

## Chapter 847 Oregon Medical Board

### DIVISION 1

#### PROCEDURAL RULES

847-001-0000	Notice of Proposed Rule
847-001-0005	Model Rules for Contested Cases
847-001-0010	Public Attendance
847-001-0015	Delegation of authority
847-001-0020	Discovery
847-001-0025	Motions for Summary Judgment
847-001-0030	Approval of Interim Stipulated Orders

### DIVISION 5

#### FEES

847-005-0005	Fees
847-005-0010	Copying Charges and Charges for Board of Medical Examiners Documents

### DIVISION 6

#### MEDIATION COMMUNICATIONS

847-006-0000	Confidentiality and Inadmissibility of Mediation Communications
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### DIVISION 8

#### REGISTRATION, USE OF NAME, CHANGE OF ADDRESS

847-008-0000	Definitions
847-008-0005	Registration Periods
847-008-0010	Initial Registration
847-008-0015	Active Registration
847-008-0018	Military/Public Health Active Registration
847-008-0020	Locum Tenens Registration
847-008-0022	Teleradiology Registration
847-008-0023	Telemonitoring Registration
847-008-0025	Inactive Registration
847-008-0030	Emeritus Registration
847-008-0035	Retired Status
847-008-0036	Revoked or Suspended Status
847-008-0037	Administrative Medicine
847-008-0040	Process of Registration
847-008-0045	Failure to Apply for Registration
847-008-0050	Reinstatement of License Lapsed Due to Non-Renewal
847-008-0051	Reinstatement Following Surrender of Licensure
847-008-0053	Restoration of License from Revoked Status
847-008-0055	Reactivation from Active-Military or Public Health/Locum Tenens/Inactive/Emeritus to Active/Locum Tenens Status
847-008-0056	Reactivation from Retired to Emeritus/Locum Tenens/Active Status
847-008-0060	Notification of Change of Location
847-008-0065	Use of Name
847-008-0070	Continuing Medical Competency (Education)

### DIVISION 10

#### GENERAL

847-010-0005	Tenses, Gender, and Number
847-010-0010	Definitions
847-010-0012	Certification of Examination Scores and Verification of Oregon Licensure
847-010-0025	Refunding of Filing Fees — Reciprocity with a Sister State
847-010-0030	Refunding of Filing Fees — Written Examination

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)
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847-010-0038	Fee for Re-Application
847-010-0042	Posting Medicare Notice
847-010-0045	Definition of Hospitals as Standard in the State of Oregon
847-010-0051	Limited License, Postgraduate
847-010-0052	Limited License, Visiting Professor
847-010-0053	Limited License, Special
847-010-0056	Limited License, Fellow
847-010-0060	Limited License, Special, Limited License, SPEX/COMVEX, and Limited License, Postgraduate

847-010-0063	Limited License, Medical Faculty
847-010-0064	Limited License, SPEX/COMVEX
847-010-0066	Visiting Physician Requirements
847-010-0068	Practice in Oregon by Out-of-State Physicians and Physician Assistants in the Event of an Emergency
847-010-0070	Competency Examination
847-010-0073	Reporting Incompetent or Impaired Licensees to the Board

847-010-0075	Reporting of Alleged Professional Negligence
847-010-0078	Agreement Prohibited between Physician and Patient that Limits a Patient's Rights
847-010-0081	Physician-Assisted Suicide
847-010-0090	Hospital Clinical Clerkships
847-010-0095	Peer Review
847-010-0100	Mandatory Pain Management Education
847-010-0110	Physicians and Physician Assistants to Honor Life-Sustaining Treatment Orders

### DIVISION 12

#### PATIENT'S ACCESS TO PHYSICIAN MEDICAL RECORDS

847-012-0000	Patient's Access to Physician Medical Records
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### DIVISION 15

#### GENERAL LICENSING RULES, RELATING TO CONTROLLED SUBSTANCES

847-015-0005	Schedule II Controlled Substances — Bariatrics Practice
847-015-0010	Schedule III or IV Controlled Substances — Bariatrics Practice
847-015-0015	Maintenance of Controlled Substances Log by Prescribing Practitioners
847-015-0020	Maintenance of Controlled Substances Log — Ambulance and Medical Rescue Services Receiving Controlled Substances from Physicians
847-015-0025	Dispensing Physicians and Podiatric Physicians
847-015-0030	Written Notice Disclosing the Material Risks Associated with Prescribed or Administered Controlled Substances for the Treatment of "Intractable Pain"
847-015-0035	Attending Physicians Prescribing Medications to Physician Assisted Suicide Patients
847-015-0040	Collaborative Drug Therapy Management

### DIVISION 17

#### OFFICE-BASED SURGERY OR PROCEDURES

847-017-0000	Preamble
847-017-0005	Definitions
847-017-0010	Patient Safety
847-017-0015	Selection of Procedures and Patients



<b>847-017-0020</b>	Patient Medical Records
<b>847-017-0025</b>	Discharge Evaluation
<b>847-017-0030</b>	Emergency Care and Transfer Protocols
<b>847-017-0035</b>	Quality Assessment
<b>847-017-0040</b>	Facility Administration and Equipment

**DIVISION 20**

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

<b>847-020-0100</b>	Definitions
<b>847-020-0110</b>	Application for Licensure
<b>847-020-0120</b>	Basic Requirements for Licensure of an Approved Medical School Graduate
<b>847-020-0130</b>	Basic Requirements for Licensure of an International Medical School Graduate
<b>847-020-0140</b>	Limited License, Medical Faculty, and Limited License, Visiting Professor
<b>847-020-0150</b>	Documents and Forms to be Submitted for Licensure
<b>847-020-0155</b>	State and Nationwide Criminal Records Checks, Fitness Determinations
<b>847-020-0160</b>	Letters and Official Grade Certifications to be Submitted for Licensure
<b>847-020-0170</b>	Written Examination
<b>847-020-0180</b>	Endorsement or Reciprocity
<b>847-020-0183</b>	SPEX or COMVEX Examination, Re-Entry Plan, Assessment of Professional Competency and Personal Interview
<b>847-020-0185</b>	License Application Withdrawals
<b>847-020-0190</b>	Denial of Licensure
<b>847-020-0200</b>	Required School Subjects

**DIVISION 23**

**RULES FOR LICENSURE OF VOLUNTEER  
EMERITUS PHYSICIANS**

<b>847-023-0000</b>	Definitions
<b>847-023-0005</b>	Qualifications
<b>847-023-0010</b>	Documents and Forms to be Submitted for Licensure
<b>847-023-0015</b>	Letters and Official Grade Certifications to be Submitted for Licensure with Emeritus Registration

**DIVISION 25**

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

<b>847-025-0005</b>	Preamble
<b>847-025-0010</b>	Definitions
<b>847-025-0020</b>	Exemptions
<b>847-025-0030</b>	Limitations
<b>847-025-0040</b>	Qualifications
<b>847-025-0050</b>	Application
<b>847-025-0060</b>	Medical Records and Personal Appearance

**DIVISION 26**

**RULES FOR LICENSE BY EXPEDITED ENDORSEMENT**

<b>847-026-0000</b>	Qualifications for License by Endorsement
<b>847-026-0005</b>	Application
<b>847-026-0010</b>	Documents, Letters, Certifications Obtained by the Board
<b>847-026-0015</b>	Documents and Forms to be Submitted for Licensure
<b>847-026-0020</b>	Letters and Official Grade Certifications to be Submitted for Licensure

**DIVISION 28**

**RULES FOR LICENSURE OF VOLUNTEER  
CAMP PHYSICIANS**

<b>847-028-0000</b>	Preamble
<b>847-028-0010</b>	Qualifications
<b>847-028-0020</b>	Limitations
<b>847-028-0030</b>	Application
<b>847-028-0040</b>	Medical Records and Personal Appearance

**DIVISION 31**

**BOARD APPROVAL OF FOREIGN  
SCHOOLS OF MEDICINE**

<b>847-031-0010</b>	Criteria for Approval of Foreign Schools of Medicine
<b>847-031-0020</b>	Protocol for Evaluation of Foreign Schools of Medicine
<b>847-031-0030</b>	Recertification
<b>847-031-0040</b>	Approval of Foreign Schools of Medicine by Other States
<b>847-031-0050</b>	Approval of Foreign Schools of Medicine by Foreign Accrediting Agencies

**DIVISION 35**

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

<b>847-035-0001</b>	Definitions
<b>847-035-0011</b>	EMT Advisory Committee
<b>847-035-0012</b>	Duties of the Committee
<b>847-035-0020</b>	Application and Qualifications for a Supervising Physician and Agent
<b>847-035-0025</b>	Supervision

**Scope of Practice**

<b>847-035-0030</b>	Scope of Practice
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**DIVISION 50**

**PHYSICIAN ASSISTANT**

<b>847-050-0005</b>	Preamble
<b>847-050-0010</b>	Definitions
<b>847-050-0015</b>	Application
<b>847-050-0020</b>	Qualifications
<b>847-050-0023</b>	Limited License, Postgraduate
<b>847-050-0025</b>	Interview and Examination
<b>847-050-0026</b>	Limited License, Special
<b>847-050-0027</b>	Temporary Approval of Registration and Practice Changes
<b>847-050-0029</b>	Locum Tenens
<b>847-050-0031</b>	Use of Name
<b>847-050-0032</b>	Notification of Change of Location
<b>847-050-0035</b>	Grounds for Discipline
<b>847-050-0037</b>	Supervision
<b>847-050-0038</b>	Agents
<b>847-050-0040</b>	Method of Performance
<b>847-050-0041</b>	Prescription Privileges
<b>847-050-0042</b>	Registration
<b>847-050-0043</b>	Inactive Registration, and Reactivation from Inactive to Active
<b>847-050-0046</b>	Active Status for Temporary, Rotating Assignments
<b>847-050-0050</b>	Termination of Supervision
<b>847-050-0055</b>	Professional Corporation or Partnership
<b>847-050-0060</b>	Physician Assistant Trainee
<b>847-050-0063</b>	Physician Assistant Committee
<b>847-050-0065</b>	Duties of the Committee



**DIVISION 65**

**HEALTH PROFESSIONALS SERVICES PROGRAM**

<b>847-065-0005</b>	Licensees with Mental Illness Treated in Hospital Exceeding 25 Consecutive Days
<b>847-065-0010</b>	Purpose, Intent and Scope
<b>847-065-0015</b>	Definitions
<b>847-065-0020</b>	Participation in Health Professionals Services Program
<b>847-065-0025</b>	Eligibility for Participation in Health Professionals Services Program
<b>847-065-0030</b>	Procedure for Board Referrals
<b>847-065-0035</b>	Procedure for Self- Referred Licensees
<b>847-065-0040</b>	Disqualification Criteria
<b>847-065-0045</b>	Approval of Independent Third-Party Evaluators
<b>847-065-0050</b>	Approval of Treatment Providers
<b>847-065-0055</b>	Licensee Responsibilities
<b>847-065-0060</b>	Completion Requirements
<b>847-065-0065</b>	Substantial Non-Compliance Criteria

