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<b>847-070-0030</b>	Revocation or Suspension of Authority to Engage in the Practice of Acupuncture
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<b>847-070-0045</b>	Inactive Registration, and Reactivation from Inactive to Active
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<b>847-080-0018</b>	Endorsement, Oral Examination, Competency Examination and Personal Interview
<b>847-080-0019</b>	Registration and Continuing Medical Education Requirements
<b>847-080-0020</b>	Use of Title
<b>847-080-0022</b>	Qualifications to Perform Ankle Surgery
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**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 for any contested case for which a Complaint and Notice or Order of Emergency Suspension was issued by the Board prior to January 1, 2000. The Board, however, may request that the chief hearing offi-

cer assign a hearing officer to conclude the proceedings in a contested case where the Complaint and Notice or Order of Emergency Suspension was issued prior to January 1, 2000. In such event, the Attorney General Model Rules (OAR 137-003-0501 to 137-003-0700), with the effective date of January 1, 2000 shall apply.

[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 677.265

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; BME 13-2000, f. & cert. ef. 10-30-00

#### 847-001-0010

##### Public Attendance

Contested case hearings are convened in Executive Session to consider records that are exempt by law from public disclosure, including information received in confidence by the Board, information of a personal nature the disclosure of which would constitute an invasion of privacy, and records which are otherwise confidential under Oregon law. Contested case hearings are closed to non-participants in the hearing.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 192.660(1)(f) & (k)

Hist.: BME 13-2000, f. & cert. ef. 10-30-00

#### 847-001-0015

##### Delegation of authority

(1) The Board of Medical Examiners has delegated to the Executive Director the authority to make certain procedural determinations on its behalf on matters arising under the Attorney General's Hearing Officer Panel rules in OAR 137-003-0501 to 137-003-0700. The procedural functions include, but are not limited to:

(a) Authorize or deny requested discovery in a contested case, to include specifying the methods, timing and extent of discovery;

(b) Whether a request for hearing filed after the prescribed time shall be accepted, based upon a finding that the cause for failure to timely file a request for hearing was beyond the reasonable control of the party;

(c) Whether the late filing of a document may be accepted based upon a finding of good cause;

(d) Whether to submit to the Board a motion(s) requesting a ruling in favor of either party on any or all legal issues (including claims and defenses) in a contested case prior to hearing. The Executive Director may:

(A) Decide not to make this process available for any given case or issue;

(B) Refer the issue to the Board for determination.

(e) Whether to issue a subpoena for the attendance of witnesses or to produce documents at the hearing;

(f) Prior to the issuance of a proposed order issued by a hearing officer, whether the Board will consider taking notice of judicially cognizable facts or of general, technical or scientific facts in writing which are within the specialized knowledge of the Board;

(g) The Executive Director may decide whether to submit to the Board prior to a hearing officer's proposed final order the following issues:

(A) The Board's interpretation of its rules and applicable statutes;

(B) Which rules or statutes are applicable to a proceeding;

(C) Whether the Board will answer a question transmitted to it by the hearing officer.

(h) In regard to a proposed order issued by a hearing officer, whether the Board's legal representative will file exceptions and present argument to the Board;

(i) After the conclusion of a contested case hearing, but before issuance of a proposed order, whether to submit to the Board for immediate review on any of the following:

(A) A ruling on a motion to quash a subpoena under OAR 137-003-0585;

(B) A ruling on the admission or exclusion of evidence based on a claim of the existence or non-existence of a privilege.

(2) All actions taken under this delegation shall be reported to the Board at the regularly scheduled meeting in which the Board deliberates on the proposed order in the case.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 183.341

Hist.: BME 13-2000, f. & cert. ef. 10-30-00

## DIVISION 5

### FEES

#### 847-005-0005

##### Fees

Fees to be effective upon adoption:

(1) Doctor of Medicine/Doctor of Osteopathy (MD/DO) Initial License Application — \$375

(2) MD/DO Interview Reschedule — \$150

(3) MD/DO Registration: Active (in-state), Inactive (out-of-state), and Locum Tenens — \$219/year\*\*\*

(4) MD/DO Emeritus Registration — \$112/year

(5) Limited License, Institutional Practice, Public Health, SPEX, Visiting Professor, Fellow, Medical Faculty, Postgraduate, Special — \$185

(6) Acupuncture Initial License Application — \$245

(7) Acupuncture Registration — \$140/year\*\*\*

(8) Acupuncture Limited License, Special, Visiting Professor, Postgraduate — \$75

(9) Physician Assistant Initial License Application — \$245

(10) Physician Assistant Registration — \$140/year\*\*\*

(11) Physician Assistant Supervising Physician Change or Practice Change — \$50

(12) Physician Assistant Limited License, Special, Postgraduate — \$75

(13) Podiatrist Initial Application/Exam — \$340

(14) Podiatrist Competency Examination (PMLexis) Fees:

(a) PMLexis Examination — \$350

(b) PMLexis Administration (plus PMLexis Examination) — \$200

(c) PMLexis Examinee Review of Scores — \$40

(15) Podiatrist Interview Reschedule — \$150

(16) Podiatrist Re-exam — \$100

(17) Podiatrist Registration: Active (in-state), Inactive (out-of-state), and Locum Tenens — \$219/year\*\*\*

(18) Podiatrist Limited License, Special, Postgraduate — \$185

(19) Miscellaneous: All Fines and Late Fees:

(a) MD/DO Registration Renewal Late Fee — \$150

(b) Acupuncture Registration Renewal Late Fee — \$75

(c) Physician Assistant Registration Renewal Late Fee — \$75

(d) Podiatrist Registration Renewal Late Fee — \$150

(e) Dispensing MD/DO/DPM Failure to Register — \$150

(20) Certification of Grades and Licensure Standing — \$50

(21) Oral Specialty or Competency Examination (\$1,000 deposit required) Actual costs

(22) Affidavit Processing Fee for Reactivation — \$50

(23) Reissue Certificate of Registration — \$10

(24) Duplicate License — \$25

(25) Name Change for Licensee (includes new license and amended Certificate of Registration) — \$50

(26) Name Change for Applicant with a Limited License (includes amended Certificate of Registration) — \$25

(27) Duplicate of Wallet Size Card for License — \$10

(28)(a) Verification of Licensure-Individual Requests (1-4 Licenses) — \$10 per license

(b) Verification of Licensure-Multiple (5 or more) — \$7.50 per license

(c) Malpractice Report — Individual Requests — \$10 per license/report



(d) Malpractice Report — Multiple (monthly report) — \$15 per report  
 (e) Disciplinary — Individual Requests — \$10 per license  
 (f) Disciplinary Report — Multiple (quarterly report) — \$15 per report  
 (29) Base Service Charge for Copying — \$5 + .20/page  
 (30) Record Search Fee (+ copy charges see section (29) of this rule):

(a) Clerical — \$20 per hour\*  
 (b) Administrative — \$30 per hour\*  
 (c) Executive — \$50 per hour\*  
 (d) Medical Consultant — \$75 per hour\*  
 (31) Data Processing Labels:  
 (a) Oregon only — \$300  
 (b) Complete (Oregon & out-of-state) — \$300  
 (32) Data Processing Lists:  
 (a) Oregon only — \$150  
 (b) Complete (Oregon & out-of-state) — \$150  
 (c) MD/DO Registration Renewal — \$150/year  
 (33) Data Order:  
 (a) Standard Data License Order — \$300  
 (b) Custom Data License Order — \$400  
 (c) Address Label Disk — \$100  
 (34) Quarterly Lists:  
 (a) Active MD's/DO's, including MD's/DO's licensed at quarterly Board meeting — \$75 Each  
 (b) New Physician List (MD's/DO's Licensed at Quarterly Board Meeting) — \$10  
 (c) Active DPM's, PA's and AC's Lists, including DPM's, PA's, and AC's licensed at quarterly Board meeting — \$10 per list  
 (35) Physician Handbook — \$15  
 (36) 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 \$33.00 for the Diversion Program for Health Professionals and \$10.00 for the Oregon Health Sciences University Library, and are collected biennially.  
 Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

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; BME 7-1999, f. & cert. ef. 4-22-99; BME 10-1999, f. 7-8-99, cert. ef. 8-3-99; BME 14-1999, f. & cert. ef. 10-28-99; BME 4-2000, f. & cert. ef. 2-22-00; BME 6-2001(Temp), f. & cert. ef. 7-18-01 thru 11-30-01; BME 10-2001, f. & cert. ef. 10-30-01

#### 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 6

#### MEDIATION COMMUNICATIONS

#### 847-006-0000

#### Confidentiality and Inadmissibility of Mediation Communications

(1) The words and phrases used in this rule have the same meaning as given to them in ORS 36.110 and 36.234.

(2) Nothing in this rule affects any confidentiality created by other law. Nothing in this rule relieves a public body from complying with the Public Meetings Law, ORS 192.610 to 192.690. Whether or not they are confidential under this or other rules of the agency, mediation communications are exempt from disclosure under the Public Records Law to the extent provided in ORS 192.410 to 192.505.

(3) This rule applies only to mediations in which the agency is a party or is mediating a dispute as to which the agency has regulatory authority. This rule does not apply when the agency is acting as the "mediator" in a matter in which the agency also is a party as defined in ORS 36.234.

(4) To the extent mediation communications would otherwise be compromise negotiations under ORS 40.190 (OEC Rule 408), those mediation communications are not admissible as provided in ORS 40.190 (OEC Rule 408), notwithstanding any provisions to the contrary in section (9) of this rule.

(5) **Mediations Excluded.** Sections (6)–(10) of this rule do not apply to:

(a) Mediation of workplace interpersonal disputes involving the interpersonal relationships between this agency's employees, officials or employees and officials, unless a formal grievance under a labor contract, a tort claim notice or a lawsuit has been filed; or

(b) Mediation in which the person acting as the mediator will also act as the hearings officer in a contested case involving some or all of the same matters;

(c) Mediation in which the only parties are public bodies;

(d) Mediation involving two or more public bodies and a private party if the laws, rule or policies governing mediation confidentiality for at least one of the public bodies provide that mediation communications in the mediation are not confidential;

(e) Mediation involving 15 or more parties if the agency has designated that another mediation confidentiality rule adopted by the agency may apply to that mediation.

(6) **Disclosures by Mediator.** A mediator may not disclose or be compelled to disclose mediation communications in a mediation and, if disclosed, such communications may not be introduced into evidence in any subsequent administrative, judicial or arbitration proceeding unless:

(a) All the parties to the mediation and the mediator agree in writing to the disclosure; or

(b) The mediation communication may be disclosed or introduced into evidence in a subsequent proceeding as provided in subsections (c)–(d), (j)–(l) or (o)–(p) of section (9) of this rule.

(7) **Confidentiality and Inadmissibility of Mediation Communications.** Except as provided in sections (8)–(9) of this rule, mediation communications are confidential and may not be disclosed to any other person, are not admissible in any subsequent administrative, judicial or arbitration proceeding and may not be disclosed during testimony in, or during any discovery conducted as part of a subsequent proceeding, or introduced as evidence by the parties or the mediator in any subsequent proceeding.

(8) **Written Agreement.** Section (7) of this rule does not apply to a mediation unless the parties to the mediation agree in writing, as provided in this section, that the mediation communications in the mediation will be confidential and/or nondiscoverable and inadmissible. If the mediator is the employee of and acting on behalf of a state agency, the mediator or an authorized agency representative must also sign the agreement. The parties' agreement to participate in a confidential mediation must be in substantially the following form. This form may be used separately or incorporated into an "agreement to mediate." [Form not included. See ED. NOTE.]

(9) **Exceptions to confidentiality and inadmissibility.**

(a) Any statements, memoranda, work products, documents and other materials, otherwise subject to discovery that were not prepared specifically for use in the mediation are not confidential and may be disclosed or introduced into evidence in a subsequent proceeding.

(b) Any mediation communications that are public records, as defined in ORS 192.410(4), and were not specifically prepared for use in the mediation are not confidential and may be disclosed or introduced into evidence in a subsequent proceeding unless the substance of the communication is confidential or privileged under state or federal law.

(c) A mediation communication is not confidential and may be disclosed by any person receiving the communication to the extent that person reasonably believes that disclosing the communication is necessary to prevent the commission of a crime that is likely to result in death or bodily injury to any person. A mediation communication is not confidential and may be disclosed in a subsequent proceeding to the extent its disclosure may further the investigation or prosecution of a felony crime involving physical violence to a person.

(d) Any mediation communication related to the conduct of a licensed professional that is made to or in the presence of a person who, as a condition of his or her professional license, is obligated to report such communication by law or court rule is not confidential and may be disclosed to the extent necessary to make such a report.

(e) The parties to the mediation may agree in writing that all or part of the mediation communications are not confidential or that all or part of the mediation communications may be disclosed and may be introduced into evidence in a subsequent proceeding unless the substance of the communication is confidential, privileged or otherwise prohibited from disclosure under state or federal law.

(f) A party to the mediation may disclose confidential mediation communications to a person if the party's communication with that person is privileged under ORS Chapter 40 or other provision of law. A party to the mediation may disclose confidential mediation communications to a person for the purpose of obtaining advice concerning the subject matter of the mediation, if all the parties agree.

(g) An employee of the agency may disclose confidential mediation communications to another agency employee so long as the disclosure is necessary to conduct authorized activities of the agency. An employee receiving a confidential mediation communication under this subsection is bound by the same confidentiality requirements as apply to the parties to the mediation.

(h) A written mediation communication may be disclosed or introduced as evidence in a subsequent proceeding at the discretion of the party who prepared the communication so long as the communication is not otherwise confidential under state or federal law and does not contain confidential information from the mediator or another party who does not agree to the disclosure.

(i) In any proceeding to enforce, modify or set aside a mediation agreement, a party to the mediation may disclose mediation communications and such communications may be introduced as evidence to the extent necessary to prosecute or defend the matter. At the request of a party, the court may seal any part of the record of the proceeding to prevent further disclosure of mediation communications or agreements to persons other than the parties to the agreement.

(j) In an action for damages or other relief between a party to the mediation and a mediator or mediation program, mediation communications are not confidential and may be disclosed and may be introduced as evidence to the extent necessary to prosecute or defend the matter. At the request of a party, the court may seal any part of

the record of the proceeding to prevent further disclosure of the mediation communications or agreements.

(k) When a mediation is conducted as part of the negotiation of a collective bargaining agreement, the following mediation communications are not confidential and such communications may be introduced into evidence in a subsequent administrative, judicial or arbitration proceeding:

(A) A request for mediation; or

(B) A communication from the Employment Relations Board Conciliation Service establishing the time and place of mediation; or

(C) A final offer submitted by the parties to the mediator pursuant to ORS 243.712; or

(D) A strike notice submitted to the Employment Relations Board.

(l) To the extent a mediation communication contains information the substance of which is required to be disclosed by Oregon statute, other than ORS 192.410 to 192.505, that portion of the communication may be disclosed as required by statute.

