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CHAPTER 10. PHYSICIANS AND SURGEONS

SUBCHAPTER 1. GENERAL PROVISIONS

435:10-1-1. Purpose

The rules in this Chapter describe application processes for licensure by examination and endorsement. It includes ~~special~~ provisions for foreign medical graduates. This Chapter also describes rules for the approval of hospitals and programs for post-graduate training and other regulations of the practice of physicians and surgeons.

435:10-1-4. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Act" means the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, 59 O.S. §§ 480 **et seq.**

"APA" means either or both Article I and Article II, as applicable of the Administrative Procedures Act, 75 O.S.1991, §§ 250 **et seq.**, as amended.

"Applicant" means a person who applies for licensure from the Board.

"Board" means the Oklahoma Board of Medical Licensure and Supervision.

"Distant site" means the location of medical doctor providing care via telecommunications systems.

"Foreign applicant" means an applicant who is a graduate of a foreign medical school.

"Foreign medical school" means a medical school located outside of the United States.

"Originating site" means the location of the patient at the time the service being furnished via a telecommunications system occurs.

"Patient" means the patient and/or patient surrogate.

"Physician/patient relationship" means a relationship established when a physician agrees by direct or indirect contact with a patient to diagnose or treat any condition, illness or disability presented by a patient to that physician, whether or not such a presenting complaint is considered a disease by the general medical community. The physician/patient relationship shall include a medically appropriate, timely-scheduled, actual face-to-face encounter with the patient, subject to any supervisory responsibilities established elsewhere in these rules except as allowed in OAC 435:10-7-12 in this Subchapter. The act of scheduling an appointment, whether by a physician or by a physician's agent, for a future evaluation will not in and of itself be considered to establish a physician/patient relationship.

"Remote patient monitoring services" means the delivery of home health services using telecommunications technology to enhance the delivery of home health care including monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose and other condition-specific data, medication adherence monitoring and interactive video conferencing with or without digital image upload.

"Supervision and Control" means the physical presence of the supervising physician in the office or operating suite before, during and after the treatment or procedure and includes diagnosis, authorization and evaluation of the treatment or procedure with the physician/patient relationship remaining intact.

"Surrogate" means individuals closely involved in patients' medical decision-making and care and include:

(A) spouses or partners;
(B) parents;
(C) guardian; and
(D) other individuals involved in the care of and/or decision-making for the patient.

"Telemedicine" means ~~the practice of healthcare delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of conditions appropriate to treatment by telemedicine management, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine (Oklahoma Statutes, Title 36, Sec. 6802). This definition excludes phone or Internet contact or prescribing and other forms of communication, such as web-based video, that might occur between parties that does not meet the equipment requirements as specified in OAC 435:10-7-13 and therefore requires an actual face-to-face encounter. Telemedicine physicians who meet the requirements of OAC 435:10-7- 13 do not require a face to face encounter~~ technology-enabled health and care management and delivery systems that extend capacity and access, which includes:

(A) synchronous mechanisms, which may include live audiovisual interaction between a patient and a health care professional or real-time provider to provider consultation through live interactive audiovisual means,
(B) asynchronous mechanisms, which include store and forward transfers, online exchange of health information between a patient and a health care professional and online exchange of health information between health care professionals, but shall not include the use of automated text messages or automated mobile applications that serve as the sole interaction between a patient and a health care professional,
(C) remote patient monitoring, and
(D) other electronic means that support clinical health care, professional consultation, patient and professional health-related education, public health and health administration.

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SUBCHAPTER 4. APPLICATION AND EXAMINATION PROCEDURES FOR LICENSURE AS PHYSICIAN AND SURGEON

435:10-4-2. Board jurisdiction

(a) The jurisdiction of the Board extends, for the purposes of 59 S. § 492~~, as amended by H.B. No. 2123,~~ to allopathic medical practices. It is the duty of the Board to enforce licensure requirements for persons who perform any act contemplated by 59 O.S. § 492 (C) or any other provision of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act. The Board construes licensure requirements of the Act to extend to residents and interns in any medical post-graduate training program in accordance with 59 O.S. § 492 (D)(1). Interns shall obtain a special license to practice pursuant to Subchapter 11 of this Chapter. In special circumstances, residents beyond the first year of post-graduate training may extend a special license for continuance of training, renewable annually.

(b) The Board construes "allopathic" to refer to any medical or surgical procedure, drug or act reasonably and/or normally performed or undertaken by an allopathic physician consistent with the education and training of an allopathic physician.

435:10-4-4. Application procedure

(a) An applicant for licensure by the Board shall provide the Board with all information required pursuant to 59 O.S. § 493.1 on forms created therefore by staff. In addition, an applicant shall provide either original documents required thereby or notarized or certified duplicates. Academic records may be provided by submission of certified transcripts from all applicable schools.

(b) The applicant shall be forthright and open in the provision of information to the Board in the application process. No applicant shall be awarded a license who does not provide the Board with complete, open and honest responses to all requests for information.

