DIVISION 20

RULES FOR LICENSURE TO PRACTICE MEDICINE IN OREGON

DIVISION 23

RULES FOR LICENSURE OF VOLUNTEER EMERITUS PHYSICIANS

DIVISION 25

RULES FOR LICENSURE TO PRACTICE MEDICINE ACROSS STATE LINES

DIVISION 28

RULES FOR LICENSURE OF VOLUNTEER CAMP PHYSICIANS

DIVISION 31

BOARD APPROVAL OF FOREIGN SCHOOLS OF MEDICINE

DIVISION 35

EMERGENCY MEDICAL TECHNICIANS, FIRST RESPONDERS AND SUPERVISION PHYSICIANS

Scope of Practice

DIVISION 50

PHYSICIAN ASSISTANT

DIVISION 65

DIVERSION PROGRAM FOR HEALTH PROFESSIONALS

DIVISION 70

ACUPUNCTURE

DIVISION 80

PODIATRISTS

DIVISION 1

PROCEDURAL RULES

847-001-0000
Notice of Proposed Rule

Prior to adoption, amendment or repeal of any permanent 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) Mail a copy of the notice to persons on the Board of Medical Examiners' mailing list established pursuant to ORS 183.335 (8) at least 28 days before the effective date of the rule;

(3) In regard to rules adopted on or after January 1, 2006, at least 49 days before the effective date of the rule, the Board shall provide notice to the persons specified in ORS 183.335(15); and

(4) Mail or furnish a copy of the notice to:

(a) The Associated Press; and

(b) The Capitol Press Room.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 183.335, 183.341, 677.275
Hist.: ME 1-1988, f. & cert. ef. 1-29-88; ME 20-1994, f. & cert. ef. 10-26-94; BME 13-2004, f. & cert. ef. 7-13-04; BME 14-2006, f. & cert. ef. 7-25-06

847-001-0005
Model Rules for Contested Cases

The Board of Medical Examiners adopts the Model Rules for Contested Cases of the Attorney General in effect on January 1, 2006, and all amendments thereto are hereby adopted by reference as rules of the Board of Medical Examiners.

[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 183.335, 183.341, 677.275
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; BME 13-2004, f. & cert. ef. 7-13-04; BME 14-2006, f. & cert. ef. 7-25-06

847-001-0010
Public Attendance

Contested case hearings are closed to members of the public.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 183.341
Hist.: BME 13-2000, f. & cert. ef. 10-30-00; BME 2-2003, f. & cert. ef. 1-27-03

847-001-0015
Delegation of Authority

(1) The Board of Medical Examiners (Board) has delegated to the Executive Director the authority to make certain procedural determinations on its behalf on matters arising under the Attorney General's Model Rules for Contested Cases in OAR 137-003-0001 to 137-003-0700. The procedural functions include, but are not limited to:

(a) For discovery requests before the Board, to 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. In making this determination, the Executive Director may require the request to be supported by an affidavit or other writing to explain why the request is late and may conduct such further inquiry as deemed appropriate. The Executive Director may authorize a hearing on whether the late filing should be accepted. If any party disputes the facts contained in the explanation as to why the request was late or the accuracy of the reason that the request was late, the requestor has a right to a hearing before an Administrative Law Judge (ALJ) on the reasons for that factual dispute;

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

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

(e) Prior to the issuance of a proposed order issued by an ALJ, 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;

(f) The Executive Director may decide whether to submit to the Board prior to an ALJ'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 ALJ.

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

(h) Before issuance of a proposed order, whether a party may obtain an immediate review from the Board on any of the following:

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

(B) A ruling refusing to consider as evidence judicially or officially noticed facts presented by the Board under OAR 137-003-0615 that is not rebutted by a party;

(C) 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 183.335, 183.341, 677.275
Hist.: BME 13-2000, f. & cert. ef. 10-30-00; BME 13-2004, f. & cert. ef. 7-13-04; BME 14-2006, f. & cert. ef. 7-25-06

847-001-0020
Discovery

(1) An order issued by an ALJ requiring discovery between a respondent and the Board shall be limited to a list of witnesses, to include their full name, academic degrees, and work address, to be called by the parties in their case in chief and the documents that the parties intend to introduce as exhibits at the contested case hearing during the presentation of their case in chief.

(2) Requests for admission and written interrogatories shall not be required, unless authorized by the Board.

(3) Parties shall provide the list of witnesses and documents no later than ten working days prior to the beginning of the contested case hearing.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 183.335, 183.341, 677.275
Hist.: BME 13-2004, f. & cert. ef. 7-13-04; BME 14-2006, f. & cert. ef. 7-25-06

847-001-0025
Motions for Summary Judgment

Motions for summary judgment are not available for contested cases.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 183.335, 183.341, 677.275
Hist.: BME 13-2004, f. & cert. ef. 7-13-04; BME 14-2006, f. & cert. ef. 7-25-06

DIVISION 5

FEES

847-005-0005
Fees

(1) The fees for the following license applications, licensee registrations and limited licenses will be effective September 10, 2004 through September 9, 2006 upon adoption:

(a) Doctor of Medicine/Doctor of Osteopathy (MD/DO) Initial License Application — $350

(b) MD/DO Registration: Active, Active — Military/Public Health, Active — Teleradiology, Inactive, Locum Tenens, and Telemedicine — $210/year**

(c) Limited License, Institutional Practice, Public Health, SPEX, Visiting Professor, Fellow, Medical Faculty, Postgraduate, Special — $175

(d) Acupuncture Initial License Application — $230

(e) Acupuncture Registration: Active, Inactive, and Locum Tenens — $135/year**

(f) Acupuncture Limited License, Special, Visiting Professor, Postgraduate — $70

(g) Physician Assistant Initial License Application — $230

(h) Physician Assistant Registration: Active, Inactive, and Locum Tenens — $160/year**

(i) Physician Assistant Limited License, Special, Postgraduate — $70

(j) Podiatrist Initial Application — $320

(k) Podiatrist Registration: Active, Inactive, and Locum Tenens — $210/year**

(l) Podiatrist Limited License, Special, Postgraduate — $175

(2) Effective September 10, 2006 the fees in section (1) to revert to the original fees as shown below:

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

(b) MD/DO Registration: Active, Active — Military/Public Health, and Active — Teleradiology, Inactive, Locum Tenens, and Telemedicine — $219/year**

(c) MD/DO Emeritus Registration — $50/year

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

(e) Acupuncture Initial License Application — $245

(f) Acupuncture Registration: Active, Inactive, and Locum Tenens — $140/year**

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

(h) Physician Assistant Initial License Application — $245

(i) Physician Assistant Registration: Active, Inactive, and Locum Tenens — $165/year**

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

(k) Podiatrist Initial Application — $340

(l) Podiatrist Registration: Active, Inactive, and Locum Tenens — $219/year**

(m) Podiatrist Emeritus Registration — $50/year

(n) Podiatrist Limited License, Special, Postgraduate — $185

(o) 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

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

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

(r) Affidavit Processing Fee for Reactivation — $50

(s)(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

(t) Base Service Charge for Copying — $5 + .20/page

(u) Record Search Fee (+ copy charges see section (z) of this rule):

(A) Clerical — $20 per hour*

(B) Administrative — $30 per hour*

(C) Executive — $50 per hour*

(D) Medical Consultant — $75 per hour*

(v) Data Processing Labels:

(A) Oregon only — $300

(B) Complete (Oregon & out-of-state) — $300

(C) MD/DO Registration Renewal — $150

(w) Data Processing Lists:

(A) Oregon only — $150

(B) Complete (Oregon & out-of-state) — $150

(C) MD/DO Registration Renewal — $150/year

(x) Data Order:

(A) Standard Data License Order — $300

(B) Custom Data License Order — $400

(C) Address Label Disk — $100

(y) 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

(z) Physician Handbook — $15

(3) 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 all active MD/DO registration fees include $10.00 for the Oregon Health and 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; BME 8-2003, f. & cert. ef. 4-24-03; BME 16-2003, f. & cert. ef. 10-23-03; BME 17-2004, f. & cert. ef. 9-9-04; BME 6-2005, f. & cert. ef. 7-20-05; BME 15-2006, f. & cert. ef. 7-25-06

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 & 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, 36.220 & 36.245

Stats. Implemented: ORS 36.220 & 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 - 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 licensee of the Board shall renew their registration prior to the last day of each renewal period as follows:

(1) The registration renewal form and fee for Doctors of Medicine, Doctors of Osteopathy, Doctors of Podiatric Medicine and Physician Assistants must be received in the Board office during regular business hours on or before December 31 of each odd-numbered year.

(2) The registration renewal form and fee for Licensed Acupuncturists must be received in the Board office during regular business hours on or before June 30 of each even-numbered year.

(3) If the registration renewal form and fee are not received in the Board office during regular business hours on or before the last day of the renewal period the license shall lapse.

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; ME 11-1992, f. & cert. ef. 10-22-92; BME 7-1998, f. & cert. ef. 7-22-98; BME 3-2003, f. & cert. ef. 1-27-03; BME 14-2004, f. & cert. ef. 7-13-04

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 847-020-0110(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; BME 2-2002, f. & cert. ef. 1-28-02

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.

(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 Oregon as documented by a defense Finance and Accounting Service Military Leave and Earnings Statement, an Oregon voter registration card, or an Oregon driver license, 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.

(4) The licensee practices teleradiology, as defined in OAR 847-008-0022.

(5) Each licensee of the Board whose practice address of record with the Board is within 100 miles of the border of the State of Oregon and who intends to practice within Oregon shall qualify for active registration status. Such licensee shall submit a statement to the Board attesting to practice in Oregon.

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; BME 2-2004, f. & cert. ef. 1-27-04; BME 14-2004, f. & cert. ef. 7-13-04; BME 7-2006, f. & cert. ef. 5-8-06

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 volunteer camp physician, who provides medical care at a non-profit camp, shall practice with locum tenens registration status. The volunteer camp physician with locum tenens status may practice in Oregon for a period not longer than fourteen days per year.

