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| <b>DIVISION 1</b>                                   |   | <b>847-010-0090</b>  | Hospital Clinical Clerkships  |
| <b>PROCEDURAL RULES</b>                             |   | <b>847-010-0095</b>  | Peer Review   |
| <b>847-001-0000</b>                                 | Notice of Proposed Rule   | <b>DIVISION 12</b>   |   |
| <b>847-001-0005</b>                                 | Model Rules of Procedure  | <b>PATIENT'S ACCESS TO PHYSICIAN MEDICAL RECORDS</b>   |   |
| <b>DIVISION 5</b>                                   |   | <b>847-012-0000</b>  | Patient's Access to Physician Medical Records   |
| <b>FEES</b>   |   | <b>DIVISION 15</b>   |   |
| <b>847-005-0005</b>                                 | Fees  | <b>GENERAL LICENSING RULES, RELATING TO CONTROLLED SUBSTANCES</b>  |   |
| <b>847-005-0010</b>                                 | Copying Charges and Charges for Board of Medical Examiners Documents  | <b>847-015-0005</b>  | Schedule II Controlled Substances — Bariatrics Practice   |
| <b>DIVISION 8</b>                                   |   | <b>847-015-0010</b>  | Schedule IV Controlled Substances — Bariatrics Practice   |
| <b>REGISTRATION, USE OF NAME, CHANGE OF ADDRESS</b> |   | <b>847-015-0015</b>  | Maintenance of Controlled Substances Log by Prescribing Practitioners   |
| <b>847-008-0000</b>                                 | Definitions   | <b>847-015-0020</b>  | Maintenance of Controlled Substances Log — Ambulance and Medical Rescue Services Receiving Controlled Substances from Physicians                      |
| <b>847-008-0005</b>                                 | Registration Periods  | <b>847-015-0025</b>  | Dispensing Physicians   |
| <b>847-008-0010</b>                                 | Initial Registration  | <b>847-015-0030</b>  | Written Notice Disclosing the Material Risks Associated with Prescribed or Administered Controlled Substances for the Treatment of "Intractable Pain" |
| <b>847-008-0015</b>                                 | Active Registration   | <b>847-015-0035</b>  | Attending Physicians Prescribing Medications to Physician Assisted Suicide Patients   |
| <b>847-008-0020</b>                                 | Locum Tenens Registration   | <b>DIVISION 20</b>   |   |
| <b>847-008-0025</b>                                 | Inactive Registration   | <b>RULES FOR LICENSURE TO PRACTICE MEDICINE IN OREGON</b>  |   |
| <b>847-008-0030</b>                                 | Emeritus Registration   | <b>847-020-0005</b>  | Application for Licensure   |
| <b>847-008-0035</b>                                 | Retired Status  | <b>847-020-0007</b>  | Basic Requirements for Licensure of an Approved Medical School Graduate   |
| <b>847-008-0040</b>                                 | Process of Registration   | <b>847-020-0010</b>  | Documents to be Submitted for Licensure   |
| <b>847-008-0045</b>                                 | Failure to Apply for Registration   | <b>847-020-0015</b>  | Letters and Official Grade Certifications to be Submitted for Licensure   |
| <b>847-008-0050</b>                                 | Reinstatement of License Lapsed Due to Non-Renewal  | <b>847-020-0017</b>  | Written Examination, SPEX Examination and Personal Interview  |
| <b>847-008-0051</b>                                 | Reinstatement Following Surrender of Licensure  | <b>847-020-0018</b>  | Endorsement or Reciprocity, Oral Examination, SPEX Examination and Personal Interview   |
| <b>847-008-0055</b>                                 | Reactivation from Inactive/Emeritus to Active/Locum Tenens Status   | <b>847-020-0020</b>  | Denial of Licensure   |
| <b>847-008-0060</b>                                 | Notification of Change of Location  | <b>847-020-0030</b>  | Required School Subjects  |
| <b>847-008-0065</b>                                 | Use of Name   | <b>DIVISION 30</b>   |   |
| <b>DIVISION 10</b>                                  |   | <b>RULES FOR LICENSURE TO PRACTICE MEDICINE IN OREGON PERTAINING TO A GRADUATE OF A FOREIGN MEDICAL SCHOOL</b> |   |
| <b>GENERAL</b>                                      |   | <b>847-030-0001</b>  | Definition  |
| <b>847-010-0005</b>                                 | Tenses, Gender, and Number  | <b>847-030-0002</b>  | Application for Licensure   |
| <b>847-010-0010</b>                                 | Definitions   | <b>847-030-0005</b>  | Basic Requirements for Licensure of a Foreign Medical School Graduate   |
| <b>847-010-0012</b>                                 | Certification of Examination Scores and Verification of Oregon Licensure  | <b>847-030-0010</b>  | Documents to be Submitted for Licensure of a Foreign Medical School Graduate  |
| <b>847-010-0025</b>                                 | Refunding of Filing Fees — Reciprocity with a Sister State  | <b>847-030-0015</b>  | Letters and Official Grade Certifications to be Submitted for Licensure of a Foreign Medical School Graduate  |
| <b>847-010-0030</b>                                 | Refunding of Filing Fees — Written Examination  | <b>847-030-0030</b>  | Written Examination, Oral Examination, SPEX Examination and Personal Interview  |
| <b>847-010-0035</b>                                 | Refunding of Filing Fees — Endorsement by National Board of Medical Examiners, National Board of Osteopathic Medical Examiners, or the Medical Council of Canada (LMCC) | <b>847-030-0035</b>  | Endorsement or Reciprocity, SPEX Examination and Personal Interview   |
| <b>847-010-0038</b>                                 | Fee for Re-Application  | <b>847-030-0040</b>  | Denial of Licensure   |
| <b>847-010-0042</b>                                 | Posting Medicare Notice   | <b>847-030-0045</b>  | Criteria for Approval of Foreign Schools of   |
| <b>847-010-0045</b>                                 | Definition of Hospitals as Standard in the State of Oregon  |  |   |
| <b>847-010-0051</b>                                 | Limited License, Postgraduate   |  |   |
| <b>847-010-0052</b>                                 | Limited License, Visiting Professor   |  |   |
| <b>847-010-0053</b>                                 | Limited License, Special  |  |   |
| <b>847-010-0054</b>                                 | Limited License, Institutional Practice or Public Health  |  |   |
| <b>847-010-0055</b>                                 | Limited License, Institutional Practice, Public Health, Postgraduate  |  |   |
| <b>847-010-0056</b>                                 | Limited License, Fellow   |  |   |
| <b>847-010-0060</b>                                 | Limited License, Special and Limited License, SPEX are Valid Licenses   |  |   |
| <b>847-010-0063</b>                                 | Limited License, Medical Faculty  |  |   |
| <b>847-010-0064</b>                                 | Limited License, SPEX   |  |   |
| <b>847-010-0070</b>                                 | Competency Examination  |  |   |
| <b>847-010-0075</b>                                 | Reporting of Alleged Professional Negligence  |  |   |
| <b>847-010-0081</b>                                 | Physician Assisted Suicide  |  |   |

## Chapter 847 Board of Medical Examiners

|              |   |
|--------------|---|
| 847-030-0050 | Medicine<br>Protocol for Evaluation of Foreign Schools of Medicine      |
| 847-030-0055 | Recertification   |
| 847-030-0060 | Approval of Foreign Schools of Medicine by Other States                 |
| 847-030-0065 | Approval of Foreign Schools of Medicine by Foreign Accrediting Agencies |

### DIVISION 35

#### EMERGENCY MEDICAL TECHNICIANS, FIRST RESPONDERS, AND SUPERVISION PHYSICIANS

|              |  |
|--------------|--|
| 847-035-0001 | Definitions  |
| 847-035-0020 | Application and Qualifications for a Supervising Physician and Agent |
| 847-035-0025 | Supervision  |

#### Scope of Practice

|              |                   |
|--------------|-------------------|
| 847-035-0030 | Scope of Practice |
|--------------|-------------------|

### DIVISION 50

#### PHYSICIAN ASSISTANT

|              |   |
|--------------|---|
| 847-050-0005 | Preamble  |
| 847-050-0010 | Definitions   |
| 847-050-0015 | Application   |
| 847-050-0020 | Qualifications  |
| 847-050-0023 | Limited License, Postgraduate                                   |
| 847-050-0025 | Interview and Examination                                       |
| 847-050-0026 | Limited License, Special  |
| 847-050-0027 | Temporary Approval of Registration and Practice Changes         |
| 847-050-0029 | Locum Tenens  |
| 847-050-0031 | Use of Name   |
| 847-050-0032 | Notification of Change of Location                              |
| 847-050-0035 | Disciplinary Proceedings  |
| 847-050-0037 | Supervision   |
| 847-050-0038 | Agents  |
| 847-050-0040 | Method of Performance   |
| 847-050-0041 | Prescription Privileges   |
| 847-050-0042 | Registration  |
| 847-050-0043 | Inactive Registration, and Reactivation From Inactive to Active |
| 847-050-0045 | Termination of Approval   |
| 847-050-0050 | Termination of Supervision                                      |
| 847-050-0055 | Professional Corporation or Partnership                         |
| 847-050-0060 | Physician Assistant — Trainee                                   |
| 847-050-0065 | Administration  |

### DIVISION 70

#### ACUPUNCTURE

|              |  |
|--------------|--|
| 847-070-0005 | Definitions  |
| 847-070-0007 | Practice of Acupuncture by Physicians  |
| 847-070-0015 | Application  |
| 847-070-0016 | Qualifications   |
| 847-070-0017 | Clinical Trainees  |
| 847-070-0018 | Use of Name  |
| 847-070-0020 | Regulation of Activities of Acupuncturists                                     |
| 847-070-0025 | Disciplinary Proceedings   |
| 847-070-0030 | Revocation or Suspension of Authority to Engage in the Practice of Acupuncture |
| 847-070-0036 | Limited License, Special   |
| 847-070-0038 | Limited License, Visiting Professor  |
| 847-070-0039 | Registration   |
| 847-070-0042 | Notification of Change of Location   |
| 847-070-0045 | Inactive Registration, and Reactivation from                                   |

|              |  |
|--------------|--|
| 847-070-0050 | Inactive to Active                               |
| 847-070-0055 | Acupuncture Committee<br>Duties of the Committee |

### DIVISION 80

#### PODIATRISTS

|              |  |
|--------------|--|
| 847-080-0001 | Definitions  |
| 847-080-0002 | Application for Licensure  |
| 847-080-0010 | Requirements for Licensure   |
| 847-080-0013 | Documents to be Submitted for Licensure                                      |
| 847-080-0017 | Letters and Official Grade Certifications to be Submitted for Licensure      |
| 847-080-0018 | Endorsement, Oral Examination, Competency Examination and Personal Interview |
| 847-080-0019 | Registration and Continuing Medical Education Requirements                   |
| 847-080-0020 | Use of Title   |
| 847-080-0025 | Change of Address and Multiple Offices                                       |
| 847-080-0030 | Denial or Revocation of License  |
| 847-080-0035 | Approved Podiatry Colleges   |

### DIVISION 1

#### PROCEDURAL RULES

#### 847-001-0000

##### Notice of Proposed Rule

Prior to adoption, amendment or repeal of any rule, the Board of Medical Examiners shall give notice of the intended action:

(1) In the Secretary of State's Bulletin referred to in ORS 183.360 at least 21 days before the effective date of the intended action.

(2) By mailing a copy of the notice to persons on the Board of Medical Examiners' mailing list established pursuant to ORS 183.335(7) at least 28 days before the effective date of the rule; and

(3) By mailing or furnishing a copy of the notice to:

(a) The Associated Press; and

(b) The Capitol Press Room.

Stat. Auth.: ORS 183 & ORS 677.265

Stats. Implemented: ORS 677.265(1)

Hist.: ME 1-1988, f. & cert. ef. 1-29-88; ME 20-1994, f. & cert. ef. 10-26-94

#### 847-001-0005

##### Model Rules of Procedure

The Board of Medical Examiners adopts in their entirety the Attorney General's Model Rules of Procedure under the Administrative Procedures Act bearing the effective date of March 1986.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or Board of Medical Examiners.]

