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Permits to Physicians to Serve As Interns or Residents in Hospitals in This State for the Purpose of Extending Their Education

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Permits to Physicians to Serve As Interns or Residents in Hospitals in This State for the Purpose of Extending Their Education

Sec. 20-44-1. Education permits for physicians ineligible for license

Physicians ineligible for licensure to practice medicine in the state of Connecticut, for lack of residence or citizenship requirements, or because they are graduates of foreign medical schools not accredited in this state, seeking permits to serve as interns or residents in Connecticut hospitals for the purpose of extending their education, shall complete the following application in all of its details and submit it to the hospitals for its endorsement, and shall file the same together with a ten dollar fee, to the Connecticut medical examining board.

APPLICATION FOR EDUCATIONAL PERMIT

I hereby make application for a first renewal permit to serve as an intern or resident an approved hospital in the State of Connecticut for the purpose of extending my medical education as provided in section 20-44 of the General Statutes of Connecticut for a period of one year from _____ to _____
date date

Name _____
Last First Middle

Place of Birth _____ Date of Birth _____

Present Address _____

I obtained my medical education at the following institution(s):

Name in full and location of institution(s)	Month	Year to	Month	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I received a degree of _____ from _____
 _____ in _____ (month) 19____

Subsequent training and hospital service _____

I am a citizen of _____ and entered the United States
country
 (or intend to enter the United States) on or about _____
date

on a student; visitor; or permanent (underline which) visa on Passport No. _____
 issued by _____ and expect to remain in the United States
name of country
 _____ months. It is my intent to accept an appointment as intern (or resident) in the
 _____ Hospital
name of hospital

located in _____ Connecticut.
 If the Educational Permit applied for is issued to me I accept it with full understanding that it is not a registration to practice medicine and surgery in the State of Connecticut and will not lead to such registration at a later date unless all requirements of Connecticut Statutes relating to registration to practice medicine and surgery are met.

Signature _____
 Date _____

STATEMENT OF HOSPITAL

I _____ acting in behalf of the

_____ name of hospital
certify to the identity of the signer of the above application and that Dr. _____
_____ for applicant herein, has been appointed an intern
(or resident) in this hospital for the period _____ to _____
(if a resident, state to which service the applicant is appointed _____).

Signed _____
Official title _____

Date _____

Sec. 20-44-2. Term of permit

Permits shall be for the term of one year from date of issuance and may be renewed at the board's discretion for an additional year in the original or another hospital in Connecticut upon reapplication by the physician.

Sec. 20-44-3. Cancellation or revocation

Permits shall be subject to cancellation or revocation (a) if the physician holding the permit is separated from the hospital where he is serving for any cause; (b) if in the opinion of the hospital he is not competent because of lack of education and training; (c) if the physician is guilty of unprofessional conduct or misconduct.