(4) 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.

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

(6) 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; BME 11-2002, f. & cert. ef. 10-25-02

847-008-0022
Teleradiology Registration

(1) Teleradiology is the electronic transmission of radiological images from one location to another for the purposes of interpretation and/or consultation.

(2) A physician whose specialty is radiology or diagnostic radiology who practices in a location outside of Oregon and receives radiological images via teleradiology from an Oregon location for interpretation or consultation and who communicates his/her radiological findings back to the ordering physician may register and pay a biennial active registration fee. Licensee must file an affidavit before beginning active practice in Oregon.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.172
Hist.: BME 14-2004, f. & cert. ef. 7-13-04

847-008-0023
Telemonitoring Registration

(1) Telemonitoring is the intraoperative monitoring of data collected during surgery and electronically transmitted to a physician who practices in a location outside of Oregon via a telemedicine link for the purpose of allowing the monitoring physician to notify the operating team of changes that may have a serious effect on the outcome and/or survival of the patient. The monitoring physician is in communication with the operation team through a technician in the operating room.

(2) The facility where the surgery is to be performed must be a licensed hospital or ambulatory surgical center licensed by the Department of Human Services, must grant medical staff membership and/or clinical privileges to the monitoring physician, and must request the Board of Medical Examiners grant Active — Telemonitoring status to the monitoring physician to perform intraoperative telemonitoring on patients during surgery.

(3) Physicians granted Active — Telemonitoring status shall register and pay a biennial active registration fee. The licensee must file an Affidavit of Reactivation before beginning active practice in Oregon.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.172
Hist.: BME 1-2006(Temp), f. & cert. ef. 2-8-06 thru 7-7-06; BME 8-2006, f. & cert. ef. 5-8-06

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 OAR 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 the end of the last business 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 677.265
Stats. Implemented: ORS 677.172
Hist.: ME 5-1990, f. & cert. ef. 4-25-90; BME 14-2004, f. & cert. ef. 7-13-04; BME 14-2004, f. & cert. ef. 7-13-04

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 received in the Board office during regular business hours on or before 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 677.172
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; BME 14-2004, f. & cert. ef. 7-13-04

847-008-0050
Reinstatement of License Lapsed Due to Non-Renewal

(1) 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 a maximum of two biennial registration periods during which the license or certification was lapsed, completing and submitting the required forms, and meeting any other requirements defined by Oregon law. The license or certification will be reinstated, effective the date the renewal was processed.

(2) The license of a licensee of the Board shall expire if it is not reinstated within two biennia from the date the license lapsed due to failure to renew registration. A licensee who wishes to be relicensed after their license has expired must apply as a new applicant and submit the license application form and fee, and satisfactorily complete the application process. The applicant must meet all current licensing requirements before being considered for relicensure.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.172
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; BME 1-2002, f. & cert. ef. 1-28-02; BME 17-2003, f. & cert. ef. 12-8-03

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 licensing 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 Active-Military or Public Health/Locum Tenens/Inactive/Emeritus to Active/Locum Tenens Status

(1) A licensee who wishes to reactivate from an active-military or public health, 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 active-military or public health, locum tenens, inactive or emeritus 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 5 years, or from the date the license to practice in Oregon changed to active-military or public health, inactive, locum tenens 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 5 years, or from the date the license to practice in Oregon changed to active-military or public health, locum tenens, inactive or emeritus 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 active-military or public health, locum tenens, 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.

(5) The above registration process and fee for processing the Affidavit of Reactivation shall be waived for licensees practicing in Oregon whose status was changed to active-military or public health because they were called to active duty service, were deployed/reassigned, or received change of duty orders to out-of-state or out-of-country in a branch of the armed forces. Upon returning to practice in Oregon the licensee shall provide the Board with the following:

(a) A completed Affidavit of Reactivation form;

(b) A copy of the Order to Active duty, Change of Duty Orders, or Reassignment Orders; and

(c) A copy of the Discharge from Active Duty, Change of Duty Orders or Reassignment Orders.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.172, 677.265
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; BME 7-2002, f. & cert. ef. 7-17-02; BME 2-2004, f. & cert. ef. 1-27-04; BME 14-2004, f. & cert. ef. 7-13-04; BME 25-2006, f. & cert. ef. 10-23-06

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 - 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 & 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

(1) 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.

(2) The Limited License, Postgraduate shall be granted for a period of one year, and may be renewed for each additional year of training. For each year of additional training, the physician must submit a limited license form and fee 30 days before the end of the year to be granted a new limited license.

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; BME 4-2003, f. & cert. ef. 1-27-03

847-010-0052
Limited License, Visiting Professor

(1) Any physician qualifying under OAR 847-020-0140(2) 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 can not be requested at a later date.

(3) Every physician who is issued a Limited License, Visiting Professor to practice in this state shall pay the limited license application fee as of the beginning of his appointment, and 30 days before the end of the first year must submit a new limited license application 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; BME 2-2002, f. & cert. ef. 1-28-02; BME 4-2003, f. & cert. ef. 1-27-03; BME 2-2006, f. & cert. ef. 2-8-06

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 847-020-0120 or 847-020-0130 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 30 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 limited license application form and pay the limited license fee as of the beginning of his appointment, and 30 days before the end of the first year must submit a new limited license application 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 847-020-0120 or 847-020-0130. 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; BME 2-2002, f. & cert. ef. 1-28-02; BME 4-2003, f. & cert. ef. 1-27-03; BME 5-2004, f. & cert. ef. 4-22-04

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. 7-31-8; 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

A physician qualifying under OAR 847-020-0140(1) 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.

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

(2) Having completed four years of practice under a Limited License, Medical Faculty and successfully passed USMLE Steps 1, 2 and 3, or have previously passed the FLEX, the National Board of Medical Examiners examination or the National Board of Osteopathic Medical Examiners examination, or a combination of all three per OAR 847-020-0170(1), 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; BME 2-2002, f. & cert. ef. 1-28-02; BME 5-2004, f. & cert. ef. 4-22-04

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 & 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, or facility accredited per OAR 847, division 017, 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, the following information must be submitted to the Board of Medical Examiners:

(a) Two letters: one letter from the requesting hospital administrator or administrator of the accredited facility, and one letter from the hospital chief of staff, hospital department chairman or member of the governing body of the accredited facility 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. The attending staff physician must be an Oregon licensed physician with Active status;

(D) Documentation that the requesting hospital or accredited facility has approved privileges for the visiting physician.

(b) A curriculum vitae for the visiting physician, and

(c) Documentation that the visiting physician's license in the state in which they are practicing is active and in good standing.

(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; BME 13-2002, f. & cert. ef. 10-25-02; BME 24-2006, f. & cert. ef. 10-23-06

847-010-0068
Practice in Oregon by out-of-state physicians and physician assistants in the event of an emergency

(1) In the event of a disaster emergency declared by the Governor of Oregon, the Board of Medical Examiners shall allow physicians and/or physician assistants licensed in another state to provide medical care in Oregon under special provisions during the period of the declared disaster emergency, subject to such limitations and conditions as the Governor may prescribe.

(2) The out-of-state physician and/or physician assistant shall submit to the Board the following information:

(a) Verification of a permanent, current, and unrestricted license to practice in another state which is not the subject of a pending investigation by a hospital, a state medical board, or another state or federal agency; and

(b) Current federal or state photo identification, i.e., driver license or passport.

(3) The requirement for completing and submitting the information to the Board is waived if the physician is a member of the National Disaster Medical System (NDMS) under the Office of Emergency Preparedness, U.S. Department of Health and Human Services, and submits to the Board a copy of his/her NDMS photo identification.

(4) The physician and/or physician assistant shall provide the Board documentation demonstrating a request to provide medical care from a hospital, clinic or private medical practice, public health organization, EMS agency, or federal medical facility, or has otherwise made arrangements to provide medical care in Oregon as the result of the declaration of a disaster emergency.

(5) The physician and/or physician assistant shall not practice in Oregon under the special disaster emergency provisions beyond the termination date of the emergency. Practice in Oregon beyond the termination date of the declared disaster emergency requires licensure through the Board of Medical Examiners.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.060(4)
Hist.: BME 12-2002, f. & cert. ef. 10-25-02

847-010-0070
Competency Examination

(1) Whenever the Board of Medical Examiners orders a medical competency examination pursuant to ORS 677.420, it may require or administer 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 (15).

(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 that of the examinee's. The panel shall establish a system for weighing the 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.

(6) The medical competency examination shall be paid for by the licensee.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.110
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; BME 9-2003, f. & cert. ef. 5-2-03

847-010-0073
Reporting Incompetent or Impaired Physicians to the Board

(1) ORS 677.415 requires health care facilities and Board licensees to report to the Board of Medical Examiners any official action, incident or event taken against or involving a Board licensee, based on a finding of medical incompetence, unprofessional conduct, or licensee impairment, within ten working days of their occurrence. For the purposes of the statute, the terms medical incompetence, unprofessional conduct, and impaired licensee have the following meanings:

(a) Medical Incompetence: A licensee who is medically incompetent is one who is unable to practice medicine with reasonable skill or safety due to lack of knowledge, ability, or impairment. Evidence of medical incompetence shall include:

(A) Gross or repeated acts of negligence involving patient care.

(B) Failure to achieve a passing score or satisfactory rating on a competency examination or program of evaluation when the examination or evaluation is ordered or directed by a health care facility.

(C) Failure to complete a course or program of remedial education when ordered or directed to do so by a health care facility.

(b) Unprofessional conduct: Unprofessional conduct includes the behavior described in ORS 677.188(4) and is conduct which is unbecoming to a person licensed by the Board of Medical Examiners or detrimental to the best interest of the public and includes:

(A) Any conduct or practice contrary to recognized standards of ethics of the medical, podiatric or acupuncture professions or any conduct which does or might constitute a danger to the public, to include a violation of patient boundaries.

(B) Willful performance of any surgical or medical treatment which is contrary to acceptable medical standards.