(m) Written mediation communications prepared by or for the agency or its attorney are not confidential and may be disclosed and may be introduced as evidence in any subsequent administrative, judicial or arbitration proceeding to the extent the communication does not contain confidential information from the mediator or another party, except for those written mediation communications that are:

(A) Attorney-client privileged communications so long as they have been disclosed to no one other than the mediator in the course of the mediation or to persons as to whom disclosure of the communication would not waive the privilege; or

(B) Attorney work product prepared in anticipation of litigation or for trial; or

(C) Prepared exclusively for the mediator or in a caucus session and not given to another party in the mediation other than a state agency; or

(D) Prepared in response to the written request of the mediator for specific documents or information and given to another party in the mediation; or

(E) Settlement concepts or proposals shared with the mediator or other parties.

(n) A mediation communication made to the agency may be disclosed and may be admitted into evidence to the extent the Executive Director determines that disclosure of the communication is necessary to prevent or mitigate a serious danger to the public's health or safety, and the communication is not otherwise confidential or privileged under state or federal law.

(o) The terms of any mediation agreement are not confidential and may be introduced as evidence in a subsequent proceeding, except to the extent the terms of the agreement are exempt from disclosure under ORS 192.410 to 192.505, a court has ordered the terms to be confidential under ORS 30.402 or state or federal law requires the terms to be confidential.

(p) The mediator may report the disposition of a mediation to the agency at the conclusion of the mediation so long as the report does not disclose specific confidential mediation communications. The agency or the mediator may use or disclose confidential mediation communications for research, training or educational purposes, subject to the provisions of ORS 36.232(4).

(10) When a mediation is subject to section (7) of this rule, the agency will provide to all parties to the mediation and the mediator a copy of this rule or a citation to the rule and an explanation of where a copy of the rule may be obtained. Violation of this provision does not waive confidentiality or inadmissibility.

[ED. NOTE: Forms referenced in this rule are available from the agency.]

Stat. Auth.: ORS 677.265, ORS 36.220 & ORS 36.245

Stats. Implemented: ORS 36.220 & ORS 36.245

Hist.: BME 1-1999(Temp), f. & cert. ef. 1-26-99 thru 7-16-99; BME 3-1999(Temp), f. & cert. ef. 2-17-99 thru 7-16-99; BME 8-1999, f. & cert. ef. 4-22-99

## 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 are not received by the Board within three months from the date mailed to the applicant, the applicant shall update the 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 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; BME 6-2000, f. & cert. ef. 7-27-00

**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 whose official state of residence is a state other than Oregon who proposes to practice intermittently within the State shall register and pay the biennial locum tenens registration fee.

(2) The licensee practicing in Oregon with a locum tenens registration status may practice for a period not longer than one hundred and eighty consecutive days in the biennium, or a total of one hundred and eighty days on an intermittent basis in the biennium. A licensee practicing in Oregon with a locum tenens registration status who wishes to reactivate to active registration status, may be granted an additional ninety days to complete the reactivation process.

(3) A licensee who registers as locum tenens and who does not practice in Oregon during the biennium, shall be registered as inactive at the time of registration renewal, and shall be required to reactivate to locum tenens registration status prior to practicing in Oregon.

(4) Requirements, procedures, and fees for a Locum Tenens registration shall be the same as for active registration.

(5) Any licensee registered as locum tenens shall provide the Board with timely notification of the location and duration of each Oregon practice prior to beginning of such 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; BME

6-2000, f. & cert. ef. 7-27-00; BME 7-2001, f. & cert. ef. 7-18-01

**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 licensee who has retired from active practice, but does only volunteer, non-remunerative practice and receives no direct monetary compensation, may register and pay an annual emeritus registration fee.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; BME 6-2000, f. & cert. ef. 7-27-00

**847-008-0035**

**Retired Status**

A licensee who is fully retired and not practicing any form of medicine, whether paid, volunteer, or writing prescriptions in any state, 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;

BME 6-2000, f. & cert. ef. 7-27-00

**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

A licensee who wishes to be relicensed after surrendering licensure, must apply as a new applicant, and submit the license application form and fee. If the license had lapsed prior to surrender, the lapsed registration must be cleared by payment of the back registration fees and late fee. The applicant must meet all current licensure requirements before being considered for relicensure.

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; BME 6-2000, f. & cert. ef. 7-27-00; BME 2-2001, f. & cert. ef. 1-25-01

#### 847-008-0053

##### Restoration of License from Revoked Status

(1) A licensee whose license has been revoked may request restoration of the licensure two years after the date of revocation of his license, and must apply as a new applicant.

(2) The applicant must meet all current licensing requirements, and pay all applicable fees.

(3) Prior to the Board reviewing the request for restoration of a revoked license the applicant shall provide the Board with:

(a) All relevant disciplinary actions in the applicant's history; and

(b) Professional history since the date of revocation, including continuing medical education, and professional or personal rehabilitation.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.220

Hist.: BME 6-2000, f. & cert. ef. 7-27-00; BME 7-2001, f. & cert. ef. 7-18-01

#### 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, or from 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; and

(c) Appropriate fees for processing of affidavit and registration.

(d) A completed "Reports 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 Practitioners Data Bank and the Healthcare Integrity and Protection Data Bank, 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 five years, or from the date the license to practice in Oregon changed to inactive or emeritus status, 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 five years, or from the date the license to practice in Oregon changed to emeritus or inactive status, 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 or emeritus 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; BME 6-2000, f. & cert. ef. 7-27-00

#### 847-008-0056

##### Reactivation from Retired to Emeritus/Locum Tenens/Active Status

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

(a) Completed affidavit form provided by the Board, describing activities during the period of retired registration;

(b) Completed application(s) for registration; and

(c) Appropriate fees for processing of affidavit, and registration fees.

(2) If the license had lapsed prior to the change to retired status, the lapsed registration must be cleared by payment of the registration renewal late fee before reactivation can be completed.

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

(4) If, in the judgment of the Board, the conduct of the licensee has been such, during the period of retired registration, that the licensee would have been denied a license if applying for an initial license to practice medicine, the Board may deny emeritus/locum tenens/active registration.

(5) 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.: BME 16-2000, f. & cert. ef. 10-30-00

**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: Publications referenced 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, Limited License, SPEX, and Limited License Postgraduate

A physician who is granted a Limited License, Special, Limited License, SPEX, or Limited License, Postgraduate in the State of Oregon is entitled to apply for and obtain a federal narcotic stamp.

Stat. Auth.: ORS 677.265  
Stats. Implemented: ORS 677.132  
Hist.: ME 17, f. 5-2-68; ME 10-1986, f. & ef. 7-31-86; ME 3-1988(Temp), f. & cert. ef. 1-29-88; ME 6-1988, f. & cert. ef. 4-20-88; BME 11-1999, f. & cert. ef. 7-23-99

**847-010-0063**

**Limited License, Medical Faculty**

(1) A physician qualifying under OAR 847-030-0005(3) may be granted a Limited License, Medical Faculty after applying to and being approved by the Board at a quarterly Board meeting. 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.

(2) A Limited License, Medical Faculty is valid for one year after issuance. The limited license may be renewed annually for three succeeding years.

(3) Having completed four years of practice under a Limited License, Medical Faculty and successfully passed USMLE Steps 1, 2 and 3, the applicant is eligible for licensure regardless of any other requirements of this Chapter.

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; BME 5-2001, f. & cert. ef. 4-23-01

**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

**847-010-0066**

**Visiting Physician Requirements**

(1) The Board of Medical Examiners may grant approval for a visiting physician to practice in a hospital in the state of Oregon in order to obtain or provide training for a period up to ten days no more than three times a year. The visiting physician who requests additional time beyond the ten days, or submits more than three requests in a year must apply for and obtain a license to practice in the state of Oregon.

(2) Prior to being granted approval, following information must be submitted to the Board of Medical Examiners:

(a) A letter from the requesting hospital administrator and chief of staff or department chairman with the following information:

(A) Dates of Oregon practice of the visiting physician;

(B) Description of the procedure(s);

(C) Name of responsible staff physician who will be in attendance;

(D) Documentation that the requesting hospital has approved privileges for the visiting physician, and

(b) A curriculum vitae for the visiting physician.

(3) The request for approval to practice in the state of Oregon as a visiting physician must be received at least two weeks prior to the beginning date of such practice.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265(1) & (2)

Hist.: BME 7-2000, f. & cert. ef. 7-27-00

**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 or require the applicant to obtain one, all, or any combination of the following examinations:

(a) The Special Purpose Examination (SPEX);

(b) Oral Examination;

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

(2) Failure to achieve a passing grade on any examination shall constitute grounds for suspension or revocation of examinee's license on the grounds of Manifest Incapacity to Practice Medicine as provided by ORS 677.190(16).

(3) 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.

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

(5) 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 677.265

Stats. Implemented: ORS 677.175(2)

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; BME 12-2000, f. & cert. ef. 10-30-00

**847-010-0075**

**Reporting of Alleged Professional Negligence**

(1) As required in ORS 742.400 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 settlement, award or judgment.

Stat. Authority: ORS 677.265

Stats. Implemented: ORS 742

Hist.: ME 3-1987, f. & ef. 1-23-87; ME 10-1988, f. & cert. ef. 8-5-88; BME 1-2000, f. & cert. ef. 2-7-00

**847-010-0078**

**Agreement Prohibited between Physician and Patient that Limits a Patient's Rights**

Licensees and applicants shall not make an agreement with a patient or person, or any person or entity representing patients, nor provide any form of consideration, that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Board of Medical Examiners, to truthfully and fully answer any questions posed by an agent or representative of the Board, or to participate as a witness in a Board proceeding.

Statutory Auth.: ORS 677.265

Stats. Implemented: ORS 677.132

Hist.: BME 3-2001, f. & cert. ef. 1-25-01

**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 preceptorships:

(1) Hospitals:

(a) Only hospitals conducting internship/residency programs approved by the Accreditation Council for Graduate Medical Education

tion 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 III or IV Controlled Substances — Bariatrics Practice

(1) A physician shall not utilize a Schedule III or 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 III or 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 III or 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 III or 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 III or IV designated as FDA short term use controlled substances beyond three (3) months requires doc-



umentation 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 III or 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; BME 17-2000(Temp), f. & cert. ef. 10-30-00 thru 2-28-01; BME 4-2001, f. & cert. ef. 1-25-01

#### 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 where the controlled substances and inventory log are stored. The inventory log at the registered address shall be maintained showing all controlled substances received, or dispensed to the emergency vehicle. The administration log shall also show for each controlled substance, the patient's name and amount used, date, and by whom administered or dispensed, and may be maintained in the emergency vehicle. This log should be reviewed for accuracy on a monthly basis and be readily retrievable 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 682.245

Hist.: ME 10-1987, f. & ef. 4-28-87; ME 1-1997, f. & cert. ef. 1-28-97; BME 8-2001, f. & cert. ef. 7-18-01

#### 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 the treatment of the body area, system or organ perceived as 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) If the attending physician is an acknowledged specialist in the treatment of the body area, system or organ perceived as the source of intractable pain, the evaluation requirement of a consulting physician is considered to have been met.

(3) If the attending physician determines that the evaluation by a consulting physician as required in (1) is impossible for the patient because of cost or access, the attending physician must document in the patient's chart the reasons why the patient cannot obtain an evaluation by a consulting physician, and obtain an exception from the Board of Medical Examiners or its designee.

(4) 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.

(5) 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).

(6) 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 677.474

Hist.: ME 4-1996, f. & cert. ef. 7-26-96; BME 8-2000, f. & cert. ef. 7-27-00

#### 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 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

#### 847-015-0040

##### **Collaborative Drug Therapy Management**

(1) "Collaborative Drug Therapy Management" as used in this section means the participation by a physician and a pharmacist in the management of drug therapy pursuant to a written protocol that includes information specific to the dosage, frequency, duration and route of administration of the drug, authorized by a physician and initiated upon a prescription order for an individual patient and:

(a) Is agreed to by one physician and one pharmacist; or

(b) Is agreed to by one or more physicians in a single organized medical group, such as a hospital medical staff, clinic or group practice, including but not limited to organized medical groups using a pharmacy and therapeutics committee, and one or more pharmacists at a single pharmacy registered by the Board of Pharmacy.

(2) A physician shall engage in collaborative drug therapy management with a pharmacist only under a written arrangement that includes:

(a) The identification, either by name or by description, of the participating pharmacist(s);

(b) The identification, by name, of the participating physician(s);

(c) The name of the physician and principal pharmacist who are responsible for development, training, administration, and quality assurance of the arrangement;

(d) A detailed description of the collaborative role the pharmacist(s) shall play, including but not limited to:

(A) Written protocol for specific drugs pursuant to which the pharmacist will base drug therapy management decisions for an individual patient;

(B) Circumstances which will cause the pharmacist to initiate communication with the physician, including but not limited to the need for new prescription orders and reports of patients' therapeutic responses or adverse effects;

(C) Training requirement for pharmacist participation and ongoing assessment of competency, if necessary;

(D) Quality assurance and periodic review by a panel of the participating physicians(s) and pharmacist(s).

(e) Authorization by the physician(s) for the pharmacist(s) to participate in the collaborative drug therapy;

(f) A provision for the collaborative drug therapy arrangement to be reviewed and updated, or discontinued at least every two years; and

(g) A description of the mechanism for the pharmacist(s) to communicate to the physician(s) and for documentation of the implementation of the collaborative drug therapy.

(3) Collaborative drug therapy management is valid only when initiated upon the prescription order of a participating physician for each individual patient.

(4) Nothing in this rule shall be construed to allow therapeutic substitution.

(5) The collaborative drug therapy protocol must be filed with the Board of Pharmacy, kept on file in the pharmacy and made available to the Board of Pharmacy and the Board of Medical Examiners upon request.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 689.005(30)

Hist.: BME 12-1999, f. & cert. ef. 7-23-99

## DIVISION 20

### **RULES FOR LICENSURE TO PRACTICE MEDICINE IN OREGON**

#### **847-020-0100**

##### **Definition**

As used in OAR 847-020-0130 through 847-031-0050 "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 677.265

Stats. Implemented: ORS 677.010

Hist. BME 9-2001, f. & cert. ef. 7-24-01

#### **847-020-0110**

##### **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 the personal interview is canceled and rescheduled 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. BME 9-2001, f. & cert. ef. 7-24-01

#### **847-020-0120**

##### **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, the College of Family Physicians of Canada, 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 847-020-0170; 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. BME 9-2001, f. & cert. ef. 7-24-01

#### **847-020-0130**

##### **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 which the school is licensed, the institutions 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, 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 College of Family Physicians of Canada 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 847-031-0001, 847-031-0010, 847-031-0020, 847-031-0030 and 847-031-0040.

(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 College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada or the American Osteopathic Association. 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 847-031-0001, 847-031-0010, 847-031-0020, 847-031-0030 and 847-031-0040 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 847-020-0170.