**DIVISION 70**

**ACUPUNCTURE**

<b>847-070-0005</b>	Definitions
<b>847-070-0007</b>	Practice of Acupuncture by Physicians
<b>847-070-0015</b>	Application
<b>847-070-0016</b>	Qualifications
<b>847-070-0017</b>	Clinical Training
<b>847-070-0018</b>	Use of Name
<b>847-070-0019</b>	Interview and Examination
<b>847-070-0020</b>	Regulation of Activities of Acupuncturists
<b>847-070-0022</b>	Documents to be Submitted for Licensure
<b>847-070-0025</b>	Disciplinary Proceedings
<b>847-070-0030</b>	Revocation or Suspension of Authority to Engage in the Practice of Acupuncture
<b>847-070-0033</b>	Visiting Acupuncturist Requirements
<b>847-070-0036</b>	Limited License, Special
<b>847-070-0037</b>	Limited License, Postgraduate
<b>847-070-0038</b>	Limited License, Visiting Professor
<b>847-070-0039</b>	Registration
<b>847-070-0042</b>	Notification of Change of Location
<b>847-070-0045</b>	Inactive Registration, and Reactivation from Inactive to Active
<b>847-070-0050</b>	Acupuncture Advisory Committee
<b>847-070-0055</b>	Duties of the Committee

**DIVISION 80**

**PODIATRISTS**

<b>847-080-0001</b>	Definitions
<b>847-080-0002</b>	Application for Licensure
<b>847-080-0010</b>	Requirements for Licensure
<b>847-080-0013</b>	Documents to Be Submitted for Licensure
<b>847-080-0017</b>	Letters and Official Grade Certifications to Be Submitted for Licensure
<b>847-080-0018</b>	Endorsement, Competency Examination and Personal Interview
<b>847-080-0019</b>	Registration and Continuing Medical Education Requirements
<b>847-080-0020</b>	Use of Title
<b>847-080-0022</b>	Qualifications to Perform Ankle Surgery
<b>847-080-0025</b>	Change of Address and Multiple Offices
<b>847-080-0030</b>	Denial or Revocation of License
<b>847-080-0035</b>	Approved Podiatry Colleges

**DIVISION 1**

**PROCEDURAL RULES**

**847-001-0000**

**Notice of Proposed Rule**

Prior to adoption, amendment or repeal of any permanent rule, the Oregon Medical Board 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 Oregon Medical Board's 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 Oregon Medical Board 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 Oregon Medical Board.

[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 Oregon Medical Board (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

#### 847-001-0030

##### Approval of Interim Stipulated Orders

(1) The Executive Director, via his/her signature, has the authority to grant approval of an Interim Stipulated Order that has been signed by a licensee of the Board.

(2) The Executive Director's or Medical Director's signature grants approval of the Interim Stipulated Order which allows the Order to become a public document. As a public document, the Interim Stipulated Order may be released to hospitals, clinics, and other practice locations.

(3) The Executive Director or Medical Director shall forward Interim Stipulated Orders to the Board in a timely manner.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265 & 677.275

Hist.: BME 13-2008(Temp), f. & cert. ef. 5-16-08 thr 10-31-08; BME 22-2008, f. & cert. ef. 10-31-08; BME 7-2009, f. & cert. ef. 5-1-09

## DIVISION 5

### FEES

#### 847-005-0005

##### Fees

(1) Fees to be effective upon adoption:

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

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

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

(d) Limited License, SPEX/COMVEX, 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) Electronic Prescription Monitoring Program — \$25/year per license\*\*\*

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

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

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

(t) Licensee Information Requests:

(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) Verification of MD/DO License Renewal — \$150 Biennially

(D) Malpractice Report — Individual Requests — \$10 per license

(E) Malpractice Report — Multiple (monthly report) — \$15 per report

(F) Disciplinary — Individual Requests — \$10 per license

(G) Disciplinary Report — Multiple (quarterly report) — \$15 per report

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

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

(A) Clerical — \$20 per hour\*

(B) Administrative — \$40 per hour\*

(C) Executive — \$50 per hour\*

(D) Medical — \$75 per hour\*

(w) Data Order:

(A) Standard Data License Order — \$150 each

(B) Custom Data License Order — \$150.00 + \$40.00 per hour Administrative time



## MEDIATION COMMUNICATIONS

(C) Address Label Disk — \$100 each

(D) Active and Locum Tenens MD/DO list — \$75 each

(E) DPM, PA, or AC list — \$10 each

(F) Quarterly new MD/DO, DPM, PA, or AC list — \$10 each

(2) 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 \$45.00 for the Oregon Health Professionals Program and all active MD/DO registration fees include \$10.00 for the Oregon Health and Science University Library, and are collected biennially.

\*\*\*Per SB 355 (2009), physician, podiatric physician and physician assistant licensees authorized to prescribe or dispense controlled substances in Oregon assessed \$25/year; funds transferred to the Department of Human Services, minus administrative costs, to support the Electronic Prescription Monitoring Program. Licensees with Active, Locum Tenens, Telemonitoring, Teleradiology, and Telemedicine status are included. Licensees with a limited license are not included.

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; BME 1-2007, f. & cert. ef. 1-24-07; BME 1-2008, f. & cert. ef. 1-22-08; BME 15-2008, f. & cert. ef. 7-21-08; BME 1-2009, f. & cert. ef. 1-22-09; BME 15-2009(Temp), f. & cert. ef. 9-11-09 thru 3-8-10; BME 1-2010, f. & cert. ef. 1-26-10

**847-005-0010****Copying Charges and Charges for Oregon Medical Board 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 Oregon Medical Board only.

(2) A charge for documents developed by the Oregon Medical Board 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 &amp; 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

**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 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 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 nondisclosable 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 17.095 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 and must be satisfactorily complete on or before December 31 of each odd-numbered year.

(2) The registration renewal form and fee for Doctors of Medicine, Doctors of Osteopathy, Doctors of Podiatric Medicine and Physician Assistants with Emeritus status must be received in the Board office during regular business hours and must be satisfactorily complete on or before December 31 of every year.

(3) Doctors of Medicine, Doctors of Osteopathy and Doctors of Podiatric Medicine in a qualified postgraduate training program may elect to register on an annual basis.

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

(5) If the registration renewal form and fee are not received in the Board office during regular business hours and are not satisfactorily complete on or before the last day of the renewal period, the license will 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; BME 16-2008, f. & cert. ef. 7-21-08

**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**

(1) 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:

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

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

(c) The licensee is in the Military or Public Health Service or employed with the US Department of Veteran Affairs or the US

Department of State, Foreign Service where the licensee's official state of residence is Oregon as defined in OAR 847-008-0018.

(d) The licensee practices teleradiology as defined in OAR 847-008-0022, telemonitoring as defined in OAR 847-008-0023, or telemedicine as defined in OAR 847-025.

(2) 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; BME 2-2007, f. & cert. ef. 1-24-07; BME 8-2008, f. & cert. ef. 4-24-08; BME 16-2010, f. & cert. ef. 10-25-10

**847-008-0018**

**Military/Public Health Active Registration**

(1) Any licensee who is in the Military or US Public Health Service, or employed with the US Department of Veteran Affairs or the US Department of State, Foreign Service whose official state of residence is Oregon may maintain an active status by request and by paying the active biennial registration fee.

(2) Prior to being granted a status of Military/Public Health Active status, the applicant for licensure or the licensee requesting a change of status, shall provide the Board with documentation of:

(a) If in the Military:

(A) Current military service with a copy of their military identification card; and

(B) Residency in Oregon with a copy of their Defense Finance and Accounting Service Military Leave and Earnings Statement.

(b) Current assignment or employment with the US Public Health Service, Department of Veteran Affairs, or US Department of State, Foreign Service and residency in Oregon with a copy of their Oregon Driver's License.

(3) Practice must be limited to the military or US Public Health Service, US Department of Veteran Affairs, or US Department of State Foreign Service.

(4) The licensee granted Military/Public Health Active status must register and pay a biennial active registration fee.

(5) The Military/Public Health Active status remains valid as long as the licensee maintains active duty in the military or public health, and the licensee's official state of residence is Oregon.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172, 677.265

Hist.: BME 8-2008, f. & cert. ef. 4-24-08; BME 16-2010, f. & cert. ef. 10-25-10

**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 two hundred and forty consecutive days in the biennium, or a total of two hundred and forty 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 677.265

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; BME 2-2009, f. & cert. ef. 1-22-09

#### 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 is practicing teleradiology for Oregon. A physician practicing teleradiology for Oregon is not required to be licensed in Oregon. The Board, however, offers a license with Active — Teleradiology registration status for those physicians who require such for administrative reasons.

(3) Physicians granted Active — Teleradiology status register and pay a biennial active registration fee. The physician with Active — Teleradiology status desiring to have Active status to practice in Oregon must submit the Affidavit of Reactivation and processing fee, and satisfactorily complete the reactivation process 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; BME 2-2007, f. & cert. ef. 1-24-07; BME 8-2008, f. & cert. ef. 4-24-08

#### 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 Oregon Medical Board grant Active-Telemonitoring status to the monitoring physician to perform intraoperative telemonitoring on patients during surgery.

(3) Physicians granted Active-Telemonitoring status may register and pay a biennial active registration fee. The physician with Active-Telemonitoring status desiring to have Active status to practice in Oregon must submit the Affidavit of Reactivation and processing fee, and satisfactorily complete the reactivation process before beginning active practice in Oregon.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist.: BME 1-2006(Temp), f. & cert. ef. 2-8-06 thru 7-7-06; BME 8-2006, f. & cert. ef. 5-8-06; BME 2-2007, f. & cert. ef. 1-24-07; BME 8-2008, f. & cert. ef. 4-24-08; BME 2-2010, f. & cert. ef. 1-26-10

#### 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

#### 847-008-0036

##### Revoked or Suspended Status

The Board may suspend or revoke the license to practice of a licensee of the Board:

(1) For one or more reasons listed in ORS 677.190;

(2) For reasons involving controlled substances as stated in ORS 677.480;

(3) Upon notification by the Department of Justice that a child support case is being maintained and enforced and that the licensee is under judgment or order to pay monthly child support and is in arrears in an amount equal to three months of support or \$2,500, whichever occurs later, as stated in ORS 25.750 and .780;

(4) For mental illness or imprisonment as stated in ORS 677.225; and

(5) If the Board finds that evidence in its possession indicates that a continuation in practice of the licensee constitutes an immediate danger to the public as stated in ORS 677.205.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist.: BME 16-2008, f. & cert. ef. 7-21-08

#### 847-008-0037

##### Administrative Medicine

(1) A physician or podiatric physician who proposes to practice Administrative Medicine within the State shall apply for and obtain a license.

(2) A physician or podiatric physician with an Administrative Medicine license may not examine, care for or treat patients. A physician or podiatric physician with an Administrative Medicine license may advise organizations, both public and private, on healthcare matters; authorize and deny financial payments for care; organize and direct research programs; review care provided for quality; and other similar duties that do not require direct patient care.

(3) Physicians or podiatric physicians granted Active — Administrative Medicine status must register and pay a biennial active registration fee.

(4) The licensee with Active — Administrative Medicine status desiring to have Active status to practice in Oregon must submit the Affidavit of Reactivation and processing fee, and satisfactorily complete the reactivation process before beginning active practice in Oregon.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172, 677.265

Hist.: BME 2-2007, f. & cert. ef. 1-24-07; BME 21-2007(Temp), f. & cert. ef. 10-24-07 thru 4-7-08; BME 2-2008, f. & cert. ef. 1-22-08; BME 8-2008, f. & cert. ef. 4-24-08

#### 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 and 847-008-0025, the application shall be accompanied by the appropriate fee as listed in 847-005-0005.

(3) The satisfactorily complete 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) If the licensee has been out of practice for more than 12 consecutive months and/or there are other concerns regarding the licensee's medical competency or fitness to practice, the Board may renew licensee at Inactive status once the license renewal form has been completed satisfactorily.

(6) 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.