(C) Willful and repeated ordering or performance of unnecessary laboratory tests or radiologic studies, administration of unnecessary treatment, employment of outmoded, unproved, or unscientific treatments, except as allowed in ORS 677.190 (1)(b), failing to obtain consultations when failing to do so is not consistent with the standard of care, or otherwise utilizing medical service for diagnosis or treatment which is or may be considered unnecessary or inappropriate.

(D) Committing fraud in the performance of, or the billing for, medical procedures.

(c) Licensee Impairment: A licensee who is impaired is a licensee who is unable to practice medicine with reasonable skill or safety due to factors which include, but are not limited to:

(A) The use or abuse of alcohol, drugs, or other substances which impair ability.

(B) Mental or emotional illness.

(C) Physical deterioration or long term illness or injury which adversely affects cognition, motor, or perceptive skills.

(2) For the purposes of the reporting requirements of this rule and ORS 677.415, licensees shall be considered to be impaired if they refuse to undergo an evaluation for mental or physical competence or chemical impairment, or if they resign their privileges to avoid such an evaluation, when the evaluation is ordered or directed by a health care facility or by this Board.

(3) A report made by a healthcare facility, organization or individual to the Board of Medical Examiners under ORS 677.415 shall include the following information:

(a) The name and title of the person making the report;

(b) Where an "official action, incident or event," including a voluntary resignation, or voluntary limitation of staff privileges at an institution while under investigation has been taken against a licensee, a statement describing the action and the name, job title and location of the licensee being reported;

(c) A description of the basis for the action, including voluntary resignation or voluntary limitation of staff privileges at an institution while under investigation, not to include information pursuant to ORS 41.675; and

(d) To facilitate the Board investigation, a complete list of patients and the medical record numbers which were reviewed and are relevant to the action.

(4) In addition to the subject matter of a report required under section (3) of this rule, a licensee shall include in his/her written report a summary of the licensee's understanding of the complaint giving rise to the reporting requirement.

(5) All required reports shall be made in writing.

(6) Any person who reports or provides information to the board under ORS 677.205 and 677.410 to 677.425 and who provides information in good faith shall not be subject to an action for civil damages as a result thereof.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.415
Hist.: BME 5-2004, f. & cert. ef. 4-22-04; BME 9-2006, f. & cert. ef. 5-8-06

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 proceptorships:

(1) Hospitals:

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

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

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

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

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

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

(2) Students:

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

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

Stat. Auth.: ORS 183 & 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

847-010-0100
Mandatory Pain Management Education

(1) All licensees of the Board of Medical Examiners, except the licensees listed in section (2) of this rule, will complete mandatory continuing medical education (CME) in the subjects of pain management and/or the treatment of terminally ill and dying patients as follows:

(a) A one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Department of Human Services; and

(b) A minimum of 6 (six) continuing medical education credit hours in the subjects of pain management and/or the treatment of terminally ill and dying patients. Any combination of CME coursework focusing on pain management and/or treatment of terminally ill and dying patients may be used to fulfill this requirement.

(2) Licensees holding the following types of licenses shall not be required to meet this requirement:

(a) Lapsed license;

(b) Telemedicine license; or

(c) Teleradiology license.

(3) The required CME must be completed after January 1, 2000 and before January 2, 2009.

(4) Licensees must be prepared to provide documentation of CME if requested by the Board.

(5) All applicants granted a license after January 2, 2009, excepting those with a type of license listed in Section (2), must obtain the required CME coursework within twelve months of the date the Board granted licensure.

Stat. Auth.: ORS 677.265, Ch. 987 OL 2001
Stats. Implemented: ORS 677.228, 677.510
Hist.: BME 7-2005, f. & cert. ef. 7-20-05

DIVISION 12

PATIENT'S ACCESS TO PHYSICIAN MEDICAL RECORDS

847-012-0000
Patient's Access to Physician Medical Records

(1) Licensees of the Board of Medical Examiners shall make protected health information in the medical record available to the patient or the patient's authorized representative upon the patient's request, to inspect and obtain a copy of protected health information

about the individual, except as provided by law and this rule. The patient may request all or part of the record. A summary may substitute for the actual record only if the patient agrees to the substitution. Board licensees are encouraged to use the written authorization form provided by ORS 192.522.

(2) For the purpose of this rule, "health information in the medical record" means any oral or written information in any form or medium that is created or received and relates to:

(a) The past, present, or future physical or mental health of the patient.

(b) The provision of health care to the patient.

(c) The past, present, or future payment for the provision of healthcare to the patient.

(3) Upon request, the entire health information record in the possession of the Board licensee will be provided to the patient. This includes records from other healthcare providers. Information which may be withheld includes:

(a) Information which was obtained from someone other than a healthcare provider under a promise of confidentiality and access to the information would likely reveal the source of the information.

(b) Psychotherapy notes.

(c) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and

(d) Other reasons specified by federal regulation.

(4) A reasonable cost may be imposed for the costs incurred in complying with the patient's request for health information. These costs may include:

(a) No more than $25 for copying 10 or fewer pages of written material and no more than 25 cents per page for each additional page.

(b) Postage costs to mail copies of the requested records.

(c) Actual costs of preparing an explanation or summary of the health information, if such information is requested by the patient.

(d) Actual costs of reproducing films, x-rays, or other reports maintained in a non written form. However, a patient may not be denied copies of the patient's medical records because of inability to pay.

(5) Requests for medical records shall be complied with within a reasonable amount of time not to exceed thirty (30) days from the receipt of the request.

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

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 192.518 & 192.519
Hist.: ME 7-1988, f. & cert. ef. 4-20-88; BME 1-2004, f. & cert. ef. 1-27-04; BME 18-2004, f. & cert. ef. 10-20-04

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 & 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 documentation of an average two (2) pound per month weight loss during active weight reduction treatment, or documentation of maintenance of goal weight. Use of Schedule 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) & 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) A physician who supervises a physician assistant who is applying for emergency dispensing privileges, or monitors/supervises any other health care provider with emergency dispensing privileges, must be registered with the Board of Medical Examiners as a dispensing physician.

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

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

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

(6) 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; BME 1-2005, f. & cert. ef. 1-27-05

847-015-0030
Written Notice Disclosing the Material Risks Associated with Prescribed or Administered Controlled Substances for the Treatment of "Intractable Pain"

(1) 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, including records from previous providers. If there is a consulting physician, written documentation of his/her corroborating findings, diagnosis and recommendations shall be included in the record.

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

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

(a) The diagnosis;

(b) The controlled substance and/or group of controlled substances to be used;

(c) Anticipated therapeutic results;

(d) Alternatives to controlled substance therapy; and

(e) Potential side effects (if applicable):

(A) General;

(B) Central Nervous System;

(C) Gastrointestinal;

(D) Respiratory;

(E) Dermatologic, and

(F) Other.

(f) Allergy Potential;

(g) Interaction/Potentiation of other medications;

(h) Potential for dose escalation/tolerance;

(i) Withdrawal precautions;

(j) Potential for dependence and addiction;

(k) Potential for impairment of judgment and/or motor skills;

(l) Satisfaction with or desire for more explanation; and

(m) Patient signature (dated).

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

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.470 & 677.474
Hist.: ME 4-1996, f. & cert. ef. 7-26-96; BME 8-2000, f. & cert. ef. 7-27-00; BME 6-2004, f. & cert. ef. 4-22-04

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 - 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 17

OFFICE-BASED SURGERY OR PROCEDURES

847-017-0000
Preamble

Licensees of the Board of Medical Examiners providing office-based invasive procedures are accountable for the welfare and safety of their patients.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.085, 677.097, 677.265
Hist.: BME 23-2006, f. & cert. ef. 10-23-06

847-017-0005
Definitions

For the purpose of these rules, the following terms are defined:

(1) "Advanced Cardiac Life Support (ACLS) trained" means that a practitioner has successfully completed and maintains certification with advanced resuscitative techniques appropriate to the practitioner's field of practice. For example, for those practitioners treating adult patients, training in advanced cardiac life support (ACLS) is appropriate; for those treating children, training in pediatric advanced life support (PALS) or advanced pediatric life support (APLS) is appropriate.

(2) "Anesthesia, continuum of sedation:" Level of Sedation — Responsiveness Airway — Spontaneous Ventilation — Cardiovascular Function:

(A) Conscious (Moderate) Sedation/ Analgesia — Purposeful response to verbal or tactile stimulation — No intervention required — Adequate — Usually maintained;

(B) Deep Sedation/Analgesia — Purposeful response following repeated or painful stimulation 1 — Intervention may be required — May be inadequate — Usually maintained;

(C) General Anesthesia — Unarousable, even with painful stimulus – Intervention often required — Frequently inadequate — May be impaired. Reflex withdrawal from a painful stimulus is not considered a purposeful response.

(3) "Anesthetic agent" means any drug or combination of drugs administered with the purpose of creating conscious (moderate) sedation, deep sedation, regional anesthesia, or general anesthesia.

(4) "Adverse incident" means an untoward event occurring at any time within seven (7) days of any surgery, special procedure, or the administration of anesthesia agent(s) in an office setting.

(5) "Basic Life Support (BLS)" trained means that a practitioner has successfully completed and maintains certification in cardiopulmonary resuscitation. BLS training includes teaching the use of an automated external defibrillator (AED).

(6) "Board" means the Oregon Board of Medical Examiners.

(7) "Local anesthesia" means the administration of an agent that produces a transient and reversible loss of sensation in a circumscribed portion of the body.

(8) "Major conduction block anesthesia" means the injection of a local anesthetic agent in close proximity to a specific nerve or nerves to stop or prevent a painful sensation in a region of the body. Major conduction anesthesia includes, but is not limited to, all blocks and approaches to the brachial or lumbar plexus, sub-arachnoid blocks, epidural and caudal blocks and regional intravenous blocks.