Stat. Auth.: ORS 183.341(4)

Stats. Implemented: ORS 183.341

Hist.: ME 4, f. 11-3-71, ef. 11-15-71; ME 26, f. 3-15-72, ef. 4-1-72; ME 27, f. 3-27-72, ef. 4-15-72; ME 30, f. 3-5-74, ef. 3-25-74; ME 32, f. & ef. 5-11-76; Renumbered from 847-060-0005; ME 2-1978, f. & ef. 7-31-78; ME 3-1980, f. & ef. 5-14-80; ME 6-1980, f. & ef. 8-13-80; ME 1-1982, f. & ef. 1-28-82; ME 5-1983, f. & ef. 11-3-83; ME 2-1986, f. & ef. 4-23-86; ME 14-1987, f. & ef. 8-3-87; ME 1-1988, f. & cert. ef. 1-29-88; ME 13-1988, f. & cert. ef. 10-20-88; ME 13-1988, f. & cert. ef. 10-20-88; ME 10-1990, f. & cert. ef. 8-7-90; ME 13-1990, f. & cert. ef. 8-16-90; ME 2-1992, f. & cert. ef. 4-17-92; ME 20-1994, f. & cert. ef. 10-26-94

### DIVISION 5

#### FEEES

**847-005-0005**

**Fees**

- Fees to be effective upon adoption:
- (1) Doctor of Medicine/Doctor of Osteopathy (M.D./D.O.) Initial License Application — \$270.
  - (2) Physician Examination fees:
    - (a) Physician Examination Application Fee (plus SPEX Exam fee) — \$100;
    - (b) SPEX Examination — \$240.
    - (3) M.D./D.O. Interview Reschedule Fee — \$100.
    - (4) M.D./D.O. Active (In-State) Registration Fee — \$165/year.\*\*\*
    - (5) M.D./D.O. Locum Tenens — \$165/year.\*\*
    - (6) M.D./D.O. In-Active (Out-of-State) Registration Fee — \$135/year.\*\*
    - (7) M.D./D.O. Emeritus Registration Fee — \$85/year.
    - (8) Limited License, Institutional Practice, Public Health, SPEX, Visiting Professor, Fellow, Medical Faculty, Postgraduate, Special — \$140.
    - (9) Acupuncture Initial Application/Exam Fee — \$245.
    - (10) Acupuncture Re-exam Fee — \$125.
    - (11) Acupuncture Registration Fee — \$125/year.\*\*\*
    - (12) Acupuncture Trainee Registration — \$50/year.
    - (13) Acupuncture Limited License, Special, Visiting Professor — \$50.
    - (14) Physician Assistant Initial Application Fee — \$175.
    - (15) Physician Assistant Registration Fee — \$60/year.\*\*\*
    - (16) Physician Assistant Supervising Physician Change or Practice Change Interview Fee — \$35.
    - (17) Physician Assistant Limited License, Special, Postgraduate — \$50.
    - (18) Podiatrist Initial Application/Exam Fee — \$250.
    - (19) Podiatrist Interview Reschedule Fee — \$100.
    - (20) Podiatrist Re-exam Fee — \$50.
    - (21) Podiatrist Registration Fee — \$160/year.\*\*\*
    - (22) Miscellaneous: All Fines and Late Fees:
      - (a) M.D./D.O. Failure to Register — \$100;
      - (b) Acupuncture Restoration Fee — \$50;
      - (c) Physician Assistant Restoration Fee — \$50;
      - (d) Podiatrist Restoration Fee — \$100;
      - (e) Dispensing M.D./D.O./D.P.M. Failure to Register — \$100.
    - (23) Certification of Grades and Licensure Standing — \$25.
    - (24) Directory — \$10.
    - (25) Affidavit Processing Fee for Reactivation — \$35.
    - (26) Reissue Certificate — \$10.
    - (27) Duplicate License — \$25.
    - (28) Name change for licensee (includes new license and Certificate of Registration) — \$50.
    - (29) Name change for applicant with a limited license (includes new Certificate of Registration) — \$25.
    - (30) Duplicate of wallet size card for license — \$10.
    - (31)(a) Verification of Licensure-Individual Requests — \$10 per license;
    - (b) Verification of Licensure-Multiple Requests (5 or more) — \$5 per license;
    - (c) Malpractice Search Fee — \$10 per license;
    - (d) Disciplinary Search — \$10 per license.
    - (32) Base Service Charge for Copying — \$5 + .20/page.
    - (33) Record Search Fee (+ copy charges see section 31 of this rule):
      - (a) Clerical — \$15 per hour;\*
      - (b) Administrative — \$25 per hour;\*
      - (c) Executive — \$35 per hour;\*
      - (d) Medical Consultant — \$50 per hour.\*
    - (34) Data Processing Labels:
      - (a) Oregon only — \$150;
      - (b) Complete (Oregon & out-of-state) — \$200.
    - (35) Data Processing Lists:
      - (a) Oregon only — \$100;
      - (b) Complete (Oregon & out-of-state) — \$100.
    - (36) Data Processing Disk — \$300.

- (37) Copy of Quarterly Printout of Active M.D.'s/D.O.'s — Each \$50.
- (38) Physician Handbook — \$15.
- (39) All Board fees and fines are non-refundable, and non-transferable.

\*Plus photocopying charge above, if applicable.

\*\*Collected biennially except where noted in the Administrative Rules.

\*\*\*All active registration fees include annual assessments of \$25.00 for the Diversion Program for Health Professionals and \$10.00 for the Oregon Health Sciences Center Library, and are collected biennially.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 688.800 - ORS 688.835

Hist.: ME 7-1984, f. & ef. 1-26-84; ME 17-1984, f. & ef. 11-5-84; ME 6-1985, f. & ef. 7-30-85; ME 3-1986(Temp), f. & ef. 4-23-86; ME 4-1986, f. & ef. 4-23-86; ME 9-1986, f. & ef. 7-31-86; ME 2-1987, f. & ef. 1-10-87; ME 7-1987(Temp), f. & ef. 1-26-87; ME 9-1987, f. & ef. 4-28-87; ME 25-1987, f. & ef. 11-5-87; ME 9-1988, f. & cert. ef. 8-5-88; ME 14-1988, f. & cert. ef. 10-20-88; ME 1-1989, f. & cert. ef. 1-25-89; ME 5-1989 (Temp), f. & cert. ef. 2-16-89; ME 6-1989, f. & cert. ef. 4-27-89; ME 9-1989(Temp), f. & cert. ef. 8-1-89; ME 17-1989, f. & cert. ef. 10-20-89; ME 4-1990, f. & cert. ef. 4-25-90; ME 9-1990, f. & cert. ef. 8-2-90; ME 5-1991, f. & cert. ef. 7-24-91; ME 11-1991(Temp), f. & cert. ef. 10-21-91; ME 6-1992, f. & cert. ef. 5-26-92; ME 1-1993, f. & cert. ef. 1-29-93; ME 13-1993, f. & cert. ef. 11-1-93; ME 14-1993(Temp), f. & cert. ef. 11-1-93; ME 1-1994, f. & cert. ef. 1-24-94; ME 6-1995, f. & cert. ef. 7-28-95; ME 7-1996, f. & cert. ef. 10-29-96; ME 3-1997, f. & cert. ef. 11-3-97; BME 7-1998, f. & cert. ef. 7-22-98

**847-005-0010**

**Copying Charges and Charges for Board of Medical Examiners Documents**

(1) A charge per image for photo copies requested by state employees for their personal use, by state agencies and by the general public shall be made as follows:

- (a) 5¢ for state employees copying their own material;
- (b) 5¢ for state agencies;
- (c) 20¢ for the general public copying state records available in the Board of Medical Examiners only.

(2) A charge for documents developed by the Board of Medical Examiners may, at the discretion of the Board's administrator, be made in an amount not exceeding the actual cost per copy of such documents.

(3) In addition to the above charges, at the discretion of the Board's administrator, a charge may be made for the actual cost of staff time required for search, copying, handling and/or certification.

(4) The above charges for state employees obtaining documents or copying for their personal use and for the general public obtaining documents or copying shall be payable in cash only. The above charges for state agencies obtaining documents or copying shall be paid in cash unless, at the discretion of the Board's administrator, billing to such agencies is authorized.

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 677.265(1)

Hist.: ME 8-1982, f. & ef. 10-27-82; Renumbered from 847-010-0085; ME 7-1984, f. & ef. 1-26-84

**DIVISION 8**

**REGISTRATION, USE OF NAME, CHANGE OF ADDRESS**

**847-008-0000**

**Definitions**

As used in OAR Chapter 847, "Licensee" means an individual holding a valid license, or certificate issued by the Board to practice as a Doctor of Medicine, Doctor of Osteopathy, Doctor of Podiatric Medicine, Physician Assistant, or Acupuncturist.

Stat. Auth.: ORS 688.830

Stats. Implemented: ORS 688.800 - ORS 688.835

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 11-1992, f. & cert. ef. 10-22-92; BME 7-1998, f. & cert. ef. 7-22-98

### 847-008-0005

#### Registration Periods

Every person licensed, certified, or registered by the Board shall renew their registration prior to the last day of each renewal period as follows:

- (1) Doctors of Medicine and Osteopathy must renew by midnight December 31 of each odd-numbered year;
- (2) Physician Assistants must renew by midnight January 31 of each even-numbered year; and
- (3) Acupuncturists, and Doctors of Podiatric Medicine must renew by midnight June 30 of each even-numbered year.

Stat. Auth.: ORS 688.830

Stats. Implemented: ORS 688.800 - ORS 688.835

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 5-1991, f. & cert. ef. 7-24-91;

ME 11-1992, f. & cert. ef. 10-22-92; BME 7-1998, f. & cert. ef. 7-22-98

### 847-008-0010

#### Initial Registration

(1) An applicant for licensure as a physician (MD/DO), podiatrist, physician assistant, or acupuncturist, whose application file is complete, must submit to the Board the initial registration form and fee prior to being granted a license by the Board.

(2) If the initial registration form and fee is not received by the Board within three months from the date mailed to the applicant, the applicant shall update their application for licensure by completing an affidavit and submitting it to the Board with the affidavit fee.

(3) Per OAR 847-020-0005(2), a person applying for licensure who has not completed the licensure process within a 12 month consecutive period shall file a new application, documents, letters and pay a full filing fee as if filing for the first time.

(4) An individual who initially becomes licensed, certified or registered by the Board at any time during the first 12 months of a biennial registration period must pay the entire biennial registration fee for that period, except as provided in OAR 847-008-0015, and OAR 847-008-0025.

(5) An individual who initially becomes licensed, certified, or registered by the Board at any time during the second 12 months of the biennial registration period must pay the registration fee for one year.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 5-1991, f. & cert. ef. 7-24-91;

BME 8-1998, f. & cert. ef. 7-22-98

### 847-008-0015

#### Active Registration

Each licensee of the Board who practices within the State of Oregon, shall register and pay a biennial active registration fee prior to the last day of the registration period, except where:

(1) The licensee is in a qualified training program and elects to register on an annual basis; or

(2) The licensee practices on an intermittent, locum-tenens basis, as defined in OAR 847-008-0020.

(3) The licensee is in the military or public health service where the licensee's official state of residence is an Oregon address, then licensee may maintain an active status by request and by paying the active fee. Practice must be limited to the military or public health service. Licensee must file an affidavit before beginning active practice in Oregon.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 5-1991, f. & cert. ef. 7-24-91

### 847-008-0020

#### Locum Tenens Registration

(1) Any licensee residing outside the State of Oregon who proposes to practice intermittently within the state shall obtain a Locum Tenens license.

(2) Requirements, procedures, and fees for a Locum Tenens license shall be the same as for an active license.

(3) Any licensee holding a Locum Tenens license shall notify the Board of the location and duration of each Oregon practice.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 3-1993, f. & cert. ef. 4-22-93

### 847-008-0025

#### Inactive Registration

Each licensee of the Board who is licensed, certified or registered but who does not practice within the State of Oregon, shall register and pay a biennial inactive registration fee prior to the last day of the registration period, except where the licensee is a physician in a qualified training program and elects to register on an annual basis.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90

### 847-008-0030

#### Emeritus Registration

A physician who has retired from active practice, but does only volunteer, non-remunerative practice may register and pay a biennial emeritus registration fee.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90

### 847-008-0035

#### Retired Status

A licensee who is fully retired and not practicing any form of medicine, whether paid, volunteer, or writing prescriptions, may request retirement status and pay no biennial renewal fee. Prior to retirement a licensee shall notify the Board in writing of intent to retire.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 11-1992, f. & cert. ef. 10-22-92

### 847-008-0040

#### Process of Registration

(1) The application for registration shall be made on a form provided by the Board.

(2) Except as provided in OAR 847-008-0015(1) and (2) and 847-008-0025 the application shall be accompanied by the appropriate fee as listed in OAR 847-005-0005.

(3) The application for registration shall be filed with the Board by the first day of the month in which the license or certification is due to expire.

(4) At its discretion, the Board may waive the fee for good and sufficient reason.

(5) The Board shall mail to all licensees who have complied with this section a certificate of registration which shall remain in effect until midnight ending the final day of the registration period.

(6) Such certificate shall be displayed in a prominent place in the holder's primary place of practice.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.228

Hist.: ME 5-1990, f. & cert. ef. 4-25-90

### 847-008-0045

#### Failure to Apply for Registration

(1) A license or certificate shall be considered delinquent if not renewed by the first day of the final month of the registration period.

(2) A license or certification shall lapse if not renewed by midnight ending the final day of the registration period.

(3) A licensee who wishes to officially surrender license must submit the engrossed license and wallet-sized card. This must be done prior to the expiration of registration.