(7) 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 677.175, 677.265

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; BME 16-2008, f. & cert. ef. 7-21-08; BME 2-2009, f. & cert. ef. 1-22-09

#### 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 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 677.265

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; BME 2-2008, f. & cert. ef. 1-22-08

### 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 notify the Board in writing within 30 days of any change in residence address, practice location, or mailing address.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; BME 8-2009, f. & cert. ef. 5-1-09

### 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.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; BME 24-2007, f. & cert. ef. 10-24-07

### 847-008-0070

#### Continuing Medical Competency (Education)

(1) Licensees who wish to renew their active license must have demonstrated ongoing competency to practice medicine by one of the following methods:

(a) Ongoing participation in re-certification by an American Board of Medical Specialties (ABMS) board, the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS), the American Board of Podiatric Orthopedics and Primary Podiatric Medicine, the National Commission on Certification of Physician Assistants (NCCPA), or the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM); or

(b) 60 hours of continuing medical education (CME) per two years relevant to the licensee's current medical practice as follows:

(A) American Medical Association (AMA) Category 1;

(B) American Osteopathic Association (AOA) Category 1-A;

(C) American Podiatric Medical Association's Council on Podiatric Medical Education approved sponsors of CME; or

(D) American Academy of Physician Assistants Category 1 (pre-approved); or

(c) 30 hours of National Certification Commission on Acupuncture and Oriental Medicine (N.C.C.A.O.M.) approved courses per two years relevant to the licensee's current practice.

(2) As the result of an audit, if licensee's CME is deficient, the licensee has 90 days to come into compliance with CME requirements and will be fined \$250; if after 90 days the licensee fails to comply, the licensee will be fined \$1000; if after 180 days the licensee fails to comply, the licensee's license will be suspended for a minimum of 90 days.

(3) The below licensees are exempt from this rule as follows:

(a) Licensees with Emeritus status;

(b) Licensees in residency training;

(c) Licensees serving in the military who are deployed outside Oregon for 90 days or more are exempt for that individual reporting period.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist.: BME 2-2009, f. & cert. ef. 1-22-09; BME 16-2009, f. & cert. ef. 10-23-09

## 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 Oregon Medical Board, 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 participat-**

**ing 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 Oregon Medical Board 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 thirteen months, which allows the postgraduate the flexibility of using up to four weeks of time either before or after the start or end of twelve months of postgraduate training. The majority of the Limited License, Postgraduates are requested for the training year of late June one year to early July of the following year. When needed, the additional four weeks (thirteenth month) of training or adjustment of training dates will be used in earlier June or later July. A smaller number of Limited License, Postgraduates are requested for dates that are considered "off-cycle." The Limited License, Postgraduate may be renewed for each additional year of training. The physician must submit a limited license form and fee 30 days before the end of the thirteen months 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; BME 17-2009, f. & cert. ef. 10-23-09

#### 847-010-0052

##### Limited License, Visiting Professor

(1) A physician who does not qualify for a medical license under any of the provisions of this Chapter and who is offered a teaching fellowship in an approved medical school or affiliated teaching institution in this state may, after application to and approval by the Board, be issued a Limited License, Visiting Professor. This license allows 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 teaching fellowship.

(2) The Limited License, Visiting Professor is valid 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 and who intends to continue prac-



tice in such teaching position beyond the period granted for the license must submit a new limited license application and fee at least 30 days before the expiration date of the license.

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

(5) The head of the department in which the applicant is to be appointed must certify in writing to the Board that the applicant has been offered a teaching fellowship 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 section (1) of this rule.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100 & 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; BME 23-2008, f. & cert. ef. 10-31-08

#### 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

#### 847-010-0056

##### 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/COMVEX, and Limited License, Postgraduate

A physician who is granted a Limited License, Special, Limited License, SPEX/COMVEX, 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; BME 3-2008, f. & cert. ef. 1-22-08

#### 847-010-0063

##### Limited License, Medical Faculty

(1) A physician qualifying under OAR 847-020-0140 may be granted a Limited License, Medical Faculty after applying to and being approved by the Board at a quarterly Board meeting. This license allows 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 the faculty position.

(2) A Limited License, Medical Faculty is valid for one year after issuance and may be renewed as frequently as needed for a total period not to exceed four years. The four years must be consecutive.

(3) Every physician who is issued a Limited License, Medical Faculty to practice in this state and who intends to continue practice in such faculty position beyond the period granted for the license must submit a new limited license application and fee at least 30 days before the expiration date of the license.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100 & 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; BME 3-2007, f. & cert. ef. 1-24-07; BME 23-2008, f. & cert. ef. 10-31-08

#### 847-010-0064

##### Limited License, SPEX/COMVEX

(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 or Comprehensive Osteopathic Medical Variable-Purpose Examination-COMVEX), may be issued a Limited License, SPEX/COMVEX 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/COMVEX 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/COMVEX would become invalid should the applicant fail the SPEX or COMVEX 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; BME 3-2008, f. & cert. ef. 1-22-08

#### 847-010-0066

##### Visiting Physician Requirements

(1) The Oregon Medical Board may grant approval for a visiting physician to practice in a hospital, in a facility accredited per OAR 847, Division 017, or under the supervision of an actively licensed Oregon physician in order to obtain or provide training for a period up to thirty days per year. The visiting physician who requests additional time beyond the thirty days 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 Oregon Medical Board:

(a) A letter from the requesting hospital administrator or administrator of the accredited facility, and a letter from the hospital chief



of staff, hospital department chairman or member of the governing body of the accredited facility, or a letter from the Oregon licensed physician supervising the visiting physician, 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 or supervising physician must be an Oregon licensed physician with Active status without disciplinary action;
- (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 or country 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.

(4) Patients shall be informed that they are being treated by an approved visiting physician, who is not an Oregon licensed physician.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.132, 677.265

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; BME 17-2009, f. & cert. ef. 10-23-09

#### 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 Oregon Medical Board 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 Oregon Medical Board.

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) The Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX);

(c) Oral examination;

(d) 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; BME 3-2008, f. & cert. ef. 1-22-08

#### 847-010-0073

##### Reporting Incompetent or Impaired Licensees to the Board

(1) Per ORS 677.415, 677.188, and 677.190 Board licensees and health care facilities must report to the Board as soon as possible, but not later than ten (10) days after official action taken against a Board licensee, to include any of the following:

(a) The licensee must report any arrest for a felony crime or any conviction for a misdemeanor or felony.

(b) If the licensee has reasonable cause to believe that another state licensed health care professional has engaged in prohibited or unprofessional conduct and is not protected by state or federal laws relating to confidentiality or protection of health care information prohibiting disclosure, licensee shall report the conduct to the board responsible for the licensee who is believed to have engaged in the conduct.

(c) The licensee and health care facility must report any action brought against a licensee by the facility, based upon a finding of medical incompetence, unprofessional conduct or licensee impairment.

(2) For purposes of the statute, reporting to the Board means making a report to the Board's Investigation Unit or the Board's Executive Director or the Board's Medical Director. Making a report to the Board's Health Professionals Program (HPP) or HPP's Medical Director does not satisfy the duty to report to the Board.

(3) 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.

(E) Engaging in repeated instances of disruptive behavior in the health care setting that could adversely affect the delivery of health care to patients.

(F) Any conduct related to the practice of medicine that poses a danger to the public health or safety.

(G) Sexual misconduct: Licensee sexual misconduct is behavior that exploits the licensee-patient relationship in a sexual way. The behavior is non-diagnostic and non-therapeutic, may be verbal or physical, and may include expressions of thoughts and feelings or gestures that are sexual or that reasonably may be construed by a patient as sexual. Sexual misconduct includes but is not limited to:

(I) Sexual violation: Licensee-patient sex, whether or not initiated by the patient, and engaging in any conduct with a patient that is sexual or may be reasonably interpreted as sexual, including but not limited to:

- (i) Sexual intercourse;
- (ii) Genital to genital contact;
- (iii) Oral to genital contact;
- (iv) Oral to anal contact;
- (v) Genital to anal contact
- (vi) Kissing in a romantic or sexual manner;
- (vii) Touching breasts, genitals, or any sexualized body part for any purpose other than appropriate examination or treatment, or where the patient has refused or has withdrawn consent;

(viii) Encouraging the patient to masturbate in the presence of the licensee or masturbation by the licensee while the patient is present;

(ix) Offering to provide practice-related services, such as medications, in exchange for sexual favors.

(II) Sexual impropriety: Behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient or their family or associates, to include:

- (i) Sexually exploitative behavior, to include taking, transmitting, viewing, or in any way using photos or any other image of a patient, their family or associates for the prurient interest of others.
- (ii) Intentional viewing in the health care setting of any sexually explicit conduct for prurient interests.
- (iii) Having any involvement with child pornography, which is defined as any visual depiction of a minor (a child younger than 18) engaged in sexually explicit conduct.

(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.

(4) 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.

(5) A report made by a board licensee or the Oregon Medical Association or other health professional association, to include the Osteopathic Physicians and Surgeons of Oregon, Inc, or the Oregon

Podiatric Medical Association to the Board of Medical Examiners under ORS 677.415 shall include the following information:

(a) The name, title, address and telephone number of the person making the report;

(b) The information that appears to show that a licensee is or may be medically incompetent, is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with an impairment.

(6) A report made by a health care facility to the Board under ORS 677.415(5) and (6) shall include:

(a) The name, title, address and telephone number of the health care facility making the report;

(b) The date of an official action taken against the licensee or the licensee's voluntary action withdrawing from practice, voluntary resignation or voluntary limitation of licensee staff privileges; and

(c) A description of the official action or the licensee's voluntary action, as appropriate to the report, including:

(A) The specific restriction, limitation, suspension, loss or denial of the licensee's medical staff privileges and the effective date or term of the restriction, limitation, suspension, loss or denial; or

(B) The fact that the licensee has voluntarily withdrawn from the practice of medicine or podiatry, voluntarily resigned from the staff of a health care facility or voluntarily limited the licensee's privileges at a health care facility and the effective date of the withdrawal, resignation or limitation.

(7) A report made under ORS 677.415 § 2 may not include any information that is privileged peer review data, see ORS 41.675.

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

(9) 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, HB 2059 (2009)

Stats. Implemented: ORS 677.190, 677.265, HB 2059 (2009)

Hist.: BME 5-2004, f. & cert. ef. 4-22-04; BME 9-2006, f. & cert. ef. 5-8-06; BME 3-2007, f. & cert. ef. 1-24-07; BME 3-2008, f. & cert. ef. 1-22-08; BME 9-2009, f. & cert. ef. 5-1-09; BME 3-2010, f. & cert. ef. 1-26-10

#### 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 Oregon Medical Board 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 Oregon Medical Board, 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 677.190(1), unprofessional or dishonorable conduct, as defined in 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 Oregon Medical Board 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 Oregon Medical Board 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 Oregon Medical Board, 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) Limited License;

(c) Telemedicine license;

(d) Teleradiology license; or

(e) Telemonitoring 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 no later than 12 months after the date the Board granted licensure.

(6) Licensees who are approved to reactivate a license previously in a registration status not requiring completion of the required CME must obtain the required coursework no later than 12 months after the date the Board approved reactivation of the license.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.228, 677.510

Hist.: BME 7-2005, f. & cert. ef. 7-20-05; BME 3-2009, f. & cert. ef. 1-22-09

## 847-010-0110

### Physicians and Physician Assistants to Honor Life-Sustaining Treatment Orders

(1) A physician or physician assistant licensed pursuant to ORS Chapter 677 shall respect the patient's wishes including life-sustaining treatments. Consistent with the requirements of ORS Chapter 127, a physician or physician assistant shall respect and honor life-sustaining treatment orders executed by a physician, physician assistant or nurse practitioner. The fact that a physician, physician assistant or nurse practitioner who executed a life-sustaining treatment order does not have admitting privileges at a hospital or health care facility where the patient is being treated does not remove the obligation under this section to honor the order. In keeping with ORS Chapter 127, a physician or physician assistant shall not be subject to criminal prosecution, civil liability or professional discipline.