(9) "Minor procedures" means surgery that can safely and comfortably be performed under topical or local anesthesia without more than minimal oral or intramuscular preoperative sedation. Minor procedures include, but are not limited to, surgery of the skin, subcutaneous tissue and other adjacent tissue, the incision and drainage of superficial abscesses, limited endoscopies such as proctoscopies, arthrocentesis and closed reduction of simple fractures or small joint dislocations.

(10) "Monitoring" means continuous or regular visual observation of the patient (as deemed appropriate by the level of sedation or recovery) and the use of instruments to measure, display, and record physiologic values, such as heart rate, blood pressure, respiration, and oxygen saturation.

(11) "Office" means a location at which medical or surgical services are rendered and which is not subject to a jurisdiction and licensing requirements of the Oregon Department of Human Services.

(12) "Office-based surgery" means the performance of any surgical or other invasive procedure requiring anesthesia, analgesia, or sedation, which results in patient stay of less than 24 consecutive hours, and is performed by a practitioner in a location other than a hospital, diagnostic treatment center, or free-standing ambulatory surgery center.

(13) "Governing body of the facility" means the licensee or group of licensees who establish the office-based surgery facility.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.085, 677.097, 677.265
Hist.: BME 23-2006, f. & cert. ef. 10-23-06

847-017-0010
Patient Safety

(1) Offices in which only minor procedures are performed do not require accreditation or the presence of ACLS certified providers.

(2) The facility in which the office-based surgeries or procedures are performed must be appropriately equipped and maintained to ensure patient safety through accreditation by an appropriate, Board recognized, national or state organization, e.g., the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Accreditation Association for Ambulatory Health Care (AAAHC), the American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF), the American Osteopathic Association (AOA), the Institute for Medical Quality (IMQ) or the Oregon Medical Association (OMA).

(3) The licensee must be able to demonstrate qualifications and competency for the procedures performed by becoming or being board certified and maintaining board certification by a member of the American Board of Medical Specialties (ABMS). Alternatively, the governing body of the office facility is responsible for a peer review process for privileging physicians based on nationally recognized credentialing standards.

(4) The licensee must insure that a practitioner administering deep sedation or anesthesia and or monitoring the patient shall not play an integral role in performing the procedure.

(5) At least one physician who is currently certified in advanced resuscitative techniques appropriate for the patient age group (e.g., ACLS, PALS or APLS) must be present or immediately available with age-size-appropriate resuscitative equipment until the patient has met the criteria for discharge from the facility. In addition other medical personnel with direct patient contact must at a minimum be trained in Basic Life Support (BLS).

(6) The governing body of the facility is responsible for providing healthcare providers who have appropriate education and training for administration of moderate sedation/analgesia, deep sedation/analgesia or general anesthesia.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.085, 677.097, 677.265
Hist.: BME 23-2006, f. & cert. ef. 10-23-06

847-017-0015
Selection of Procedures and Patients

(1) The licensee who performs the surgical procedure and/or anesthetic must evaluate and document the condition of the patient

and the potential risks associated with the proposed treatment plan, and be satisfied that the procedure to be undertaken is within the scope of practice of the health care providers, the capabilities of the facility and the condition of the patient.

(2) Informed consent for the nature and objectives of the anesthesia planned and surgery to be performed must be in writing and obtained from patients before the procedure is performed. Informed consent is only to be obtained after a discussion of the risks, benefits, and alternatives and must be documented in the medical record.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.085, 677.097, 677.265
Hist.: BME 23-2006, f. & cert. ef. 10-23-06

847-017-0020
Patient Medical Records

(1) A legible, complete, comprehensive and accurate medical record must be maintained for each patient evaluated or treated. The record must include:

(a) Identity of the patient;
(b) History and physical, diagnosis and plan;
(c) Appropriate lab, x-ray or other diagnostic reports;
(d) Appropriate preanesthesia evaluation;
(e) Narrative description of procedure;
(f) Pathology reports;
(g) Procedure code; and
(h) Documentation of the outcome and the follow-up plan.

(2) If the nature of the surgery is such that analgesia/sedation, major conduction blockage, conscious (moderate) sedation, or general anesthesia are provided, the patient record must include a separate anesthetic record that contains documentation of anesthetic provider, procedure, and technique employed. This must include the type of anesthesia used, drugs (type and dose) and fluids administered during the procedure, patient weight, level of consciousness, estimated blood loss, duration of procedure, and any complication or unusual events related to the procedure or anesthesia.

(3) The medical records must contain documentation of the intraoperative and postoperative monitoring required.

(4) The patient record must document if tissues and other specimens have been submitted for histopathologic diagnosis.

(5) Provision for continuity of post-operative care must be documented in each patient's medical chart.

(6) Procedures must be established to assure patient confidentiality and security of all patient data and information.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.085, 677.097, 677.265
Hist.: BME 23-2006, f. & cert. ef. 10-23-06

847-017-0025
Discharge Evaluation

The licensee performing the procedure is responsible for the determination that the patient is safe to be discharged from the office after the procedure.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.085, 677.097, 677.265
Hist.: BME 23-2006, f. & cert. ef. 10-23-06

847-017-0030
Emergency Care and Transfer Protocols

The licensee is responsible for insuring that, in the event of an anesthetic, medical or surgical complication or emergency all office personnel are familiar with a written documented plan for the timely and safe transfer of patients to a nearby hospital. This plan must include arrangements for emergency medical services and appropriate escort of the patient to the hospital.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.085, 677.097, 677.265
Hist.: BME 23-2006, f. & cert. ef. 10-23-06

847-017-0035
Quality Assessment

(1) Office-based surgical practices must develop a system of quality assessment that effectively and efficiently strives for continuous quality improvement.

(2) Documentation of adverse incident review must be available.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.085, 677.097, 677.265
Hist.: BME 23-2006, f. & cert. ef. 10-23-06

847-017-0040
Facility Administration and Equipment

The office facility must document that specific and current arrangements are in place for obtaining laboratory, radiological, pathological and other ancillary services as may be required to support the surgical and/or anesthetic procedures undertaken.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.085, 677.097, 677.265
Hist.: BME 23-2006, f. & cert. ef. 10-23-06

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, 677.110 & 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 & 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 that is chartered in the country in which the school is located, after attendance of at least four full terms of instruction of eight months each, with all courses having been completed by physical on-site attendance in the country in which the school is chartered. 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. The following may be used in lieu of the three years of post graduate training:

(A) A valid certificate issued by a specialty board recognized by the American Board of Medical Specialties; or

(B) Successful completion of four years of practice in Oregon under a Limited License, Medical Faculty, in accordance with OAR 847-020-0140(1) (b)-(c); or

(C) Successful completion of four years of practice in another state or the District of Columbia under a license substantially similar to the Board's Limited License, Medical Faculty.

(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 677.100, 677.265
Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 8-2002, f. & cert. ef. 7-17-02; BME 10-2004(Temp), f. & cert. ef. 4-22-04 thru 10-15-04; BME 15-2004, f. & cert. ef. 7-13-04; BME 8-2005, f. & cert. ef. 7-20-05; BME 4-2006(Temp), f. & cert. ef. 2-8-06 thru 7-7-06; BME 10-2006, f. & cert. ef. 5-8-06

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, or have previously passed the FLEX, or National Board of Medical Examiners Examination or a combination of all three per OAR 847-020-0170(1). Having completed four years of practice under a Limited License, Medical Faculty and successfully passed either the FLEX examination, the National Board of Medical Examiners Examination, or 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 677.172
Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 2-2002, f. & cert. ef. 1-28-02; BME 5-2002, f. & cert. ef. 4-23-02; BME 3-2006, f. & cert. ef. 2-8-06

847-020-0150
Documents and Forms to be Submitted for Licensure

The documents submitted must be no larger than 8 1/2" x by 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, photographs and the results of the Practitioner Request for Information Disclosure (Self-Query) from the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 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 Practitioner Data Bank and the Healthcare 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; BME 3-2006, f. & cert. ef. 2-8-06

847-020-0155
State and Nationwide Criminal Records Checks, Fitness Determinations

(1) The purpose of these rules is to provide for the reasonable screening of applicants and licensees in order to determine if they have a history of criminal behavior such that they are not fit to be granted or renewed a license that is issued by the Board.

(2) These rules are to be applied when evaluating the criminal history of an applicant or licensee and conducting fitness determinations based upon such history. The fact that an applicant or licensee has cleared the criminal history check does not guarantee the granting or renewal of a license.

(3) The Board may require fingerprints of all applicants for a medical (MD/DO), podiatric (DPM), physician assistant (PA), and acupuncturist (LAc) license, licensees renewing their license and licensees under investigation to determine the fitness of an applicant or licensee. These fingerprints will be provided on prescribed forms made available by the Board. Fingerprints may be obtained at a law enforcement office or at a private service acceptable to the Board; the Board will submit fingerprints to the Oregon Department of State Police to conduct a Criminal History Check and a National Criminal History Check. Any original fingerprint cards will subsequently be destroyed by the Oregon Department of State Police.

(4) The Board shall determine whether an applicant or licensee is fit to be granted a license based on the criminal records background check, any false statements made by the applicant or licensee regarding the criminal history of the individual, any refusal to submit or consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as part of an investigation. If an applicant is determined to be unfit, the applicant may not be granted a license. If a licensee is determined to be unfit the licensee's license may not be renewed. The Board may make a fitness determination conditional upon applicant's or licensee's acceptance of probation, conditions, limitations, or other restrictions upon licensure.

(5) Except as otherwise provided in section (2), in making the fitness determination the Board shall consider:

(a) The nature of the crime;

(b) The facts that support the conviction or pending indictment or that indicate the making of the false statement;

(c) The relevancy, if any, of the crime or the false statement to the specific requirements of the applicant's or licensee's present or proposed license; and

(d) Intervening circumstances relevant to the responsibilities and circumstances of the license. Intervening circumstances include but are not limited to:

(A) The passage of time since the commission of the crime;

(B) The age of the applicant or licensee at the time of the crime;

(C) The likelihood of a repetition of offenses or of the commission of another crime:

(D) The subsequent commission of another relevant crime;

(E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and

(F) A recommendation of an employer.

(6) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.