(4) Should a licensee continue to practice while a license or certificate is lapsed, that individual shall be considered practicing



without a valid license or certificate and may be subject to prosecution under ORS 677.205, or may be subject to discipline by the Board.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.228

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 5-1991, f. & cert. ef. 7-24-91; ME 12-1993(Temp), f. & cert. ef. 10-27-93; ME 2-1994, f. & cert. ef. 1-24-94

#### 847-008-0050

##### Reinstatement of License Lapsed Due to Non-Renewal

A licensee of the Board whose license or certification has lapsed through failure to renew registration may reinstate by paying a late registration fee, paying renewal fees for all registration periods during which the license or certification was lapsed, paying the registration fees for the current period, completing and submitting the required forms, and meeting any other requirements defined by Oregon law.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.228

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 11-1990, f. & cert. ef. 11-15-90; ME 12-1993(Temp), f. & cert. ef. 10-27-93; ME 2-1994, f. & cert. ef. 1-24-94

#### 847-008-0051

##### Reinstatement Following Surrender of Licensure

Anyone wishing to be relicensed after surrendering licensure, must apply as a new applicant. If the license had lapsed prior to surrender, the lapsed registration must be cleared before the applicant can be considered for relicensure. The applicant must meet all current licensing requirements, and pay all applicable fees, including any back registration fees and late fees.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.175

Hist.: ME 5-1991, f. & cert. ef. 7-24-91; ME 12-1993(Temp), f. & cert. ef. 10-27-93; ME 2-1994, f. & cert. ef. 1-24-94

#### 847-008-0055

##### Reactivation from Inactive to Active/Locum Tenens Status

(1) A licensee who wishes to reactivate from an inactive or emeritus status to an active or locum tenens status to active status must provide the Board with the following:

- (a) Completed affidavit form provided by the Board, describing activities during the period of inactive registration;
- (b) Completed application(s) for registration;
- (c) Appropriate fees for processing of affidavit and registration;

(d) A completed "Report for Disciplinary Inquiries" (MD/DO/DPM) sent to the Board from the Federation of State Medical Boards or Federation of Podiatric Medical Boards, a physician profile sent to the Board from the American Medical Association Physician Profile System, or American Osteopathic Association, and the results of the Practitioner Request for Information Disclosure (Self-Query) from the National Practitioner Data Bank, notarized and sent to the Board by the applicant;

(e) Verification of current licensure sent directly from each of the state boards in the United States or Canada where the licensee has been practicing during the past 5 years, or from the date the license to practice in Oregon lapsed or became inactive, whichever is the shorter period of time, showing license number, date issued, and status;

(f) An official letter sent directly to the Board from the director, administrator, dean, or other official of each hospital, clinic, office, or training institute where the licensee was employed, practiced, had hospital privileges (MD/DO/DPM), or trained in the United States or foreign countries during the past 5 years, or from the date the license to practice in Oregon lapsed or became inactive, whichever is the shorter period of time. The letter shall include an evaluation of overall performance, and specific beginning and ending dates of practice/employment/training.

(2) A personal appearance before the Board may be required.

(3) If, in the judgment of the Board, the conduct of the licensee has been such, during the period of inactive registration, that the licensee would have been denied a license if applying for

an initial license to practice medicine, the Board may deny active registration.

(4) If a licensee has ceased the practice of medicine for 12 or more consecutive months, the licensee may be required to take an examination to demonstrate medical competency.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 2-1997, f. & cert. ef. 7-28-97

#### 847-008-0060

##### Notification of Change of Location

Each licensee of the Board shall report each change in practice setting and mailing address to the Board no later than 30 days after the change.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90

#### 847-008-0065

##### Use of Name

(1) Each licensee of the Board shall be licensed, certified, or registered under licensee's legal name and shall practice under that legal name.

(2) When a name is changed, all of the following must be submitted so that the Board's records may reflect the new name:

- (a) A signed change of name notification affidavit provided by this Board;
- (b) A copy of the legal document showing the name change;
- (c) The returned original Oregon license and license card, or engrossed certificate whichever is applicable;
- (d) The appropriate fees for the issuance of a new license and license card, or engrossed certificate.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.184

Hist.: ME 5-1990, f. & cert. ef. 4-25-90

## DIVISION 10

### GENERAL

#### 847-010-0005

##### Tenses, Gender, and Number

For the purpose of the rules and regulations contained in this chapter, the present tense includes the past and future tenses, and the future, the present; the masculine gender includes the feminine, and the feminine, the masculine; and the singular includes the plural, the singular.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.010 - ORS 677.800

Hist.: ME 17, f. 5-2-68

#### 847-010-0010

##### Definitions

For the purpose of the rules and regulations contained in this chapter, the term "Board" means the Board of Medical Examiners, the term "Act" means the Medical Practice Act, and the term "approved fellowship" means a fellowship training program approved by the American Osteopathic Association, the Accreditation Council for Graduate Medical Education, or is accepted for certification by a specialty board recognized by the American Board of Medical Specialties.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.010

Hist.: ME 17, f. 5-2-68; ME 21-1987, f. & ef. 10-29-87

#### 847-010-0012

##### Certification of Examination Scores and Verification of Oregon Licensure

(1) Certification of examination scores will be furnished provided that:

- (a) The licensee submits a written request, fee and proper

form for certification;

(b) The license was issued on the basis of written examination taken in this state.

(2) Verification of Oregon license number, date issued and current status will be furnished regardless of the status of the license (revoked/suspended/lapsed) provided the licensee submits a written request and fee.

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 677.110

Hist.: ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-5-84;

ME 8-1986(Temp), f. & ef. 5-5-86; ME 10-1986, f. & ef. 7-31-86

#### 847-010-0025

##### Refunding of Filing Fees — Reciprocity with a Sister State

When a person files an application for licensure based upon reciprocity with a sister state, and later withdraws such application, no refund shall be provided.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.265

Hist.: ME 17, f. 5-2-68; ME 2-1979, f. & ef. 5-1-79

#### 847-010-0030

##### Refunding of Filing Fees — Written Examination

When a person files an application for licensure based upon Oregon State Board written examination, and later withdraws such application, no refund shall be provided.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.265

Hist.: ME 17, f. 5-2-68; ME 2-1979, f. & ef. 5-1-79

#### 847-010-0035

##### Refunding of Filing Fees — Endorsement by National Board of Medical Examiners, National Board of Osteopathic Medical Examiners, or the Medical Council of Canada (LMCC)

When a person files an application for licensure based upon the National Board of Medical Examiners, the National Board of Osteopathic Medical Examiners, or the Medical Council of Canada (LMCC), and later withdraws such application, no refund shall be provided.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist.: ME 17, f. 5-2-68; ME 2-1979, f. & ef. 5-1-79; ME 15-1993, f. & cert. ef. 11-1-93

#### 847-010-0038

##### Fee for Re-Application

A person re-applying for licensure under OAR 847-010-0025, 847-010-0030, or 847-010-0035, after a period exceeding 12 months, shall file a new application and pay the full filing fee as if filing for the first time.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.265

Hist.: ME 2-1979, f. & ef. 5-1-79

#### 847-010-0042

##### Posting Medicare Notice

(1) Every physician licensed to practice medicine in Oregon who is treating Medicare patients shall post a notice in the office stating whether or not the physician is currently participating in a Medicare Assignment Program. Where there is more than one physician in the medical practice, one Medicare notice is sufficient, provided all physicians have the same participation or non-participation status. Otherwise, two notices are required, one listing the participating physicians and the other listing non-participating physicians.

(2) A physician currently a participating physician in the Medicare Assignment Program under 42 U.S.C. 1395(b)(3)(B)II shall post a notice reading: **(Physician's name) is participating in the Medicare Assignment Program. The physician will not charge you fees above the Medicare determined annual deductible and the per visit co-payment. Ask your physician for more information concerning your fees.**

(3) A physician not currently a participating physician in the Medicare Assignment Program under 42 U.S.C. 1395(b)(3)(B)II shall post a notice reading: **(Physician's name) is not participating in the Medicare Assignment Program and may legally charge you fees in addition to the Medicare determined annual deductible and per visit co-payment. Ask your physician for more information concerning your fees.**

(4) The dimension of the sign shall be no smaller than 8" x 10"; the type size shall be no smaller than 30 point type.

(5) The posting of the sign shall assure that it can be seen and read by Medicare beneficiaries.

(6) If the physician has reasonable cause to believe that the patient cannot read the sign or cannot comprehend its content, the physician shall endeavor to explain the meaning of the notice.

[Publications: The publication(s) referred to or incorporated by reference in this rule are available from the agency.]

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.099

Hist.: ME 20-1987(Temp), f. & ef. 9-30-87; ME 2-1988, f. & cert. ef. 1-29-88

#### 847-010-0045

##### Definition of Hospitals as Standard in the State of Oregon

The Board of Medical Examiners of the State of Oregon will accept the following hospitals as standard as required under ORS 677.060: Those legally incorporated hospitals which are approved for internship and/or residency training by the Council on Medical Education and Hospitals of the American Medical Association or any similar body of the American Medical Association in the future whose function is that of approving hospitals for internship and/or residency training; or by any similar body of the American Osteopathic Association.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.100

Hist.: ME 17, f. 5-2-68

#### 847-010-0051

##### Limited License, Postgraduate

This limited license applies to interns (PG1) and residents as defined in ORS 677.010. This limited license permits the physician to practice medicine only as part of a supervised postgraduate training program of a school of medicine or hospital approved by the Board.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.132

Hist.: ME 10-1989(Temp), f. & cert. ef. 8-4-89; ME 18-1989, f. & cert. ef. 10-20-89; ME 9-1992, f. & cert. ef. 7-17-92

#### 847-010-0052

##### Limited License, Visiting Professor

(1) Any physician qualifying under OAR 847-030-0005(4)(a) who has received a teaching position in an approved medical school or affiliated teaching institution in this state may be issued a Limited License, Visiting Professor. This license shall allow the physician to practice medicine only to the extent that such practice is incident to and a necessary part of the applicant's duties as approved by the Board in connection with such faculty position.

(2) The Limited License, Visiting Professor shall be granted for a period of one year, and upon written request may be renewed for one additional year. The two years must be consecutive, and any unused portion of time cannot be requested at a later date.

(3) Every physician who is issued a Limited License, Visiting Professor, to practice in this state shall pay an annual registration fee as of the beginning of his appointment, and 30 days before the end of the first year must submit a renewal form and fee for the second year.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.132

Hist.: ME 21-1987, f. & ef. 10-29-87; ME 11-1988, f. & cert. ef. 8-5-88; ME 1-1991(Temp), f. 1-30-91, cert. ef. 1-31-91; ME 2-1991, f. & cert. ef. 4-19-91; ME 4-1993, f. & cert. ef. 4-22-93

#### 847-010-0053

### Limited License, Special

(1) An applicant for a license to practice medicine who possesses all of the qualifications required by the Board may be issued a Limited License, Special, provided the applicant has completed an application under ORS 677.120, 677.825 or 677.830 to the satisfaction of the Board and has requested a Limited License, Special.

(2) A Limited License, Special, permits the licensee to practice medicine only until the adjournment of the next regular Board meeting which date shall be specified in the license. However, the Board may, in its discretion, and upon written request of the licensee, extend said limited license to the adjournment of the Board meeting next following the Board meeting specified in the license.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.132

Hist.: ME 10-1989(Temp), f. & cert. ef. 8-4-89; ME 18-1989, f. & cert. ef. 10-20-89

### 847-010-0054

#### Limited License, Institutional Practice or Public Health

(1) A Limited License, Institutional Practice permits the licensee to engage only in the performance of the duties of a member of the medical staff of a state mental hospital, under the supervision of the chief medical officer. Transfer to another state institution must be approved by the Board.

(2) A Limited License, Public Health, permits the licensee to perform only the duties of a health officer at a local health department or to perform public health work as an employee of the Health Division or to perform public health work under the National Health Service Corps.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.132

Hist.: ME 10-1989(Temp), f. & cert. ef. 8-4-89; ME 18-1989, f. & cert. ef. 10-20-89

### 847-010-0055

#### Limited License, Institutional Practice, Public Health, Postgraduate

Prior to practicing in this state, every person requiring a Limited License, Institutional Practice, Public Health or Postgraduate must apply for and obtain the required limited license. Every person holding a limited license must obtain a license under ORS 677.100 to 677.120 or 677.820 to 677.840 as soon as all requirements have been met.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.132

Hist.: ME 17, f. 5-2-68; ME 10-1986, f. & ef. 7-31-86; ME 10-1989(Temp), f. & cert. ef. 8-4-89; ME 18-1989, f. & cert. ef. 10-20-89

### 847-010-0056

#### Limited License, Fellow

(1) Any physician who proposes to do a fellowship in Oregon and who does not wish to register under OAR 847-020-0015 or 847-030-0005 may apply for a Limited License, Fellow. A fellow is a physician who is pursuing some special line of study as part of a supervised program of an approved school of medicine or affiliated teaching institution. A Limited License, Fellow permits the physician to practice medicine only as part of a supervised fellowship program.

(2) A Limited License, Fellow shall be granted for a period of one year, and upon written request from the head of the training program submitted 60 days before the end of the first year, may be renewed for only one additional year. The two years must be consecutive.