(2) Should new information on the health of the patient become available the goals of treatment may change. Following discussion with the patient, or if incapable their surrogate, new orders regarding life-sustaining treatment should be written, dated and signed.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 127.505-127.660, 677.265

Hist.: BME 13-2007, f. & cert. ef. 4-26-07

## DIVISION 12

### PATIENT'S ACCESS TO PHYSICIAN MEDICAL RECORDS

## 847-012-0000

### Patient's Access to Physician Medical Records

(1) Licensees of the Oregon Medical Board shall make protected health information in the medical record available to the patient or the patient's authorized representative upon their 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 \$ 30 for copying 10 or fewer pages of written material and no more than 50 cents per page for pages 11 through 50, and no more than 25 cents for each additional page.

(b) A bonus charge of \$5 if the request for records is processed and the records are mailed by first class mail to the requester within seven business days after the date of the request.

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

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

(e) Actual costs of reproducing films, x-rays, or other reports maintained in a non written form.

(5) A patient may not be denied summaries or copies of his/her medical records because of inability to pay.

(6) 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.

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

Stat. Auth.: ORS 677.265, 192.521

Stats. Implemented: ORS 677.265, 192.521

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; BME 17-2008, f. & cert. ef. 7-21-08

## 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 Oregon Medical Board 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 and Podiatric Physicians

(1) Any actively licensed physician or podiatric 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 Oregon Medical Board as a dispensing physician.

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

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

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

(6) Any physician or podiatric 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, 677.089  
 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; BME 24-2007, f. & cert. ef. 10-24-07

#### 847-015-0030

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

(1) Definitions

(a) "Controlled substance" has the meaning given that term under ORS 475.005.

(b) "Intractable pain" means a chronic pain state in which the cause of the pain cannot be removed or otherwise treated and for which, in the generally accepted course of medical practice, no relief or cure of the cause of the pain has been found after reasonable efforts, including, but not limited to, evaluation by the attending physician.

(2) Controlled substances may be prescribed for long term treatment of intractable pain. 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.

(3) Before initiating treatment of intractable pain with controlled substances or, when it is apparent that pain which is already being treated with controlled substances has now become intractable, the attending physician shall discuss with the patient the procedures, alternatives and risks associated with the prescribing or administering controlled substances for long term management of pain. Following the discussion the patient will be given an opportunity to request further explanations. When the patient is satisfied with the explanation of the issues related to the prescribing of these drugs over long periods of time, the attending physician shall provide to the person and the person shall sign a written document outlining the issues discussed associated with the prescribed or administered controlled substances.

(4) 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;
- (A) Pain relief;
- (B) Functional goals;
- (d) Alternatives to controlled substance therapy;

(e) Potential additional therapies to be used in conjunction with controlled substances; and

(f) Potential side effects (if applicable):

- (A) Cardiovascular;
- (B) Central Nervous System;
- (C) Gastrointestinal;
- (D) Endocrine;
- (E) Respiratory;
- (F) Dermatologic;
- (G) Urinary;
- (H) Pregnancy, and
- (I) Other.
- (g) Allergy Potential;
- (h) Interaction/Potentiation of other medications;
- (i) Potential for dose escalation/tolerance;
- (j) Withdrawal precautions;
- (k) Potential for dependence and addiction;
- (l) Potential for impairment of judgment and/or motor skills;
- (m) Satisfaction with or desire for more explanation; and
- (n) Patient signature (dated).

(5) 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. 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, SB 880 2007  
 Stats. Implemented: ORS 677.470 - 485  
 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; BME 9-2008, f. & cert. ef. 4-24-08

#### 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 Oregon Medical Board, 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 Oregon Medical Board 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 Oregon Medical Board 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 Medical Board.

(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, i.e., 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), the Oregon Society of Oral Maxillofacial Surgeons (OSOMS), or the Oregon Medical Association (OMA). Effective August 1, 2007, for an office or facility in which office-based surgeries are already being performed, the office or facility must become accredited within two years, or by August 1, 2009. When licensees of the Board start performing office-



based procedures in a new office or facility, the new office or facility must be accredited within one year of the start date of the office-based procedures being performed. During the period of time the facility is in the accreditation process, the facility will make changes to come into compliance with the Administrative Rules in this Division.

(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.

(7) A licensee who holds a MD or DO degree as well as a DDS (Doctor of Dental Surgery) or DMD (Doctor of Dental Medicine) degree and is an active member of the Oregon Society of Oral Maxillofacial Surgeons (OSOMS) may perform maxillofacial procedures in a facility approved by the OSOMS and function under the administrative rules of the Oregon Board of Dentistry, OAR chapter 818, division 026. For all procedures that are not oral maxillofacial in nature, licensees with medical and dental licenses must follow rules laid out in OAR chapter 847, division 017.

Stat. Auth.: ORS 677.265, 679.255

Stats. Implemented: ORS 677.060, 677.265, 679.255

Hist.: BME 23-2006, f. & cert. ef. 10-23-06; BME 14-2007, f. & cert. ef. 7-23-07; BME 10-2008, f. & cert. ef. 4-24-08

#### 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 gen-

eral 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

##### Definitions

(1) "Approved school of medicine" means 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 on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agen-



cy, or having been otherwise determined by the Board to meet the association standards.

(2) 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. Graduates of international medical schools on the list of medical schools recognized by the Medical Board of California are eligible for licensure under OAR 847-020-0130.

Stat. Auth.: ORS 677.175 & 677.265

Stats. Implemented: ORS 677.010, 677.175 & 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 6-2010, f. & cert. ef. 4-26-10

#### 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.

(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

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 4-2007, f. & cert. ef. 1-24-07

#### 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 an International 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 of the American Medical Association 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 international medical school graduate are as follows:

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

(b) Must have graduated from an international school of medicine:

(A) The medical school must be chartered in the country in which it is located.

(B) The graduate must have attended 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. The requirement for four full terms of instruction of eight months each term may be waived for any applicant for licensure who has graduated from an international school of medicine, has substantially complied with the attendance requirements provided herein, and is certified by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS).

(C) Any institutions in which clinical clerkships were obtained in a country other than that in which the school is chartered 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 United States 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.

(D) The applicant must provide the Board with documentation to substantiate that the medical school from which the applicant graduated provided a resident course of professional instruction, was accredited by an accrediting organization acceptable to the Board, or was recognized by the appropriate civil authorities of the country in which the school is located as an acceptable education program. The Board may determine that the accreditation of an international medical school is not acceptable if the Board receives documentation that the medical school has had its authorization, accreditation, certification or approval denied or removed by any state, country or territorial jurisdiction or that its graduates were refused a license by any state, country or territorial jurisdiction on the grounds that the school failed or fails to meet reasonable standards for medical education facilities.

(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 (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS). In lieu of the ECFMG certificate, Fifth Pathway applicants shall show evidence of passing the examination pursuant to Oregon standards.

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

(A) The following may be used in lieu of the three years of post graduate training:

(I) A valid certificate issued by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS); or

(II) 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

(III) 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.

(B) If the applicant is unable to satisfy the requirement in section (d) of this rule for postgraduate training, and the applicant has been granted a dispensation by a specialty board of the American



Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS) whereby the ABMS or AOA-BOS specialty board has granted credit to the applicant for postgraduate training completed abroad toward fulfillment of the specialty board's requirements for admission to a future specialty board's certification examination, the Board may consider the ABMS or AOA-BOS specialty board's dispensation as fulfilling that same portion of the Board's requirement for postgraduate training.

(e) A graduate of a school of medicine approved by the Oregon Medical Board 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.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 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; BME 20-2007, f. & cert. ef. 10-24-07; BME 4-2009, f. & cert. ef. 1-22-09; BME 6-2010, f. & cert. ef. 4-26-10; BME 11-2010(Temp), f. & cert. ef. 7-26-10 thru 1-10-11; BME 17-2010, f. & cert. ef. 10-25-10

#### 847-020-0140

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

(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 and has practiced 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 licensed practice 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 and may be renewed as frequently as needed for a total period not to exceed four 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)-(4). 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 677.265

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; BME 4-2007, f. & cert. ef. 1-24-07; BME 18-2008, f. & cert. ef. 7-21-08; BME 23-2008, f. & cert. ef. 10-31-08

#### 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 an international medical school as indicated:

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

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

(3) Medical school Diploma: A copy of a diploma showing graduation from an approved school of medicine or an international school of medicine. International medical graduates 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) American Specialty Board Certificate: A copy of the certificate issued by the American Specialty Board in the applicant's specialty, if applicable.

(6) 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.

(7) 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.



(8) 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.

(9) 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's regulations governing the use of controlled substances. If an applicant fails one or both examinations three times, the applicant's application will be reviewed by the Administrative Affairs Committee of the Oregon Medical Board. 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.

Stat. Auth.: ORS 677.175 & 677.265

Stats. Implemented: ORS 677.010, 677.175 & 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 3-2006, f. & cert. ef. 2-8-06; BME 15-2007, f. & cert. ef. 7-23-07; BME 20-2007, f. & cert. ef. 10-24-07; BME 6-2010, f. & cert. ef. 4-26-10

#### 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 reactivating their 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 the licensee is determined to be unfit, the licensee's license may not be reactivated or 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 183.414-183.470. 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

Stats. Implemented: ORS 677.265(9)

Hist. BME 20-2006(Temp), f. & cert. ef. 9-14-06 thru 3-12-07; BME 4-2007, f. & cert. ef. 1-24-07; BME 4-2008, f. & cert. ef. 1-22-08

#### 847-020-0160

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

The applicant, a graduate of an approved school of medicine or international 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 is not acceptable), sent directly from the hospital in which such training was served, which shall include an evaluation of overall performance and specific beginning and ending dates of training.

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

(4) The Director or other official for practice and employment in hospitals, clinics, etc. in the United States 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 five (5) years only. If the applicant has not practiced for more than two years, employment verifications will be required for the past ten (10) years. 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) The Federation of State Medical Boards: A Board Action Databank Inquiry form sent directly from the Federation of State Medical Boards to the Board.

Stat. Auth.: ORS 677.175 & 677.265

Stats. Implemented: ORS 677.010, 677.175 & 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 8-2005, f. & cert. ef. 7-20-05; BME 15-2007, f. & cert. ef. 7-23-07; BME 18-2008, f. & cert. ef. 7-21-08; BME 6-2010, f. & cert. ef. 4-26-10

#### 847-020-0170

##### Written Examination

(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 approved post-graduate training with the equivalent number of years to an MD/DO/PhD program.

(B) Except as noted in section (1)(h)(C) of this rule, 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) If the applicant has ceased the practice of medicine for a period of 12 or more consecutive months, the applicant may be required to further demonstrate clinical competency.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 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; BME 20-2007, f. & cert. ef. 10-24-07; BME 18-2008, f. & cert. ef. 7-21-08; BME 6-2009(Temp), f. & cert. ef. 4-9-09 thru 10-2-09; Administrative correction 10-22-09

#### 847-020-0180

##### Endorsement or Reciprocity

(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 Med-



ical 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) If the applicant has ceased the practice of medicine for a period of 12 or more consecutive months, the applicant may be required to further demonstrate clinical competency.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, 677.265

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; BME 12-2007, f. & cert. ef. 4-26-07; BME 20-2007, f. & cert. ef. 10-24-07

#### 847-020-0183

##### **SPEX or COMVEX Examination, Re-Entry Plan, Assessment of Professional Competency and Personal Interview**

(1) The applicant may also be required to pass the Special Purpose Examination (SPEX) or Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX). This requirement may be waived if:

(a) The applicant has within ten years of filing an application with the Board, completed one year of an accredited 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 to 24 consecutive months.

