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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

\_\_\_\_\_ 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.