(3) A request for a Limited License, Fellow must be accompanied by a copy of the appointment letter or contract, and a letter sent directly from the head of the training program advising that the applicant has been offered a fellowship position and the dates of the program.

(4) Every physician who is issued a Limited License, Fellow to practice in this state shall complete a registration form and pay

an annual registration fee as of the beginning of his appointment, and 30 days before the end of the first year must submit a renewal form and fee for the second year.

(5) Fellowships approved by the Accreditation Council for Graduate Medical Education (ACGME) may be used to qualify for a license under OAR 847-020-0015 or 847-030-0005. Non-approved fellowships may not be used toward licensure.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.132

Hist.: ME 9-1992, f. & cert. ef. 7-17-92; ME 2-1993, f. & cert. ef. 1-29-93

### 847-010-0060

#### Limited License, Special and Limited License, SPEX are Valid Licenses

The Limited License, Special and Limited License, SPEX in the State of Oregon are deemed to be valid licenses and the holder of such license is entitled to apply for and obtain a federal narcotic stamp.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.132

Hist.: ME 17, f. 5-2-68; ME 10-1986, f. & ef. 7-31-8; ME 3-1988(Temp), f. & cert. ef. 1-29-88; ME 6-1988, f. & cert. ef. 4-20-88

### 847-010-0063

#### Limited License, Medical Faculty

Any physician qualifying under OAR 847-030-0005(3) will be under a Limited License, Medical Faculty. This will be deemed to be a valid license to the extent that such practice is incident to and a necessary part of the applicant's duties as approved by the Board in connection with such faculty position.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.132

Hist.: ME 21-1987, f. & ef. 10-29-87; ME 11-1988, f. & cert. ef. 8-5-88; ME 4-1993, f. & cert. ef. 4-22-93

### 847-010-0064

#### Limited License, SPEX

(1) An applicant for a license to practice medicine, who, being otherwise qualified for the unlimited license, but who must take a Competency Examination (Special Purpose Examination-SPEX), may be issued a Limited License, SPEX provided the applicant has completed an application under ORS 677.100 to 677.132 which is satisfactory to the Board.

(2) A Limited License, SPEX may be granted for a period of 6 months, and permits the licensee to practice medicine only until grade results are available, and the applicant completes the initial registration process. The Limited License, SPEX would become invalid should the applicant fail the SPEX examination and the applicant, upon notification of failure of the examination, must cease practice in this state as expeditiously as possible, but not to exceed two weeks after the applicant receives notice of failure of the examination.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.120 & ORS 677.132

Hist.: ME 10-1989(Temp), f. & cert. ef. 8-4-89; ME 18-1989, f. & cert. ef. 10-20-89; ME 8-1996, f. & cert. ef. 10-29-96; ME 4-1997, f. & cert. ef. 11-3-97

### 847-010-0070

#### Competency Examination

(1) Whenever the Board of Medical Examiners orders a medical competency examination pursuant to ORS 677.420, it may administer one, all, or any combination of the following examinations:

(a) FLEX Components 1 and 2;

(b) Oral Examination;

(c) Any other examination that the Board determines appropriate.

(2) When administering FLEX Components 1 and 2, an oral examination, or any examination determined appropriate by the Board, the Board shall require a passing grade of 75.

(3) Failure to achieve a passing grade on any examination shall constitute grounds for suspension or revocation of exami-

nee's license on the grounds of Manifest Incapacity to Practice Medicine as provided by ORS 677.190(16).

(4) If an oral examination is ordered by the Board, an Examination Panel shall be appointed. The examination shall include questions which test basic knowledge and also test for knowledge expected of a physician with a practice similar in nature to examinee's. The panel shall establish a system for weighing their score for each question in the examination. After it is prepared, the examination shall be submitted to the Board for review and approval.

(5) Appointment of an Examination Panel is required only when administering an oral examination.

(6) The examinee shall be given no less than two weeks' notice of the date, time and place of any examination to be administered.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.190 & ORS 677.420

Hist.: ME 34, f. & ef. 5-10-77; ME 3-1979, f. & ef. 5-1-79; ME 8-1982, f. & ef. 10-27-82; ME 3-1985, f. & ef. 5-6-85

#### 847-010-0075

##### Reporting of Alleged Professional Negligence

(1) As required in ORS 743.770, any insurer or approved self insurance association shall report claims of alleged professional negligence to the Board of Medical Examiners within 30 days of filing of the claim. Incidents and inquiries not leading to claims need not be filed.

(2) All settlements, awards or judgments against a physician paid as a result of alleged professional negligence shall be reported to the Board within 30 days after the date of the settlement, award or judgment.

Stat. Auth.: ORS 677 & ORS 743

Stats. Implemented: ORS 677.415

Hist.: ME 3-1987, f. & ef. 1-23-87; ME 10-1988, f. & cert. ef. 8-5-88

#### 847-010-0081

##### Physician Assisted Suicide

A licensee's compliance with ORS 127.800 et seq shall not be considered a violation of ORS 677.190 (1), unprofessional or dishonorable conduct, as defined in ORS 677.188 (4)(a), (b) or (c).

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 127.885

Hist.: BME 2-1998(Temp), f. & cert. ef. 2-4-98 thru 7-31-98; BME 4-1998, f. & cert. ef. 4-22-98

#### 847-010-0090

##### Hospital Clinical Clerkships

Because students of medicine doing hospital clinical clerkships (externships) in hospitals will be participating in the diagnosis and treatment of patients, it is necessary that the Board of Medical Examiners establish minimum standards under which these students will be working. Therefore, the Board establishes the following rules pertaining to both hospitals and students participating in clinical clerkships. These rules do not apply to non-hospital proceptorships:

(1) Hospitals:

(a) Only hospitals conducting internship/residency programs approved by the Accreditation Council for Graduate Medical Education of the American Medical Association or the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada or the American Osteopathic Association may provide clerkships;

(b) Clerkships may be offered only in those subjects in which an approved internship/residency program exists in that hospital;

(c) Hospitals conducting clerkships shall have a written agreement with the school of medicine sponsoring the student;

(d) Hospital clinical physicians responsible for the supervision of clinical clerks shall have an academic appointment from a school of medicine;

(e) Regular evaluation of the work of the clinical clerks shall be recorded and a copy forwarded to the school of medicine;

(f) Hospitals offering clerkships shall notify the Board of the clerkships offered and the schools with which they are affiliated.

(2) Students:

(a) Only students in the last two years of their training may participate in clerkships;

(b) Students from schools not approved by the Board shall pass Day 1 of FMGEMS before participating in the clerkship in this state.

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 677.100

Hist.: ME 4-1985, f. & ef. 5-6-85

#### 847-010-0095

##### Peer Review

The Board of Medical Examiners will participate in a peer review process to implement the provisions of ORS 441.055 by using the following rules:

(1) The Board will receive requests to appoint physicians to conduct peer review provided the requests are made jointly by all of the following:

(a) The physician whose practice is being reviewed;

(b) The executive committee of the health care facility's medical staff;

(c) The governing body of the health care facility.

(2) The Board will review requests and *may* decide to appoint physicians to conduct peer review.

(3) If the Board decides to appoint physicians to conduct peer review, the parties will be required to sign a contract agreeing to pay all costs. The Board will not be a party to such contract.

(4) The Board will appoint one or more physicians to conduct peer review in accordance with the medical staff by-laws of the facility.

(5) Reports will be processed according to Board protocol.

(6) The report of findings and conclusions of the panel will be forwarded to the requesting facility for processing according to the medical staff by-laws of the facility.

(7) If further action necessitates appropriate hearing proceedings, a panel of physicians will be appointed to conduct the hearings in accordance with the medical staff by-laws of the facility.

(8) The report of findings and conclusions of the hearings panel will be forwarded to the requesting facility in accordance with the medical staff by-laws.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 441.055

Hist.: ME 2-1988, f. & cert. ef. 1-29-88

## DIVISION 12

### PATIENT'S ACCESS TO PHYSICIAN MEDICAL RECORDS

#### 847-012-0000

##### Patient's Access to Physician Medical Records

(1) Physicians shall make pertinent information in the medical record available to the patient. Physicians shall comply with the patient's written request within a reasonable time, not to exceed 30 days.

(2) At the discretion of the physician, disclosure of any portion of the medical record to the patient may be made in the form of an accurate representative summary of the factual information contained within the written account(s). Upon request, copies of pertinent x-rays will be provided in lieu of interpretive summaries.

(3) For the purposes of these rules, "medical record" does not include the personal office notes of the physician or personal communications between a referring and consulting physician relating to the patient. However, at the discretion of the physician, such notes and communications, or summaries thereof, may be included in the disclosure.

(4) If the physician disclosing the medical record to a patient believes, in good faith, that the release of any portion of the medical record would be injurious to the health or well-being of the



patient, such disclosure of any portion of the medical record may be denied. The rationale for such a decision should be documented.

(5) The physician may establish reasonable charges to the patient for the costs incurred in providing the patient with copies of any portion of his/her medical record. Such charges may include cost of reviewing, summarizing and/or reproducing the original medical record and x-rays. However, a patient shall not be denied summaries or copies of his/her medical record because of inability to pay.

(6) Violation of this rule may be cause for disciplinary action under ORS 677.190.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.265

Hist.: ME 7-1988, f. & cert. ef. 4-20-88

## DIVISION 15

### GENERAL LICENSING RULES, RELATING TO CONTROLLED SUBSTANCES

#### 847-015-0005

##### Scheduled II Controlled Substance — Bariatrics Practice

(1) A physician shall not utilize a Schedule II controlled substance for purposes of weight reduction or control.

(2) A violation of any provision of this rule, as determined by the Board, shall constitute Unprofessional Conduct as the term is used in ORS 677.188(4)(a), (b), or (c), whether or not actual injury to a patient is established.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.188 & ORS 677.190

Hist.: ME 1-1987, f. & ef. 1-20-87; ME 1-1995, f. & cert. ef. 2-1-95

#### 847-015-0010

##### Schedule IV Controlled Substances - Bariatrics Practice

(1) A physician shall not utilize a Schedule IV controlled substance for purposes of weight reduction, other than in accordance with federal Food and Drug Administration (FDA) product guidelines in effect at the time of utilization and with all the provisions of this rule.

(2) A physician may utilize a Schedule IV controlled substance for purposes of weight reduction in the treatment of Exogenous Obesity in a regimen of weight reduction based on caloric restriction, behavior modification and prescribed exercise, provided that all of the following conditions are met:

(a) Before initiating treatment utilizing a Schedule IV controlled substance, the physician determines through review of the physician's own records of prior treatment, or through review of the records of prior treatment which another treating physician or weight-loss program has provided to the physician, that one of the following conditions exist:

(A) Patient's body mass index exceeds 30 Kg/M sq; or

(B) Patient's body mass index exceeds 27 Kg/M sq and the excess weight represents a threat to the patient's health (as with hypertension, diabetes, or hypercholesterolemia.)

(b) Before initiating treatment utilizing a Schedule IV controlled substance, the physician obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized.

(3) Continuation of Schedule IV designated as FDA short term use controlled substances beyond three (3) months requires documentation of an average two (2) pound per month weight loss during active weight reduction treatment, or documentation of maintenance of goal weight. Use of Schedule IV controlled substances with FDA approval for bariatric therapy and designated for long term use where FDA guidelines are followed may also be used beyond three months.

(4) A violation of any provision of this rule, as determined by the Board, shall constitute Unprofessional Conduct as the term is used in ORS 677.188(4)(a), (b), or (c), whether or not actual

injury to a patient is established.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.188 (4) & ORS 677.190 (25)

Hist.: ME 1-1987, f. & ef. 1-20-87; ME 1-1995, f. & cert. ef. 2-1-95; ME 1-1997, f. & cert. ef. 1-28-97; BME 9-1998, f. & cert. ef. 7-22-98

#### 847-015-0015

##### Maintenance of Controlled Substances Log by Prescribing Practitioners

Any practitioner dispensing or administering controlled substances from the practitioner's office must have a Drug Enforcement Administration registration indicating the address of that office. The practitioner shall maintain an inventory log showing all controlled substances received, and administered or dispensed. This log shall also list for each controlled substance, the patient's name, amounts used, and date administered or dispensed. This log shall be available for inspection on request by the Board of Medical Examiners or its authorized agents. Controlled substances samples are included in this rule.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 475.165

Hist.: ME 15-1987, f. & ef. 8-3-87

#### 847-015-0020

##### Maintenance of Controlled Substances Log - Ambulance and Medical Rescue Services Receiving Controlled Substances from Physicians

Any physician providing controlled substances for use by ambulance and medical rescue services must have a Drug Enforcement Administration registration for the address of the service. An inventory log shall be maintained showing all controlled substances received, and administered or dispensed. The log shall also show for each controlled substance, the patient's name and amount used, date, and by whom administered or dispensed. This log shall be available for inspection on request by the Board, the ambulance licensing authority as specified in ORS 682.015, or their authorized agents.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 682.015

Hist.: ME 10-1987, f. & ef. 4-28-87; ME 1-1997, f. & cert. ef. 1-28-97

#### 847-015-0025

##### Dispensing Physicians

(1) Any actively licensed physician who dispenses drugs shall register with the Board on the appropriate form before beginning to dispense drugs.