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

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.110

Hist. BME 9-2001, f. & cert. ef. 7-24-01

#### 847-020-0140

#### Limited License, Visiting Professor, and Limited License, Medical Faculty

(1)(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 at a quarterly meeting of 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) 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.

(D) 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.

(E) The applicant may be required to take and pass an examination by the Board.

(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 of practice under a Limited License, Medical Faculty and successfully passed USMLE Steps 1, 2 and 3, the applicant is eligible for licensure regardless of any other requirements of this Chapter.

(2)(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.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.110

Hist. BME 9-2001, f. & cert. ef. 7-24-01

#### 847-020-0150

#### 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 for an applicant who is a graduate of an approved school of medicine or a foreign medical school as indicated:



(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 an approved school of medicine or a foreign school of medicine. Foreign medical graduate must have graduated 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) LMCC Certificate: A copy of LMCC Certificate issued by the Medical Council of Canada, if the applicant has been issued that certificate.

(7) 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).

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

(9) 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.

(10) 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 (10) years only. A Discharge Certificate is not acceptable.

(11) 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.

(12) The results of the Practitioner Request for Information Disclosure (Self-Query) from the National Practitioners Data Bank and the Health Integrity and Protection Data Bank sent to the Board by the applicant.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.110

Hist. BME 9-2001, f. & cert. ef. 7-24-01

#### 847-020-0160

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

The applicant, a graduate of an approved school of medicine or foreign medical graduate, must request official letters sent to the Board 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 Program Director, Chairman or other official of the Fifth Pathway Hospital, if such applies: A currently dated original letter (a copy if 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, 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.

(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 (10) 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/Osteopathic Examiners, the Medical Council of Canada 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. BME 9-2001, f. & cert. ef. 7-24-01

#### 847-020-0170

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

(1) After complying with OAR 847-020-0110 through 847-020-0200 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) Step 3 of the USMLE may be taken during the first year of postgraduate training, or after the first year of postgraduate training has been completed. 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

ed 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 677.110

Hist. BME 9-2001, f. & cert. ef. 7-24-01

#### 847-020-0180

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

(1) After complying with OAR 847-020-0110 through 847-020-0200, 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 847-020-0170. 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 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 meet-

ing 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. BME 9-2001, f. & cert. ef. 7-24-01

#### 847-020-0190

##### 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 677.265

Stats. Implemented: ORS 677.190

Hist. BME 9-2001, f. & cert. ef. 7-24-01

#### 847-020-0200

##### 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 677.265

Stats. Implemented: ORS 677.110

Hist. BME 9-2001, f. & cert. ef. 7-24-01

## DIVISION 25

### RULES FOR LICENSURE TO PRACTICE MEDICINE ACROSS STATE LINES

#### 847-025-0000

##### Preamble

(1) A physician granted a license to practice medicine across state lines is subject to all the provisions of the Medical Practice Act (ORS Chapter 677), and to all the administrative rules of the Board of Medical Examiners.

(2) A physician granted a license to practice medicine across state lines has the same duties and responsibilities and is subject to the same penalties and sanctions as any other physician licensed under ORS Chapter 677, including but not limited to the following:

(a) The physician shall establish a physician-patient relationship;

(b) The physician shall examine the patient in person prior to diagnosing, treating, correcting or prescribing;

(c) The physician shall make a judgement based on some type of objective criteria upon which to diagnose, treat, correct or prescribe;

(d) The physician shall engage in all necessary practices that are in the best interest of the patient; and

(e) The physician shall refrain from writing prescriptions for medication resulting only from a sale or consultation over the Internet.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, ORS 677.137, ORS 677.139 & ORS 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00

#### 847-025-0010

##### Definitions

"The practice of medicine across state lines" means:

(1) The direct rendering to a person of a written or otherwise documented medical opinion concerning the diagnosis or treatment of that person located within Oregon for the purpose of patient care by a physician located outside Oregon as a result of the transmission of individual patient data by electronic or other means from within Oregon to that physician or the physician's agent outside Oregon; or

(2) The direct rendering of medical treatment to a person located within Oregon by a physician located outside Oregon as a result of the outward transmission of individual patient data by electronic or other means from within this state to that physician or the physician's agent outside the state.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, ORS 677.137, ORS 677.139 & ORS 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00

#### 847-025-0020

##### Exemptions

A license to practice across state lines is not required of a physician:

(1) Engaging in the practice of medicine across state lines in an emergency (ORS 677.060(3)), or

(2) Located outside this state who consults with another physician licensed to practice medicine in this state, and who does not undertake the primary responsibility for diagnosing or rendering treatment to a patient within this state;

(3) Located outside the state and has an established physician-patient relationship with a person who is in Oregon temporarily and who requires the direct medical treatment by that physician.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, ORS 677.137, ORS 677.139 & ORS 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00

#### 847-025-0030

##### Limitations

(1) A license for the practice of medicine across state lines does not permit a physician to practice medicine in the state of Oregon except when engaging in the practice of medicine across state lines.

(2) A license to practice medicine across state lines is not a limited license per ORS 677.132.

(3) A physician issued a license to practice medicine across state lines shall not:

(a) Act as a dispensing physician as described in ORS 677.010 (5);

(b) Treat a person within this state for intractable pain, per ORS 677.470, 677.489;

(c) Act as a supervising physician of an Oregon licensed Physician Assistant as defined in ORS 677.495(4);

(d) Act as a supervising physician of an Oregon-certified First Responder or Emergency Medical Technician as defined in ORS 682.245;

(e) Be eligible for any tax credit provided by ORS 316.076;

(f) Participate in the Rural Health Services Program under ORS 442.550 to 442.570; or

(g) Assert a lien for services under ORS 87.555.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, ORS 677.137, ORS 677.139 & ORS 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00



**847-025-0040**

**Qualifications**

(1) To qualify for a license to practice medicine across state lines:

(a) An out-of-state physician must hold a full, unrestricted license to practice medicine in any other state, must not have been the recipient of a previous disciplinary or other actions by any other state or jurisdiction; or

(b) An out-of-state physician who has been the recipient of previous disciplinary or other action by any state or jurisdiction may be issued a license for the practice of medicine across state lines if the Board finds that the previous disciplinary or other action does not indicate that the physician is a potential threat to the public interest, health, welfare and safety of the citizens of the state of Oregon; and

(c) Must otherwise meet the standards of licensure under ORS 677.

(2) An out-of-state physician would not qualify for a license to practice medicine across state lines if the applicant is the subject of a pending investigation by a state medical board or another state or federal agency.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, ORS 677.137, ORS 677.139 & ORS 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00

**847-025-0050**

**Application**

(1)(a) When applying for a license to practice medicine across state lines, the physician shall submit to the Board the completed application, fees, documents, letters, and any other information required by the Board for physician (MD/DO) licensure as stated in OAR 847, divisions 020 or 030 at least 60 days prior to a regular meeting of the Board.

(b) A description of the applicant's intended practice of medicine across state lines in the state of Oregon.

(2) A physician applying for a license to practice medicine across state lines 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.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, ORS 677.137, ORS 677.139 & ORS 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00

**847-025-0060**

**Medical Records and Personal Appearance**

A physician granted a license to practice medicine across state lines shall:

(1) Comply with all applicable laws, rules, and regulations in this state governing the maintenance of patient medical records, including patient confidentiality requirements, regardless of the state where the medical records or any patient within this state are maintained; and

(2) Produce patient medical records or other materials as requested by the Board and appear before the Board following receipt of a written notice issued by the Board. Failure of the physician to appear or to produce records or materials as requested shall constitute grounds for disciplinary action per ORS 677.190.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, ORS 677.137, ORS 677.139 & ORS 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00

**DIVISION 31**

**BOARD APPROVAL OF FOREIGN SCHOOLS  
OF MEDICINE**

**847-031-0010**

**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 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 bylaws.

(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 non-cognitive 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 Educational 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 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 677.265

Stats. Implemented: ORS 677.110

Hist. BME 9-2001, f. & cert. ef. 7-24-01

**847-031-0020**

**Protocol for Evaluation of Foreign Schools of Medicine**

(1) Any foreign school of medicine desiring to be evaluated by the Oregon Board shall complete the medical school evaluation form prepared by the Federation of State Medical Boards. This form may be submitted directly to the Oregon Board through the Federation.

(2) Any foreign school of medicine desiring to be evaluated by the Oregon Board shall post a bond of \$20,000 in U.S. Funds with the Oregon Board to cover costs of this evaluation. The Board shall give an accounting of the expenditure of these funds at the conclusion of the evaluation and any excess funds shall be returned to the foreign school of medicine.

(3) The completed evaluation form will be reviewed by an evaluation panel appointed by the Board. This panel may consist of a member or members of the Board and as many non-Board members as the Board may deem necessary.

(4) As part of the evaluation, the panel may decide an on-site visit is necessary. medical school.

(5) Sixty days after submitting the initial report, the panel shall submit to the Board its final recommendations and any additional information provided by the school. The Board at its next meeting shall accept, reject or modify the recommendations.

Stat. Auth.: ORS 183 & ORS 677.265

Stats. Implemented: ORS 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01

**847-031-0030**

**Recertification**

(1) Approval of a foreign school of medicine shall be valid for a maximum period of five years. If for any reason the Board determines that certification should be terminated the Board may, with reasonable cause, terminate approval at any time.

(2) Provisional approval may be granted for periods of time less than five years.

Stat. Auth.: ORS 183 & ORS 677.265

Stats. Implemented: ORS 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01

**847-031-0040**

**Approval of Foreign Schools of Medicine by Other States**

The Oregon Board of Medical Examiners may accept any foreign school of medicine which has been approved by another state using criteria substantially similar to Oregon's.

Stat. Auth.: ORS 183 & ORS 677.265

Stats. Implemented: ORS 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01

**847-031-0050**

**Approval of Foreign Schools of Medicine by Foreign Accrediting Agencies**

The Oregon Board of Medical Examiners may accept as approved, a foreign school of medicine which has been approved by an agency which utilizes criteria and processes similar to the U.S. Liaison Committee on Medical Education.

Stat. Auth.: ORS 183 & ORS 677.265

Stats. Implemented: ORS 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01

## DIVISION 35

**EMERGENCY MEDICAL TECHNICIANS, FIRST RESPONDERS, AND SUPERVISION PHYSICIANS****847-035-0001****Definitions**

(1) "Agent" means a medical or osteopathic physician licensed under ORS Chapter 677, actively registered and in good standing with the Board, a resident of or actively practicing in the area in which the emergency service is located, designated by the supervising physician to provide direction of the medical services of EMTs and First Responders as specified in these rules.

(2) "Board" means the Board of Medical Examiners for the State of Oregon.

(3) "Committee" means the EMT Advisory Committee to the Board of Medical Examiners.

(4) "Division" means the Health Division of the Department of Human Resources.

(5) "Emergency Care" as defined in ORS 682.025(5) means the performance of acts or procedures under emergency conditions in the observation, care and counsel of the ill, injured or disabled; in the administration of care or medications as prescribed by a licensed physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. However, "emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

(6) "Emergency Medical Technician-Basic (EMT-Basic)" means a person certified under ORS Chapter 682 and in good standing with the Division, who has completed an EMT-Basic course as prescribed by OAR 333, division 265, and is certified by the Division.

(7) "Emergency Medical Technician-Intermediate (EMT-Intermediate)" means a person certified under ORS Chapter 682 and in good standing with the Division, who has completed an EMT-Intermediate course as prescribed by OAR 333, division 265, and is certified by the Division.

(8) "Emergency Medical Technician-Paramedic (EMT-Paramedic)" means a person certified under ORS Chapter 682 and in good standing with the Division, who has completed an EMT-Paramedic course as prescribed by OAR 333, division 265, and is certified by the Division.

(9) "First Responder" means a person who has successfully completed a first responder course approved by the Division and has been examined and certified as a First Responder by an authorized representative of the Division to perform basic emergency and non-emergency care procedures.

(10) "In Good Standing" means a person who is currently certified or licensed, who does not have any restrictions placed on his/her certificate or license, or who is not on probation with the certifying or licensing agency for any reason.

(11) "Nonemergency care" as defined in ORS 682.025 (11) means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24 hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS 677, insofar as any of these acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Board of Medical Examiners in the course of providing prehospital care.

(12) "Supervising Physician" means a person licensed under ORS Chapter 677, actively registered and in good standing with the Board as a medical Doctor or Doctor of Osteopathic Medicine, approved by the Board, and who provides direction of, and is ultimately responsible for emergency and nonemergency care rendered by EMTs and First Responders as specified in these rules. The supervising physician is also ultimately responsible for the agent designated by the supervising physician to provide direction of the med-

ical services of the EMT and First Responder as specified in these rules.

(13) "Scope of Practice" means the maximum level of emergency and nonemergency care that an EMT or First Responder may provide as defined in OAR 847-035-0030.

(14) "Standing Orders" means the written detailed procedures for medical or trauma emergencies and nonemergency care to be performed by an EMT or First Responder issued by the supervising physician commensurate with the scope of practice and level of certification of the EMT or First Responder.

Stat. Auth.: ORS 682.245

Stats. Implemented: ORS 682.015(11)

Hist.: ME 2-1983, f. & ef. 7-21-83; ME 7-1985, f. & ef. 8-5-85; ME 11-1986, f. & ef. 7-31-86; ME 15-1988, f. & cert. ef. 10-20-88; ME 6-1991, f. & cert. ef. 7-24-91; ME 1-1996, f. & cert. ef. 2-15-96; ME 3-1996, f. & cert. efg. 7-25-96; BME 6-1998, f. & cert. ef. 4-27-98; BME 13-1999, f. & cert. ef. 7-23-99

**847-035-0011****EMT Advisory Committee**

(1) There is created an EMT Advisory Committee, which shall consist of five members appointed by the Oregon Board of Medical Examiners. The Board shall appoint two physicians and three emergency medical technicians (EMTs) from nominations provided from EMS agencies, organizations, and individuals.

(a) The two physician members shall be actively practicing physicians licensed under this chapter who are supervising physicians, medical directors, or practicing emergency medicine physicians.

(b) The three EMT members shall be Oregon certified EMTs who have been residents of this state for at least two years, certified as EMTs for not less than two years. At least two of the three EMT members shall be actively practicing prehospital care, and at least one of the three EMT members shall be an EMT-Paramedic.

(c) Two of the five committee members shall be from rural or frontier Oregon.

(2)(a) The term of office of a member of the committee shall be three years and members may be reappointed to serve not more than two terms.

(b) Vacancies in the committee shall be filled by appointment by the board for the balance of an unexpired term and each member shall serve until a successor is appointed and qualified.

(3) Notwithstanding the term of office specified in section (2):

(a) One EMT shall serve for a term ending June 30, 2002,

(b) One EMT and one physician shall serve for a term ending June 30, 2003; and

(c) One EMT and one physician shall serve for a term ending June 30, 2004.