(e) The SPEX or COMVEX examination may be waived if the applicant, after ceasing practice for a period of 12 or more consecutive months, has subsequently:

(A) Completed one year of an accredited residency, or

(B) Completed one year of an accredited or Board approved 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.

(2) The applicant who has ceased the practice of medicine for more than 24 consecutive months may be required to complete a re-entry plan to the satisfaction of the Board. The Board must review and approve a re-entry plan prior to the applicant beginning the re-entry plan. Depending on the amount of time out-of-practice, the applicant may be required to obtain one or more of the following:

(a) Pass the SPEX/COMVEX examination;

(b) Practice for a specified period of time under a mentor/supervising physician who will provide periodic reports to the Board;

(c) Certification or re-certification by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS);

(d) Completion of a re-entry program as determined appropriate by the Board;

(e) Completion of one year of accredited postgraduate or clinical fellowship training, which must be pre-approved by the Board's Medical Director.

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

(a) 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 remit 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 the examinee's practice. 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/COMVEX may be granted for a period of 6 months and permits the licensee to practice medicine only until the grade results of the SPEX or COMVEX examination are available, and the applicant completes the initial registration process. The Limited License, SPEX/COMVEX would become invalid should the applicant fail the SPEX or COMVEX 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.

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

Stat. Auth.: ORS 677.175 & 677.265

Stats. Implemented: ORS 677.010, 677.175 & 677.265

Hist.: BME 20-2007, f. & cert. ef. 10-24-07; BME 4-2008, f. & cert. ef. 1-22-08; BME 6-2010, f. & cert. ef. 4-26-10

#### 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) or Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX). 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/COMVEX may be granted for a period of 6 months and permits the licensee to practice medicine only until the grade results of the SPEX or COMVEX examination are available and the applicant completes the initial registration process. The Limited License, SPEX/COMVEX would become invalid should the applicant fail the SPEX or COMVEX 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 677.265

Hist.: BME 16-2006, f. & cert. ef. 7-25-06; BME 5-2008, f. & cert. ef. 1-22-08

#### 847-023-0010

##### Documents and Forms to be Submitted for Licensure

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

(1) Application Form: Completed formal application form provided by the Board. Each and every question must be answered with dates, showing month and year. The application fee is waived for physicians applying for an Oregon license, with emeritus registration.

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

(3) Medical school Diploma: A copy of a diploma showing graduation from an approved school of medicine or an international school of medicine. International medical graduates must have graduated after meeting the attendance requirements specified in OAR 847-020-0130.

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

(5) American Specialty Board Certification or Recertification. A copy of the certification or recertification certificate issued by the American Board Specialty Board in the applicant's specialty, if applicable.

(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.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist.: BME 9-2007(Temp), f. & cert. ef. 2-6-07 thru 8-3-07; BME 16-2007, f. & cert. ef. 7-23-07; BME 7-2010, f. & cert. ef. 4-26-10

#### 847-023-0015

##### Letters and Official Grade Certifications to be Submitted for Licensure with Emeritus Registration

(1) The applicant for licensure with emeritus registration must either request official letters to be sent directly to the Board from the



following sources or a certified copy from another state medical board where the applicant is licensed:

(a) The Dean of the Medical/Osteopathic School to complete the Verification of Medical Education form, which includes: degree issued, date of degree, dates of attendance, dates and reason of any leaves of absence or repeated years, and dates, name and location of medical school if a transfer student, and submit directly to the Board. Graduates of medical schools in the United States must have graduated from a school per OAR 847-020-0120 (2)(a) and graduates of international medical schools must have graduated from a school per 847-020-0130 (2)(b).

(b) 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.

(c) The Program Director, Chairman or other official of the Fifth Pathway Hospital, if such applies: A currently dated original letter from the hospital in which such training was served, shall include an evaluation of overall performance and specific beginning and ending dates of training. A certified copy from the state medical board is acceptable.

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

(2) The applicant for licensure with emeritus registration must request official letters to be sent directly to the Board from the following sources:

(a) The Director or other official for practice and employment in hospitals, clinics, etc., in the United States and foreign countries: A currently dated original letter (a copy is not acceptable), 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 five (5) years only. If the applicant has not practiced for more than two years, employment verifications will be required for the past ten (10) years. 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.

(b) The Executive Secretary of the State Board in the United States or Canada where the applicant has been licensed and is currently practicing or most recently practiced. The currently dated original letter (a copy is not acceptable) from the board shall show license number, date issued and status.

(c) Official Grade Certifications: An official grade certification is required from the National Board of Medical Examiners (NBME), National Board of Osteopathic Medical Examiners (NBOME), Federation Licensing Examination (FLEX), or the Federation of State Medical Boards for the United States Medical Licensing Examination (USMLE).

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist.: BME 9-2007(Temp), f. & cert. ef. 2-6-07 thru 8-3-07; BME 16-2007, f. & cert. ef. 7-23-07; BME 7-2010, f. & cert. ef. 4-26-10

## 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 Oregon Medical Board.

(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 make a judgment based on some type of objective criteria upon which to diagnose, treat, correct or prescribe;

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

(d) 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; BME 14-2008(Temp), f. & cert. ef. 7-15-08 thru 1-9-09; BME 24-2008, f. & cert. ef. 10-31-08

#### 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, 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 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.

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

(2) A physician applying for a license to practice medicine across state lines who has not completed the licensure process within a 12 month consecutive period shall file a new application, documents, letters and pay a full filing fee as if filing for the first time.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, 677.139, 677.265

Hist.: BME 10-2000, f. & cert. ef. 7-27-00; BME 2-2002, f. & cert. ef. 1-28-02; BME 5-2007, f. & cert. ef. 1-24-07

**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 26**

**RULES FOR LICENSE BY EXPEDITED ENDORSEMENT**

**847-026-0000**

**Qualifications for License by Endorsement**

(1) The Oregon Medical Board may issue a license by endorsement to a physician who:

(a) Meets the requirements for licensure as stated in OAR 847-020-0120, 847-020-0130, 847-020-0170, and 847-023-005;

(b) Has not had privileges at a hospital, clinic, or surgical center denied, reduced, restricted, suspended, revoked, terminated and has not been subject to staff disciplinary action or non-renewal of an

employment contract for reasons in the Board's judgment related to medical practice or unprofessional conduct, or been requested to voluntarily resign or had privileges suspended while under investigation;

(c) Is eligible for primary source verification of medical education, post-graduate training and examination scores through the state in which the applicant was originally licensed. The Board may use current certification by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists as a proxy for verification of medical education, post-graduate training and examination scores from the initial state of licensure;

(d) Is in good standing, with no restrictions or limitations upon, actions taken against, or investigation or disciplinary action pending against his/her license in any state, district, territory, or jurisdiction where applicant is or has been licensed;

(e) Has no significant malpractice claim patterns or patient care issues as determined by the Board;

(f) Has one (1) year of current, active, unrestricted, unlimited clinical practice of medicine or surgery, or osteopathic medicine and surgery in their medical specialty, if any, as a licensee of a state, district, territory, or jurisdiction in the year preceding the physician's submission to the Board of an application to practice in Oregon, or if retired must have been retired for no more than one (1) calendar year preceding the physician's submission to the Board of an application to practice in Oregon. Clinical patient practice will be documented by verification of staff privileges, or non-consulting medical employment. A year of accredited clinical fellowship in the applicant's medical specialty as a licensee of a state, district, territory or jurisdiction qualifies as a year of clinical practice.

(2) A physician is not eligible for licensure by endorsement if the Board finds that the applicant has engaged in conduct prohibited by ORS 677.190.

(3) An applicant ineligible for licensure by endorsement may make a full and complete application per the requirements of OAR 847-020, or 847-023.

Stat. Auth.: ORS 677.265, HB 2435 (2009)

Stats. Implemented: ORS 677.265, HB 2435 (2009)

Hist.: BME 21-2009(Temp), f. & cert. ef. 10-23-09 thru 4-15-10; BME 4-2010, f. & cert. ef. 1-26-10

**847-026-0005**

**Application**

The applicant must submit a completed application to the board on a form furnished by the Board with the required non-refundable application fee. The applicant must attest that all questions have been answered completely and all answers and statements are true and correct. Any false information is grounds for denial, limitation, suspension or revocation of licensure.

Stat. Auth.: ORS 677.265, HB 2435 (2009)

Stats. Implemented: ORS 677.265, HB 2435 (2009)

Hist.: BME 21-2009(Temp), f. & cert. ef. 10-23-09 thru 4-15-10; BME 4-2010, f. & cert. ef. 1-26-10

**847-026-0010**

**Documents, Letters, Certifications Obtained by the Board**

The Board will obtain the following documents, letters, certifications if any and results of queries of national databases required for licensure on behalf of the applicant:

(1) Verification of certification by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

(2) Verification of re-certification by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

(3) The results of a query of the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank; and

(4) The results of the query of the Federation of State Medical Boards' Board Action Data Bank.

Stat. Auth.: ORS 677.265, HB 2435 (2009)

Stats. Implemented: ORS 677.265, HB 2435 (2009)

Hist.: BME 21-2009(Temp), f. & cert. ef. 10-23-09 thru 4-15-10; BME 4-2010, f. & cert. ef. 1-26-10



**847-026-0015**

**Documents and Forms to be Submitted for Licensure**

(1) The following additional documents are required for a completed application and can be submitted by the applicant, the applicant's initial state of licensure, or the Federation of State Medical Boards' Federation Credentialing Verification Service Profile (FCVS):

(a) Birth Certificate: A copy of the applicant's birth certificate for proof of name and birth date, and any name change documentation if there has been a name change from birth name;

(b) Medical School Diploma: A copy of a diploma showing the applicant's graduation from an approved school of medicine, or a foreign school of medicine that meets the requirement of OAR 847-020-0130(2)(b)(D);

(c) Internship, Residency and Fellowship Certificates: A copy of official internship, residency and fellowship certificates showing the applicant's completion of all postgraduate training;

(2) The applicant must submit the following:

(a) An open-book examination on the Medical Practice Act and an open-book examination on the regulations of the Drug Enforcement Administration governing the use of controlled substances;

(b) The completed fingerprint card with the Identification Verification form.

Stat. Auth.: ORS 677.265, HB 2435 (2009)

Stats. Implemented: ORS 677.265, HB 2435 (2009)

Hist.: BME 21-2009(Temp), f. & cert. ef. 10-23-09 thru 4-15-10; BME 4-2010, f. & cert. ef. 1-26-10

**847-026-0020**

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

The applicant must request official letters or verifications to be sent to the Board directly from the following:

(1) The Executive Secretary of the State Boards in the United States or Canada where the applicant has been currently or most recently practicing. The currently dated original verification of license (copy is not acceptable) shall show license number, date issued, grades if applicable and status.

(2) The National Board of Medical Examiners (NBME), the National Board of Osteopathic Medical Examiners (NBOME), the Medical Council of Canada (LMCC), or the Federation of State Medical Boards (FLEX, USMLE) must provide an official grade certification if not available from the initial state of licensure;

(3) The Director or other official for practice and employment in hospitals, clinics and surgical centers in the United States and Canada. A verification form or letter with original signature must be submitted from the practice sites where the applicant was physically practicing which shall include an evaluation of overall performance and specific beginning and ending dates of practice and employment from the past five (5) years.

Stat. Auth.: ORS 677.265, HB 2435 (2009)

Stats. Implemented: ORS 677.265, HB 2435 (2009)

Hist.: BME 21-2009(Temp), f. & cert. ef. 10-23-09 thru 4-15-10; BME 4-2010, f. & cert. ef. 1-26-10

**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 Oregon Medical Board.

(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 Oregon Medical Board 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.