(7) In order to conduct the Oregon and National Criminal History Check and fitness determination, the Board may require additional information from the licensee or applicant as necessary, such as but not limited to, proof of identity; residential history; names used

while living at each residence; or additional criminal, judicial or other background information.

(8) Criminal offender information is confidential. Dissemination of information received under HB 2157 is only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 676.175(1).

(9) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted to inspect the individual's own state and national criminal offender records and, if requested by the subject individual, provide the individual with a copy of the individual's own state and national criminal offender records.

(10) The Board may consider any conviction of any violation of the law for which the court could impose a punishment and in compliance with ORS 670.280. The Board may also consider any arrests and court records that may be indicative of an individual's inability to perform as a licensee with care and safety to the public.

(11) If an applicant or licensee is determined not to be fit for a license, the applicant or licensee is entitled to a contested case process pursuant to ORS 183.414-470. Challenges to the accuracy or completeness of information provided by the Oregon Department of State Police, Federal Bureau of Investigation and agencies reporting information must be made through the Oregon Department of State Police, Federal Bureau of Investigation, or reporting agency and not through the contested case process pursuant to ORS 183.

(12) If the applicant discontinues the application process or fails to cooperate with the criminal history check process, the application is considered incomplete.

Stat. Auth.: ORS 677.265, HB 2157, Sec. 2 2005
Stats. Implemented: ORS 677.265(9)
Hist. BME 20-2006(Temp), f. & cert. ef. 9-14-06 thru 3-12-07

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 post-graduate training was served, which shall include an evaluation of overall performance and specific beginning and ending dates of training.

(4) The Director or other official for practice and employment in hospitals, clinics, etc. in the U.S. and foreign countries: A currently dated original letter (a copy is not acceptable), sent directly from the hospital/clinic which shall include an evaluation of overall performance and specific beginning and ending dates of practice and employment, for the past ten (10) years only. For physicians who have been or are in solo practice without hospital privileges at the time of solo practice, provide three reference letters from physicians in the local medical community who are familiar with the applicant's practice and who have known the applicant for more than six months.

(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, 677.110 & 677.120
Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 8-2005, f. & cert. ef. 7-20-05

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 must have passed one of the following examinations or combinations of examinations:

(a) Federation Licensing Examination (FLEX) Component I and FLEX Component 2.

(b) National Board of Medical Examiners (NBME) Part I and Part II and Part III.

(c) National Board of Medical Examiners (NBME) Part I or United States Medical Licensing Examination (USMLE) Step 1, and NBME Part II or USMLE Step 2 and NBME Part III or USMLE Step 3.

(d) NBME Part I or USMLE Step 1, and NBME Part II or USMLE Step 2, and FLEX Component 2.

(e) FLEX Component 1 and USMLE Step 3. A score of 75 or above must be achieved on FLEX Component 1 and the score achieved on USMLE Step 3 must be equal to or exceed the figure established by the Federation as a recommended passing score.

(f) 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 listed in OAR 847-020-0170(1)(a)–(f) must be administered prior to January 2000, except for applicants who participated in and completed a combined MD/DO/PhD program; or

(g) The National Board of Osteopathic Medical Examiners (NBOME) examination or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) or any combination of their parts; or

(h) USMLE Steps 1, 2, and 3. All three Steps of USMLE, or all three Levels of the NBOME examination or COMLEX or any combination of the two, must be passed within a seven-year period which begins when the first Step or Level, either Step 1 or Step 2 or Level 1 or Level 2, is passed. The score achieved on each Step must equal or exceed the figure established by the Federation as a recommended passing score, and the score achieved on each Level must equal or exceed the figure established by the National Board of Osteopathic Medical Examiners.

(A) An applicant who has not passed all three Steps or Levels within the seven-year period may request an exception to the seven-year requirement if he/she:

(I) Has current certification by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists; or

(II) Suffered from a documented significant health condition which by its severity would necessarily cause a delay to the applicant's medical or osteopathic study; or

(III) Participated in a combined MD/DO/PhD program; or

(IV) Completed continuous post-graduate training with the equivalent number of years to an MD/DO/PhD program.

(B) Effective April 23, 2004, to be eligible for licensure, an applicant must have passed USMLE Step 3 or NBOME's COMLEX Level 3 within four attempts whether for Oregon or any other state. After the third failed attempt, the applicant must have completed one additional year of postgraduate training in the United States or Canada prior to readmission to the examination. The Board must approve the additional year of training to determine whether the applicant is eligible for licensure. The applicant, after completion of the required year of training, must have passed USMLE Step 3 or COMLEX

Level 3 on their fourth and final attempt. If the fourth attempt of USMLE Step 3 is failed, the applicant is not eligible for Oregon licensure. If the applicant did not complete a year of training approved by the Board between the third and fourth attempt to pass USMLE Step 3 or COMLEX Level 3, the applicant is not eligible for licensure.

(C) An applicant who has passed USMLE Step 3 or COMLEX Level 3, but not within the four attempts required by OAR 847-020-0170(1)(h)(B), may request a waiver of this requirement if he/she has current certification by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists.

(2) USMLE Step 3 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.

(3) 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.

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

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

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

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

(5) 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;

(c) The applicant has received an appointment as Professor or Associate Professor at the Oregon Health and Science 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:

(A) Completed an accredited one year residency; or

(B) Completed an accredited or Board approved one year clinical fellowship; or

(C) Been certified or recertified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association; or

(D) Obtained continuing medical education to the Board's satisfaction.

(6) 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.

(7) 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.

(8) An applicant shall be required to pass an open-book examination on the Medical Practice Act (ORS chapter 677) and an open-book examination on the Drug Enforcement Administration Pharmacist Manual. If an applicant fails one or both examinations three times, the applicant's application will be reviewed by the Administrative Affairs Committee of the Board of Medical Examiners. An applicant who has failed one or both open-book examinations three times must also attend an informal meeting with a Board member, a Board investigator and/or the Medical Director of the Board to discuss the applicant's failure of the examination(s), before being given a fourth and final attempt to pass the examination(s). If the applicant does not pass the examination(s) on the fourth attempt, the applicant may be denied licensure.

(9) 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.

(10) 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, 677.265
Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 5-2003, f. & cert. ef. 1-27-03; BME 10-2003, f. & cert. ef. 5-2-03; BME 14-2003(Temp), f. & cert. ef. 9-9-03 thru 3-1-04; BME 3-2004, f. & cert. ef. 1-27-04; BME 7-2004, f. & cert. ef. 4-22-04; BME 15-2004, f. & cert. ef. 7-13-04; BME 8-2005, f. & cert. ef. 7-20-05; BME 3-2006, f. & cert. ef. 2-8-06; BME 4-2006(Temp), f. & cert. ef. 2-8-06 thru 7-7-06; BME 10-2006, f. & cert. ef. 5-8-06

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 Osteopathic Medical Examiners, 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 and Science 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:

(A) Completed an accredited one year residency; or

(B) Completed an accredited or Board approved one year clinical fellowship; or

(C) Been certified or recertified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association; or

(D) Obtained continuing medical education to the Board's satisfaction.

(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 meeting of the Board. An applicant who fails to cancel a scheduled interview at least one week prior to such interview, or who confirms and does not appear, shall be rescheduled only after paying a rescheduling fee prior to the filing deadline date.

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

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.110
Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 10-2003, f. & cert. ef. 5-2-03; BME 3-2004, f. & cert. ef. 1-27-04; BME 3-2006, f. & cert. ef. 2-8-06

847-020-0185
License Application Withdrawals

(1) The Board will consider a request by an applicant to withdraw his/her application for licensure in the State of Oregon under the following circumstances:

(a) The applicant is eligible for licensure; and

(b) The file contains no evidence of violation of any provision of ORS 677.010–677.855.

(2) An applicant may request to withdraw his/her application for licensure in the State of Oregon and the withdrawal will be reported to the Federation of State Medical Boards under the following circumstances:

(a) The applicant is eligible for licensure; and

(b) The file contains evidence that the applicant may have violated any provision of ORS 677.010 – 677.855, but the Board has decided that there is an insufficient basis to proceed to formal discipline, or a licensing body in another state has imposed formal discipline or entered into a consent agreement for the same conduct, and that action has been reported to the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.100, 677.190, 677.265
Hist.: BME 11-2006, f. & cert. ef. 5-8-06

847-020-0190
Denial of Licensure

An applicant may not be entitled to a license by reciprocity, endorsement, or written examination who:

(1) Has failed to pass a medical licensure examination required for licensure in the State of Oregon (OAR 847-020-0170);

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

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

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

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

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

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

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

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

(e) Photographing or otherwise reproducing examination materials.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.190
Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 11-2003, f. & cert. ef. 7-15-03

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 23

RULES FOR LICENSURE OF VOLUNTEER EMERITUS PHYSICIANS

847-023-0000
Definitions

(1) "Health clinic" means a public health clinic or a health clinic operated by a charitable corporation that mainly provides primary physical health, dental or mental health services to low-income patients without charge or using a sliding fee scale based on the income of the patient.

(2) "Emeritus registration" means 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 677.120, 677.265
Hist.: BME 16-2006, f. & cert. ef. 7-25-06

847-023-0005
Qualifications

(1) The Board of Medical Examiners may issue a license, with emeritus registration, to a physician who volunteers at a health clinic provided that the physician:

(a) Has a current license to practice medicine in another state or territory of the United States or the District of Columbia; and

(b) Has obtained certification by the National Board of Medical Examiners (NBME), the National Board of Osteopathic Medical Examiners (NBOME), the Federation Licensing Examination (FLEX), or the United States Medical Licensing Examination (USMLE).

(2) A physician applying for a license to volunteer in health clinics who has not practiced medicine for more than twenty-four (24) months immediately prior to filing the application for licensure with the Board, may be required to take and pass the Special Purpose Examination (SPEX). This requirement may be waived if the applicant has:

(a) 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) 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) Obtained continuing medical education to the Board's satisfaction.