(4) The members of the advisory committee are entitled to compensation and expenses as provided in ORS 677.280.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.757 & ORS 677.780

Hist.: BME 12-2001, f. & cert. ef. 10-30-01

**847-035-0012****Duties of the Committee**

(1) The EMT Advisory Committee shall:

(a) Review requests for additions, amendments, or deletions to the First Responder and EMT scope of practice, and recommend to the board changes to the scope of practice.

(b) Recommend requirements and duties of supervising physicians of First Responders and EMTs, and

(c) Recommend physician nominations for the State EMS Committee.

(2) All actions of the EMT Advisory Committee shall be subject to review and approval by the Board.

Stat. Auth.: ORS 677.245

Stats. Implemented: ORS 677.245

Hist.: BME 12-2001, f. & cert. ef. 10-30-01

**847-035-0020****Application and Qualifications for a Supervising Physician and Agent**

(1) A physician must receive approval from the Board in order to supervise one or more EMT or First Responder.



(2) Any physician who desires to function as a supervising physician or agent must apply and receive approval from the Board.

(3) Applications are to be submitted on forms provided by the Board.

(4) A supervising physician and agent must meet the following qualifications:

(a) Be a medical or osteopathic physician currently licensed under ORS Chapter 677, actively registered and in good standing with the Board;

(b) Be in current practice;

(c) Be a resident of or actively practicing in the area in which the emergency service is located;

(d) Possess thorough knowledge of skills assigned by standing order to EMTs and First Responders; and

(e) Possess thorough knowledge of laws and rules of the State of Oregon pertaining to EMTs and First Responders.

Stat. Auth.: ORS 183.205

Stats. Implemented: ORS 183.205

Hist.: ME 13-1984, f. & ef. 8-2-84; ME 2-1985(Temp), f. & ef. 1-21-85; ME 5-1985, f. & ef. 5-6-85; ME 7-1985, f. & ef. 8-5-85; ME 6-1991, f. & cert. ef. 7-24-91; ME 1-1996, f. & cert. ef. 2-15-96

#### 847-035-0025

##### Supervision

(1) A supervising physician is responsible for the following:

(a) Issuance, review and maintenance of standing orders within the scope of practice not to exceed the certification level of the EMT or the First Responder when applicable;

(b) Explaining the standing orders to the EMT and First Responder, making sure they are understood and not exceeded;

(c) Ascertaining that the EMT and First Responder are currently certified and in good standing with the Division;

(d) Providing regular review of the EMT's and First Responder's practice by complying with one or more of the following:

(A) Direct observation of prehospital emergency care performance by riding with the emergency medical service; and

(B) Indirect observation using one or more of the following:

(i) Prehospital emergency care report review;

(ii) Prehospital communications tapes review;

(iii) Immediate critiques following presentation of reports;

(iv) Demonstration of technical skills; and

(v) Post-care patient or receiving physician interviews using questionnaire or direct interview techniques.

(e) Provide or coordinate formal case reviews for EMTs by thoroughly discussing a case (whether one in which the EMT has taken part or a textbook case) from the time the call was received until the patient was delivered to the hospital. The review should include discussing what the problem was, what actions were taken (right or wrong), what could have been done that was not, and what improvements could have been made;

(f) Provide or coordinate continuing education. Although the supervising physician is not required to teach all sessions, the supervising physician is responsible for assuring that the sessions are taught by a qualified person.

(2) The supervising physician may delegate responsibility to his/her agent to provide any or all of the following:

(a) Explanation of the standing orders to the EMT or First Responder, making sure they are understood, and not exceeded;

(b) Assurance that the EMT or First Responder is currently certified and in good standing with the Division;

(c) Regular review of the EMT's and First Responder's practice by complying with one or more of the following:

(A) Direct observation of prehospital emergency care performance by riding with the emergency medical service; and

(B) Indirect observation using one or more of the following:

(i) Prehospital emergency care report review;

(ii) Prehospital communications tapes review;

(iii) Immediate critiques following presentation of reports;

(iv) Demonstration of technical skills; and

(v) Post-care patient or receiving physician interviews using questionnaire or direct interview techniques.

(d) Provide or coordinate continuing education. Although the supervising physician or agent is not required to teach all sessions,

the supervising physician or agent is responsible for assuring that the sessions are taught by a qualified person.

(3) Nothing in this section shall limit the number of EMTs and First Responders that may be supervised by a supervising physician so long as the supervising physician can meet with the EMTs and First Responders under his/her direction for a minimum of two hours each calendar year.

(4) An EMT or First Responder may have more than one supervising physician as long as the EMT or First Responder has notified all of the supervising physicians involved, and the EMT or First Responder is functioning under one supervising physician at a time.

(5) The supervising physician shall report in writing to the Chief Investigator of the Division's EMS Section any action or behavior on the part of the EMT or First Responder which could be cause for disciplinary action under ORS 823.160 or 823.165.

Stat. Auth.: ORS 183.205

Stats. Implemented: ORS 183.205

Hist.: ME 2-1983, f. & ef. 7-21-83; ME 13-1984, f. & ef. 8-2-84; ME 6-1991, f. & cert. ef. 7-24-91; ME 1-1996, f. & cert. ef. 2-15-96

#### Scope of Practice

#### 847-035-0030

##### Scope of Practice

(1) The Board of Medical Examiners has established a scope of practice for emergency and nonemergency care for First Responders and EMTs. First Responders and EMTs may provide emergency and nonemergency care in the course of providing prehospital care as an incident of the operation of ambulance and as incidents of other public or private safety duties, but is not limited to "emergency care" as defined in OAR 847-035-0001(5).

(2) The scope of practice for First Responders and EMTs is not intended as statewide standing orders or protocols. The scope of practice is the maximum functions which may be assigned to a First Responder or EMT by a Board-approved supervising physician.

(3) Supervising physicians may not assign functions exceeding the scope of practice; however, they may limit the functions within the scope at their discretion.

(4) Standing orders for an individual EMT may be requested by the Board or Division and shall be furnished upon request.

(5) No EMT may function without assigned standing orders issued by Board-approved supervising physician.

(6) An Oregon-certified First Responder or EMT, acting through standing orders, shall respect the patient's wishes including life-sustaining treatments. Physician supervised First Responders and EMTs shall comply with life-sustaining treatment orders executed by a physician or a nurse practitioner. A patient with life-sustaining treatment orders always requires respect, comfort and hygienic care.

(7) The scope of practice for emergency and nonemergency care established by the Board for First Responders is intended as authorization for performance of procedures by First Responders without direction from a Board-approved supervising physician, except as limited by subsection (2) of this rule. A First Responder may perform the following emergency care procedures without having signed standing orders from a supervising physician:

(a) Conduct primary and secondary patient examinations;

(b) Take and record vital signs;

(c) Open and maintain an airway by positioning the patient's head;

(d) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;

(e) Provide care for soft tissue injuries;

(f) Provide care for suspected fractures;

(g) Assist with prehospital childbirth; and

(h) Complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior EMT with the transporting ambulance.

(8) A First Responder may perform the following procedures only when the First Responder is providing emergency care as part of an agency which has a Board-approved supervising physician who has issued written standing orders to that First Responder authorizing the following:

(a) Administration of medical oxygen;

(b) Open and maintain an airway through the use of an oropharyngeal and nasopharyngeal airway and pharyngeal suctioning devices;

(c) Operate a bag mask ventilation device with reservoir;

(d) Provision of care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia; and

(e) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator, only when the First Responder is certified by the Division as a First Responder and:

(A) Has successfully completed a Division-approved course of instruction in the use of the automatic or semi-automatic defibrillator; and

(B) Complies with the periodic requalification requirements for automatic or semi-automatic defibrillator as established by the Division.

(9) An Oregon-certified EMT-Basic may perform emergency and nonemergency procedures. Emergency care procedures shall be limited to the following basic life support procedures:

(a) Perform all procedures that an Oregon-certified First Responder can perform;

(b) Open and maintain an airway by using oropharyngeal and nasopharyngeal airways and pharyngeal suctioning devices;

(c) Ventilate with a non-invasive positive pressure delivery device;

(d) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;

(e) Provide care for suspected shock, including the use of the pneumatic anti-shock garment;

(f) Provide care for suspected medical emergencies, including:

(A) Obtaining a peripheral blood specimen for blood glucose monitoring, obtained via fingerstick, heelstick, or earlobe puncture;

(B) Administer oral glucose for hypoglycemia;

(C) Administer epinephrine by subcutaneous or automatic injection device for anaphylactic shock, with a copy of the prehospital emergency care report form sent to the Board in each instance;

(D) Administer activated charcoal for poisonings, following local written standing orders; and

(E) Administer aspirin for suspected myocardial infarction after completing a Division approved course in the administration of aspirin.

(g) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator;

(h) Transport stable patients with saline locks, heparin locks, foley catheters, or in-dwelling vascular devices;

(i) Perform other emergency tasks as requested if under the Direct Visual supervision of a physician and then only under the order of that physician;

(j) Complete a clear and accurate prehospital emergency care report form on all patient contacts and leave the completed form with the medical facility receiving the patient;

(k) Assist a patient with administration of sublingual nitroglycerine tablets or spray and with metered dose inhalers that have been previously prescribed by that patient's personal physician and that are in the possession of the patient at the time the EMT-Basic is summoned to assist that patient; and

(l) In the event of a release of military chemical warfare agents from the Umatilla Army Depot, the EMT-Basic who is a member or employee of an EMS agency serving the DOD-designated Immediate Response Zone who has completed a Division-approved training program may administer atropine sulfate and pralidoxime chloride from a Division-approved pre-loaded auto-injector device, and perform endotracheal or pharyngoesophageal intubation, using protocols promulgated by the Division and adopted by the supervising physician. 100% of EMT-Basic actions taken pursuant to this section shall be reported to the Division via a copy of the prehospital emergency care report and shall be reviewed for appropriateness by Division staff and the Subcommittee on EMT Certification and Discipline.

(10) An Oregon-certified EMT-Intermediate may perform emergency and nonemergency care procedures. The emergency care procedures shall be limited to the following:

(a) Perform all procedures that an Oregon-certified EMT-Basic can perform;

(b) Initiate and maintain peripheral intravenous (I.V.) lines;

(c) Initiate and maintain an intraosseous infusion;

(d) Initiate saline or similar locks when specifically authorized by the physician;

(e) Infuse any physiologic isotonic crystalloid solution;

(f) Draw peripheral blood specimens;

(g) Initiate or administer the following medications in accordance with the Division-issued Statewide Protocols for EMT-Intermediate:

(A) Epinephrine 1:10,000;

(B) Atropine sulfate;

(C) Lidocaine hydrochloride;

(D) Naloxone hydrochloride;

(E) Hypertonic glucose;

(F) Nitroglycerine; and

(G) Beta-2-specific nebulized bronchodilators after completing a Division approved course in the administration of nebulized bronchodilators.

(h) Insert a pharyngeal esophageal airway device in the practice of airway maintenance;

(i) Insert an orogastric tube;

(j) Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, and if clear and understandable written and verbal instructions for such maintenance have been provided by the personnel at the sending medical facility.

(k) Perform cardiac defibrillation with a manual defibrillator if the EMT-Intermediate has satisfactorily completed a Division-approved training course in manual defibrillation, including written and practical examinations and the EMT-Intermediate is, at the time of performing manual defibrillation, in the service of an agency which has been granted an "EMT-Intermediate Manual Defibrillation Waiver" by the Division.

(11) An Oregon-certified EMT-Paramedic may perform emergency and nonemergency care procedures. The emergency care procedures shall be limited to:

(a) Perform all procedures that an Oregon-certified EMT-Intermediate can perform;

(b) Initiate the following airway management techniques:

(A) Endotracheal intubation;

(B) Tracheal suctioning techniques;

(C) Needle cricothyrotomy, and a written report be made to the Board in each instance; and

(D) Transtracheal jet insufflation which may be used when no other mechanism is available for establishing an airway.

(c) Initiate a nasogastric tube;

(d) Initiate electrocardiographic monitoring and interpret presenting rhythm;

(e) Provide advanced life support in the resuscitation of patients in cardiac arrest;

(f) Perform emergency cardioversion in the compromised patient;

(g) Attempt external transcutaneous pacing of bradycardia that is causing hemodynamic compromise;

(h) Initiate needle thoracentesis for tension pneumothorax in a prehospital setting;

(i) Initiate placement of a femoral intravenous line when a peripheral line cannot be placed;

(j) Initiate placement of a urinary catheter for trauma patients in a prehospital setting who have received diuretics and where the transport time is greater than thirty minutes; and

(k) Initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician.

(12) The Board has delegated to the Division the following responsibilities for ensuring that these rules are adhered to:

(a) Designing the supervising physician and agent application;

(b) Approving a supervising physician or agent; and

(c) Investigating and disciplining any EMT or First Responder who violates their scope of practice.

(d) The Division shall provide copies of any supervising physician or agent applications and any EMT or First Responder disciplinary action reports to the Board upon their request.

(13) The Division shall immediately notify the Board when questions arise regarding the qualifications or responsibilities of the supervising physician or agent of the supervising physician.

Stat. Auth.: ORS 682.245

Stats. Implemented: ORS 682.245

Hist.: ME 2-1983, f. & ef. 7-21-83; ME 3-1984, f. & ef. 1-20-84; ME 12-1984, f. & ef. 8-2-84; ME 7-1985, f. & ef. 8-5-85; ME 12-1987, f. & ef. 4-28-87; ME 27-1987(Temp), f. & ef. 11-5-87; ME 5-1988, f. & cert. ef. 1-29-88; ME 12-1988, f. & cert. ef. 8-5-88; ME 15-1988, f. & cert. ef. 10-20-88; ME 2-1989, f. & cert. ef. 1-25-89; ME 15-1989, f. & cert. ef. 9-5-89, & corrected 9-22-89; ME 6-1991, f. & cert. ef. 7-24-91; ME 10-1993, f. & cert. ef. 7-27-93; ME 3-1995, f. & cert. ef. 2-1-95; ME 1-1996, f. & cert. ef. 2-15-96; ME 3-1996, f. & cert. ef. 7-25-96; BME 6-1998, f. & cert. ef. 4-27-98; BME 13-1998(Temp), f. & cert. ef. 8-6-98 thru 2-2-99; BME 14-1998, f. & cert. ef. 10-26-98; BME 16-1998, f. & cert. ef. 11-24-98; BME 13-1999, f. & cert. ef. 7-23-99; BME 14-2000, f. & cert. ef. 10-30-00; BME 11-2001, f. & cert. ef. 10-30-01

## DIVISION 50

### PHYSICIAN ASSISTANT

#### 847-050-0005

##### Preamble

(1) A physician assistant is a person qualified by education, training, experience, and personal character to provide medical services under the direction and supervision of an Oregon licensed physician in active practice and in good standing with the Board. The purpose of the physician assistant program is to enable physicians licensed under ORS Chapter 677 to extend high quality medical care to more people throughout the state.