(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, 677.265

Hist.: BME 3-2002, f. & cert. ef. 1-28-02; BME 6-2007, f. & cert. ef. 1-24-07

**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 Oregon Medical Board.

(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 Medical Board 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 Medical Board 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 Oregon Medical Board for the State of Oregon.

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

(4) "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 Public Health Division of the Department of Human Services.

(6) "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 none-emergency care procedures.

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



(8) “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.

(9) “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.

(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 Oregon Medical Board 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. ef. 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; BME 18-2010, f. & cert. ef. 10-25-10

#### 847-035-0011

##### EMT Advisory Committee

(1) There is created an EMT Advisory Committee, which shall consist of five members appointed by the Oregon Medical Board. The Board shall appoint two physicians and three 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 emergency medical technicians who have been residents of this state for at least two years, certified as emergency medical technicians 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) 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; BME 18-2009, f. & cert. ef. 10-23-09

#### 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 Oregon Medical Board 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, nurse practitioner or physician assistant if available. A patient with life-sustaining treatment orders always requires respect, comfort and hygienic care.

(7) A First Responder may perform the following 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 additional procedures only when the First Responder is 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) Maintain an open airway through the use of:

(A) A nasopharyngeal airway device;

(B) A noncuffed oropharyngeal airway device;

(C) A Pharyngeal suctioning device.

(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 the following 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) Perform tracheobronchial suctioning;

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

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

(g) 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.
- (h) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator;
- (i) Transport stable patients with saline locks, heparin locks, foley catheters, or in-dwelling vascular devices;
- (j) Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician;
- (k) Complete a clear and accurate prehospital emergency care report form on all patient contacts;
- (l) 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;
- (m) 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; and
- (n) In the event of a release of organophosphate agents the EMT-Basic, who has completed Section-approved training, may administer atropine sulfate and pralidoxime chloride by autoinjector, using protocols approved by the Section and adopted by the supervising physician.
- (10) An Oregon-certified EMT-Intermediate may perform the following procedures:
  - (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 for acute pain:
      - (i) Morphine,
      - (ii) Nalbuphine Hydrochloride,
      - (iii) Ketorolac tromethamine,
      - (iv) Fentanyl;
    - (I) Antihistamine:
      - (i) Diphenhydramine;
    - (J) Diuretic:
      - (i) Furosemide;
    - (K) Intraosseous infusion anesthetic;

- (i) Lidocaine;
- (L) Anti-Emetic;
- (i) Ondansetron;
- (g) Administer immunizations in the event of an outbreak or epidemic as declared by the Governor of the state of Oregon, the State Public Health Officer or a county health officer, as part of an emergency immunization program, under the agency's supervising physician's standing order;
- (h) Administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Oregon State Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order.
- (i) Distribute medications at the direction of the Oregon State Public Health Officer as a component of a mass distribution effort.
- (j) Administer routine or emergency immunizations, as part of an EMS Agency's occupational health program, to the EMT's EMS agency personnel, under the supervising physician's standing order.
- (k) Insert an orogastric tube;
- (l) 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;
- (m) Electrocardiographic rhythm interpretation;
- (n) Perform cardiac defibrillation with a manual defibrillator.
- (11) An Oregon-certified EMT-Paramedic may perform the following procedures:
  - (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) Electrocardiographic interpretation.
  - (h) Initiate needle thoracentesis for tension pneumothorax in a prehospital setting;
    - (i) Initiate placement of a femoral intravenous line when a peripheral line cannot be placed;
    - (j) Initiate placement of a urinary catheter for trauma patients in a prehospital setting who have received diuretics and where the transport time is greater than thirty minutes; and
  - (k) Initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician.
  - (12) The Board has delegated to the 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; BME 7-2007, f. & cert. ef. 1-24-07; BME 11-2007, f. & cert. ef. 4-26-07; BME 24-2007, f. & cert. ef. 10-24-07; BME 11-2008, f. & cert. ef. 4-24-08; BME 19-2008, f. & cert. ef. 7-21-08; BME 10-2009, f. & cert. ef. 5-1-09; BME 13-2009, f. & cert. ef. 7-20-09; BME 18-2009, f. & cert. ef. 10-23-09; BME 22-2009(Temp), f. & cert. ef. 10-23-09 thru 4-15-10; BME 5-2010, f. & cert. ef. 1-26-10; BME 8-2010(Temp), f. & cert. ef. 4-26-10 thru 10-15-10; BME 12-2010, f. & cert. ef. 7-26-10; BME 18-2010, f. & cert. ef. 10-25-10

## 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 Oregon Medical Board 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 organization" means a group of supervising physicians who collectively supervises a physician assistant. One physician within the supervising physician organization must be designated as the primary supervising physician of the physician assistant.

(8) "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.

(9) "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

(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; BME 19-2010, f. & cert. ef. 10-25-10

### 847-050-0015 Application

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

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

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

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

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

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

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

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

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

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

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

(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.

(4) An applicant requesting to be licensed at Military/Public Health Active status is not required to have a supervising physician prior to licensure.

(a) Prior to practicing in Oregon at a non-Military/Public Health Active status, licensees at Military/Public Health Active status must



apply for the reactivation of their license to Active status and obtain an Oregon licensed supervising physician.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

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 13-2010(Temp), f. & cert. ef. 7-26-10 thru 1-10-11; BME 19-2010, f. & cert. ef. 10-25-10

## 847-050-0020

### Qualifications

On or after January 25, 2008, an applicant for 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.).

(a) The applicant may take the PANCE once in a 90-day period or three times per calendar year, whichever is fewer.

(A) The applicant has no more than four attempts in six years to pass the PANCE. If the applicant does not pass the PANCE within four attempts, the applicant is not eligible for licensure.

(B) An applicant who has passed the NCCPA certification exam, but not within the four attempts required by this rule, may request a waiver of this requirement if he/she has current certification by the NCCPA.

(b) Those who have met the requirements of section (1) of this rule may make application for a Limited License, Postgraduate before passing the PANCE 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 677.265

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; BME 6-2008, f. & cert. ef. 1-22-08; BME 10-2010(Temp), f. & cert. ef. 4-26-10 thru 10-15-10; BME 14-2010, f. & cert. ef. 7-26-10

## 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 Oregon Medical Board. 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 Oregon Medical Board. 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 Oregon Medical Board, 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 Oregon Medical Board, 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 Oregon Medical Board.

(3) The physician assistant or physician must be currently licensed in Oregon, with active, [or] locums tenens, or emeritus 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 Oregon Medical Board.

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; BME 14-2010, f. & cert. ef. 7-26-10

**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.

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; BME 23-2007, f. & cert. ef. 10-24-07

**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 Oregon Medical Board 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**

**Grounds for Discipline**

(1) 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).

(2) In addition to any of the reasons cited in ORS 677.190, the Board may refuse to grant, or may suspend or revoke a license to practice as a physician assistant for any of the following reasons:



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

(b) The physician assistant has in fact performed medical services without the direction or under the supervision of a supervising physician or agent.

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

Stat. Auth.: ORS 677.190, 677.205, 677.265

Stats. Implemented: ORS 677.190, 677.205, 677.265, 677.505

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 23-2007, f. & cert. ef. 10-24-07

## 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 eight (8) hours of on-site supervision every month, or as approved by the Board.

(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.

(4) A physician who has restrictions upon or actions against their license may be subject to Board investigation prior to approval or may be denied approval as a supervising physician.

(5) The Board may defer taking action upon a request for approval as a supervising physician pending the outcome of the investigation of the physician for violations of ORS 677.010-0990.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.515

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; BME

20-2008, f. & cert. ef. 7-21-08; BME 12-2009(Temp), f. & cert. ef. 7-14-09 thru 12-14-09; BME 19-2009, f. & cert. ef. 10-23-09

## 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 prescribe 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 Oregon Medical Board 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 and must be satisfactorily complete 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. This application may also require the completion of a report by the supervising physician on the practice description and supervision arrangements.

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

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.512

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; BME 25-2008, f. & cert. ef. 10-31-08

## 847-050-0043

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

(1) Any physician assistant licensed in this state and registered under ORS 677.525 who changes location to some other state or country, or who terminates employment with his/her supervising physician, will be listed by the Board as inactive. If the physician assistant wishes to resume active status to practice in Oregon, the physician assistant must submit the Affidavit of Reactivation and processing fee, and satisfactorily complete the reactivation process and be approved by the Board before beginning active practice in Oregon.

(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 677.512

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; BME 25-2008, f. & cert. ef. 10-31-08

## 847-050-0046

### Active Status for Temporary, Rotating Assignments

(1) A physician assistant, upon notification to the Board, may retire from active, permanent practice and change to Emeritus status which allows the physician assistant to practice temporary, volunteer assignments. A physician assistant with Emeritus status who wishes to volunteer at a medical facility must have a Board approved practice description prior to starting practice at each assignment.

(2) A physician assistant, upon notification to the Board, may retire from active, permanent practice and maintain Active status by practicing at medical facilities for assignments on a rotating basis.

(a) A physician assistant who wishes to maintain active status and practice in rotating assignments at permanent locations must



have a Board approved practice description and must provide the Board with timely notification of the dates of each assignment prior to beginning each rotating assignment.

(b) The physician assistant must practice a minimum of thirty (30) days a year in order to continue to be eligible for Active status. The physician assistant will report the number of days practiced per year on the biennial registration renewal form.

Stat. Auth.: ORS 677.265 & 677.545  
Stats. Implemented: ORS 677.265, 677.510 & 677.515  
Hist.: BME 9-2010, f. & cert. ef. 4-26-10

#### 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 Oregon Medical Board for the State of Oregon shall appoint one of its members and one physician. The physician who is not a member of the Board must supervise a physician assistant.

(b) The Oregon Medical Board shall appoint three physician assistants after considering persons nominated by the Oregon Society of Physician Assistants.

(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 licensure 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 677.292.495.

Stat. Auth.: ORS 677.265  
Stats. Implemented: ORS 677.540  
Hist.: BME 15-1999, f. & cert. ef. 10-28-99; BME 1-2001, f. & cert. ef. 1-25-01; BME 25-2008, f. & cert. ef. 10-31-08

#### 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 Oregon Medical Board 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

### HEALTH PROFESSIONALS SERVICES PROGRAM

#### 847-065-0005

##### Licenses with Mental Illness Treated in Hospital Exceeding 25 Consecutive Days

A licensee's participation in the Board's Health Professionals Program, to include inpatient evaluations or treatment in a treatment facility that exceeds 25 consecutive days, does not require an automatic suspension of a licensee, if the licensee is in compliance with their HPP agreement and does not practice medicine during a period of impairment. If the HPP Supervisory Council makes a determination that the licensee has a mental illness that affects the ability of the licensee to safely practice medicine, the Council will ask the licensee to immediately withdraw from practice. If the licensee declines, the Council will immediately report to the Board that the licensee has a mental illness that affects the ability of the licensee to safely practice, and with this report provide a copy of the evaluation upon which this determination is based.

Stat. Auth.: ORS 677.265  
Stats. Implemented: ORS 677.225, 677.645  
Hist.: BME 20-2009, f. & cert. ef. 10-23-09



**847-065-0010**

**Purpose, Intent and Scope**

The Oregon Medical Board recognizes that substance use disorders, mental health disorders, or both disorders are primary, progressive, chronic diseases. The Board believes that physicians, podiatric physicians, physician assistants and acupuncturists who develop these diseases can, with appropriate treatment, be assisted with recovery and return to the practice of medicine and acupuncture. It is the intent of the Board that a licensee with a substance use disorder, a mental health disorder or both types of disorders may have the opportunity to enter the Health Professionals Services Program (HPSP). Participation in the Health Professionals Services Program does not shield a licensee from possible disciplinary action.