(2) Dispensing of samples, without charge, will not constitute dispensing under this rule.

(3) Administering drugs in the physician's office will not constitute dispensing under this rule.

(4) At the time of biennial medical license re-registration, all actively licensed physicians who dispense shall so indicate on the reregistration form.

(5) Any physician who dispenses drugs after January 1, 1988, without first registering with the Board will be fined \$100, and may be subject to further disciplinary action by the Board.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.010(5)

Hist.: ME 22-1987, f. & ef. 10-29-87; ME 9-1993, f. & cert. ef. 7-27-93

#### 847-015-0030

##### Written Notice Disclosing the Material Risks Associated With Prescribed or Administered Controlled Substances for the Treatment of "Intractable Pain."

(1) If in the clinical judgment of the attending physician and at least one consulting physician specializing in an area of practice thought to be the source of the intractable pain (chronic non-malignant pain) as defined in ORS 677.470(2), controlled substances may be prescribed for long term treatment of "intractable pain", ORS 677.475(1). The attending physician records must contain the attending physician's examination, diagnosis and any other supporting diagnostic evaluations and other therapeutic trials

as well as written documentation by the consulting physician of corroborating findings, diagnosis and recommendations.

(2) Before initiating treatment of "intractable pain" with controlled substances, the attending physician shall discuss with the patient the material risks associated with the prescribed or administered controlled substances. Following the discussion the patient may request further explanation prior to signing the material risks notice. Following completion of the discussion, the attending physician shall provide to the person and the person shall sign a written notice of the material risks associated with the prescribed or administered controlled substances to be prescribed, ORS 677.485.

(3) The material risk notice should include but not be limited to:

- (a) The diagnosis;
- (b) The controlled substance and/or group of controlled substances to be used;
- (c) Anticipated therapeutic results;
- (d) Alternatives to controlled substance therapy; and
- (e) Potential side effects (if applicable):
  - (A) General;
  - (B) Central Nervous System;
  - (C) Gastrointestinal;
  - (D) Respiratory;
  - (E) Dermatologic, and
  - (F) Other.
- (f) Allergy Potential;
- (g) Interaction/Potentiation of other medications;
- (h) Potential for dose escalation/tolerance;
- (i) Withdrawal precautions;
- (j) Potential for dependence and addiction;
- (k) Potential for impairment of judgment and/or motor skills;
- (l) Satisfaction with or desire for more explanation; and
- (m) Patient signature (dated).

(4) The material risk consent form will be maintained as a permanent component of the patient record as shall documentation of long term follow-up to demonstrate the continued need for this form of therapy, ORS 677.480(1)(3). A dispensing record of the amount and dose of the prescribed or administered controlled substances shall be maintained as part of the patient record.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.470 & ORS 677.475

Hist.: ME 4-1996, f. & cert. ef. 7-26-96

#### 847-015-0035

##### Attending Physicians Prescribing Medications to Physician Assisted Suicide Patients

Attending physicians prescribing medications pursuant to ORS 127.800 – 127.897 shall:

(1) Dispense medications directly, including ancillary medications intended to facilitate the desired effect to minimize the patient's discomfort, provided the attending physician is registered as a dispensing physician with the Board of Medical Examiners, has a current Drug Enforcement Administration (D.E.A.) certificate, and complies with the provisions of ORS 677.089, OAR 847-015-0015 and OAR 847-015-0025; or

(2) With the patient's written consent:

- (a) Contact a pharmacist, and inform the pharmacist of the purpose of the prescription; and
- (b) Deliver the written prescription personally or by mail to the pharmacist who will dispense the medications to either the patient, the attending physician, or an expressly identified patient's agent.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 127.800 - ORS 127.995

Hist.: BME 3-1998(Temp), f. & cert. ef. 4-8-98 thru 10-5-98; BME 10-1998, f. & cert. ef. 7-22-98

## DIVISION 20

### RULES FOR LICENSURE TO

## PRACTICE MEDICINE IN OREGON

#### 847-020-0005

##### Application for Licensure

(1) When applying for licensure by reciprocity or endorsement, the applicant shall submit to the Board the completed application, fees, documents and letters at least 60 days prior to a regular meeting of the Board.

(2) A person applying for licensure under these rules who has not completed the licensure process within a 12 month consecutive period shall file a new application, documents, letters and pay a full filing fee as if filing for the first time. If a personal interview is canceled or rescheduled by the person applying within the 12 consecutive months, an update of the application will be required.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, ORS 677.110 & ORS 677.120

Hist.: ME 17, f. 5-2-68; ME 33, f. & ef. 12-27-76; ME 3-1982, f. & ef. 3-4-82; ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-5-84; ME 1-1990, f. & cert. ef. 1-29-90; ME 9-1996, f. & cert. ef. 10-29-96

#### 847-020-0007

##### Basic Requirements for Licensure of an Approved Medical School Graduate

(1) If a physician has met the basic requirements for licensure and wishes to pursue further postgraduate training beyond the first postgraduate year, or wishes to practice medicine in this state, an unlimited license must be applied for and obtained.

(2) The following requirements must be met by graduates of an approved school of medicine:

(a) Must have graduated from a school offering a full-time resident program of study in medicine or osteopathy leading to a degree of Doctor of Medicine or Doctor of Osteopathy, such program having been fully accredited or conditionally approved by the Liaison Committee of Medical Education, or the American Osteopathic Association, or having been otherwise determined by the Board to meet the Association standards;

(b) Must satisfactorily complete an approved internship, residency or fellowship in the United States or Canada of not less than one year in not more than one training program accredited for internship, residency or fellowship training by the Accreditation Council for Graduate Medical Education, American Osteopathic Association, Canadian Medical Association, or the Royal College of Physicians and Surgeons of Canada;

(c) Must pass a written licensing examination as provided in ORS 677.110 and OAR 847-020-0017; and

(d) Have satisfactorily met the requirements of ORS 677.100.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100 & ORS 677.110

Hist.: ME 3-1992, f. & cert. ef. 4-17-92; ME 2-1996, f. & cert. ef. 4-24-96

#### 847-020-0010

##### Documents to be Submitted for Licensure

The documents submitted must be no larger than 8-1/2" x 11". All documents and photographs will be retained by the Board as a permanent part of the application file. If original documents are larger than 8-1/2" x 11", the copies must be reduced to the correct size with all wording and signatures clearly shown. The application form and photographs must be originals, and all other documents must be legible copies. The following documents are required:

(1) Application Form: Completed formal application form provided by the Board. Each and every question must be answered with full dates, showing month, day, and year.

(2) Birth Certificate: A copy of birth certificate for proof of name and birthdate.

(3) Doctor of Medicine/Osteopathy Diploma: A copy of a diploma showing graduation from a school of medicine.

(4) Internship, Residency and Fellowship Certificates: A copy of official internship, residency and fellowship certificates showing completion of all postgraduate training.

(5) LMCC Certificate: A copy of LMCC Certificate issued by the Medical Council of Canada, if the applicant has been

issued that certificate.

(6) American Specialty Board Certificate: A copy of the certificate issued by the American Specialty Board in the applicant's specialty, if applicable.

(7) American Specialty Board Recertification Certificate: A copy of the certificate of recertification issued by the American Specialty Board in the applicant's specialty, if applicable.

(8) Military Separation Paper: A copy of Separation Paper (showing beginning and ending dates) for each term of Active Duty in the Armed Forces (Report of Separation-Form DD-214 or equivalent; Statement of Service, Verification of Status for USPHS), for the past ten years only. A Discharge Certificate is not acceptable.

(9) Photograph: A close-up, finished, original photograph (passport quality), no smaller than 2" x 2" and no larger than 2 1/2" x 3", front view head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application with the applicant's signature in ink and date taken on the photograph side. (Instant Polaroid-type snapshots with thick backing not acceptable). Written examination applicants shall submit an additional photograph.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, ORS 677.110 & ORS 677.120

Hist.: ME 17, f. 5-2-68; ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-15-84; ME 13-1987, f. & ef. 4-30-87; ME 3-1994, f. & cert. ef. 1-24-94

#### 847-020-0015

##### Letters and Official Grade Certifications to be Submitted for Licensure

The applicant must request official letters directly from:

(1) The Dean of the Medical/Osteopathic School: This letter is required in addition to the certification on the application form. A copy of the Dean's Letter of Recommendation which shall include a statement concerning the applicant's moral and ethical character and overall performance as a medical student.

(2) The Director of Medical Education, Chairman or other official of the internship, residency and fellowship hospitals in U.S. and foreign countries sent directly from the hospitals in which the postgraduate training was served, which shall include an evaluation of overall performance and specific beginning and ending dates of training.

(3) The Director or other official for practice and employment in hospitals, clinics, etc., in the U.S. and foreign countries: A currently dated original letter (a copy is not acceptable), sent directly from the hospital/clinic which shall include an evaluation of overall performance and specific beginning and ending dates of practice and employment, for the past ten years only.

(4) The Executive Secretary of all State Boards in the United States or Canada where the applicant has ever been licensed; regardless of status, i.e., current, lapsed, never practiced there: The currently dated original letter (a copy is not acceptable), sent directly from the boards, shall show license number, date issued, grades if applicable and status.

(5) Official Grade Certifications: If such applies, an official grade certification is required directly from the National Board of Medical/Osteopathic Examiners, the Medical Council of Canada or the Federation of State Medical Boards.

(6) Disciplinary Inquiries Form: Completion of this form required for processing through the American Medical Association and Federation of State Medical Boards.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, ORS 677.110 & ORS 677.120

Hist.: ME 17, f. 5-2-68; ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-15-84; ME 13-1987, f. & ef. 4-30-87; ME 3-1994, f. & cert. ef. 1-24-94

#### 847-020-0017

##### Written Examination, SPEX Examination and Personal Interview

(1) After complying with OAR 847-020-0005 through OAR 847-020-0030, the applicant applying for licensure based upon the

United States Medical Licensing Examination (USMLE) must pass that examination under the following conditions:

(a) Complete Part I of the National Board of Medical Examiners Examination or Step 1 of the USMLE, Part II of the National Board of Medical Examiners Examination or Step 2 of the USMLE, and Part III of the National Board of Medical Examiners Examination or Step 3 of the USMLE or Component 2 of the FLEX examination. The score achieved on each Step, Part or Component must equal or exceed the figure established by the USMLE Program, the National Board of Medical Examiners or the Federation of State Medical Boards as a passing score. All Steps, Parts or Components must be administered prior to January 2000; or

(b) Component 1 of the Flex examination and Step 3 of the USMLE. A score of 75 or above must be achieved on Component 1 and the score achieved on Step 3 must be equal to or exceed the figure established by the Federation as a recommended passing score. The Component and Step must have been administered prior to January 2000; or

(c) USMLE Steps 1, 2, and 3. All three Steps must be passed within a seven-year period which begins when the first Step, either Step 1 or Step 2, is passed. The score achieved on each Step must equal or exceed the figure established by the Federation as a recommended passing score.

(d) The first year of postgraduate training must be completed, or nearly completed, prior to taking Step 3 of the USMLE. A Limited License, Postgraduate will be required for training beyond the postgraduate 1 level if the USMLE is not yet passed.

(e) The applicant will not be allowed to take the USMLE for this state nor apply for licensure in this state if the FLEX has been previously failed four or more times.

(2) The applicant must have passed the written examination (FLEX) under the following conditions:

(a) The applicant who has taken the FLEX examination (Day I, II, and III) administered between June 1968 and December 1984 must have taken the entire examination at one sitting. The applicant who has taken the FLEX examination (Component 1 and Component 2), first administered in June 1985, was not required to take both Components 1 and 2 of the FLEX examination at one sitting. Both must have been passed within seven years of the first attempt.

(b) The applicant may not have taken the FLEX examination more than a total of four times, whether in Oregon or other states, whether the components were taken together or separately. After the third failed attempt, the applicant must have satisfactorily completed one year of approved training in the United State or Canada prior to having taken the entire FLEX examination at one sitting on the fourth and final attempt.

(c) Only the applicant's scores on the most recently taken FLEX examination will be considered to determine eligibility.

(3) The applicant may also be required to pass the Special Purpose Examination (SPEX). This requirement may be waived if:

(a) The applicant has within ten years of filing an application with the Board, completed an accredited one year residency, or an accredited or Board approved one year clinical fellowship;

(b) The applicant has within ten years of filing an application with the Board, been certified or recertified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association; or

(c) The applicant has received an appointment as Professor or Associate Professor at the Oregon Health Sciences University; and

(d) Has not ceased the practice of medicine for a period of 12 or more consecutive months. The SPEX examination may be waived if the applicant, after ceasing practice for a period of 12 or more consecutive months, has subsequently completed an accredited one year residency, or an accredited or Board approved one year clinical fellowship, or been certified or recertified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

(4) The applicant who fails the SPEX examination three



times, whether in Oregon or other states, shall successfully complete an accredited one year residency, or an accredited or approved one year clinical fellowship before retaking the SPEX.