(2) The licensed physician shall in all cases be regarded as the supervisor of the physician assistant.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.495 - ORS 677.545

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90

#### 847-050-0010

##### Definitions

As used in OAR 847-050-0005 to 847-050-0065:

(1) "Physician assistant" means a person who is licensed as such in accordance with ORS 677.265, 677.495, 677.0505, 677.510, 677.515, 677.520, and 677.525.

(2) "Supervising physician" means the physician who provides direction and regular review of the medical services provided by the physician assistant as determined to be appropriate by the Board.

(3) "Agent" means a physician designated by the supervising physician who provides direction and regular review of the medical services of the physician assistant when the supervising physician is unavailable for short periods of time.

(4) "Medically underserved" means a medical care setting located in population group that is federally designated as underserved, or in a geographic area of the state that is a federally designated health professional shortage area, federally designated medically underserved area or an area designated as medically disadvantaged and in need of primary health care providers by the Director of Human Resources or the Office of Rural Health.

(5) "Board" means the Board of Medical Examiners for the State of Oregon.

(6) "Grandfathered physician assistant" means the physician assistant licensed prior to July 12, 1984, who does not possess the qualifications of OAR 847-050-0020. Grandfathered physician assistants may retain all practice privileges which have been granted prior to July 12, 1984. All changes in practice descriptions after July 12, 1984, by grandfathered physician assistants must be pre-approved by the Board.

(7) "Committee" means Physician Assistant Committee.

(8) "Practice description" means a written description submitted by the supervising physician to the Board of the duties and functions of the physician assistant in relation to the physician's practice.

(9) "Remote supervision" means the routine review by the supervising physician, as determined to be appropriate by the Board, of the medical services provided by the physician assistant in an approved medically underserved area. The supervising physician shall provide for the maintenance of direct, verbal communication but is not required to be physically present at the practice site.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.495, ORS 677.500, ORS 677.505, ORS 677.515, ORS 677.520, ORS 677.535, ORS 677.540 & ORS 677.545.

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 10-1984, f. & ef. 7-20-84; ME 5-1986, f. & ef. 4-23-86; ME 3-1989, f. & cert. ef. 1-25-89; ME 2-1990, f. & cert. ef. 1-29-90; ME 7-1990, f. & cert. ef. 4-25-90; ME 4-1991, f. & cert. ef. 4-24-91; ME 7-1991, f. & cert. ef. 7-24-91; ME 10-1992, f. & cert. ef. 7-17-92; ME 5-1996, f. & cert. ef. 7-26-96; BME 1-1998, f. & cert. ef. 1-30-98; BME 2-2000, f. & cert. ef. 2-7-00

#### 847-050-0015

##### Application

To be licensed by the Board, a physician assistant must have a supervising physician. The supervising physician must be actively licensed in Oregon and in good standing with the Board:

(1) Each application for the licensure of a physician assistant must be signed by the physician assistant and include the following information:

(a) Specific detailed information relating to the type of supervision to be provided by the supervising physician is to be set forth in the practice description submitted for the applicant by the physician who shall supervise. The practice description must be signed by the supervising physician. All such practice descriptions are subject to Board approval;

(b) The specialty, type of degree, professional address, and type of practice of the supervising physician;

(c) All information required by ORS 677.510(1);

(d) The applicant must provide the Board with sufficient evidence of good moral character.

(2) No applicant shall be entitled to licensure who:

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

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

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

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

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.510

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92

#### 847-050-0020

##### Qualifications

On or after July 12, 1984, an applicant for original licensure as a physician assistant in this state, must possess the following qualifications:

(1) Have successfully completed a course in physician assistant training which is approved by the American Medical Association Committee on Allied Health Education and Accreditation (C.A.H.E.A.), the Commission on Accreditation for Allied Health Education Programs (C.A.A.H.E.P.), or the Accreditation Review Commission on Education for the Physician Assistant.

(2) Have passed an examination given by the National Commission on Certification of Physician Assistants (N.C.C.P.A.). Those who have met the requirements of section (1) of this rule may make application for a Limited License, Postgraduate before passing the aforementioned examination with the stipulation that if the examination is not passed within one year from the date of application, the Board shall withdraw its approval.



(3) Applicants that apply for privileges to work in medically underserved areas under remote supervision must possess the following qualifications:

- (a) Have met the requirements of sections (1) of this rule; or
- (b) Be an Oregon grandfathered physician assistant who has passed the National Commission on Certification of Physician Assistants Examination.

(4) Applicants that apply for prescription privileges must meet the requirements specified in OAR 847-050-0041.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.495, ORS 677.500, ORS 677.505, ORS 677.515, ORS 677.520, ORS 677.535, ORS 677.540 & ORS 677.545.

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 10-1984, f. & ef. 7-20-84; ME 5-1986, f. & ef. 4-23-86; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; ME 5-1993, f. & cert. ef. 4-22-93; ME 17-1994, f. & cert. ef. 10-25-94; BME 1-1998, f. & cert. ef. 1-30-98; BME 2-2000, f. & cert. ef. 2-7-00; BME 1-2001, f. & cert. ef. 1-25-01

#### 847-050-0023

##### Limited License, Postgraduate

(1) An applicant for a physician assistant license who has successfully completed a course in physician assistant training approved by the American Medical Association Council on Allied Health Education and Accreditation (C.A.H.E.A.), or the Commission on Accreditation for Allied Health Education Programs (C.A.A.H.E.P), but has not yet passed the examination given by the National Commission for the Certification of Physician Assistants (N.C.C.P.A.), may be issued a Limited License, Postgraduate, if the following are met:

- (a) The application file is complete;
- (b) The physician assistant's practice description has been submitted;
- (c) The supervising physician is in good standing with the Board; and
- (d) The applicant has submitted the appropriate form and fee prior to being issued a Limited License, Postgraduate.

(2) Prescription privileges may be granted with a Limited License, Postgraduate if the supervising physician requests prescription privileges for the physician assistant in the practice description.

(3) A Limited License, Postgraduate may be granted for one year, and may not be renewed.

(4) A Limited License, Postgraduate will automatically be cancelled if the applicant fails the N.C.C.P.A. examination.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.132 & ORS 677.535

Hist.: ME 5-1993, f. & cert. ef. 4-22-93; ME 9-1995, f. & cert. ef. 7-28-95

#### 847-050-0025

##### Interview and Examination

In addition to all other requirements, the Board may require prior to original licensure the applicant and the applicant's supervising physician to appear for a personal interview if there are questions concerning the application or the practice description. In addition to the interview, if there is reasonable cause to question the qualifications of the applicant, or if the applicant has not worked as a physician assistant for a period of 12 or more consecutive months, the Board may require the applicant to do one or more of the following:

(1) Pass the examination given by the National Commission on the Certification of Physician Assistants (N.C.C.P.A.);

(2) Provide documentation of current N.C.C.P.A. certification;

(3) Document 25 hours of Category I continuing medical education acceptable to the Board for every year the applicant has ceased practice prior to application for Oregon licensure. Category I continuing education that meets N.C.C.P.A.'s recertification requirements would qualify as Board approved continuing education.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.545

Hist.: ME 23(Temp), f. & ef. 1-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME

2-1982, f. & ef. 1-28-82; ME 8-1985, f. & ef. 8-5-85; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; ME 9-1995, f. & cert. ef. 7-28-95; BME 11-1998, f. & cert. ef. 7-22-98

#### 847-050-0026

##### Limited License, Special

(1) Under the authority of the Board of Medical Examiners, the Physician Assistant Committee may grant a Limited License, Special to physician assistants not previously licensed in the state, subject to final Board approval.

(2) A Limited License, Special is valid until the next regularly scheduled committee meeting for which the applicant is eligible, and may be granted only if the following criteria are met:

(a) The applicant meets the qualifications of OAR 857-050-0020(1) and (2);

(b) The application file is complete;

(c) The supervising physician has completed a practice description under ORS 677.510 to the satisfaction of the Board;

(d) The supervising physician is in good standing with the Board; and

(e) The applicant has submitted the appropriate form and fee for a Limited License, Special.

(3) Prescription privileges, including emergency dispensing and emergency administration, and remote supervision in a medically underserved area may be granted with a Limited License, Special if requested by the supervising physician in the practice description.

(4) Prior to being granted a Limited License, Special, a new applicant and the supervising physician may be required to appear for an interview at the next regularly scheduled committee meeting if there are questions concerning the application or the practice description.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.495, ORS 677.500, ORS 677.510, ORS 677.515, ORS 677.520, ORS 677.535, ORS 677.540 & ORS 677.545

Hist.: ME 21-1989, f. & cert. ef. 10-20-89; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; ME 5-1993, f. & cert. ef. 4-22-93; ME 5-1994, f. & cert. ef. 1-24-94; ME 9-1995, f. & cert. ef. 7-28-95; BME 1-1998, f. & cert. ef. 1-30-98; BME 2-2000, f. & cert. ef. 2-7-00

#### 847-050-0027

##### Temporary Approval of Registration and Practice Changes

Under the authority of the Board of Medical Examiners, the Physician Assistant Committee may grant to physician assistants registration and/or practice description changes, subject to final Board approval, if the following criteria are met:

(1) Temporary approval of physician assistants currently licensed in the state who wish a change in the supervising physician require the following before approval may be granted:

(a) Letters of termination of previous supervision have been submitted to the Board as required in OAR 847-050-0050;

(b) There is no significant change in the practice description;

(c) The supervising physician has submitted a written request to be appointed as the supervising physician;

(d) The new supervising physician is in good standing with the Board.

(2) Prescription privileges may be granted under temporary privileges only if one or more of the following conditions are met:

(a) The physician assistant has met the requirements of OAR 847-050-0020(1); or is an Oregon grandfathered physician assistant who has passed the National Commission on Certification of Physician Assistants (N.C.C.P.A.) Examination or other specialty examination approved by the Board prior to July 12, 1984; and

(b) The supervising physician requests prescription privileges for the physician assistant in the practice description;

(3) No temporary privileges will be granted for a period longer than four months.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.510

Hist.: ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 5-1984, f. & ef. 1-20-84; ME 8-1985, f. & ef. 8-5-85; ME 5-1986, f. & ef. 4-23-86; ME 21-1989, f. & cert. ef. 10-20-89; ME 2-1990, f. & cert. ef. 1-29-90; ME 5-1994, f. & cert. ef. 1-24-94; ME 9-1995, f. & cert. ef. 7-28-95

#### 847-050-0029

## Locum Tenens

Locum tenens means a temporary absence by the physician assistant or physician which is filled by a substitute physician assistant or physician. The following is required of an applicant for locum tenens:

(1) A minimum of two weeks prior to the intended locum tenens, the supervising physician of the practice which desires the substitute must submit a letter of request to the Board.

(2) The request must include the name of the substitute physician assistant or physician, duration of the locum tenens, a description of how supervision of the physician assistant will be maintained, and any changes in the approved practice description for the practice during the locum tenens. Approval must be obtained in advance from the Executive Director of the Board of Medical Examiners.

(3) The physician assistant or physician must be currently licensed in Oregon and in good standing with the Board.

(4) The physician assistant must be qualified to provide the same type of service as described in the current approved practice description for the locum tenens practice.

(5) The physician must be as qualified as the physician who is being replaced during the locum tenens.

(6) Only a physician assistant who meets the qualifications of OAR 847-050-0020(3) may do a locum tenens for a remote supervision practice.

(7) The Board Executive Director may give temporary approval which is subject to approval.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.172

Hist.: ME 1-1986, f. & ef. 1-21-86; ME 2-1990, f. & cert. ef. 1-29-90; ME 7-1990, f. & cert. ef. 4-25-90

## 847-050-0031

### Use of Name

(1) Every physician assistant licensed by this Board shall be licensed under the applicant's legal name and shall function as a physician assistant under that name.

(2) When a name is changed, 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 engrossed certificate;

(d) The appropriate fees for the issuance of a new engrossed certificate.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.184

Hist.: ME 7-1990, f. & cert. ef. 4-25-9; ME 10-1992, f. & cert. ef. 7-17-92

## 847-050-0032

### Notification of Change of Location

Each licensed physician assistant shall report each change in practice status setting and mailing address to the Board of Medical Examiners no later than 30 days after the change.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.495, ORS 677.500, ORS 677.510, ORS 677.515, ORS 677.520, ORS 677.535, ORS 677.540 & ORS 677.545

Hist.: ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 5-1980, f. & ef. 8-8-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; BME 2-2000, f. & cert. ef. 2-7-00

## 847-050-0035

### Disciplinary Proceedings

The performance of unauthorized medical services by the physician assistant constitutes a violation of the Medical Practice Act. The supervising physician and/or agent is responsible for the acts of the physician assistant and may be subject to disciplinary action for such violations by the physician assistant. The physician assistant is also subject to disciplinary action for violations. Proceedings under these rules shall be conducted in the manner specified in ORS 677.200 or 677.510(2).

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.200 & ORS 677.510

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef.

8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90

## 847-050-0037

### Supervision

(1) The supervising physician is responsible for the direction and regular review of the medical services provided by the physician assistant.

(2) The type of supervision and maintenance of supervision provided for each physician assistant shall be described in the practice description and approved by the Board. The supervising physician shall provide for maintenance of verbal communication with the physician assistant at all times, whether in a direct or remote supervision practice as described in the following:

(a) "Direct Supervision" is the continuing oversight and evaluation of the physician assistant who works in the same practice location(s) as the supervising physician and/or agents. Although the physical presence of the supervising physician is not required, in any instance where the physician assistant is not in personal on-site direct contact with the supervising physician and/or agent the supervising physician and/or agent must be available for direct on-site patient care at all times within a reasonable period of time.

(b) "Remote Supervision" is the continuing oversight and evaluation of the physician assistant who works in a medical care setting which is separate from the regular practice location of the supervising physician and/or agents or which is the regular practice setting of the physician or agents but the physician assistant is left without direct supervision for pre-planned extended periods of time. Such supervision may be allowed if all the following are met:

(A) The practice is in a medically underserved area;

(B) The practice is listed in the practice description of the physician assistant and is pre-approved by the Board;

(C) Communication with the supervising physician and/or agents is provided by telephone, radio, radio-telephone, television or similar means and there is a specified pre-approved mechanism for on-site review of the physician assistant practice in the Board approved practice description.

(D) The physician assistant meets the requirements of OAR 847-050-0020(4).

(E) A six month extension of remote supervision may be granted by the Board in a medically underserved area that has recently been undesignated as such by the Director of Human Resources or the Office of Rural Health in order to allow the supervising physician and the physician assistant adequate time to comply with the provisions of direct supervision.