(3) 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.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.120, 677.265
Hist.: BME 16-2006, f. & cert. ef. 7-25-06

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, 677.137, 677.139 & 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, 677.137, 677.139 & 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, 677.137, 677.139 & 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, ORS 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, 677.137, 677.139 & 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, 677.137, 677.139 & 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, division 020 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 and letters, and pay a full filing fee as if filing for the first time.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.100, 677.110 & 677.120
Hist.: BME 10-2000, f. & cert. ef. 7-27-00; BME 2-2002, f. & cert. ef. 1-28-02

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 of 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, 677.137, 677.139 & 677.141
Hist.: BME 10-2000, f. & cert. ef. 7-27-00

DIVISION 28

RULES FOR LICENSURE OF VOLUNTEER CAMP PHYSICIANS

847-028-0000
Preamble

A physician granted a license to volunteer medical services at a camp operated by a nonprofit organization:

(1) 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) Has the same duties and responsibilities and is subject to the same penalties and sanctions as any other physician licensed under ORS Chapter 677.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.100, 677.110 & 677.120
Hist.: BME 3-2002, f. & cert. ef. 1-28-02

847-028-0010
Qualifications

(1) The Board of Medical Examiners may issue a license for the voluntary provision of health care services at a camp operated by a nonprofit organization to a physician who has a current license to practice medicine in another state or territory of the United States or the District of Columbia, provided that:

(a) The physician practices medicine for no more than 14 days in a calendar year at a camp operated by a non-profit organization;

(b) Renders services within the scope of practice authorized by the physician's license;

(c) Holds a current license that has not been suspended or revoked and is not under current disciplinary action (order) pursuant to disciplinary proceedings in any jurisdiction;

(d) Is not under internal review or discipline in any hospital, clinic, or health care facility; and

(e) Is not under disciplinary investigation by any medical licensing authority that issued the physician a state license to practice medicine.

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

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.100, 677.110 & 677.120
Hist.: BME 3-2002, f. & cert. ef. 1-28-02

847-028-0020
Limitations

(1) A license to volunteer medical services at a camp operated by a nonprofit organization does not permit a physician to practice medicine in the state of Oregon except when engaging in the provision of health care services at a camp operated by a non-profit organization.

(2) A license to volunteer medical services at a camp operated by a nonprofit organization is not a limited license per ORS 677.132.

(3) A physician issued a license to volunteer medical services at a camp operated by a nonprofit organization 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 677.100, 677.110 & 677.120
Hist.: BME 3-2002, f. & cert. ef. 1-28-02

847-028-0030
Application

(1) When applying for a license to volunteer medical services at a camp operated by a nonprofit organization, 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, division 020 at least 60 days prior to a regular meeting of the Board.

(2) A physician applying for a license to volunteer medical services at a camp operated by a nonprofit organization who has not

completed the 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 677.100, 677.110 & 677.120
Hist.: BME 3-2002, f. & cert. ef. 1-28-02

847-028-0040
Medical Records and Personal Appearance

A physician granted a license to volunteer medical services at a camp operated by a nonprofit organization 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 of 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 677.100, 677.110 & 677.120
Hist.: BME 3-2002, f. & cert. ef. 1-28-02

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 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.

(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 677.265
Stats. Implemented: ORS 677.265
Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 5-2006, f. & cert. ef. 2-8-06

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 & 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 & 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 & 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.

(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.

(5) "Section" means the Emergency Medical Services and Trauma Systems Section of the Office of Public Health Systems of the Department of Human Resources.

(6) "Emergency Medical Technician-Basic (EMT-Basic)" means a person certified under ORS Chapter 682 and in good stand-

ing with the Section, who has completed an EMT-Basic course as prescribed by OAR 333, division 265, and is certified by the Section.

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

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

(9) "First Responder" means a person who has successfully completed a first responder course approved by the Section and has been examined and certified as a First Responder by an authorized representative of the Section to perform basic emergency and nonemergency 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 medical 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; BME 10-2002, f. & cert. ef. 7-22-02

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 & 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 Section 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 request and honor life-sustaining treatment orders executed by a physician or a nurse practitioner, if available. 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) Utilize noninvasive diagnostic devices in accordance with manufacturer's recommendation;

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

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

(f) Provide care for soft tissue injuries;

(g) Provide care for suspected fractures;

(h) Assist with prehospital childbirth; and

(i) 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 a nasopharyngeal and a noncuffed oropharyngeal 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) Administer epinephrine by automatic injection device for anaphylaxis;

(f) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator, only when the First Responder:

(A) Has successfully completed a Section-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 Section.

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

(c) Insert a cuffed pharyngeal airway device in the practice of airway maintenance. A cuffed pharyngeal airway device is:

(A) A single lumen airway device designed for blind insertion into the esophagus providing airway protection where the cuffed tube prevents gastric contents from entering the pharyngeal space; or

(B) A multi-lumen airway device designed to function either as the single lumen device when placed in the esophagus, or by insertion into the trachea where the distal cuff creates an endotracheal seal around the ventilatory tube preventing aspiration of gastric contents.

(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 capillary blood specimen for blood glucose monitoring;

(B) Administer epinephrine by subcutaneous injection or automatic injection device for anaphylaxis;

(C) Administer activated charcoal for poisonings; and

(D) Administer aspirin for suspected myocardial infarction.

(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;

(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 Section-approved training program may administer atropine sulfate and pralidoxime chloride from a Section-approved pre-loaded auto-injector device, and perform endotracheal intubation, using protocols promulgated by the Section and adopted by the supervising physician. 100% of EMT-Basic actions taken pursuant to this section shall be reported to the Section via a copy of the prehospital emergency care report and shall be reviewed for appropriateness by Section staff and the Subcommittee on EMT Certification, Education and Discipline.

(m) In the event of a release of chemical agents the EMT-Basic, who has completed Section-approved training, may administer atropine sulfate and pralidoxime chloride, using protocols approved by the Section and adopted by the supervising physician, if:

(A) The supervising physician provides the EMT-Basic with a direct, verbal order through radio or telephone contact, or

(B) The EMT-Basic is under the direction of an EMT-Paramedic who is on the scene.

(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;

(e) Draw peripheral blood specimens;

(f) Administer the following medications under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician:

(A) Physiologic isotonic crystalloid solution.

(B) Vasoconstrictors:

(i) Epinephrine;

(ii) Vasopressin;

(C) Antiarrhythmics:

(i) Atropine sulfate;

(ii) Lidocaine;

(iii) Amiodarone;

(D) Antidotes:

(i) Naloxone hydrochloride;

(E) Antihypoglycemics:

(i) Hypertonic glucose;

(ii) Glucagon;

(F) Vasodilators:

(i) Nitroglycerine;

(G) Nebulized bronchodilators:

(i) Albuterol;

(ii) Ipratropium bromide;

(H) Analgesics:

(i) Morphine;

(ii) Nalbuphine Hydrochloride;

(iii) Ketorolac tromethamine;

(I) Antihistamine:

(i) Diphenhydramine;

(J) Diuretic:

(i) Furosemide;

(g) Insert an orogastric tube;

(h) 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 physician, nurse practitioner or physician assistant at the sending medical facility;

(i) Initiate electrocardiographic monitoring and interpret presenting rhythm;

(j) Perform cardiac defibrillation with a manual defibrillator.

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

(e) Perform emergency cardioversion in the compromised patient;

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

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

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

(i) 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

(j) 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 Section 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 Section 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 Section 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; BME 9-2002, f. & cert. ef. 7-17-02; BME 10-2002, f. & cert. ef. 7-22-02; BME 1-2003, f. & cert. ef. 1-27-03; BME 12-2003, f. & cert. ef. 7-15-03; BME 4-2004, f. & cert. ef. 1-27-04; BME 11-2004(Temp), f. & cert. ef. 4-22-04 thru 10-15-04; BME 12-2004(Temp), f. & cert. ef. 6-11-04 thru 12-8-04; BME 21-2004(Temp), f. & cert. ef. 11-15-04 thru 4-15-05; BME 2-2005, f. & cert. ef. 1-27-05; BME 5-2005, f. & cert. ef. 4-21-05; BME 9-2005, f. & cert. ef. 7-20-05; BME 18-2006, f. & cert. ef. 7-25-06; BME 22-2006, f. & cert. ef. 10-23-06

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 a physician licensed under ORS Chapter 677, in active practice and in good standing with the Board. The purpose of the physician assistant program is to enable physicians licensed under ORS 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 677.265
Stats. Implemented: ORS 677.495 - 677.535
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 13-2003, f. & cert. ef. 7-15-03

847-050-0010
Definitions

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

(1) "Agent" means a physician designated by the supervising physician who provides supervision of the medical services of a physician assistant for a predetermined period of time.

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

(3) "Committee" means Physician Assistant Committee.

(4) "Grandfathered physician assistant" means the physician assistant registered 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.

(5) "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.

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

(7) "Supervising physician" means a physician licensed under ORS Chapter 677, actively registered and in good standing with the Board as a Medical Doctor or Doctor of Osteopathic Medicine, who provides direction and regular review of the medical services provided by the physician assistant as determined to be appropriate by the Board.

(8) "Supervision" means the routine review by the supervising physician or designated agent, as described in the practice description and as determined to be appropriate by the Board, of the medical services provided by the physician assistant. The supervising physician or designated agent and the physician assistant shall maintain direct communication, either in person or by telephone, radio, radiotelephone, television or similar means. There are three categories of supervision based on the practice situation of the supervising physician or designated agent and the physician assistant:

(a) "Direct Supervision" means the supervising physician or designated agent must be in the facility when the physician assistant is practicing.

(b) "General Supervision" means the supervising physician or designated agent is not on-site with the physician assistant, but is available for direct communication, either in person or by telephone, radio, radiotelephone, television or similar means.

(c) "Personal Supervision" means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.495
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; BME 4-2002, f. & cert. ef. 4-23-02; BME 13-2003, f. & cert. ef. 7-15-03; BME 12-2006, f. & cert. ef. 5-8-06

847-050-0015
Application for Licensure

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.