(a) However, after the first or second failed attempt, the Board may allow the applicant to take an oral specialty examination, at the applicant's expense, to be given by a panel of physicians in such specialty. The applicant shall submit the cost of administering the oral examination prior to the examination being scheduled.

(b) If an oral specialty examination is requested by the applicant, an Examination Panel of at least three physicians shall be appointed.

(c) The examination shall include questions which test basic knowledge and also test for knowledge expected of a physician with a practice similar in nature to examinee's. The panel shall establish a system for weighing their score for each question in the examination. After it is prepared, the examination shall be submitted to the Board for review and approval.

(d) The Board shall require a passing grade of 75 on the oral specialty examination.

(e) If such oral examination is passed, the applicant would be granted a license limited to the applicant's specialty. If failed, the license would be denied and the applicant would not be eligible for licensure.

(5) The Limited License, SPEX may be granted for a period of 6 months and permits the licensee to practice medicine only until the grade results of the Special Purpose Examination are available and the applicant completes the initial registration process. The Limited License, SPEX would become invalid should the applicant fail the SPEX examination and the applicant, upon notification of failure of the examination, must cease practice in this state as expeditiously as possible, but not to exceed two weeks after the applicant receives notice of failure of the examination.

(6) After the applicant has met all requirements for licensure, the applicant may be required to appear before the Board for a personal interview regarding information received during the processing of the application. The interview shall be conducted during a regular meeting of the Board. An applicant who fails to cancel a scheduled interview at least one week prior to such interview, or who confirms and does not appear, shall be rescheduled only after paying a rescheduling fee prior to the filing deadline date.

(7) All of the rules, regulations and statutory requirements pertaining to the medical school graduate shall remain in full effect.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, ORS 677.110 & ORS 677.120

Hist.: ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-5-84; ME 4-1985, f. & ef. 5-6-85; ME 10-1986, f. & ef. 7-31-86; ME 14-1986, f. & ef. 11-7-86; ME 26-1987, f. & ef. 11-5-87; ME 11-1988, f. & cert. ef. 8-5-88; ME 11-1989 (Temp), f. & cert. ef. 8-4-89; ME 19-1989, f. & cert. ef. 10-20-89; ME 12-1990, f. & cert. ef. 11-15-90; ME 3-1994, f. & cert. ef. 1-24-94; ME 12-1994(Temp), f. & cert. ef. 8-10-94; ME 15-1994, f. & cert. ef. 10-25-94; ME 2-1996, f. & cert. ef. 4-24-96; ME 9-1996, f. & cert. ef. 10-29-96; ME 4-1997, f. & cert. ef. 11-3-97

#### 847-020-0018

##### Endorsement or Reciprocity, Oral Examination, SPEX Examination and Personal Interview

(1) After complying with OAR 847-020-0005 through OAR 847-020-0030, the applicant may base an application upon certification by the National Board of Medical Examiners of the United States of America, the National Board of Examiners for Osteopathic Physicians and Surgeons, Inc., the Medical Council of Canada, or upon reciprocity with a license obtained by FLEX examination, USMLE examination, or written examination from a sister state. The FLEX and USMLE examination must have been taken in accordance with OAR 847-020-0017. The examination grades must meet Oregon standards pursuant to ORS 677.110 (1). In order to reciprocate with a lapsed license, such license must have been in good standing while registered in that state and that

board must furnish a current, original certification of grades to the Oregon Board.

(2) The applicant may also be required to pass the Special Purpose Examination (SPEX). This requirement may be waived if:

(a) The applicant has within ten years of filing an application with the Board, completed an accredited one year residency, or an accredited or Board approved clinical fellowship; or

(b) The applicant has within ten years of filing an application with the Board, been certified or recertified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association; or

(c) The applicant has received an appointment as Professor or Associate Professor at the Oregon Health Sciences University; and

(d) Has not ceased the practice of medicine for a period of 12 or more consecutive months. The SPEX examination may be waived if the applicant, after ceasing practice for a period of 12 or more consecutive months, has subsequently completed an accredited one year residency, or an accredited or Board approved one year clinical fellowship, or been certified or recertified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

(3) The applicant who fails the SPEX examination three times, whether in Oregon or other states, shall successfully complete an accredited one year residency, or an accredited or approved one year clinical fellowship before retaking the SPEX.

(a) However, after the first or second failed attempt, the Board may allow the applicant to take an oral specialty examination, at the applicant's expense, to be given by a panel of physicians in such specialty. The applicant shall submit the cost of administering the oral examination prior to the examination being scheduled.

(b) If an oral specialty examination is requested by the applicant, an Examination Panel of at least three physicians shall be appointed.

(c) The examination shall include questions which test basic knowledge and also test for knowledge expected of a physician with a practice similar in nature to examinee's. The panel shall establish a system for weighing their score for each question in the examination. After it is prepared, the examination shall be submitted to the Board for review and approval.

(d) The Board shall require a passing grade of 75 on the oral specialty examination.

(e) If such oral examination is passed, the applicant would be granted a license limited to the applicant's specialty. If failed, the license would be denied and the applicant would not be eligible for licensure.

(4) The Limited License, SPEX may be granted for a period of 6 months and permits the licensee to practice medicine only until the grade results of the Special Purpose Examination are available, and the applicant completes the initial registration process. The Limited License, SPEX would [immediately] become invalid should the applicant fail the SPEX examination and the applicant, upon notification of failure of the examination, must cease practice in this state as expeditiously as possible, but not to exceed two weeks after the applicant receives notice of failure of the examination.

(5) After the applicant has met all requirements for licensure, the applicant may be required to appear before the Board for a personal interview regarding information received during the processing of the application. The interview shall be conducted during a regular meeting of the Board. An applicant who fails to cancel a scheduled interview at least one week prior to such interview, or who confirms and does not appear, shall be rescheduled only after paying a rescheduling fee prior to the filing deadline date.

(6) All of the rules, regulations and statutory requirements pertaining to the medical school graduate shall remain in full effect.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, ORS 677.110 & ORS 677.120



Hist.: ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-5-84; ME 4-1985, f. & ef. 5-6-85; ME 8-1986(Temp), f. & ef. 5-5-86; ME 10-1986, f. & ef. 7-31-86; ME 14-1986, f. & ef. 11-7-86; ME 26-1987, f. & ef. 11-5-87; ME 11-1989 (Temp), f. & cert. ef. 8-4-89; ME 19-1989, f. & cert. ef. 10-20-89; ME 12-1990, f. & cert. ef. 11-15-90; ME 3-1994, f. & cert. ef. 1-24-94; ME 12-1994(Temp), f. & cert. ef. 8-10-94; ME 15-1994, f. & cert. ef. 10-25-94; ME 4-1997, f. & cert. ef. 11-3-97

#### 847-020-0020

##### Denial of Licensure

No applicant shall be entitled to a license by reciprocity, endorsement, or written examination who:

(1) Has failed in an examination for licensure in the State of Oregon;

(2) Has had a license revoked or suspended in this or any other state unless the said license has been restored or reinstated and the applicant's license is in good standing in the state which had revoked the same;

(3) Has been refused a license or certificate in any other state or country on any grounds other than failure in a medical licensure examination;

(4) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply; or

(5) Has been guilty of cheating or subverting the medical licensing examination process. Medical licensing examination means any examination given by the Board to an applicant for registration, certification or licensure under this act. Evidence of cheating or subverting includes, but is not limited to:

(a) Copying answers from another examinee or permitting one's answers to be copied by another examinee during the examination;

(b) Having in one's possession during the examination any books, notes, written or printed materials or data of any kind, other than examination materials distributed by board staff, which could facilitate the applicant in completing the examination;

(c) Communicating with any other examinee during the administration of the examination;

(d) Removing from the examining room any examination materials;

(e) Photographing or otherwise reproducing examination materials.

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 677.190

Hist.: ME 17, f. 5-2-68; ME 5-1982, f. & ef. 4-23-82; ME 6-1983, f. & ef. 11-3-83; ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-5-84

#### 847-020-0030

##### Required School Subjects

Subjects covered in schools of medicine that grant degrees of Doctor of Medicine or Doctor of Osteopathy as set forth in ORS 677.110 are basic sciences, clinical sciences, clinical competence and/or other subjects that may be specified by the Board.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.100

Hist.: ME 19, f. & ef. 10-27-69

### DIVISION 30

#### RULES FOR LICENSURE TO PRACTICE MEDICINE IN OREGON PERTAINING TO A GRADUATE OF A FOREIGN MEDICAL SCHOOL

#### 847-030-0001

##### Definition

As used in OAR 847-030-0005 through 847-030-0055, "School of Medicine" means any school not approved by the Liaison Committee on Medical Education, the American Osteopathic Association, or the Committee on the Accreditation of the Canadian Medical Schools of the Canadian Medical Association.

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 677.010

Hist.: ME 4-1985, f. & ef. 5-6-85; ME 11-1988, f. & cert. ef. 8-5-88

#### 847-030-0002

##### Application for Licensure

(1) When applying for licensure by reciprocity or endorsement, the applicant shall submit to the Board the completed application, fees, documents and letters at least 60 days prior to a regular meeting of the Board.

(2) A person applying for licensure under these rules who has not completed the licensure process within a 12 month consecutive period shall file a new application, documents, letters and pay a full filing fee as if filing for the first time. If a personal interview is canceled or rescheduled by the person applying within the 12 consecutive months, an update of the application will be required.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, ORS 677.110 & ORS 677.120

Hist.: ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-5-84; ME 1-1990, f. & cert. ef. 1-29-90; ME 9-1996, f. & cert. ef. 10-29-96

#### 847-030-0005

##### Basic Requirements for Licensure of a Foreign Medical School Graduate

(1) The following requirements must be met in lieu of graduation from a school of medicine approved by the Liaison Committee on Medical Education or the Committee on the Accreditation of the Canadian Medical Schools of the Canadian Medical Association in order to qualify under ORS 677.100(2). The requirements for licensure of the foreign medical school graduate are as follows:

(a) Must speak English fluently and write English legibly.

(b) Must have graduated from a foreign school of medicine after attendance of at least four full terms of instruction of eight months each. This requirement may be waived for any applicant for licensure who has graduated from a foreign school of medicine, and has substantially complied with the attendance requirements provided herein, and has been certified by a specialty board recognized by the American Board of Medical Specialties. If any of the clinical clerkships were taken in an institution in a country other than that in the school is licensed, the institution in which the clerkships were served must provide a certificate to prove the time spent and the satisfactory completion of the clerkships. After June 30, 1988, the clinical clerkships served in the U.S. or Canada shall be taken only in institutions which conduct residencies approved by the Accreditation Council for Graduate Medical Education or the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada or the American Osteopathic Association in the specific subject of the clerkship. The foreign school of medicine must be listed in the **World Directory of Medical Schools** published by the **World Health Organization** or any other such foreign school of medicine approved by the Oregon Board of Medical Examiners pursuant to OAR 847-030-0045, 847-030-0050, 847-030-0055, 847-030-0060 and 847-030-0065.

(c) Must have obtained the Standard Educational Commission for Foreign Medical Graduates Certificate issued by the Educational Commission for Foreign Medical Graduates. This requirement may be waived if accredited postgraduate training was completed in Canada, or prior to the enforcement of the ECFMG certification, or if the applicant has been certified by a specialty board recognized by the American Board of Medical Specialties. In lieu of the ECFMG certificate, Fifth Pathway applicants shall show evidence of passing the examination pursuant to Oregon standards.

(d) Must have satisfactorily completed an approved internship and/or residency (or clinical fellowship) in the United States or Canada of not less than three years of progressive training in not more than two specialties in not more than two training programs accredited for internship, residency or fellowship training by the Accreditation Council for Graduate Medical Education or the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada or the American Osteopathic Association.

ciation. A valid certificate issued by a specialty board recognized by the American Board of Medical Specialties may be used in lieu of the three years of post graduate training required by subsection (d) of this section.

(e) A graduate of a school of medicine approved by the Oregon Board of Medical Examiners pursuant to OAR 847-030-0045, 847-030-0050, 847-030-0055, 847-030-0060 and 847-030-0065 must have satisfactorily completed not less than one year of approved training in the United States or Canada in not more than one hospital accredited for internship, residency or fellowship training by the Accreditation Council for Graduate Medical Education or the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada.

(f) Must pass a written licensure examination as provided in ORS 677.110 and OAR 847-030-0030.

(2) If a foreign medical graduate has met the basic requirements for licensure and wishes to pursue further postgraduate training beyond the postgraduate level 3 year, or wishes to practice medicine in this state, an unlimited license must be applied for and obtained.

(3)(a) Any physician who does not qualify for a medical license under any of the provisions of this chapter and who is offered by the Dean of an approved medical school in this state a full-time faculty position may, after application to and approval by the Board, be granted a Limited License, Medical Faculty to engage in the practice of medicine only to the extent that such practice is incident to and a necessary part of the applicant's duties as approved by the Board in connection with such faculty position.