(3) The degree of independent judgment that the physician assistant may exercise shall be in accordance with the Board approved practice description and supervision. The supervising physician may limit the degree of independent judgment that the physician assistant uses but may not extend it beyond the limits of the practice description.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.495, ORS 677.500, ORS 677.510, ORS 677.515, ORS 677.520, ORS 677.535, ORS 677.540 & ORS 677.545

Hist.: ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 8-1985, f. & ef. 8-5-85; ME 2-1990, f. & cert. ef. 1-29-90; BME 1-1998, f. & cert. ef. 1-30-98; BME 9-1999, f. & cert. ef. 4-22-99; BME 2-2000, f. & cert. ef. 2-7-00

## 847-050-0038

### Agents

(1) The supervising physician may designate an agent or agents to direct and supervise the physician assistant. The agents must meet the following requirements:

(a) Be currently in practice and licensed as a medical or osteopathic physician under ORS Chapter 677 and in good standing with the Board;

(b) Practice in the same city, or in the case of remote supervision, in the same practice area as the supervising physician or physician assistant.

(2) The supervising physician is responsible for informing the agent of the duties of an agent. Prior to such time as the physician assistant is acting under the direction of an agent, the supervising

physician must determine that the agent understands and accepts supervisory responsibility. Supervision by the agent will continue for a certain, predetermined, limited period of time, after which supervisory duties revert to the supervising physician.

(3) In the absence of the supervising physician, the agent assumes the same responsibilities as the supervising physician.

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 677.495 & ORS 677.510

Hist.: ME 8-1985, f. & ef. 8-5-85; ME 5-1986, f. & ef. 4-23-86; ME 2-1990, f. & cert. ef. 1-29-90

#### 847-050-0040

##### Method of Performance

(1) The physician assistant may perform at the direction of the supervising physician and/or agent only those medical services as included in the Board-approved practice description.

(2) The physician assistant must clearly identify himself/herself as such when performing duties. The physician assistant shall at all times when on duty wear a name tag with the designation of "physician assistant" thereon.

(3) The supervising physician shall furnish reports, as required by the Board, on the performance of the physician assistant or trainee.

(4) All additions must be pre-approved. Requests for any change in the practice description of a physician assistant licensed in Oregon shall be submitted to the Board by the supervising physician in writing. The Board may require an examination prior to the approval of any such changes.

Stat. Auth.: ORS 183 & ORS 677.265

Stats. Implemented: ORS 677.510

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 8-1985, f. & ef. 8-5-85; ME 5-1986, f. & ef. 4-23-86; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92

#### 847-050-0041

##### Prescription Privileges

(1) A physician assistant may issue written or oral prescriptions for medications, Schedule III-V, which the supervising physician has determined the physician assistant is qualified to prescribe commensurate with the practice description and approved by the Board if the following conditions are met:

(a) The physician assistant has met the requirements of OAR 847-050-0020(1); or is an Oregon grandfathered physician assistant who has passed the National Commission on Certification of Physician Assistants Examination or other specialty examination approved by the Board prior to July 12, 1984;

(b) The applicant must document adequate training and/or experience in pharmacology commensurate with the practice description;

(c) The Board may require the applicant to pass a pharmacological examination, which may be written, oral, practical, or any combination thereof based on the practice description.

(2) The prescribing physician assistant, to be authorized to issue prescriptions for Schedules III through V controlled substances, must be registered with the Federal Drug Enforcement Administration.

(3) Written prescriptions shall be on a blank which includes the printed or handwritten name, office address, and telephone number of the supervising physician and the printed or handwritten name of the physician assistant. The prescription shall also bear the name of the patient and the date on which the prescription was written. The physician assistant shall sign the prescription and the signature shall be followed by the letter "P.A." Also the physician assistant's Federal Drug Enforcement Administration number shall be shown on prescriptions for controlled substances.

(4) A licensed physician assistant may make application to the Board for emergency administering and dispensing authority. The application must be submitted in writing to the Board by the supervising physician and must explain the need for the request. The dispensed medication must be prepared or pre-packaged by a licensed pharmacist, manufacturing drug outlet or wholesale drug outlet authorized to do so under ORS Chapter 689 and the physician assistant must maintain records of receipt and distribution

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.495, ORS 677.500, ORS 677.510, ORS 677.515, ORS 677.520, ORS 677.535, ORS 677.540 & ORS 677.545

Hist.: ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 6-1982, f. & ef. 10-27-82; ME 10-1984, f. & ef. 7-20-84; ME 5-1986, f. & ef. 4-23-86; ME 16-1987, f. & ef. 8-3-87; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; ME 5-1994, f. & cert. ef. 1-24-94; BME 2-2000, f. & cert. ef. 2-7-00

#### 847-050-0042

##### Registration

(1) An application for renewal of registration and statutory registration fee shall be submitted to the Board of Medical Examiners by midnight, January 31 of each even-numbered year in order for the physician assistant's registration to be renewed for the next 24 months. This application may also require the completion of a report by the supervising physician on the practice description and supervision arrangements.

(2) Upon failure to comply with section (1) of this rule, the registration shall automatically lapse as per ORS 677.228.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172

Hist.: ME 1-1979, f. & ef. 1-2-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 7-1984, f. & ef. 1-26-84; ME 2-1990, f. & cert. ef. 1-29-90; ME 7-1990, f. & cert. ef. 4-25-90; ME 7-1991, f. & cert. ef. 7-24-91; ME 5-1994, f. & cert. ef. 1-24-94

#### 847-050-0043

##### Inactive Registration, and Reactivation from Inactive to Active

(1) Any physician assistant licensed in this state and registered with an active status who changes location to some other state or country, or who terminates employment with his/her supervising physician, shall be listed by the Board as inactive. If the physician assistant wishes to resume active status, the physician assistant shall file an affidavit with the Board describing activities during the period of inactive status.

(2) If, in the judgment of the Board, the conduct of the physician assistant has been such, during the period of inactive registration, that the physician assistant would have been denied a license if applying for an initial license, the Board may deny active registration.

(3) If a physician assistant in this state ceases to practice for a period of 12 or more consecutive months, the board in its discretion may require the person to prove to its satisfaction that the physician assistant has maintained the skills required to be a physician assistant. If there is reasonable cause to question that a physician assistant has not adequately maintained the skills required to be a physician assistant, the Board may require the physician assistant to do one or more of the following:

(a) Pass the examination given by the National Commission on the Certification of Physician Assistants (N.C.C.P.A.);

(b) Provide documentation of current N.C.C.P.A. certification;

(c) Document 25 hours of Category I continuing medical education acceptable to the Board for every year the licensee has ceased practice during the time their Oregon license was inactive or lapsed. Category I continuing education that meets N.C.C.P.A.'s recertification requirements would qualify as Board approved continuing education.

Stat. Authority: ORS 677.265

Stats. Implemented: ORS 677.495, ORS 677.500, ORS 677.505, ORS 677.515, ORS 677.520, ORS 677.535, ORS 677.540, ORS 677.545.

Hist.: ME 12-1986, f. & ef. 7-31-86; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; ME 5-1996, f. & cert. ef. 7-26-96; BME 11-1998, f. & cert. ef. 7-22-98; BME 2-2000, f. & cert. ef. 2-7-00

#### 847-050-0045

##### Termination of Approval

The approval of the licensure of the physician assistant by a physician may be terminated by the Board when, after due notice and a hearing in accordance with the provisions of this rule, it shall find that:



(1) The physician assistant has held himself/herself out, or permitted another to represent the physician assistant to be a licensed physician.

(2) The physician assistant has in fact performed otherwise than at the direction and under the supervision of a supervising physician or agent.

(3) The physician assistant has performed a task or tasks beyond the physician assistant's competence as defined in OAR 847-050-0040(1).

(4) The physician assistant is a habitual or excessive user of intoxicants or drugs.

(5) Either the supervising physician or the physician assistant comes under the provisions of ORS 677.225 or 677.228.

(6) The physician assistant has been convicted of any offense punishable by incarceration in a state penitentiary or federal prison. A copy of the record of conviction, certified by the clerk of the court entering the conviction, shall be conclusive evidence.

(7) The physician assistant suffers from insanity or mental disease as evidenced by an adjudication, or by voluntary commitment to an institution for a period exceeding 25 days for treatment of a mental disease, or as determined by an examination conducted by three impartial psychiatrists retained by the Board.

(8) The physician assistant has demonstrated gross negligence in the practice of medicine.

(9) The physician assistant has demonstrated manifest incapacity to practice medicine.

(10) The physician assistant is guilty of unprofessional or dishonorable conduct.

(11) The physician assistant is guilty of fraud or misrepresentation in applying for or procuring a license to practice in this state, or in connection with applying for or procuring annual registration.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.190

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90; ME 7-1991, f. & cert. ef. 7-24-91; ME 10-1992, f. & cert. ef. 7-17-92

#### 847-050-0050

##### Termination of Supervision

Upon termination of employment, the Board shall require both the physician and the physician assistant to submit a separate detailed written report concerning the reasons for termination of the relationship. Such report shall be submitted to the Board within 15 days following termination of supervision.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.510

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90

#### 847-050-0055

##### Professional Corporation or Partnership

Whenever the supervising physician is a member of a professional corporation or employee of a professional corporation or partnership, the supervising physician shall in all cases be solely and personally responsible for the application of the physician assistant and for the direction and supervision of the physician assistant's work. Such responsibility for supervision cannot be transferred to the corporation or partnership even though such corporation or partnership may pay the supervising physician and the physician assistant's salaries or enter into an employment agreement with such physician assistant or supervising physician.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 58.185

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90

#### 847-050-0060

##### Physician Assistant Trainee

(1) Where applicable, any person who is enrolled as a trainee in any school offering an accredited physician assistant training program shall comply with OAR 847-050-0005 to 847-050-0065.

(2) Notwithstanding any other provisions of these rules, a physician assistant trainee may perform medical services when such services are rendered within the scope of an accredited physician assistant training program, and such services are approved by the Board.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.515

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-2-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90

#### 847-050-0063

##### Physician Assistant Committee

(1) There is created a Physician Assistant Committee which shall consist of five members. Members of the committee shall be appointed as follows:

(a) The Board of Medical Examiners for the State of Oregon shall appoint one of its members and one physician. One of the two must supervise a physician assistant.

(b) The Oregon Society of Physician Assistants shall appoint two physician assistants.

(c) The State Board of Pharmacy shall appoint one pharmacist.

(2) The term of each member of the committee shall be for three years. A member shall serve until a successor is appointed. If a vacancy occurs, it shall be filled for the unexpired term by a person with the same qualifications as the retiring member.

(3) If any vacancy under subsection (1) of this section is not filled within 45 days, the Governor shall make the necessary appointment from the category which is vacant.

(4) The committee shall elect its own chairperson with such powers and duties as the committee shall fix.

(5) A quorum of the committee shall be three members. The committee shall hold a meeting at least once quarterly and at such other times the committee considers advisable to review requests for prescription and dispensing privileges and to review applications for certification or renewal.

(6) The chairperson may call a special meeting of the Physician Assistant Committee upon at least 10 days' notice in writing to each member, to be held at any place designated by the chairperson.

(7) The committee members are entitled to compensation and expenses as provided in ORS 292.495.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.540 & ORS 677.545

Hist.: BME 15-1999, f. & cert. ef. 10-28-99; BME 1-2001, f. & cert. ef. 1-25-01

#### 847-050-0065

##### Duties of the Committee

The Physician Assistant Committee shall:

(1) Review all applications for physician assistants' certification and for renewal thereof.

(2) Review applications of physician assistants for dispensing privileges.

(3) Recommend approval or disapproval of applications submitted under subsection (1) or (2) of this section to the Board of Medical Examiners for the State of Oregon.

(4) Recommend criteria to be used in granting dispensing privileges under ORS 677.515.

(5) Recommend the formulary for prescriptive privileges which may include all or parts of Schedules III, IV and V controlled substances and the procedures for physician assistants and supervising physicians to follow in exercising the prescriptive privileges.

(6) Recommend the approval, disapproval, or modification of the application for prescriptive privileges for any physician assistant.

(7) All actions of the physician assistant committee shall be subject to review and approval by the Board.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.540 & ORS 677.545

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME

2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90; BME 15-1999, f. & cert. ef. 10-28-99

## DIVISION 70

### ACUPUNCTURE

#### 847-070-0005

##### Definitions

As used in the rules regulating the practice of acupuncture:

(1)(a) "Acupuncture" means an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. "Acupuncture" includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia:

(b) The practice of acupuncture also includes the following modalities as authorized by the Board of Medical Examiners for the State of Oregon:

(A) Traditional and modern Oriental Medical and acupuncture techniques of diagnosis and evaluation;

(B) Oriental massage, exercise and related therapeutic methods; and

(C) The use of Oriental pharmacopoeia, vitamins, minerals and dietary advice.

(2) "Licensed Acupuncturist" means an individual licensed by the Board to practice acupuncture pursuant to ORS Chapter 677.

(3) "Board" means the Board of Medical Examiners for the State of Oregon.

(4) "Committee" means the Acupuncture Committee.

(5) "Physician" means an individual licensed to practice medicine pursuant to ORS Chapter 677.

(6) "Clinical Training" means supervised clinical training which consists of diagnosis and actual patient treatment which includes insertion of acupuncture needles.

Stat. Auth.: ORS 677.265 & ORS 677.757 - ORS 677.770

Stats. Implemented: ORS 677.757 - ORS 677.770

Hist.: ME 31, f. 9-9-75, ef. 10-11-75; ME 4-1979, f. & ef. 5-1-79; ME 2-1981, f. & ef. 2-3-81; ME 9-1982, f. & ef. 10-27-82; ME 6-1984, f. & ef. 1-20-84; ME 6-1993, f. & cert. ef. 4-22-93; ME 4-1995, f. & cert. ef. 5-3-95

#### 847-070-0007

##### Practice of Acupuncture by Physicians

(1) No person shall practice acupuncture without first obtaining a license to practice medicine and surgery or a license to practice acupuncture from the Board of Medical Examiners for the State of Oregon.

(2) A physician who desires to be approved as a clinical supervisor must meet the requirements of OAR 847-070-0015.

Stat. Auth.: ORS 677.265 & ORS 677.757 thru ORS 677.770

Stats. Implemented: ORS 677.759

Hist.: ME 6-1984, f. & ef. 1-20-84; ME 4-1995, f. & cert. ef. 5-3-95

#### 847-070-0015

##### Application

(1) Every applicant must satisfactorily complete an application, on forms provided by the Board, and document evidence of qualifications listed in OAR 847-070-0016 to the satisfaction of the Board. Such application and documentation must be complete before an applicant may be considered eligible for licensure.

(2) False documentation is grounds for denial of licensure or disciplinary action by the Board.

(3) An applicant 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.

