20-44-1. Educational permits for physicians ineligible for license.

# Permits to Physicians to Serve as Interns or Residents in Hospitals in this State for the Purpose of Extending Their Education

## 20-44-1. Educational 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 in an approved hospital in the State of Connecticut for the purpose of extending my medical |                |                          |                       |                                  |  |  |
|--|----------------|--------------------------|-----------------------|----------------------------------|--|--|
|  |                |                          |                       | Connecticut for a period of one  |  |  |
| year from  |                | 3ection 20-44 of the C   | erierai Statutes Ur v | connecticut for a period of one  |  |  |
| year nom   | "<br>date      | date                     |                       |                                  |  |  |
| Name   | dato           | dato                     |                       |                                  |  |  |
| . tamo   | Last           | First                    | Middle                |                                  |  |  |
| Place of Birth   |                |                          |                       |                                  |  |  |
| Present Addre  |                |                          |                       |                                  |  |  |
|  |                | ucation at the followin  | g institution(s):     |                                  |  |  |
|  |                | of institution(s)        |                       | Month Year                       |  |  |
|  |                |                          |                       |                                  |  |  |
| I received a de  | egree of       | from                     | (month) 1             | 9                                |  |  |
| Subsequent tr  | aining and     | hospital service         | (11101111) 1          |                                  |  |  |
| Oubsequent th  | allilling aria | nospital scrvicc         |                       |                                  |  |  |
| Lam a citizen  | of             | and er                   | ntered the United St  | tates (or intend to enter the    |  |  |
| ram a onizon   |                | ountry                   | norda ind ormod or    |                                  |  |  |
| United States)   |                | •                        |                       |                                  |  |  |
| omica ciatos,  | 0 0. 0.000     | date                     | _                     |                                  |  |  |
| on a student: v  | visitor: or pe | ermanent (underline w    | hich) visa on Passr   | oort No.                         |  |  |
|  |                | and e                    |                       |                                  |  |  |
|  | name of        |                          |                       |                                  |  |  |
| montl  | hs. It is mv   | intent to accept an ap   | pointment as intern   | (or resident) in the             |  |  |
|  | ,              |                          | ,                     | `                                |  |  |
|  | n              | ame of hospital          |                       |                                  |  |  |
| located in   |                | '                        |                       | Connecticut.                     |  |  |
|  | nal Permit     | applied for is issued to | me I accept it with   | full understanding that it is    |  |  |
|  |                |                          |                       | Connecticut and will not lead to |  |  |
|  |                |                          |                       | ticut Statutes relating to       |  |  |
|  |                | edicine and surgery ar   |                       | Ŭ                                |  |  |
| <b>3</b> - 1 - 1 - 1 - 1   |                | 0,                       | ure                   |                                  |  |  |
|  |                | •                        | ate                   |                                  |  |  |
|  |                |                          |                       |                                  |  |  |

#### 20-44-2. Term of permit.

## STATEMENT OF HOSPITAL

| I  | acting in behalf of the                           |  |
|--|---|--|
| r  | name of hospital                                  |  |
| certify to the identity of the signer of the a | bove application and that Dr.                     |  |
| for the a                                      | applicant herein, has been appointed an intern or |  |
| resident) in this hospital for the period      | to  |  |
| (if a resident, state to which service the ap  | pplicant is appointed).                           |  |
| 5  | Signed  |  |
| (  | Official title                                    |  |
| Date   |   |  |

# 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.

#### 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.