(b) To qualify for a Limited License, Medical Faculty an applicant shall meet all the following requirements:

(A) Furnish documentary evidence satisfactory to the Board that the applicant is a United States citizen or is legally admitted to the United States.

(B) Furnish documentary evidence satisfactory to the Board that the applicant has been licensed to practice medicine and surgery for not less than four years in another state or country whose requirements for licensure are satisfactory to the Board, or has been engaged in the practice of medicine in the United States for at least four years in approved hospitals, or has completed a combination of such licensure and training.

(C) Take and pass an examination by the Board.

(D) The dean of the medical school shall certify in writing to the Board that the applicant has been appointed to a full-time faculty position; that a position is available; and that because the applicant has unique expertise in a specific field of medicine, the medical school considers the applicant to be a valuable member of the faculty.

(E) The head of the department in which the applicant is to be appointed shall certify in writing to the Board that the applicant will be under the direction of the head of the department and will not be permitted to practice medicine unless as a necessary part of the applicant's duties as approved by the Board in subsection (a) of this section.

(c) A Limited License, Medical Faculty is valid for one year after issuance. The limited license may be renewed annually for three succeeding years during which time the applicant must pass USMLE Steps 1, 2 and 3. Having completed four years and successfully passed USMLE Steps 1, 2 and 3, the applicant is eligible for licensure regardless of any other requirements of this Chapter.

(4)(a) Any physician who does not qualify for a medical license under any of the provisions of this Chapter and who is offered a teaching fellowship at an approved medical school or affiliated teaching institution in this state may, after application to and approval by the Board, be granted a Limited License, Visiting Professor for two years to practice medicine only to the extent that such practice is incident to and a necessary part of the duties as approved by the Board in connection with such faculty position.

(b) To qualify for a Limited License, Visiting Professor, an applicant shall furnish documentary evidence satisfactory to the Board of graduation from a school of medicine, and a curriculum vitae;

(c) The head of the department in which the applicant is to be appointed shall certify in writing to the Board that the applicant has been offered a teaching position which will be under the direction of the head of the department and will not be permitted to practice medicine unless as a necessary part of the applicant's duties as approved by the Board in subsection (a) of this section.

(d) The Limited License, Visiting Professor shall be granted for a period of one year, and upon written request, may be renewed for one additional year. The two years must be consecutive, and any unused portion of time can not be requested at a later date

[Publications: The publication(s) referred to or incorporated by reference in this rule are available from the agency.]

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100 & ORS 677.110

Hist.: ME 17, f. 5-2-68; ME 2-1979, f. & ef. 5-1-79; ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-5-84, ME 4-1985, f. & ef. 5-6-85; ME 10-1986, f. & ef. 7-31-86; ME 4-1987, f. & ef. 1-23-87; ME 23-1987(Temp), f. & ef. 10-29-87; ME 4-1988, f. & cert. ef. 1-29-88; ME 11-1988, f. & cert. ef. 8-5-88; ME 12-1989, f. & cert. ef. 8-4-89; ME 12-1990, f. & cert. ef. 11-15-90; ME 1-1991(Temp), f. 1-30-91, cert. ef. 1-31-91; ME 2-1991, f. & cert. ef. 4-19-91; ME 4-1992, f. & cert. ef. 4-17-92; ME 13-1994(Temp), f. & cert. ef. 8-10-94; ME 16-1994, f. & cert. ef. 10-25-94; ME 2-1995, f. & cert. ef. 2-1-95; ME 2-1996, f. & cert. ef. 4-24-96

#### 847-030-0010

##### Documents to be Submitted for Licensure of a Foreign Medical School Graduate

The documents submitted must be no larger than 8 1/2" x 11". All documents and photographs will be retained by the Board as a permanent part of the application file. If original documents are larger than 8 1/2" x 11", the copies must be reduced to the correct size with all wording and signatures clearly shown. The application form and photographs must be originals, and all other documents must be legible copies. All documents, letters, or papers incidental to licensure which are submitted in a foreign language must be accompanied by a certified translation by a person acceptable to the Board. The following documents are required:

(1) Application Form: Completed formal application form provided by the Board. Each and every question must be answered with full dates, showing month, day, and year.

(2) Birth Certificate: A copy of birth certificate for proof of name and birthdate.

(3) Medical School Diploma: A copy of a diploma showing graduation from a medical school or college after attendance of at least four full terms of instruction of eight months each.

(4) Fifth Pathway Certificate: A copy of Fifth Pathway Certificate if such program has been completed.

(5) Internship, Residency and Fellowship Certificates: A copy of official internship, residency and fellowship certificates showing completion of all postgraduate training.

(6) ECFMG Certificate: A copy of the Standard ECFMG Certificate issued by the Educational Commission for Foreign Medical Graduates or, if Fifth Pathway applicant, proof of passing examination by submitting a copy of the ECFMG Interim Letter (Result Letter).

(7) American Specialty Board Certificate: A copy of the certificate issued by the American Specialty Board in the applicant's specialty, if applicable.

(8) American Specialty Board Recertification Certificate: A copy of the certificate of recertification issued by the American Specialty Board in the applicant's specialty, if applicable.

(9) Military Separation Paper: A copy of Separation Paper (showing beginning and ending dates) for each term of *Active Duty* in the Armed Forces of the United States (Report of Separation — Form DD-214 or equivalent; Statement of Service, Verification of Status for USPHS), for the past ten years only. A Discharge Certificate is not acceptable. A copy of a Military Paper for service completed in other countries is also required.

(10) Photograph: A close-up, finished, original photograph (passport quality), no smaller than 2" x 2" and no larger than 2 1/2" x 3", front view, head and shoulders (not profile), with fea-

tures distinct, taken within 90 days preceding the filing of the application with the applicant's signature in ink and date taken on the photograph side. (Instant Polaroid-type snapshots with thick backing not acceptable.) Written examination applicants shall submit an additional photograph.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, ORS 677.110 & ORS 677.120

Hist.: ME 17, f. 5-2-68; ME 21, f. 12-1-70, ef. 10-8-70; ME 2-1979, f. & ef. 5-1-79; ME 3-1982, f. & ef. 3-4-82; ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-5-84; ME 13-1987, f. & ef. 4-30-87; ME 4-1994, f. & cert. ef. 1-24-94

#### 847-030-0015

##### Letters and Official Grade Certifications to be Submitted for Licensure of a Foreign Medical School Graduate

The applicant must request official letters directly from:

(1) The Dean of the Medical School: A copy of the Dean's Letter of Recommendation or equivalent which shall include a statement concerning the applicant's moral and ethical character and overall performance as a medical student.

(2) The Program Director, Chairman or other official of the Fifth Pathway Hospital, if such applies: A currently dated original letter (a copy is not acceptable), sent directly from the hospital in which such training was served, which shall include an evaluation of overall performance and specific beginning and ending dates of training.

(3) The Director of Medical Education, Chair-man or other official of Internship, Residency and Fellowship Hospitals in U.S. and foreign countries: A currently dated original letter (a copy is not acceptable), sent directly from the hospitals in which the post-graduate training was served which shall include an evaluation of overall performance and specific beginning and ending dates of training.

(4) The Director or other official for practice and employment in hospitals, clinics, etc., in the U.S. and foreign countries: A currently dated original letter (a copy is not acceptable), sent directly from the hospital/clinic, which shall include an evaluation of overall performance and specific beginning and ending dates of practice and employment, for the past ten years only.

(5) The Executive Secretary of all State Boards in the United States or Canada where the applicant has ever been licensed, regardless of status, i.e., current, lapsed, never practiced there: The currently dated original letter (a copy is not acceptable), sent directly from the boards, shall show license number, date issued, grades if applicable and status.

(6) Official Grade Certifications: If such applies, an official grade certification is required directly from the National Board of Medical Examiners, or the Federation of State Medical Boards.

(7) Disciplinary Inquiries Form: Completion of this form required for processing through the American Medical Association and Federation of State Medical Boards.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, ORS 677.110 & ORS 677.120

Hist.: ME 17, f. 5-2-68; ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-5-84; ME 13-1987, f. & ef. 4-30-87; ME 4-1994, f. & cert. ef. 1-24-94

#### 847-030-0030

##### Written Examination, Oral Examination, SPEX Examination and Personal Interview

(1) After complying with OAR 847-030-0001 through OAR 847-030-0065, the applicant applying for licensure based upon the United States Medical Licensing Examination (USMLE) must pass that examination under the following conditions:

(a) Complete Part I of the National Board of Medical Examiners Examination or Step 1 of the USMLE, PART II of the National Board of Medical Examiners Examination or Step 2 of the USMLE, and Part III of the National Board of Medical Examiners Examination or Step 3 of the USMLE or Component 2 of the FLEX examination. The score achieved on each Step, Part or Component must equal or exceed the figure established by the USMLE Program, the National Board of Medical Examiners or

the Federation of State Medical Board as a passing score. All Steps, Parts or Components must be administered prior to January 2000; or

(b) Component 1 of the FLEX examination and Step 3 of the USMLE. A score of 75 or above must be achieved on Component 1 and the score achieved on Step 3 must be equal to or exceed the figure established by the Federation as a recommended passing score. The Component and Step must have been administered prior to January 2000; or

(c) USMLE Steps 1, 2, and 3. All three Steps must be passed within a seven-year period which begins when the first Step, either Step 1 or Step 2, is passed. The score achieved on each Step must equal or exceed the figure established by the Federation as a recommended passing score.

(d) The first year of postgraduate training must be completed, or nearly completed, prior to taking Step 3 of the USMLE. A Limited License, Postgraduate will be required for training beyond the postgraduate 1 level if the USMLE is not yet passed.

(e) The applicant will not be allowed to take the USMLE for this state, nor apply for licensure in this state if the FLEX has been previously failed four or more times.

(2) The applicant must have passed the written examination (FLEX) under the following conditions:

(a) The applicant who has taken the FLEX examination (Day I, II, and III) administered between June 1968 and December 1984 must have taken the entire examination at one sitting. The applicant who has taken the FLEX examination (Component 1 and Component 2), first administered in June 1985, would not have been required to take both Components 1 and 2 of the FLEX examination at one sitting. Both must have been passed within seven years of the first attempt.

(b) The applicant may not have taken the FLEX examination more than a total of four times, whether in Oregon or other states, whether the components were taken together or separately. After the third failed attempt, the applicant must have satisfactorily completed one year of approved training in the United States or Canada prior to having taken the entire FLEX examination at one sitting on the fourth and final attempt.

(c) Only the applicant's scores on the most recently taken FLEX examination will be considered to determine eligibility.

(3) The applicant may also be required to pass the Special Purpose Examination (SPEX). This requirement may be waived if:

(a) The applicant has within ten years of filing an application with the Board, completed an accredited one year residency, or an accredited or Board approved one year clinical fellowship; or

(b) The applicant has within ten years of filing an application with the Board, been certified or recertified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association; or

(c) The applicant has received an appointment as Professor or Associate Professor at the Oregon Health Sciences University; and

(d) Has not ceased the practice of medicine for a period of 12 or more consecutive months. The SPEX examination may be waived if the applicant, after ceasing practice for a period of 12 or more consecutive months, has subsequently completed an accredited one year residency, or an accredited or Board approved one year clinical fellowship, or been certified or recertified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

(4) The applicant who fails the SPEX examination three times, whether in Oregon or other states, shall successfully complete an accredited one year residency, or an accredited or approved one year clinical fellowship before retaking the SPEX.

(a) However, after the first or second failed attempt, the Board may allow the applicant to take an oral specialty examination, at the applicant's expense, to be given by a panel of physicians in such specialty. The applicant shall submit the cost of administering the oral examination prior to the examination being scheduled.

(A) If an oral specialty examination is requested by the appli-



cant, an Examination Panel of at least three physicians shall be appointed.

(B) The examination shall include questions which test basic knowledge and also test for knowledge expected of a physician with a practice similar in nature to examinee's. The panel shall establish a system for weighing their score for each question in the examination. After it is prepared, the examination shall be submitted to the Board for review and approval.

(C) The Board shall require a passing grade of 75 on the oral specialty examination.

(b) If such oral examination is passed, the applicant would be granted a license limited to the applicant's specialty. If failed, the license would be denied and the applicant would not be eligible for licensure.

(5) The Limited License, SPEX may be granted for a period of 6 months and permits the licensee to practice medicine only until the grade results of the Special Purpose Examination are available, and the applicant completes the initial registration process. The Limited License, SPEX would [immediately] become invalid should the applicant fail the SPEX examination and the applicant, upon notification of failure of the examination, must cease practice in this state as expeditiously as possible, but not to exceed two weeks after the applicant receives notice of failure of the examination.

(6) After the applicant has met all requirements for licensure, the applicant may be required to appear before the Board for a personal interview regarding information received during the processing of the application. The interview shall be conducted during a regular meeting of the Board. An applicant who fails to cancel a scheduled interview at least one week prior to such interview, or who confirms and does not appear, shall be rescheduled only after paying a rescheduling fee prior to the filing deadline date.