(4) No applicant shall be entitled to licensure who:

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

(b) Has been refused a license or certificate in any other state on any grounds other than failure in an acupuncture licensure examination; or

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

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.759(3) & (5)

Hist.: ME 31, f. 9-9-75, ef. 10-11-75; ME 4-1979, f. & ef. 5-1-79; ME 2-1980, f. & ef. 1-30-80; ME 2-1981, f. & ef. 2-3-81; ME 9-1982, f. & ef. 10-27-82; ME 6-1984, f. & ef. 1-20-84; ME 1-1985, f. & ef. 1-21-85; ME 10-1985, f. & ef. 8-5-85; ME 13-1986, f. & ef. 7-31-86; ME 6-1987, f. & ef. 1-23-87; ME 19-1987(Temp), f. & ef. 8-7-87; ME 24-1987, f. & ef. 10-29-87; ME 8-1988, f. 6-10-88, cert. ef. 6-6-88; ME 22-1989, f. & cert. ef. 10-20-89; ME 3-1991(Temp), f. & cert. ef. 4-19-91; ME 8-1991, f. & cert. ef. 7-24-91; ME 1-1992, f. & cert. ef. 1-21-92; ME 6-1993, f. & cert. ef. 4-22-93; ME 7-1993(Temp), f. 4-22-93, cert. ef. 4-23-93; ME 11-1993, f. & cert. ef. 7-27-93; ME 6-1994, f. & cert. ef. 1-24-94; ME 4-1995, f. & cert. ef. 5-3-95; ME 11-1995, f. & cert. ef. 11-21-95; ME 5-1997, f. & cert. ef. 11-3-97; BME 5-1998, f. & cert. ef. 4-22-98

#### 847-070-0016

##### Qualifications

(1) Effective November 1, 2001, an applicant for licensure as an acupuncturist in the State of Oregon must have the following qualifications:

(a) Have graduated from an acupuncture program that satisfies the standards of the Accreditation Commission for Acupuncture and Oriental Medicine (A.C.A.O.M.), its successor organization, or an equivalent accreditation body that are in effect at the time of the applicant's graduation. An acupuncture program may be established as having satisfied those standards by demonstration of one of the following:

(A) Accreditation, or candidacy for accreditation by ACAOM at the time of graduation from the acupuncture program; or

(B) Approval by a foreign government's Ministry of Education, or Ministry of Health, or equivalent foreign government agency at the time of graduation from the acupuncture program. Each applicant must submit their documents to a foreign credential equivalency service, which is approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) for the purpose of establishing equivalency to the ACAOM accreditation standard. Acupuncture programs that wish to be considered equivalent to an ACAOM accredited program must also meet the curricular requirements of ACAOM in effect at the time of graduation.

(b) Documentation of certification in acupuncture by the National Certification Commission for Acupuncture and Oriental Medicine (N.C.C.A.O.M.). An applicant shall be deemed certified by the N.C.C.A.O.M. if the applicant has passed the practical, written, and clean needle portions of the N.C.C.A.O.M. Acupuncture Certification Examination, or has been certified through the N.C.C.A.O.M. Credentials Documentation Examination and passed the practical portion of the N.C.C.A.O.M. Acupuncture Certification Examination. An applicant must have passed the N.C.C.A.O.M. practical examination (Practical Examination of Point Location Skills) on or after April 22, 1991 in order to be eligible for Oregon licensure; or

(c) An applicant who does not meet the criteria in OAR 847-070-0016(1)(a)(A) – (D) must have the following qualifications:

(A) Have five years of licensed clinical acupuncture practice in the United States prior to July 1, 1998. This practice must include a minimum of 500 acupuncture patient visits per year. Documentation shall include:

(i) Two affidavits from office partners, clinic supervisors, accountants, or others approved by the Board, who have personal knowledge of the years of practice and number of patient visits per year; and

(ii) Notarized copies of samples of appointment books, patient charts and financial records, or other documentation as required by the Board; and

(B) An applicant must have practiced as a licensed acupuncturist in the U.S. during five of the last seven years prior to application for Oregon licensure. Licensed practice includes clinical practice, clinical supervision, teaching, research, and other work as approved by the Board within the field of acupuncture and oriental

medicine. Documentation of this practice will be required and is subject to Board approval; and

(C) Documentation of successful completion of the A.C.A.O.M. western medicine requirements in effect on July 1, 1998; and

(D) Documentation of current certification in acupuncture by the N.C.C.A.O.M. An applicant shall be deemed certified by the N.C.C.A.O.M. if the applicant has passed the practical, written, and clean needle portions of the N.C.C.A.O.M. Acupuncture Certification Examination, or has been certified through the N.C.C.A.O.M. Credentials Documentation Examination and passed the practical portion of the N.C.C.A.O.M. Acupuncture Certification Examination. An applicant must have passed the N.C.C.A.O.M. practical examination (Practical Examination of Point Location Skills) on or after April 22, 1991 in order to be eligible for Oregon licensure; or

(d) An individual whose acupuncture training and diploma were obtained in a foreign country and who cannot document the requirements of subsection (1)(a) of this rule because the required documentation is now unobtainable, may be considered eligible for licensure if it is established to the satisfaction of the Board that the applicant has equivalent skills and training and can document one year of training or supervised practice under a licensed acupuncturist in the United States; and

(e) In addition to meeting the requirements in (1)(a) and (b), or (c), or (d), all applicants for licensure must have the following qualifications:

(A) A letter verifying licensure in good standing from the state or states of all prior and current medically related licensure; and

(B) Have good moral character as those traits would relate to the applicant's ability of properly engaging in the practice of acupuncture; and

(C) Have the ability to communicate in the English language well enough to be understood by patients and physicians. This requirement is met if the applicant passes the N.C.C.A.O.M. written acupuncture examination in English, or if in a foreign language, must also have passed an English language proficiency examination, such as TOEFL (Test of English as a Foreign Language), or TSE (Test of Spoken English). An applicant must obtain a TOEFL score of 500 or more for the written TOEFL exam and 173 or more for the computer based TOEFL exam, or a TSE score of 200 or more prior to July 1995, and a score of 50 or more after July 1995. An applicant who is certified through the N.C.C.A.O.M. Credentials Documentation Examination must also have passed an English proficiency examination; and

(D) After the applicant has met all other requirements for licensure, the applicant may be required to appear before the Acupuncture Committee for a personal interview regarding information received during the processing of the application. The interview shall be conducted during a regular meeting of the committee.

(E) If there is reasonable cause to question the qualifications of the applicant, or if the applicant has not practiced as an acupuncturist for a period of 12 or more consecutive months prior to application for Oregon licensure, the Board in its discretion may require the applicant to provide documentation or other evidence of his/her current competency in acupuncture.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.759(3) & ORS 677.759(5)

Hist.: ME 5-1997, f. & cert. ef. 11-3-97; BME 5-1998, f. & cert. ef. 4-22-98; BME 15-1998, f. & cert. ef. 10-26-98; BME 15-1998, f. & cert. ef. 10-26-98; BME 16-1999, f. & cert. ef. 10-28-99; BME 13-2001, f. & cert. ef. 10-30-01

#### 847-070-0017

##### Clinical Training

(1) A clinical supervisor must meet the following requirements:

(a) Be an actively licensed Oregon acupuncturist who has practiced as an acupuncturist for a period of at least five years, and is in good standing with the Board; or

(b) Be an actively licensed Oregon physician who is in good standing with the Board, who has been practicing acupuncture for a period of at least five years, and has passed the examination for acupuncture; or

(c) Be an acupuncturist or physician licensed, registered, or certified by another jurisdiction, who is in good standing with such juris-

diction, who has been practicing acupuncture for a period of at least five years and has passed a qualifying examination for acupuncture, or been certified in acupuncture by the National Certification Commission for Acupuncture and Oriental Medicine (N.C.C.A.O.M.) through its Credentials Documentation Examination. If a portion of those five or more years was prior to licensing, registration, or certification, then prior practice must be documented to the Board's satisfaction. The N.C.C.A.O.M. Certification Standards for Documentation will be used. All clinical supervisors under this section are subject to Board approval.

(2) Board approved clinical supervisors, acupuncturists or physicians shall supervise no more than two acupuncture trainees in an informal private clinical setting.

(3) Where applicable, an individual shall comply with OAR 847-070-0005 to 847-070-0055 if they are:

(a) Enrolled in a school approved to offer credit for post-secondary clinical education in Oregon, or

(b) A practitioner licensed to practice acupuncture in another state or foreign country who is enrolled in clinical training approved by the Board of Medical Examiners.

(4) Where applicable, an individual may perform acupuncture in a training situation only when such services are rendered by an acupuncture student:

(a) Who is enrolled in a school approved to offer credit for post-secondary clinical education in Oregon, or

(b) Who is a practitioner licensed to practice acupuncture in another state or foreign country who is enrolled in clinical training approved by the Board of Medical Examiners.

(5) An individual who is a trainee or student of acupuncture may not perform any act that constitutes the practice of medicine or the practice of acupuncture, except under direct supervision of a person approved by the Board to provide clinical training as described in rule 847-070-0017.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.060(3)

Hist.: ME 6-1984, f. & ef. 1-20-84; ME 14-1984, f. & ef. 8-2-84; ME 10-1985, f. & ef. 8-5-85; ME 13-1986, f. & ef. 7-31-86; ME 8-1988, f. 6-10-88, cert. ef. 6-6-88; ME 6-1993, f. & cert. ef. 4-22-93; ME 6-1994, f. & cert. ef. 1-24-94; BME 5-1999, f. & cert. ef. 4-22-99; BME 15-2000, f. & cert. ef. 10-30-00

#### 847-070-0018

##### Use of Name

(1) Every acupuncturist licensed by this Board to practice acupuncture shall be licensed under the applicant's legal name and shall practice acupuncture under that legal name.

(2) When a name is changed, 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 engrossed certificate;

(d) The appropriate fees for the issuance of a new engrossed certificate.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.759

Hist.: ME 8-1990, f. & cert. ef. 4-25-90; ME 6-1993, f. & cert. ef. 4-22-93

#### 847-070-0020

##### Regulation of Activities of Acupuncturists

(1) An individual other than a physician who is not authorized by the Board to engage in the practice of acupuncture shall not administer acupuncture treatment to any other individual.

(2) An acupuncturist shall report promptly to the referring physician, if requested, the method of acupuncture treatment and the results of such treatment together with such other information as the referring physician requires to maintain the records regarding acupuncture treatment.

(3) An acupuncturist must clearly indicate that he/she is an acupuncturist to individuals being treated. The acupuncturist must wear a name tag with the designation "Acupuncturist" thereon when practicing in a hospital or clinic setting where other health care providers practice. Acupuncturists are not required to wear name tags in a private practice setting.



(4) An acupuncturist shall not identify him/herself as a “doctor” or use any contraction in connection therewith, or represent him/herself as a physician or permit another to so represent him/her.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.759 & ORS 677.765

Hist.: ME 31, f. 9-9-75, ef. 10-11-75; ME 4-1979, f. & ef. 5-1-79; ME 9-1982, f. & ef. 10-27-82; ME 6-1984, f. & ef. 1-20-84; BME 16-1999, f. & cert. ef. 10-28-99

#### 847-070-0025

##### Disciplinary Proceedings

The Board may suspend or revoke the authority of an acupuncturist to engage in the practice of acupuncture and any disciplinary proceedings against an acupuncturist or any individual charged with the unlawful practice of acupuncture shall be in accordance with ORS Chapter 183.

Stat. Auth.: ORS 183 & 677

Stats. Implemented: ORS 677.190

Hist.: ME 31, f. 9-9-75, ef. 10-11-75; ME 4-1979, f. & ef. 5-1-79; ME 9-1982, f. & ef. 10-27-82

#### 847-070-0030

##### Revocation or Suspension of Authority to Engage in the Practice of Acupuncture

The Board may suspend or revoke the authority of an acupuncturist to engage in the practice of acupuncture if the Board finds that:

(1) The acupuncturist has represented him/herself as a physician or permitted another to so represent him/her.

(2) The acupuncturist has performed any act involving the practice of acupuncture in violation of any applicable law or rules regulating the practice of acupuncture.

(3) The acupuncturist has engaged in conduct constituting gross negligence in the practice of acupuncture.

(4) The acupuncturist is manifestly incapable to engage in the practice of acupuncture.

(5) The acupuncturist has violated any of the provisions of ORS 677.190.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.190

Hist.: ME 31, f. 9-9-75, ef. 10-11-75; ME 4-1979, f. & ef. 5-1-79; ME 9-1982, f. & ef. 10-27-82; ME 6-1984, f. & ef. 1-20-84

#### 847-070-0036

##### Limited License, Special

An applicant applying for a license to practice acupuncture may be issued a Limited License, Special until the next regularly scheduled Board meeting if the applicant meets the following criteria:

(1) The applicant meets the qualifications of OAR 847-070-0015;

(2) The applicant has satisfactorily completed an application as described in OAR 847-070-0015(2);

(3) The applicant has submitted the appropriate form and fee for a Limited License, Special.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.132

Hist.: ME 6-1993, f. & cert. ef. 4-22-93; ME 8-1993(Temp), f. & cert. ef. 7-12-93; ME 11-1993, f. & cert. ef. 7-27-93

#### 847-070-0037

##### Limited License, Postgraduate

(1) An acupuncturist who meets all requirements for Oregon acupuncture licensure but has not yet passed the acupuncture certification examination given by the National Certification Commission on Acupuncture and Oriental Medicine (N.C.C.A.O.M.) may be issued a Limited License, Postgraduate for the purpose of obtaining clinical training in Oregon under the supervision of a Board approved clinical supervisor for a period of one year if the following criteria are met:

(a) The application file is complete.

(b) The clinical supervisor approved to supervise the applicant meets the qualifications in OAR 847-070-0017 and is on-site and available to supervise at all times when the applicant is training.

(c) The applicant has submitted the appropriate form and fee prior to being issued a Limited License, Postgraduate.

(d) Any person obtaining clinical training under a Limited License, Postgraduate must identify themselves to patients as an acupuncture trainee and wear a nametag identifying themselves as a trainee.

(2) A Limited License, Postgraduate may be granted for one year and may not be renewed.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.759

Hist.: BME 5-1999, f. & cert. ef. 4-22-99

#### 847-070-0038

##### Limited License, Visiting Professor

(1) An acupuncturist who has received a teaching position in a school of acupuncture in this state may be issued a Limited License, Visiting Professor if the following criteria are met:

(a) Has satisfactorily completed an initial application for licensure submitted with the processing fee;

(b) The applicant has established to the satisfaction of the Board that he/she has the skills and training equivalent to OAR 847-070-0016(1)(a)-(b);

(c) The applicant has at least five years experience as an acupuncturist; and

(d) The applicant has submitted the appropriate form and fee for a Limited License, Visiting Professor.

(2) The head of the acupuncture school in which the applicant will be teaching 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 acupuncture unless as a necessary part of the applicant's teaching position as approved by the Board.

(3) An acupuncturist who is applying for a Limited License, Visiting Professor may also be approved as a clinical supervisor if the applicant meets the requirements of OAR 847-070-0017.