(c) Any Board member may request an applicant to provide any additional information the Board member feels is necessary or useful to determine the applicant's ability to practice medicine and surgery in the application process which is raised by any response by an applicant to any question or request for information on the application form.

(d) The applicant shall present proof of graduation from an approved medical school and possess a valid degree of Doctor of Medicine or its equivalent, as applicable. The Board will accept as proof the original diploma conferred or a notarized copy thereof, but may request additional written information or verification from the Dean or other authority from the applicant's medical school.

(e) The applicant shall provide written verification of successful completion of at least twelve (12) months of progressive post-graduate medical training in a program approved by The American Council on Graduate Medical Education (ACGME), The Royal College of Physicians and Surgeons of Canada, The College of Family Physicians of Canada, The Royal College of Surgeons of Edinburgh, The Royal College of Surgeons of England, The Royal College of Physicians and Surgeons of Glasgow, or The Royal College of Surgeons in Ireland. The Board requires this training to be obtained in the same medical specialty. The Board will not accept combinations of months from multiple specialties as evidence of one (1) year of acceptable training for licensure; except that the Board will accept transitional residencies. It shall be the burden of the applicant to provide information as to the progressive nature of the post-graduate training. The Board construes progressive training to be that which steadily increases the student's duties and responsibilities during the training and which prepares the student for increasingly difficult medical challenges. If Fellowships are used to meet post-graduate education requirements, the Fellowships must be approved by the American Council on Graduate Medical Education (ACGME) ~~and~~or be conducted in an ACGME approved facility. Clerkships shall not constitute necessary medical post-graduate training required for licensure.

(f) The applicant shall be candid in regard to the provision of information related to any academic misconduct or disciplinary action.

(g) The applicant shall be provided a copy of the Act and Board rules on unprofessional conduct. The applicant shall review such rules and state candidly and honestly whether the applicant has committed any act which would constitute grounds for disciplinary action by the Board under Act and rules of the Board.

(h) The applicant shall take and complete the jurisprudence examination prepared by the staff. Seventy-five percent (75%) or above shall be a passing grade. The examination shall cover the Act and any other significant statute, rule or material related to the practice of medicine and surgery in this state. The applicant shall be provided a copy of all statutes, rules or other material from which the examination was created and may review such material while taking the jurisprudence examination. An applicant who fails the jurisprudence examination three (3) times shall be required to meet with the Secretary in order to devise a study plan prior to taking the jurisprudence examination again. The Board has determined that the jurisprudence examination is an integral part of the application process. A passing score on the jurisprudence examination is a requirement for licensure.

(i) The applicant shall pay all necessary fees related to the application for licensure.

(j) It is the responsibility of the applicant to verify the applicant's identity and the validity of any documents or information submitted to the Board in the licensure process.

(k) The Board must be in receipt of correspondence from the National Practitioner Databank (NPDB)~~American Medical Association (AMA)~~ and Federation of State Medical Boards (Federation) prior to issuance of any medical license. ~~The Board may also contact other sources as necessary.~~ Should information be found through correspondence with the NPDB~~AMA~~, Federation, or other sources that was previously unknown to the Board, the application will be held until such time as the Secretary of the Board is satisfied that the information has been validated by the Staff.

(l) An applicant may withdraw an application for licensure at any time prior to a final decision ~~the submission of the application~~

~~for consideration by members~~ of the Board. ~~No application may be withdrawn by an applicant after it has been submitted to members of the Board~~.

(m) An applicant for reinstatement for failure to renew pursuant to 59 O.S. s.s. 495d shall meet all application requirements in effect at the time reinstatement is requested, be of good moral character and shall provide proof that continuing education requirements have been met.

435:10-4-5. Additional requirements for foreign medical school graduate applicants

(a) It is the intent of the Board to provide graduates of foreign medical schools equal opportunity in the licensure process. All foreign applicants shall meet the requirements of 435:10-4-4. Additional requirements set forth in this Section are used solely for the purpose of ensuring the validity of the foreign applicant's fitness to practice and ability to work in the United States.

(b) Graduates of foreign medical schools whose documents are not printed in the English language shall provide all original documents in the manner of 435:10-4-4. In addition, foreign graduates shall identify a credible translator of applicant's documents. United States Consulates and formal educational foreign language programs from an institution accredited by the North Central Association of Colleges and Schools are approved to provide translations to the Board. ~~An applicant may request to use another translator. Such a request shall be made in writing and include the proposed translator's name, address and qualifications to support the approval of the request. Upon approval by the Board of the proposed translator, all documents of the applicant shall be translated into English. Both the applicant and the translator shall attest to the accuracy of the translation.~~

(c) Effective January 1, 2004, any applicant that graduated from a foreign medical school after July 1, 2003 and completed clerkships in the United States, those clerkships must have been done in hospitals, schools or facilities that are accredited by the appropriate accrediting body, Accreditation Council for Graduate Medical Education. The Board may direct staff to contact an applicant's medical school to obtain any necessary information related to the school or the applicant. In the event the Board is unable to verify information related to an applicant or the applicant's medical school, the Board may in its discretion reject the applicant's application ~~or require the applicant to score ten (10) percentage points higher on a medical licensure examination than is otherwise required~~.