(7) All of the rules, regulations and statutory requirements pertaining to the medical school graduate shall remain in full effect.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, ORS 677.110 & ORS 677.120

Hist.: ME 17, f. 5-2-68; ME 3-1982, f. & ef. 3-4-82, ME 7-1984, f. & ef. 1-26-84; ME 11-1984(Temp), f. & ef. 7-30-84, ME 16-1984, f. & ef. 11-5-84; ME 4-1985, f. & ef. 5-6-85; ME 10-1986, f. & ef. 7-31-86; ME 14-1986, f. & ef. 11-7-86; ME 26-1987, f. & ef. 11-5-87; ME 11-1988, f. & cert. ef. 8-5-88; ME 11-1989(Temp), f. & cert. ef. 8-4-89; ME 19-1989, f. & cert. ef. 10-7-89; ME 12-1990, f. & cert. ef. 11-15-90; ME 4-1994, f. & cert. ef. 1-24-94; ME 7-1995, f. & cert. ef. 7-28-95; ME 2-1996, f. & cert. ef. 4-24-96; ME 9-1996, f. & cert. ef. 10-29-96; ME 4-1997, f. & cert. ef. 11-3-97

#### 847-030-0035

##### Endorsement or Reciprocity, SPEX Examination and Personal Interview

(1) After complying with OAR 847-030-0001 through OAR 847-030-0065, the applicant may base an application upon certification by the National Board of Medical Examiners of the United States of America, the National Board of Examiners for Osteopathic Physicians and Surgeons, Inc., the Medical Council of Canada, or upon reciprocity with a license obtained by FLEX examination, USMLE examination, or written examination from a sister state. The FLEX and USMLE examination must have been taken in accordance with OAR 847-030-0030. The examination grades must meet Oregon standards pursuant to ORS 677.110 (1). In order to reciprocate with a lapsed license, such license must have been in good standing while registered in that state and that board must furnish a current, original certification of grades to the Oregon Board.

(2) The applicant will also be required to pass the Special Purpose Examination (SPEX). This requirement may be waived if:

(a) The applicant has within ten years of filing an application with the Board, completed an accredited one year residency, or an accredited or Board approved one year clinical fellowship; or

(b) The applicant has within ten years of filing an application with the Board, been certified or recertified by a specialty board

recognized by the American Board of Medical Specialties or the American Osteopathic Association; or

(c) The applicant has received an appointment as Professor or Associate Professor at the Oregon Health Sciences University; and

(d) Has not ceased the practice of medicine for a period of 12 or more consecutive months. The SPEX examination may be waived if the applicant, after ceasing practice for a period of 12 or more consecutive months, has subsequently completed an accredited one year residency, or an accredited or Board approved one year clinical fellowship, or been certified or recertified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

(3) The applicant who fails the SPEX examination three times, whether in Oregon or other states, shall successfully complete an accredited one year residency, or an accredited or approved one year clinical fellowship before retaking the SPEX.

(a) However, after the first or second failed attempt, the Board may allow the applicant to take an oral specialty examination, at the applicant's expense, to be given by a panel of physicians in such specialty. The applicant shall submit the cost of administering the oral examination prior to the examination being scheduled.

(b) If an oral specialty examination is requested by the applicant, an Examination Panel of at least three physicians shall be appointed.

(c) The examination shall include questions which test basic knowledge and also test for knowledge expected of a physician with a practice similar in nature to examinee's. The panel shall establish a system for weighing their score for each question in the examination. After it is prepared, the examination shall be submitted to the Board for review and approval.

(d) The Board shall require a passing grade of 75 on the oral specialty examination.

(e) If such oral examination is passed, the applicant would be granted a license limited to the applicant's specialty. If failed, the license would be denied and the applicant would not be eligible for licensure.

(4) The Limited License, SPEX may granted for a period of 6 months and permits the licensee to practice medicine only until the grade results of the Special Purpose Examination are available, and the applicant completes the initial registration process. The Limited License, SPEX would become invalid should the applicant fail the SPEX examination and the applicant, upon notification of failure of the examination, must cease practice in this state as expeditiously as possible, but not to exceed two weeks after the applicant receives notice of failure of the examination.

(5) After the applicant has met all requirements for licensure, the applicant may be required to appear before the Board for a personal interview regarding information received during the processing of the application. The interview shall be conducted during a regular meeting of the Board. An applicant who fails to cancel a scheduled interview at least one week prior to such interview, or who confirms and does not appear, shall be rescheduled only after paying a rescheduling fee prior to the filing deadline date.

(6) All other rules, regulations and statutory requirements pertaining to the foreign medical school graduates shall remain in full effect.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, ORS 677.110 & ORS 677.120

Hist.: ME 17, f. 5-2-68; ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-5-84; ME 4-1985, f. & ef. 5-6-85; ME 8-1986(Temp), f. & ef. 5-5-86; ME 10-1986, f. & ef. 7-31-86; ME 14-1986, f. & ef. 11-7-86; ME 26-1987, f. & ef. 11-5-87; ME 11-1989(Temp), f. & cert. ef. 8-4-89; ME 19-1989, f. & cert. ef. 10-7-89; ME 12-1990, f. & cert. ef. 11-15-90; ME 4-1994, f. & cert. ef. 1-24-94; ME 13-1994(Temp), f. & cert. ef. 8-10-94; ME 16-1994, f. & cert. ef. 10-25-94; ME 7-1995, f. & cert. ef. 7-28-95; ME 4-1997, f. & cert. ef. 11-3-97

#### 847-030-0040

##### Denial of Licensure



No applicant shall be entitled to a license by reciprocity, endorsement or written examination who:

(1) Has failed in an examination for licensure in the State of Oregon;

(2) Has had a license revoked or suspended in this or any other state unless the said license has been restored or reinstated and the applicant's license is in good standing in the state which had revoked the same;

(3) Has been refused a license or certificate in any other state or country on any grounds other than failure in a medical licensure examination;

(4) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply; or

(5) Has been guilty of cheating or subverting the medical licensing examination process. Medical licensing examination means any examination given by the Board to an applicant for registration, certification or licensure under this act. Evidence of cheating or subverting includes, but is not limited to:

(a) Copying answers from another examinee or permitting one's answers to be copied by another examinee during the examination;

(b) Having in one's possession during the examination any books, notes, written or printed materials or data of any kind, other than examination materials distributed by board staff, which could facilitate the applicant in completing the examination;

(c) Communicating with any other examinee during the administration of the examination;

(d) Removing from the examining room any examination materials;

(e) Photographing or otherwise reproducing examination materials.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.190

Hist.: ME 17, f. 5-2-68; ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-5-84

#### 847-030-0045

##### Criteria for Approval of Foreign Schools of Medicine

A foreign school of medicine must meet the following criteria to be approved by the Board of Medical Examiners:

(1) Objectives: A foreign school of medicine shall have a program designed to prepare graduates to enter and complete graduate medical education to qualify for licensure, and to provide competent medical care.

(2) Governance: A foreign school of medicine shall be chartered by the jurisdiction in which it operates.

(3) Administration:

(a) The administrative officers and members of the foreign school of medicine faculty shall be appointed by, or under the authority of, the governing board of the foreign school of medicine or its parent university;

(b) The dean of the foreign school of medicine shall be qualified by education and experience to provide leadership in medical education and in the care of patients;

(c) The manner in which the foreign school of medicine is organized, including the responsibilities and privileges of administrative officers, faculty, students and committees shall be promulgated in medical school or university by-laws;

(d) If components of the program are conducted at sites geographically separated from the main campus, the foreign school of medicine shall be fully responsible for the conduct and quality of the educational program at these sites and for identification of the faculty there.

(4) Educational Program for the M.D./D.O. degree:

(a) Duration: The program in the art and science of medicine leading to the M.D./D.O. degree shall include at least 130 weeks of instruction preferably scheduled over a minimum of four calendar years;

(b) Design and Management: The program's faculty shall be responsible for the design, implementation, and evaluation of the curriculum;

(c) Content:

(A) The program's faculty shall be responsible for devising a curriculum that permits the student to learn the fundamental principles of medicine, to acquire skills of critical judgment based on evidence and experience, and to develop an ability to use principles and skills wisely in solving problems of health and disease. In addition, the curriculum shall be designed so that students acquire an understanding of the scientific concepts underlying medicine;

(B) The curriculum shall include the contemporary content of those expanded disciplines that have been traditionally titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine. Instruction within the basic sciences shall include laboratory or other practical exercises which facilitate ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data;

(C) The fundamental clinical subjects which shall be offered in the form of required patient-related clerkships are internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. Under these disciplines or independently, students shall receive basic instruction in all organ systems. Instruction and experience in patient care shall be provided in both hospital and ambulatory settings and shall include the important aspects of acute, chronic, preventive and rehabilitative care;

(D) Each required clerkship shall allow the student to undertake a thorough study of a series of selected patients having the major and common types of disease problems represented in the primary and related disciplines of the clerkship;

(E) Supervision shall be provided throughout required clerkships by members of the school's faculty. The required clerkships shall be conducted in a teaching hospital or ambulatory care facility where residents in accredited programs of graduate medical education, under faculty guidance, may participate in teaching the students.

(d) Evaluation of Student Achievement:

(A) A committee of the faculty shall establish principles and methods for the evaluation of student achievement and make decisions regarding promotion and graduation;

(B) The faculty of each discipline shall set the standards of achievement by students in the study of the discipline. Narrative descriptions of student performance and of noncognitive achievements shall be recorded to supplement grade reports;

(C) The chief academic officer and the directors of all courses and clerkships shall design and implement a system of evaluation of the work of each student during progression through each course or clerkship.

(5) Medical Students. Admissions:

(a) The faculty of each foreign school of medicine shall develop criteria and procedures for the selection of students which shall be published and available to potential applicants and to their collegiate advisors;

(b) The selection of students for the study of medicine shall be the responsibility of the foreign school of medicine faculty through a duly constituted committee;

(c) The number of students to be admitted shall be determined by the resources of the school and the number of qualified applicants. The clinical resources include finances, the size of the faculty, the variety of academic fields represented, the library, the number and size of classrooms and student laboratories and the adequacy of their equipment and office and laboratory space for the faculty. There shall be available a spectrum of clinical resources sufficiently under the control of the faculty to ensure breadth and quality of bedside and ambulatory clinical teaching.

(6) Resources for the Education Program:

(a) General Facilities: A foreign school of medicine shall provide buildings and equipment that are quantitatively and qualitatively adequate to provide an environment conducive to teaching and learning. The facilities shall include faculty offices and research laboratories, student classrooms and laboratories, facilities for individual and group study, offices for administrative and support staff, and a library. Access to an auditorium sufficiently large to accommodate the student body is desirable;

(b) Faculty:

(A) Members of the faculty shall have evidence of clinical competence and commitment to teaching. Effective teaching requires understanding of pedagogy, knowledge of the discipline, and construction of a curriculum consistent with learning objectives, subject to internal and external formal evaluation. The Administration and the faculty shall have knowledge of methods for measurement of the student performance in accordance with the stated educational objectives and national norms;

(B) In each of the major disciplines basic to medicine and in the clinical sciences, a critical mass of faculty members shall be appointed who possess, in addition to a comprehensive knowledge of their major discipline, expertise in one or more subdivisions or specialties within each of their disciplines. In the clinical sciences, the number and kind of specialists appointed shall relate to the amount of patient care activities required to conduct meaningful clinical teaching at the undergraduate level, as well as for graduate and continuing medical education;

(C) There shall be clear policies for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of members of the faculty. The appointment process shall involve the faculty, the appropriate departmental heads, and the dean. Each appointee shall receive a clear definition of the terms of appointment, responsibilities, line of communication, privileges and benefits.

(c) Library: The foreign school of medicine shall have a well-maintained and catalogued library, sufficient in size and breadth to support the educational programs offered by the institution. The library should receive the leading biomedical and clinical periodicals, the current numbers of which should be readily accessible. The library and any other learning resources shall be equipped to allow students to learn new methods of retrieving information, as well as the use of self-instruction materials. A professional library staff shall supervise the library and provide instruction in its use;

(d) Clinical Teaching Facilities:

(A) The foreign school of medicine shall have adequate resources to provide clinical instruction to its medical students. Resources shall include ambulatory care facilities and hospitals where the full spectrum of medical care is provided and can be demonstrated. Each hospital shall either be accredited or otherwise demonstrate its capability to provide safe and effective care. The number of hospital beds required for education cannot be specified by formula, but the aggregation of clinical resources shall be sufficient to permit students in each of the major clerkships to work up and follow several new patients each week;

(B) The nature of the relationship of the foreign school of medicine to affiliated hospitals and other clinical resources is extremely important;

(C) There shall be written affiliation agreements that define the responsibilities of each party. The degree of the schools authority shall reflect the extent that the affiliated clinical facility participates in the educational programs of the school. Most critical are the clinical facilities where required clinical clerkships are conducted. In affiliated institutions, the school's department heads and senior clinical faculty members shall have authority consistent with their responsibility for the instruction of the students.

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 677.265

Hist.: ME 4-1985, f. & ef. 5-6-85

