(4) The Limited License, Visiting Professor may be granted for one year and may be granted a total of two one-year extensions upon annual review of the written justification of the need based upon academic necessity. The renewal form and fee must be submitted 30 days before the end of the year if an extension of the Limited License, Visiting Professor is requested.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.228 & ORS 677.265

Hist.: ME 2-1981, f. & ef. 2-3-81; ME 9-1982, f. & ef. 10-27-82; ME 6-1984, f. & ef. 1-20-84; ME 1-1985, f. & ef. 1-21-85; ME 13-1989, f. & cert. ef. 8-4-89; ME 8-1990, f. & cert. ef. 4-25-90; ME 9-1991, f. & cert. ef. 7-24-91; ME 6-1993, f. & cert. ef. 4-22-93; ME 10-1996, f. & cert. ef. 10-29-96; ME 5-1997, f. & cert. ef. 11-3-97; BME 14-2001, f. & cert. ef. 10-30-01

#### 847-070-0039

##### Registration

(1) Upon Board approval of an applicant to be licensed to practice acupuncture, the applicant must pay the registration fee before being issued a certificate.

(2) An application for renewal of the biennial registration and the statutory registration fee shall be submitted to the Board of Medical Examiners prior to midnight June 30 of every even-numbered year.

(3) Upon failure to comply with section (1) and (2) of this rule, the license shall lapse as per ORS 677.228.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.228 & ORS 677.265

Hist.: ME 6-1993, f. & cert. ef. 4-22-93; ME 6-1994, f. & cert. ef. 1-24-94; ME 10-1996, f. & cert. ef. 10-29-96

#### 847-070-0042

##### Notification of Change of Location

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

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.172

Hist.: ME 2-1981, f. & ef. 2-3-81; ME 9-1982, f. & ef. 10-27-82; ME 6-1984, f. & ef. 1-20-84

**847-070-0045****Inactive Registration, and Reactivation from Inactive to Active**

(1) Any acupuncturist licensed in this state and registered under ORS 677.770 who changes location to some other state or country shall be listed by the Board as inactive.

(2) If the acupuncturist wishes to resume active status, the acupuncturist shall file an affidavit with the Board describing activities during the period of inactive status.

(3) If, in the judgment of the Board, the conduct of the acupuncturist has been such, during the period of inactive registration, that the acupuncturist would have been denied a license if applying for an initial license, the Board may deny active registration.

(4) If a licensed acupuncturist in this state ceases to practice for a period of 12 or more consecutive months, the Board in its discretion may require the acupuncturist to provide documentation or other evidence of his/her current competency in acupuncture.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.759

Hist.: ME 24-1987, f. & ef. 10-29-87; ME 6-1993, f. & cert. ef. 4-22-93; ME 10-1996, f. & cert. ef. 10-29-96; BME 16-1999, f. & cert. ef. 10-28-99

**847-070-0050****Acupuncture Committee**

(1) There is established an Acupuncture Advisory Committee which shall consist of six members appointed by the Board of Medical Examiners for the State of Oregon. The Board shall appoint one of its members, two physicians, and three acupuncturists licensed by the board. The acupuncture members may be appointed from nominations of the Oregon Acupuncture Association, the Acupuncture and Oriental Medicine Society of Oregon, and other professional acupuncture organizations.

(2)(a) The term of office of a member of the committee shall be four years and members may be reappointed to serve not more than two terms. Vacancies in the committee shall be filled by appointment by the board for the balance of the unexpired term and each member shall serve until a successor is appointed and qualified.

(b) Notwithstanding the term of office specified in section

(2)(a):

(i) One acupuncturist shall serve for a term ending June 30, 1997,

(ii) One acupuncturist and one physician member shall serve for a term ending June 30, 1998; and

(iii) One acupuncturist and one physician member shall serve for a term ending June 30, 1999.

(3) The Board of Medical Examiners for the State of Oregon may remove any member from the committee.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.780(1)

Hist.: ME 4-1995, f. & cert. ef. 5-3-95; ME 10-1996, f. & cert. ef. 10-29-96; BME 15-1998, f. & cert. ef. 10-26-98; BME 14-2001, f. & cert. ef. 10-30-01

**847-070-0055****Duties of the Committee**

The Acupuncture Advisory Committee shall:

(1) Review and recommend approval or disapproval of all applications submitted to the Board for acupuncture licensing and for renewal thereof.

(2) Recommend to the Board standards of professional responsibility and practice for licensed acupuncturists.

(3) Recommend to the Board standards of didactic and clinical education and training for acupuncture licensing.

(4) Recommend to the Board standards for clinical supervisors and trainees.

(5) Recommend to the Board licensing examinations, and temporary licenses as considered appropriate.

Stat. Auth.: ORS 677.265 & ORS 677.757 & ORS 677.770

Stats. Implemented: ORS 677.265

Hist.: ME 4-1995, f. & cert. ef. 5-3-95; BME 14-2001, f. & cert. ef. 10-30-01

**DIVISION 80****PODIATRISTS****847-080-0001****Definitions**

(1) "Ankle" means the tibial plafond and its posterolateral border or posterior malleolus, the medial malleolus, the distal fibula or lateral malleolus, and the talus.

(2) "Board" means the Board of Medical Examiners of the State of Oregon.

(3) "Council" means the Advisory Council on Podiatry to the Board.

(4) "Podiatric physician and surgeon" means a podiatric physician and surgeon whose practice is limited to treating ailments of the human foot, ankle, and tendons directly attached to and governing the function of the foot and ankle.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.805

Hist.: ME 6-1986, f. & ef. 4-23-86; BME 11-2000, f. & cert. ef. 7-27-00

**847-080-0002****Application for Licensure**

(1) When applying for licensure the applicant shall submit to the Board the completed application, fees (as per OAR 847-005-0005), documents and letters at least 60 days prior to a regular meeting of the Council.

(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 the personal interview is cancelled and rescheduled within the 12 consecutive months, an update of the application will be required.

Stat. Auth.: ORS 58, ORS 183 & ORS 677

Stats. Implemented: ORS 677.815

Hist.: ME 6-1986, f. & ef. 4-23-86; ME 3-1990, f. & cert. ef. 1-29-90

**847-080-0010****Requirements for Licensure**

(1) The applicant for licensure shall be required to:

(a) Successfully pass Parts I and II of the examination given by the National Board of Podiatric Medical Examiners;

(b) Have satisfactorily completed one year of postgraduate training served in a hospital that is approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association; or

(c) Have received a certificate of completion for one year of post-graduate training in a hospital residency program that was not approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association; and

(d) Have been certified by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine, the American Board of Podiatric Surgery, or the American Board of Podiatric Public Health;

(e) Have satisfactorily met the requirements of ORS 677.825.

(2) No application will be accepted on the basis of reciprocity or written examination, other than the National Board of Podiatric Medical Examiners.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.820, ORS 677.825 & ORS 677.830

Hist.: ME 4-1982, f. & ef. 4-23-82; ME 7-1982, f. & ef. 10-27-82; Suspended by ME 3-1983(Temp), f. & ef. 10-3-83 to 10-7-83; Suspended by ME 2-1984(Temp), f. & ef. 1-20-84; ME 11-1985, f. & ef. 8-6-85; ME 6-1986, f. & ef. 4-23-86; ME 8-1994, f. & cert. ef. 4-29-94

**847-080-0013****Documents to Be Submitted for Licensure**

The documents submitted must be no larger than 8-1/2 x 11 inches. 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 inches, the copies must be reduced to the correct size with all wording and signatures clearly shown. Copies of documents must be legible. Do not submit original documents. 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 birth date.

(3) Doctor of Podiatric Medicine Diploma: A copy of a diploma showing graduation from a school of podiatry.

(4) Residency Certificate: A copy of official residency certificate showing completion of one year of approved post-graduate training in podiatric medicine.

(5) 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). A Discharge Certificate is not acceptable.

(6) Photograph: A close-up, finished, original photograph (pass-port 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.)

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 677.820, ORS 677.825 & ORS 677.830

Hist.: ME 6-1986, f. & ef. 4-23-86; ME 17-1987, f. & ef. 8-3-87

#### 847-080-0017

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

The applicant must request official letters directly from:

(1) The Dean of the School of Podiatry: 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 podiatric student.

(2) The Director of Podiatric Education, Chairman or other official of the residency hospital in U.S. and foreign countries: A currently dated original letter (a copy is not acceptable), sent directly from the hospitals in which any post-graduate 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.

(4) The Executive Secretary of all State Boards in the United States 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 and status.

(5) Official National Board Certification: An official grade certification is required directly from the National Board of Podiatry Examiners. (A copy is not acceptable.)

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 677.820, ORS 677.825 & ORS 677.830

Hist.: ME 4-1982, f. & ef. 4-23-82; ME 6-1986, f. & ef. 4-23-86; ME 17-1987, f. & ef. 8-3-87

#### 847-080-0018

##### Endorsement, Oral Examination, Competency Examination and Personal Interview

(1) The applicant shall base an application upon certification by the National Board of Podiatric Medical Examiners.

(2) The applicant may also be required to pass a competency examination in podiatry. The competency examination may be waived if, within ten years of filing the application with the Board, the applicant has:

(a) Passed the examination administered by the National Board of Podiatric Medical Examiners; or

(b) Been certified or recertified by the American Board of Podiatry Surgery, or the American Board of Podiatric Orthopedics and Primary Podiatric Medicine; or

(c) Completed an approved one-year residency; and

(d) Has not ceased the practice of podiatry for a period of 12 or more consecutive months.

(3) After the applicant has met all requirements for licensure, the applicant may be required to appear before the Council for a personal interview regarding information received during the processing of the application. The interview or oral examination shall be conducted during a regular meeting of the Council or 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 pay a rescheduling fee prior to the next filing deadline date. Rescheduling of the interview is contingent upon receipt of the above fee. (Refer to OAR 847-005-0005 for fees.)

(4) Licensure shall not be granted until all requirements of OAR 847-080-0002 through 847-080-0020 are completed satisfactorily.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.175

Hist.: ME 6-1986, f. & ef. 4-23-86; ME 17-1987, f. & ef. 8-3-87; ME 23-1989(Temp), f. & cert. ef. 10-20-89; ME 3-1990, f. & cert. ef. 1-29-90; ME 13-1992, f. & cert. ef. 10-22-92; ME 8-1994, f. & cert. ef. 4-29-94; ME 11-1996, f. & cert. ef. 10-29-96; BME 2-1999, f. & cert. ef. 1-26-99; BME 4-1999, f. & cert. ef. 2-17-99

#### 847-080-0019

##### Registration and Continuing Medical Education Requirements

(1) An application for renewal of registration and statutory registration fee shall be submitted to the Board of Medical Examiners by midnight June 30 of each even-numbered year in order for the doctors of podiatric medicine to be renewed for the next twenty-four months.

(2) Licensed podiatrists shall at the time of submitting their biennial registration fee and as a condition of registration renewal submit to the Board a signed original renewal application showing satisfactory evidence of having completed a minimum of 50 hours of continuing medical education, or 25 hours if licensed during the second year of the biennium.

(3) Upon failure to comply with section (1) and (2) of this rule, the registration shall lapse.

(4) Continuing medical education is acceptable if provided by:

(a) The American Podiatric Medical Association, American Medical Association, or American Osteopathic Association; or

(b) The American Hospital Association; and

(c) Any of the accredited colleges or schools of podiatric medicine within the United States; or

(d) Programs sponsored by any affiliated group to the above organizations, or associations.

(5) The Board shall audit a random sample of podiatrists for compliance with the continuing medical education.

(6) If documentation of the continuing education is improper or inadequate, the podiatrist shall correct the deficiency. Failure to correct the continuing education documentation within ninety days shall constitute grounds for disciplinary action.

(7) Misrepresentation of compliance shall constitute grounds for disciplinary action.

(8) Documentation supporting compliance with continuing medical education requirements shall be available to the Board upon request during the renewal period and the two year period following the renewal period.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.228 & ORS 677.837

Hist.: ME 10-1991, f. & cert. ef. 7-24-91; ME 8-1994, f. & cert. ef. 4-29-94; ME 14-1994(Temp), f. & cert. ef. 8-10-94; ME 18-1994, f. & cert. ef. 10-25-94; ME 6-1997, f. & cert. ef. 11-3-97

#### 847-080-0020

##### Use of Title

(1) Every Podiatrist licensed by the Board must pursue the practice of podiatry under the licensee's name only as it appears on the license issued by the Board. If a name change occurs after license is



issued, the licensee may pursue the practice of podiatry under the new name only after the licensee files proof of the name to the Board.

(2) Any Podiatrist licensed by the Board who uses the title "Doctor" or any contraction thereof in connection with the practice of podiatry shall comply with ORS 676.100 through 676.990.

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 676.100 & ORS 677.810

Hist.: ME 4-1982, f. & ef. 4-23-82; ME 11-1985, f. & ef. 8-6-85

#### 847-080-0022

##### Qualifications to Perform Ankle Surgery

Ankle surgery must be conducted in a certified hospital or in an ambulatory surgical center certified by the Health Division. The licensed podiatrist shall meet the qualifications from one of the following sections:

(1) Completion of a CPME (Council on Podiatric Medical Education) approved surgical residency; Board Certification by the American Board of Podiatric Surgery in Foot and Ankle Surgery; documented clinical experience as approved by the Board; and current clinical privileges to perform reconstructive/rearfoot ankle surgery in a JCAHO (The Joint Commission on the Accreditation of Health Care Organizations) approved hospital; or

(2) Completion of a CPME (Council on Podiatric Medical Education) approved surgical residency; and Board Qualified by the American Board of Podiatric Surgery in Reconstructive Rearfoot/Ankle Surgery progressing to Board Certification in Reconstructive Rearfoot/Ankle Surgery within seven years.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.805 & ORS 677.812

Hist.: BM 11-2000, f. & cert. ef. 7-27-00

#### 847-080-0025

##### Change of Address and Multiple Offices

Every licensee must notify the Board in writing of their change or addition of business or residence address within 30 days of any change.

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 677.172

Hist.: ME 4-1982, f. & ef. 4-23-82; ME 6-1986, f. & ef. 4-23-86

#### 847-080-0030

##### Denial or Revocation of License

No applicant shall be entitled to a podiatry license 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 podiatric 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 podiatric licensing examination process. Podiatric licensing examination means any examination given by the Board, other states, or national testing organization, 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.

(6) In addition to the grounds for denial, revocation, or suspension set forth in ORS Chapter 677 violation of any of the rules of the Board may be the basis of denial or revocation of any license authorized or issued under the provisions of ORS Chapter 677 and laws mandatory thereof.

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 677.190

Hist.: ME 4-1982, f. & ef. 4-23-82; ME 11-1985, f. & ef. 8-6-85; ME 6-1986, f. & ef. 4-23-86

#### 847-080-0035

##### Approved Podiatry Colleges

Podiatry colleges approved by the Board are only those approved by the American Podiatric Medical Association Council on Podiatry Education.

Stat. Auth.: ORS 183 & ORS 677

Stats. Implemented: ORS 677.820

Hist.: ME 4-1982, f. & ef. 4-23-82; ME 11-1985, f. & ef. 8-6-85

