from the University of Paderborn in Germany and his Master’s of Business Administration in e-Commerce from the University of Dallas, Graduate School of Management in 2001.