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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 _______.

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 (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 _______ name of country _______ and expect to remain in the United States _______ months. It is my intent to accept an appointment as intern (or resident) in the _______ 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.