Stat. Auth.: ORS 676.185-200 & 677.265

Stats. Implemented: ORS 677.185 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10

**847-065-0015**

**Definitions**

The following definitions apply to OAR chapter 847, division 065, except as otherwise stated in the definition:

(1) "Assessment or evaluation" means the process an independent third-party evaluator uses to diagnose the licensee and to recommend treatment options for the licensee.

(2) "Board" means the Oregon Medical Board.

(3) "Business day" means Monday through Friday, except legal holidays as defined in ORS 187.010 (or ORS 187.020).

(4) "Diagnosis" means the principal mental health or substance use diagnosis listed in the Diagnostic Statistical Manual (DSM). The diagnosis is determined through the assessment and any examinations, tests or consultations suggested by the assessment and is the medically appropriate reason for services.

(5) "Division" means the Department of Human Services, Addictions and Mental Health Division.

(6) "DSM" means the Diagnostic and Statistical Manual of Mental Disorders, commonly referred to as DSM-IV-TR, published by the American Psychiatric Association.

(7) "Federal regulations" means:

(a) As used in ORS 676.190(1)(f)(D), a "positive toxicology test result as determined by federal regulations pertaining to drug testing" means test results meet or exceed the cutoff concentrations shown in 49 CFR § 40.87 (2009) must be reported as substantial non-compliance, but positive toxicology results for other drugs and for alcohol may also constitute and may be reported as substantial non-compliance.

(b) As used in ORS 676.190(4)(i), requiring a "licensee to submit to random drug or alcohol testing in accordance with federal regulations" means licensees are selected for random testing by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with licensees' unique identification numbers or other comparable identifying numbers. Under the selection process used, each covered licensee shall have an equal chance of being tested each time selections are made, as described in 40 CFR § 199.105(c)(5) (2009). Random drug tests must be unannounced and the dates for administering random tests must be spread reasonably throughout the calendar year, as described in 40 CFR § 199.105(c)(7) (2009).

(8) "Fitness to practice evaluation" means the process a qualified, independent third-party evaluator uses to determine if the licensee can safely perform the essential functions of the licensee's health practice.

(9) "Final enrollment" means a self-referred licensee has provided all documentation required by OAR 847-065-0035 and has met all eligibility requirements to participate in the HPSP.

(10) "Independent third-party evaluator" means an individual or center who is approved by a licensee's Board to evaluate, diagnose, and offer treatment options for substance use disorders, mental health disorders or co-occurring disorders.

(11) "Individual service record" means the official permanent HPSP documentation, written or electronic, for each licensee, which

contains all information required by these rules and maintained by the HPSP to demonstrate compliance with these rules.

(12) "Licensee" means a licensed physician, podiatric physician, physician assistant or acupuncturist who is licensed or certified by the Oregon Medical Board.

(13) "Mental health disorder" means a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom that is identified in the DSM.

(14) "Monitoring agreement" means an individualized agreement between a licensee and the vendor that meets the requirements for a diversion agreement set by ORS 676.190.

(15) "Monitoring Entity" means an independent third party that monitors licensees HPSP enrollment status and monitoring agreement compliance.

(16) "Non-treatment compliance monitoring" means the non-medical, non-therapeutic services employed by the vendor to track and report the licensee's compliance with the monitoring agreement.

(17) "Peer" means another licensee currently enrolled in the program.

(18) "Provisional enrollment" means temporary enrollment, pending verification that a licensee meets all program eligibility criteria.

(19) "Self-referred licensee" means a licensee who seeks to participate in the program without a referral from the board.

(20) "Substance use disorder" means a disorder related to the taking of a drug of abuse (including alcohol); to the side effects of a medication; and to a toxin exposure, including: substance use disorders (substance dependence and substance abuse) and substance-induced disorders (including but not limited to substance intoxication, withdrawal, delirium, and dementia, as well as substance induced psychotic disorders and mood disorders), as defined in DSM criteria.

(21) "Substantial non-compliance" means that a licensee is in violation of the terms of his or her monitoring agreement in a way that gives rise to concerns about the licensee's ability or willingness to participate in the HPSP. Substantial non-compliance and non-compliance include, but are not limited to, the factors listed in ORS 676.190(1)(f). Conduct that occurred before a licensee entered into a monitoring agreement does not violate the terms of that monitoring agreement.

(22) "Successful completion" means that for the period of service deemed necessary by the vendor or the Board, the licensee has complied with the licensee's monitoring agreement to the satisfaction of the HPSP and/or the Board.

(23) "Toxicology testing" means urine testing or alternative chemical monitoring including blood, saliva, breath or hair as conducted by a laboratory certified, accredited or licensed and approved for toxicology testing.

(24) "Treatment" means the planned, specific, individualized health and behavioral-health procedures, activities, services and supports that a treatment provider uses to remediate symptoms of a substance use disorder, mental health disorder or both types of disorders.

(25) "Vendor" means the entity that has contracted with the Division to conduct the HPSP.

Stat. Auth.: ORS 676.185-200 & 677.265

Stats. Implemented: ORS 677.185 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10

**847-065-0020**

**Participation in Health Professionals Services Program**

Effective July 1, 2010, the Board shall participate in the Health Professionals Services Program and may refer eligible licensees to the HPSP in lieu of or in addition to discipline. Only licensees who meet the eligibility criteria may be referred by the Board to the Health Professionals Services Program.

Stat. Auth.: ORS 676.185-200 & 677.265

Stats. Implemented: ORS 677.185 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10



**847-065-0025**

**Eligibility for Participation in Health Professionals Services Program**

(1) Licensee must be evaluated by an independent, third-party evaluator approved by the Board. The evaluation must include a diagnosis of a substance use disorder, mental health disorder, or both types of disorders with the appropriate diagnostic code from the DSM, and treatment options.

(2) Licensee must provide a written statement agreeing to enter the HPSP in lieu of or in addition to discipline and agreeing to abide by all terms and conditions established by the Board.

(3) Licensee must enter into the "HPSP Monitoring Agreement."

(4) The OMB will perform a "Safe to Practice" Investigation upon licensee's enrollment.

Stat. Auth.: ORS 676.185-200 & 677.265

Stats. Implemented: ORS 677.185 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10

**847-065-0030**

**Procedure for Board Referrals**

(1) When the Board receives information involving a licensee who may have a substance use disorder, a mental disorder, or both types of disorders, the Board staff will investigate and complete a report to be presented at a Board meeting.

(2) The Board will review the report and determine if the licensee meets the eligibility criteria for the HPSP.

(3) If licensee meets eligibility criteria and the board approves entry into the HPSP, the Board will provide a written referral. The referral must include:

(a) A copy of the report from the independent, third-party evaluator who diagnosed the Licensee;

(b) The treatment options developed by the independent third-party evaluator;

(c) A statement that the Board has investigated the licensee's professional practice and conduct;

(d) A description of any restrictions imposed by the Board or recommended by the Board on the licensee's professional practice;

(e) A written statement from the licensee agreeing to enter the HPSP in lieu of or in addition to discipline and agreeing to abide by all terms and conditions established by the vendor; and

(f) A statement that the licensee has agreed to report any arrest for or conviction of a misdemeanor or felony crime to the board within three business days after the licensee is arrested or convicted.

(4) A board-referred licensee is enrolled in the program effective on the date the licensee signs the consents and the monitoring agreement required by ORS 676.190.

Stat. Auth.: ORS 676.185-200 & 677.265

Stats. Implemented: ORS 677.185 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10

**847-065-0035**

**Procedure for Self- Referred Licensees**

Self-referred licensees may participate in the HPSP as permitted by ORS 676.190(5).

(1) Provisional Enrollment. To be provisionally enrolled in the program, a self-referred licensee must:

(a) Sign a written consent allowing disclosure and exchange of information between the vendor, the monitoring entity, the licensee's employer, independent third-party evaluators, and treatment providers;

(b) Sign a written consent allowing disclosure and exchange of information between the vendor, the Board, the monitoring entity, the licensee's employer, independent third-party evaluators and treatment providers in the event the vendor determines the licensee to be in substantial non-compliance with his or her monitoring agreement as defined in OAR 847-065-0065. The purpose of the disclosure is to permit the vendor and the monitoring entity to notify the Board if the vendor determines the licensee to be in substantial non-compliance with his or her monitoring agreement;

(c) Attest that the licensee is not, to the best of the licensee's knowledge, under investigation by his or her Board; and

(d) Agree to and sign a monitoring agreement.

(2) Upon provisional enrollment, the vendor shall send to the monitoring entity copies of the signed consents and the monitoring agreement, described in section one of this rule.

(3) Final Enrollment: To move from provisional enrollment to final enrollment in the program, a self-referred licensee must:

(a) Obtain at the licensee's own expense and provide to the vendor, an independent third-party evaluator's written evaluation containing a DSM diagnosis and diagnostic code and treatment recommendations;

(b) Agree to cooperate with the vendor's investigation to determine whether the licensee's practice while impaired presents or has presented a danger to the public; and

(c) Enter into an amended monitoring agreement, if required by the vendor.

(4) Once a self-referred licensee seeks enrollment in the HPSP, failure to complete final enrollment may constitute substantial non-compliance and may be reported to the Board.

(5) Upon final enrollment of a self-referred licensee, the vendor shall send to the monitoring entity a copy of the written evaluation by the independent third-party evaluator and a copy of the amended monitoring agreement, if any.

Stat. Auth.: ORS 676.185-200 & 677.265

Stats. Implemented: ORS 677.185 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10

**847-065-0040**

**Disqualification Criteria**

Licensees, either Board-referred or self-referred, may be disqualified from entering the HPSP for factors including, but not limited to:

(1) Licensee's disciplinary history;

(2) Severity and duration of the licensee's impairment;

(3) Extent to which licensee's practice can be limited or managed to eliminate danger to the public;

(4) Likelihood that licensee's impairment can be managed with treatment and monitoring;

(5) Evidence of criminal history that involves injury or endangerment to others;

(6) A diagnosis requiring treatment because of sexual offenses or sexual misconduct;

(7) Evidence of non-compliance with a monitoring program from another state;

(8) Pending investigations with the Board or boards from other states;

(9) Previous Board investigations with findings of substantiated abuse or dependence; and

(10) Prior enrollment in, but failure to successfully complete, the Board of Medical Examiners/Oregon Medical Board, Health Professionals Program.

Stat. Auth.: ORS 676.185-200 & 677.265

Stats. Implemented: ORS 677.185 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10

**847-065-0045**

**Approval of Independent Third-Party Evaluators**

(1) To be approved by the Board as an independent third-party evaluator, an evaluator must be:

(a) Licensed as required by the jurisdiction in which the evaluator works;

(b) Able to provide a comprehensive assessment of and written report describing a licensee's diagnosis, degree of impairment, and treatment options; and

(c) Able to facilitate a urinalysis of the licensee at intake.

(2) The Board will not accept an evaluator as independent in a particular case if, in the Board's judgment, the evaluator's judgment is likely to be influenced by a personal or professional relationship with a licensee.



(3) The Board will maintain a list of independent third-party evaluators available to licensees upon request.

Stat. Auth.: ORS 676.185-200 & 677.265

Stats. Implemented: ORS 677.185 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10

#### 847-065-0050

##### Approval of Treatment Providers

(1) To be approved by the Board as a treatment provider, a provider must be:

(a) Licensed as required by the jurisdiction in which the provider works;

(b) Able to provide appropriate treatment considering licensee's diagnosis, degree of impairment, and treatment options proposed by the independent third-party evaluator; and

(c) Able to facilitate a urinalysis of the licensee at intake.