(3) A person applying for licensure under these rules who has not completed the licensure process within a 12 month consecutive period from date of receipt of the application 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 677.510
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; BME 4-2002, f. & cert. ef. 4-23-02

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 (A.R.C.P.A.).

(2) Have passed the Physician Assistant National Certifying Examination (PANCE) 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 prescription privileges must meet the requirements specified in OAR 847-050-0041.

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 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; BME 6-2003, f. & cert. ef. 1-27-03

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.), or the Accreditation Review Commission on Education for the Physician Assistant (A.R.C.P.A.) but has not yet passed the Physician Assistant National Certifying Examination (PANCE) 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) Certification by the N.C.C.P.A. is pending;

(c) The physician assistant's practice description has been submitted;

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

(e) 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) Upon receipt of verification that the applicant has passed the N.C.C.P.A. examination, and if their application file is otherwise satisfactorily complete, the applicant will be reviewed at the next regularly scheduled Board meeting for permanent licensure.

(5) The Limited License, Postgraduate will automatically be canceled if the applicant fails the N.C.C.P.A. examination.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.132 & 677.535
Hist.: ME 5-1993, f. & cert. ef. 4-22-93; ME 9-1995, f. & cert. ef. 7-28-95; BME 14-2002, f. & cert. ef. 10-25-02; BME 13-2003, f. & cert. ef. 7-15-03

847-050-0025
Interview and Examination

(1) 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:

(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 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.

(2) The applicant and the applicant's supervising physician who has not been previously Board-approved as a supervising physician shall be required to pass an open-book examination on the Medical Practice Act (ORS Chapter 677) and Oregon Administrative Rules (OAR) chapter 847, division 050.

(a) If an applicant fails the open-book examination three times, the applicant's application will be reviewed by the Physician Assistant Committee of the Board of Medical Examiners. An applicant who has failed the open-book examination three times must also attend, with the applicant's supervising physician, an informal meeting with a Board member, a Board investigator and/or the Medical Director of the Board to discuss the applicant's failure of the examination, before being given a fourth and final attempt to pass the examination. If the applicant does not pass the examination on the fourth attempt, the applicant may be denied licensure.

(b) If the applicant's supervising physician fails the open-book examination three times, the physician's request to supervise the applicant's practice as documented in the practice description will be reviewed by the Physician Assistant Committee of the Board of Medical Examiners. An applicant's supervising physician who has failed the open-book examination three times must also attend an informal meeting with a Board member, a Board investigator and/or the Medical Director of the Board to discuss the supervising physician's failure of the examination, before being given a fourth and final attempt to pass the examination. If the applicant's supervising physician does not pass the examination on the fourth attempt, the physician's request to supervise the applicant's practice as documented in the practice description may be denied.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.265
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; BME 13-2003, f. & cert. ef. 7-15-03; BME 13-2006, f. & cert. ef. 5-8-06

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 Board 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 disadvantaged, underserved, or health professional shortage 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 677.535

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; BME 6-2006, f. & cert. ef. 2-8-06

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 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 Physician Assistant National Certifying Examination (PANCE) 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; BME 13-2003, f. & cert. ef. 7-15-03

847-050-0029
Locum Tenens

Locum tenens means a temporary absence by the physician assistant or physician 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, with active or locums tenens registration status, and be 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.

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

(6) The Board Executive Director may give temporary approval which is subject to approval by the Board of Medical Examiners.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.265, 677.510
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; BME 6-2003, f. & cert. ef. 1-27-03; BME 11-2005, f. & cert. ef. 10-12-05

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, 677.500, 677.510, 677.515, 677.520, 677.535, 677.540 & 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 & 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 the supervising physician and physician assistant practice in the same practice location or a practice location separate from each other, as described in the following:

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

(b) Practice locations, other than primary or secondary practice locations, such as schools, sporting events, health fairs and long term care facilities, are not required to be listed in the practice description of the physician assistant if the duties are the same as those listed in the practice description. The medical records for the patients seen at these additional practice locations will be held either at the supervising physician's primary practice location or the additional practice locations. The supervision of the physician assistant at locations other than the primary or secondary practice location shall be the same as for the primary or secondary practice location.

(c) In any instance where the supervising physician or designated agent is not providing direct or personal supervision of the physician assistant as defined in OAR 847-050-0010(8)(a) and (c), the supervising physician or designated agent shall provide for the maintenance of direct, verbal communication by telephone, radio, radio telephone, television or similar means but is not required to be physically present at the practice site.

(d) The supervising physician or designated agent will provide a minimum of four hours of on-site supervision every two weeks.

(e) The supervising physician or designated agent will provide chart review of a number or a percentage of the patients the physician assistant has seen during each month as stated in the practice description as approved by the Board.

(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 677.510
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; BME 4-2002, f. & cert. ef. 4-23-02; BME 4-2005, f. & cert. ef. 4-21-05

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 677 and in good standing with the Board;

(b) Practice in the same city, or 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 & 677
Stats. Implemented: ORS 677.495 & 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; BME 4-2002, f. & cert. ef. 4-23-02

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 & 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) An Oregon grandfathered 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 prescribed commensurate with the practice description and approved by the Board if the physician assistant has passed a specialty examination approved by the Board prior to July 12, 1984, and the conditions in (2)(a) and (b) are met.

(2) A physician assistant may issue written or oral prescriptions for medications, Schedule II-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 Physician Assistant National Certifying Examination (PANCE).

(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.

(d) Schedule II. An application for Schedule II controlled substances prescription privileges must be submitted to the Board by the physician assistant's supervising physician and must be accompanied by the practice description of the physician assistant. The Schedule II controlled substances prescription privileges of a physician assistant shall be limited by the practice description approved by the board and may be restricted further by the supervising physician at any time. To be eligible for Schedule II controlled substances prescription privileges, a physician assistant must be certified by the National Commission for the Certification of Physician Assistants and must complete all required continuing medical education coursework.

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

(4) 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.

(5) Emergency administration and emergency dispensing. 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, as follows:

(a) Location of the practice site;

(b) Accessibility to the nearest pharmacy; and

(c) Medical necessity for emergency administering or dispensing.

(6) The dispensed medication must be pre-packaged by a licensed pharmacist, manufacturing drug outlet or wholesale drug outlet authorized to do so under ORS 689 and the physician assistant shall maintain records of receipt and distribution.

(7) A physician who supervises a physician assistant who is applying for emergency dispensing privileges must be registered with the Board of Medical Examiners as a dispensing physician.

(8) Chronic/intractable pain management authority utilizing Schedule II medications.

(a) Physician assistants and their supervising physicians must meet the following requirements in order for physician assistants to be granted chronic/intractable pain management authority, under general supervision:

(A) The physician assistant must have completed six (6) hours of accredited training in chronic/intractable pain management and a one (1) hour pain management course specific to the State of Oregon provided by the Pain Management Commission;

(B) The supervising physician must have DEA certification for Schedule II medications;

(b) Supervising physicians must review a minimum of ten (10) percent of physician assistant patient charts regarding chronic/intractable pain management with Schedule II medications for one

year following approval of physician assistant chronic/intractable pain management authority.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 409.560, 677.470
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; BME 4-2002, f. & cert. ef. 4-23-02; BME 4-2002, f. & cert. ef. 4-23-02; BME 13-2003, f. & cert. ef. 7-15-03; BME 8-2004, f. & cert. ef. 4-22-04; BME 3-2005, f. & cert. ef. 1-27-05; BME 6-2006, f. & cert. ef. 2-8-06

847-050-0042
Registration

(1) The registration renewal form and fee must be received in the Board office during regular business hours on or before December 31 of each odd-numbered year in order for the physician assistant's registration to be renewed for the next 24 months.

(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 677.510
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; BME 6-2003, f. & cert. ef. 1-27-03

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. Auth.: ORS 677.265
Stats. Implemented: ORS 677.495, 677.500, 677.505, 677.515, 677.520, 677.535, 677.540 & 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 & 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' licensure 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 II, 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 & 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; BME 6-2006, f. & cert. ef. 2-8-06

DIVISION 65

DIVERSION PROGRAM FOR HEALTH PROFESSIONALS

847-065-0000
Diversion Program Supervisory Council

(1) There is established a Diversion Program Supervisory Council (Council) consisting of five members, one of whom is a public member, appointed by the Board of Medical Examiners (Board) for the purpose of developing and implementing a diversion program for chemically dependent licensees regulated under ORS 677.615-665. No current Board members or staff shall serve on the Council.

(2) The term of office of each member is two years, but a member serves at the pleasure of the board. Before the expiration of the term of a member, the Board shall appoint a successor whose term begins July 1. A member is eligible for reappointment. If there is a vacancy for any cause, the Board shall make an appointment to become immediately effective for the unexpired term.

(3) The members of the Council must be citizens of this state who are familiar with the recognition, intervention, assessment and treatment of chemically dependent persons. The public member shall represent health consumers.

(4) A member of the Council is entitled to compensation and expenses as provided in ORS 292.495, except that the compensation for the time spent in performance of official duties shall be the same as the compensation received by members of the Board.

(5) The Council shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of such offices as the Council determines.

(6) A majority of the members of the Council constitutes a quorum for the transaction of business.

Stat. Auth.: ORS 677.677
Stats. Implemented: ORS 292.495, 677.615
Hist.: BME 17-2006, f. & cert. ef. 7-25-06

DIVISION 70

ACUPUNCTURE

847-070-0005
Definitions

As used in the rules regulating the practice of acupuncture:

(1) "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:

(a) 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 & 677.757 - 677.770
Stats. Implemented: ORS 677.757 - 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 & 677.757 - 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

Effective November 21, 2001, an applicant for licensure as an acupuncturist in the State of Oregon must have the following qualifications:

(1) Have graduated from an acupuncture program that satisfies the standards of the Accreditation Commission for Acupuncture and Oriental Medicine (A.C.A.O.M.), or 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.

