

## **Providing Pro Bono Services at a Free or Reduced Fee Healthcare Clinic in Vermont**

Under Vermont law, [26 VSA 1395 \(c\)](#), a physician who holds an unrestricted license in all jurisdictions where the physician is currently licensed, and who certifies to the Vermont Board of Medical Practice that he or she will limit his or her practice in Vermont to providing pro bono services at a free or reduced fee healthcare clinic in Vermont, is eligible for a free Vermont license. There is no limit on the amount of such pro bono services that can be provided.

The physician must meet the Board's criteria and must file with the Board information on medical qualifications, professional discipline, criminal record, malpractice claims, or any other such information as the Board may require. The license granted authorizes the licensee to practice medicine or surgery on a voluntary basis in Vermont for a free or reduced fee clinic.

Of the basic requirements for a Vermont license, the following can be obtained through FCVS:

- Birth Certificate
- Copy of Medical School Diploma
- Medical Education Direct Verification
- Examination Scores
- Postgraduate Training Direct Verification
- Educational Commission for Foreign Medical Graduates (ECFMG) Certificate

If you have any questions about this process, please contact the Medical Licensing Specialist at (802) 657-4223 or the Executive Director at 802-657-4221.

To apply for a Vermont medical license, visit: <https://apps.health.vermont.gov/cavu/>



STATE OF VERMONT  
DEPARTMENT OF HEALTH  
BOARD OF MEDICAL PRACTICE  
CERTIFICATION OF MEDICAL PRACTICE LIMITATION

In accordance with Section 1395(c) of Title 26, Vermont Statutes Annotated, I hereby certify that I have applied for a license (without examination) from the Vermont Board of Medical Practice to practice medicine in the State of Vermont.

I further certify as follows:

1. I will limit my medical practice in Vermont to providing *pro bono* (free of charge) services at a free or reduced fee health care clinic in Vermont:

\_\_\_\_\_  
(Name of Clinic)

\_\_\_\_\_  
(Address of Clinic)

\_\_\_\_\_  
(Please Use Separate Form for Each Clinic)

2. I hold an unrestricted license to practice medicine in all jurisdictions where I am currently licensed to practice medicine:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Jurisdiction[s])

3. I have filed with the Board, on forms provided by the Board, information on my medical qualifications, professional discipline, criminal record, malpractice claims, and any other such information as the Board may require. I understand that this Certification shall not be deemed complete until the Board determines that all required information has been filed and that I have met all the Board's criteria for licensure.
4. I understand and agree that a license granted in accordance with this Certification authorizes me to practice medicine only on a voluntary basis in Vermont.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name Printed)

STATE OF \_\_\_\_\_)

SS

COUNTY OF \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Notary Public or Other Officer Authorized)