(2) The Board will not accept a provider as a treatment provider in a particular case if, in the Board's judgment, the provider's judgment is likely to be influenced by a personal or professional relationship with a licensee.

(3) The Board will maintain a list of treatment providers available to licensees upon request.

Stat. Auth.: ORS 676.185-200 & 677.265

Stats. Implemented: ORS 677.185 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10

#### 847-065-0055

##### Licensee Responsibilities

(1) All licensees must:

(a) Agree to report any arrest for or conviction of a misdemeanor or felony crime to the vendor and the Board within three business days after the licensee is arrested or convicted of the crime; and

(b) Comply continuously with his or her monitoring agreement, including any restrictions on his or her practice, for at least two years or longer, as specified in the monitoring agreement.

(c) Abstain from mind-altering or intoxicating substances or potentially addictive drugs, unless the drug is approved by the HPSP and prescribed for a documented medical condition by a person authorized by law to prescribe the drug to the licensee;

(d) Report use of mind-altering or intoxicating substances or potentially addictive drugs within 24 hours;

(e) Participate in a treatment plan approved by a third party;

(f) Limit practice as required by the HPSP or the Board;

(g) Cooperate with supervised monitoring of practice;

(h) Participate in a follow-up evaluation, when necessary, of licensee's fitness to practice;

(i) Submit to random drug or alcohol testing;

(j) Report at least weekly to the HPSP regarding the licensee's compliance with the monitoring agreement;

(k) Report applications for licensure in other states, changes in employment and changes in practice setting;

(l) Agree to be responsible for the cost of evaluations, toxicology testing, treatment and monitoring.

(m) Report to the HPSP any investigations or disciplinary action by any state, or state or federal agency, including Oregon.

(n) Participate in required meetings according to the treatment plan.

(o) Maintain current license status.

Stat. Auth.: ORS 676.185-200 & 677.265

Stats. Implemented: ORS 677.185 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10

#### 847-065-0060

##### Completion Requirements

(1) The time spent working in a monitored practice before transferring from the Health Professionals Program to the Health Professionals Services Program effective July 1, 2010, will be counted toward the required term of monitored practice.

(2) The licensee will remain enrolled in the program for a minimum of two consecutive years.

Stat. Auth.: ORS 676.185-200 & 677.265

Stats. Implemented: ORS 677.185 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10

#### 847-065-0065

##### Substantial Non-Compliance Criteria

(1) The HPSP or the monitoring entity will report substantial non-compliance with the diversion agreement within one business day after the HPSP learns of non-compliance, including but not limited to information that a licensee:

(a) Engaged in criminal behavior;

(b) Engaged in conduct that caused injury, death or harm to the public, including engaging in sexual impropriety with a patient;

(c) Was impaired in a health care setting in the course of the licensee's employment;

(d) Received a positive toxicology test result as determined by federal regulations pertaining to drug testing;

(e) Violated a restriction on the licensee's practice imposed by the HPSP or the licensee's Board;

(f) Was admitted to the hospital for mental illness or adjudged to be mentally incompetent;

(g) Entered into a diversion agreement, but failed to participate in the HPSP;

(h) Was referred to the HPSP, but failed to enroll in the HPSP;

(i) Forged, tampered, or modified a prescription;

(j) Violated any rules of prescriptive authority;

(k) Violated any provisions of OAR 847-065-0055; or

(l) Violated any terms of the diversion agreement.

(m) Failed to complete the monitored practice requirements as stated in OAR 847-065-0060.

(2) The Board, upon being notified of a licensee's substantial non-compliance will investigate and determine the appropriate sanction.

Stat. Auth.: ORS 676.185-200 & 677.265

Stats. Implemented: ORS 677.185 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10

## 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 Oregon Medical Board 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 authorized by the Board to practice acupuncture pursuant to ORS Chapter 677.

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

(4) "Committee" means the Acupuncture Advisory 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, 677.759

Stats. Implemented: ORS 677.265, 677.759, 677.780

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; BME 21-2008, f. & cert. ef. 7-21-08

#### 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 Oregon Medical Board 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

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 appli-

cant 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) Current 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. The applicant has no more than four attempts to pass the NCCAOM Acupuncture Certification Examinations. If the applicant does not pass the NCCAOM Certification Examinations within four attempts, the applicant is not eligible for licensure.

(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. 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 at the time of graduation from the acupuncture program, unless the applicant graduated from a non-accredited acupuncture program prior to 1989; 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. The applicant has no more than four attempts to pass the NCCAOM Acupuncture Certification Examinations. If the applicant does not pass the NCCAOM Certification Examinations within four attempts, the applicant is not eligible for licensure.

(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, 677.759

Stats. Implemented: ORS 677.265, 677.759, 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; BME 10-2007, f. & cert. ef. 4-26-07; BME 7-2008(Temp), f. & cert. ef. 4-24-08 thru 10-6-08; BME 21-2008, f. & cert. ef. 7-21-08; BME 14-2009, f. & cert. ef. 7-20-09

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

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

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

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

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

(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 Oregon Medical Board.

(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.

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; BME 19-2007, f. & cert. ef. 10-24-07

### 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 twenty-four (24) 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, complete a mentorship of no less than 20 hours under a Board approved clinical supervisor who must individually supervise the applicant. The clinical supervisor must report the successful completion of the mentorship to the Board.

(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 677.175, 677.759

Hist.: BME 12-2005, f. & cert. ef. 10-12-05; BME 21-2006, f. & cert. ef. 10-23-06; BME 5-2009, f. & cert. ef. 1-22-09

### 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 represent him/herself as a physician or permit another to so represent him/her.

(5) An acupuncturist who has completed a program that leads to a doctoral degree in Acupuncture and Oriental Medicine from a school that has federally recognized accreditation may identify him/herself as a "doctor of acupuncture and oriental medicine."

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.759

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; BME 5-2009, f. & cert. ef. 1-22-09



**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 dates, showing month and year.

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

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

(6) 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).

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

(8) 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; BME 19-2007, f. & cert. ef. 10-24-07

**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 Oregon Medical Board 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 Oregon Medical Board:

(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(1).

(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; BME 19-2007, f. & cert. ef. 10-24-07

**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) Certification by the N.C.C.A.O.M. is pending.



(c) 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.

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

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

(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 acupuncture certification examination given by the N.C.C.A.O.M., and if the applicant's application file is otherwise satisfactorily complete, the applicant shall be scheduled for approval of permanent licensure.

(5) The Limited License, Postgraduate will automatically be canceled if the applicant fails the acupuncture certification examination given by the N.C.C.A.O.M..

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.759

Hist.: BME 5-1999, f. & cert. ef. 4-22-99; BME 19-2007, f. & cert. ef. 10-24-07

#### 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);

(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 677.265, 677.759

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; BME 10-2007, f. & cert. ef. 4-26-07

#### 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 Oregon Medical Board 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 Oregon Medical Board 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 24 or more consecutive months, the Board in its discretion may require the licensee 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 licensee has ceased practice prior to application for reactivation of Oregon licensure. Continuing education that meets N.C.C.A.O.M.'s recertification requirements would qualify as Board approved continuing education.

(e) Complete a mentorship of no less than 20 hours under a Board approved clinical supervisor who must individually supervise the licensee. The clinical supervisor must report the successful completion of the mentorship to the Board.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.175, 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; BME 5-2009, f. & cert. ef. 1-22-09

#### 847-070-0050

##### Acupuncture Advisory Committee

(1) There is established an Acupuncture Advisory Committee which shall consist of six members appointed by the Oregon Medical Board 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) 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.

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

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265, 677.759, 677.780

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; BME 19-2007, f. & cert. ef. 10-24-07

#### 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 malleolus, the distal fibula or lateral malleolus, and the talus.

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

(3) "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; BME 8-2007, f. & cert. ef. 1-24-07; BME 22-2007, f. & cert. ef. 10-24-07

#### 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.

(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

Hist.: ME 6-1986, f. & ef. 4-23-86; ME 3-1990, f. & cert. ef. 1-29-90; BME 8-2007, f. & cert. ef. 1-24-07

#### 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 April 25, 2008, the applicant for licensure who graduated from a school or college of podiatric medicine on or after January 1, 2001 must also pass the NBPME examination Part III, unless the applicant is licensed as a podiatric physician in another state, or certified by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine or the American Board of Podiatric Surgery.

(c) Fulfill one of the following:

(A) Satisfactory completion of 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

(B) Satisfactory completion of 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 current certification by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine or the American Board of Podiatric Surgery.

(d) 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 677.825 & 677.830

Hist.: ME 4-1982, f. & ef. 4-23-82; ME 7-1982, f. & ef. 10-27-82; Suspended by ME 3-1983(Temp), f. & ef. 10-3-83 to 10-7-83; Suspended by ME 2-1984(Temp), f. & ef. 1-20-84; ME 11-1985, f. & ef. 8-6-85; ME 6-1986, f. & ef. 4-23-86; ME 8-1994, f. & cert. ef. 4-29-94; 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; BME 12-2008, f. & cert. ef. 4-24-08; BME 27-2008, f. & cert. ef. 10-31-08

#### 847-080-0013

##### Documents to Be Submitted for Licensure

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

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

(5) 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 directly to the Board by the applicant.

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; BME 17-2007, f. & cert. ef. 7-23-07

#### 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: The Verification of Medical Education form, which includes: degree issued, date of degree, dates of attendance, dates and reason of any leaves of absence or repeated years, and dates, name and location of school of podiatric medicine school if a transfer student, and submit directly to the Board.

(2) 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 medical student.

(3) The Director of Podiatric Education, Chairman or other official of the residency hospital in U.S.: 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.

(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.



(5) 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.

(6) 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 Podiatric Medical 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 Podiatric Medical Boards.

(7) Federation of Podiatric Medical Boards Disciplinary Report: A Disciplinary Report sent directly from the Federation of Podiatric Medical Boards to the Board.

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; BME 17-2007, f. & cert. ef. 7-23-07

#### 847-080-0018

#### Endorsement, 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 graduated from a school or college of podiatric medicine on or after January 1, 2001, certification by the NBPME must include Part III of the examination. This requirement may be waived if the applicant is:

(A) Licensed as a podiatric physician in another state; or

(B) Certified by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine or the American Board of Podiatric Surgery.

(b) 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 of the examination must equal or exceed the figure established by the National Board of Podiatric Medical Examiners as a recommended passing score.

(c) An applicant who graduated from a school or college of podiatric medicine on or after January 1, 2001 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:

(A) Has current certification by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine or the American Board of Podiatric Surgery, or

(B) Suffered from a documented significant health condition which by its severity would necessarily cause a delay to the applicant's podiatric study.

(d) Except as noted in Section (1)(e) of this rule, effective April 25, 2008, to be eligible for licensure, the applicant who graduated from a school or college of podiatric medicine on or after January 1, 2001 must have passed NBPME Part III within four 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.

(e) An applicant who has passed the NBPME Part III, but not within the four attempts required by OAR 847-080-0018(1)(d), may request a waiver of this requirement if he/she has current certification by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine or the American Board of Podiatric Surgery.

(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 Podiatric Orthopedics and Primary Podiatric Medicine or the American Board of Podiatric Surgery, or

(c) Completed an approved one-year residency, and 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 shall be conducted during a regular meeting of a committee of the Board or the Board.

(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 677.825 & 677.830

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; BME 17-2007, f. & cert. ef. 7-23-07; BME 18-2007(Temp), f. & cert. ef. 7-23-07 thru 1-8-08; BME 22-2007, f. & cert. ef. 10-24-07; BME 12-2008, f. & cert. ef. 4-24-08; BME 27-2008, f. & cert. ef. 10-31-08

#### 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 Oregon Medical Board 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



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