(2) 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. in Acupuncture if the applicant has passed the N.C.C.A.O.M. Acupuncture Certification Examinations, or has been certified through the N.C.C.A.O.M. Credentials Documentation Examination and passed the practical portion (Point Location Module) of the N.C.C.A.O.M. Acupuncture Certification Examinations. An applicant must have passed the N.C.C.A.O.M. practical examination, which is the point location portion of the Acupuncture Certification Examinations on or after April 22, 1991 in order to be eligible for Oregon licensure; or

(3) An applicant who does not meet the criteria in OAR 847-070-0016(1) and (2) must have the following qualifications:

(a) 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:

(A) 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

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

(d) Current certification in acupuncture by the N.C.C.A.O.M. An applicant shall be deemed certified in Acupuncture by the N.C.C.A.O.M. if the applicant has passed the N.C.C.A.O.M. Acupuncture Certification Examinations, or has been certified through the N.C.C.A.O.M. Credentials Documentation Examination; or

(4) An individual whose acupuncture training and diploma were obtained in a foreign country and who cannot document the requirements of subsections (1) through (3) 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

(5) In addition to meeting the requirements in (1) and (2), or (3), or (4) of this rule, all applicants for licensure must have the following qualifications:

(a) Licensure in good standing from the state or states of all prior and current health 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.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.757 & 677.780
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; BME 6-2002, f. & cert. ef. 4-23-02; BME 12-2005, f. & cert. ef. 10-12-05; BME 21-2006, f. & cert. ef. 10-23-06

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 jurisdiction, who has been practicing acupuncture for a period of a 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

847-070-0019
Interview and Examination

(1) In addition to all other requirements for licensure, an applicant may be required to appear before the Acupuncture Committee for a personal interview regarding information received in the application process. The interview shall be conducted during a regular meeting of the committee.

(2) If there is reasonable cause to question the qualifications of an applicant, or if an applicant has not practiced as an acupuncturist for a period of twelve (12) or more consecutive months prior to application for Oregon licensure, the Board in its discretion may require the applicant to do one or more of the following:

(a) Pass the N.C.C.A.O.M. Acupuncture Certification Examinations.

(b) Pass an evaluation which may be written, oral, practical, or any combination thereof.

(c) Provide documentation of current N.C.C.A.O.M. Acupuncture certification.

(d) Document 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice prior to application for Oregon licensure. Continuing education that meets N.C.C.A.O.M.'s recertification requirements would qualify as Board approved continuing education.

(e) As a condition of licensure, practice under a Board approved mentor for a specified period of time.

(3) An applicant shall be required to pass an open-book examination on the Medical Practice Act (ORS Chapter 677) and Oregon Administrative Rules (OAR chapter 847, division 070).

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.759
Hist.: BME 12-2005, f. & cert. ef. 10-12-05; BME 21-2006, f. & cert. ef. 10-23-06

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 & 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

847-070-0022
Documents to be Submitted for Licensure

The documents submitted must be no larger than 8 1/2" x 11". All documents 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 following documents are required for an applicant:

(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, or a copy of Change of Name documentation, Marriage Certificate, or Divorce Decree if the applicant's name has been changed by court order, adoption, marriage, divorce, etc.

(3) Acupuncture School Diploma: A copy of a diploma showing graduation from an approved school of acupuncture, for those applicants who qualify under OAR 847-070-0016(1).

(4) 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.

(5) 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.

(6) A letter from the Dean of the applicant's program of acupuncture, for those applicants who qualify under OAR 847-070-0016(1).

(7) A letter from the National Certification Commission for Acupuncture and Oriental Medicine (N.C.C.A.O.M.) verifying current certification in acupuncture by the N.C.C.A.O.M., for those applicants who qualify under OAR 847-070-0016(2).

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

(9) A letter from the Director or other official for practice and employment to include an evaluation of overall performance and specific beginning and ending dates of practice and employment, for the past five (5) years only. For acupuncturists who have been or are in solo practice, three reference letters from acupuncturists in the local treatment community who are familiar with the applicant's practice and who have known the applicant for more than six months.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.275, 677.759
Hist.: BME 21-2006, f. & cert. ef. 10-23-06

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

847-070-0033
Visiting Acupuncturist Requirements

(1) The Board of Medical Examiners may grant approval for a visiting acupuncturist to demonstrate acupuncture needling as part of a seminar, conference, or workshop sponsored by an Oregon school or an Oregon school's program of acupuncture or oriental medicine, or professional organization of acupuncture, or any seminar, conference, or workshop approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) to provide continuing education training for a period up to ten days no more than three times a year. The visiting acupuncturist 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. An Oregon licensed acupuncturist must be in attendance at the seminar, conference or workshop.

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

(a) A letter from the school or program of acupuncture or oriental medicine, or organization which will have an out-of-state acupuncturist demonstrate needling as part of a seminar, conference, or workshop with the following information:

(A) Dates of the seminar, conference, or workshop in which the visiting acupuncturist will be demonstrating acupuncture needling;

(B) Description of the seminar, conference or workshop;

(C) Name of the responsible Oregon acupuncturist, licensed under ORS 677, actively registered and in good standing with the Board, who will be in attendance and responsible for the conduct of the visiting acupuncturist at the seminar, conference or workshop.

(D) A curriculum vitae for the visiting acupuncturist; and

(b) If the visiting acupuncturist is licensed, certified or registered to practice as an acupuncturist in the state in which the acupuncturist is practicing, the visiting acupuncturist must provide documentation that their license, certificate, or registration is active and in good standing.

(3) The request for approval to practice in the state of Oregon as a visiting acupuncturist 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 9-2004, f. & cert. ef. 4-22-04; BME 19-2004, f. & cert. ef. 10-20-04

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) 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);

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

(c) 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 132
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; BME 15-2003, f. & cert. ef. 10-23-03

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 & 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 do one or more of the following:

(a) Pass the N.C.C.A.O.M. Acupuncture Certification Examinations.

(b) Pass an evaluation which may be written, oral, practical, or any combination thereof.

(c) Provide documentation of current N.C.C.A.O.M. Acupuncture certification.

(d) Document 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice prior to application for Oregon licensure. Continuing education that meets N.C.C.A.O.M.'s recertification requirements would qualify as Board approved continuing education.

(e) As a condition of licensure, practice under a Board approved mentor for a specified period of time.

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; BME 12-2005, f. & cert. ef. 10-12-05

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 & 677.757 - 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 melleolus, 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, 183 & 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) Have graduated from a school or college of podiatric medicine accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association.

(b) Successfully pass the National Board of Podiatric Medical Examiners (NBPME) examination Part I and Part II. Effective July 15, 2004, the applicant for licensure who took the NBPME examination on or after January 1, 1987 must also pass the NBPME examination Part III.

(c) Have satisfactorily completed one year of post-graduate training served in a hospital that is approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association, or

(d) 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

(e) 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.

(f) 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
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; BME 16-2004, f. & cert. ef. 7-13-04; BME 13-2005, f. & cert. ef. 10-12-05; BME 18-2006, f. & cert. ef. 7-25-06

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 (passport quality), no smaller than 2" x 2" and no larger than 2-1/2" x 3", front view, head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application with the applicant's signature in ink and date taken on the photograph side. (Instant Polaroid-type snapshots with thick backing not acceptable.)

Stat. Auth.: ORS 183 & 677
Stats. Implemented: ORS 677.820, 677.825 & 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 of the National Board of Podiatric Medical Examiners (NBPME) examination Part I and II is required directly from the National Board of Podiatry Examiners. For applicants who took the NBPME examination on or after January 1, 1987, an official grade certification of the NBPME examination Part III is required directly from the Federation of State Medical Boards.

Stat. Auth.: ORS 183 & 677
Stats. Implemented: ORS 677.825
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; BME 20-2004, f. & cert. ef. 10-20-04; BME 19-2006, f. & cert. ef. 7-25-06

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.

(a) For applicants who took the NBPME examination on or after January 1, 1987, all three Parts of the NBPME examination must be passed within a seven-year period which begins when the first Part, either Part I or Part II, is passed. The score achieved on each Part must equal or exceed the figure established by the National Board of Podiatric Medical Examiners as a recommended passing score.

(b) An applicant who took the NBPME examination on or after January 1, 1987 and who has not passed all three Parts within the seven-year period may request an exception to the seven-year requirement if he/she suffered from a documented significant health condition which by its severity would necessarily cause a delay to the applicant's podiatric study.

(c) Effective July 25, 2005, to be eligible for licensure, the applicant who took the NBPME examination on or after January 1, 1987 must have passed NBPME Part III within three attempts whether for Oregon or for any other state. After the third failed attempt, the applicant must have completed one additional year of postgraduate training in the United States prior to readmission to the examination. The Board must approve the additional year of training to determine whether the applicant is eligible for licensure. The applicant, after completion of the required year of training, must have passed Part III on their fourth and final attempt. If the fourth attempt of Part III is failed, the applicant is not eligible for Oregon licensure. If the applicant did not complete a year of training approved by the Board between the third and fourth attempt to pass Part III, the applicant is not eligible for licensure.

(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 Board 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 a committee of the Board 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; BME 10-2005, f. & cert. ef. 7-20-05; BME 19-2006, f. & cert. ef. 7-25-06

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 and must be received in the Board office during regular business hours on or before December 31 of each odd-numbered year in order for the doctors of podiatric medicine to be renewed for the next 24 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 90 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 677.172
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; BME 16-2004, f. & cert. ef. 7-13-04

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 & 677
Stats. Implemented: ORS 676.100 & 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. To be eligible to perform ankle surgery in the state of Oregon, the licensed podiatrist shall meet the qualifications from one of the following sections prior to being approved by the Board to perform ankle surgery:

(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 677.245
Stats. Implemented: ORS 677.812
Hist.: BM 11-2000, f. & cert. ef. 7-27-00; BME 7-2003, f. & cert. ef. 1-27-03

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 & 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 & 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 & 677
Stats. Implemented: ORS 677.820
Hist.: ME 4-1982, f. & ef. 4-23-82; ME 11-1985, f. & ef. 8-6-85