~~(d) Graduates of foreign medical schools must submit a tape-recorded reading of a written selection created by the Board and evaluated by the Secretary as to the ability of the applicant to communicate in the English language or take an oral examination as determined by the Board.~~

(d)~~(e)~~ An applicant from a foreign medical school shall provide the Board with proof of successful completion of twenty-four (24) months of progressive post-graduate medical training, obtained in the same medical specialty, from a program approved by:

(1) The American Council on Graduate Medical Education (ACGME);
(2) The Royal College of Physicians and Surgeons of Canada;
(3) The College of Family Physicians of Canada;
(4) The Royal College of Surgeons of Edinburgh;
(5) The Royal College of Surgeons of England;
(6) The Royal College of Physicians and Surgeons of Glasgow; or
(7) The Royal College of Surgeons in Ireland.

(e) ~~(f)~~ A foreign applicant shall provide the Board with written proof of the applicant's ability to work in the United States as authorized by the United States Immigration and Naturalization Service.

(f) ~~(g)~~ The Board requires original source verification of Educational Commission for Foreign Medical Graduates (ECFMG) Certification. The Board shall waive this requirement for applicants ineligible to obtain ECFMG Certification, such as Fifth Pathway graduates and graduates from Canadian Medical Schools.

435:10-4-6. Medical licensure examination

(a) ~~Upon submission and approval of a completed application for licensure by examination, and the payment of all fees, an applicant may sit for an examination approved by the Board.~~ The Board has adopted the USMLE as its licensure The passing score for the licensure examination is set at seventy-five percent (75%) or the 3-digit minimum passing score scale as set by the USMLE program.

~~(b) In order to sit for the licensure examination, the applicant shall provide the Board with all information required by 59 O.S. § 494.1 on a form created or approved by the Board.~~

~~(c) Submission of an application shall not guarantee an applicant the ability to sit for the licensure No person shall sit for licensure examination until approved to do so by the Board.~~

(b) ~~(d)~~ The Board recognizes as acceptable for licensure the USMLE, NBME, FLEX and LMCC examinations. However, the Board will not accept test scores or combined FLEX scores from multiple sittings ~~of the FLEX~~. In addition, the Board will accept the following combinations of those examinations:

(1) NBME part I or USMLE step 1, **plus** NBME part II or USMLE step 2, **plus** NBME part III or USMLE step 3;
(2) FLEX component 1 plus USMLE step 3; or
(3) NBME part I or USMLE step 1, **plus** NBME part II or USMLE step 2, **plus** FLEX component 2.

(c)~~(e)~~ The factoring of scores or combination of scores taken from separate examinations is acceptable only as set forth in (d)(1) through (d)(3) of this Section.

(d)~~(f)~~ All steps of the licensure examination must be passed withing ten (10) years unless otherwise prohibited by applicable law. However, the Board may review exception requests on a case by case basis.

(e) ~~(g)~~ The following applies to all applicants regarding examination failures unless otherwise prohibited by applicable law:

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(1) Any applicant who fails any part of a licensing examination three times will not be eligible for a license. A score of incomplete shall be considered a failing score. ~~The USMLE Step2-Clinical Knowledge and Step2-Clinical Skills shall be considered as separate steps.~~The USMLE Step 2 Clinical Skills examination was last administered on March 16, 2020. Examinees with a failing outcome may not have an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 Clinical Knowledge and USMLE Step 3.

(2) If a combination of NBME, FLEX and/or USMLE is utilized, any applicant who has failed more than six (6) examinations will not be eligible for a license.

(3) If an applicant has achieved certification by an American Board of Medical Specialties (ABMS) Board, an exception to 435:10-4-6 ~~(g)~~(e)(1) and (2) may be granted by a vote of the Board.

(f)~~(h)~~ As with the initial application, the Board may make additional inquiry of the applicant to provide additional information as necessary.

435:10-4-7. Licensure by endorsement

(a) The Board may license an applicant by endorsement based upon the applicant's current license in another state, the District of Columbia, U.S. territory, or Canada and who has passed a medical licensure examination allowed by 59 O.S. § 493.3(A)(2), and who has complied with all other current licensure requirements of the Act.

(b) The Board has approved for the purpose of a medical licensure examination the FLEX, USMLE, National Board and LMCC examinations or acceptable combinations thereof. All steps of the licensure examination must be passed within ten (10) years unless otherwise prohibited by applicable law. However, the Board may review exception requests on a case by case basis.

(c) The following applies to all applicants regarding examinations failures unless otherwise prohibited by applicable law:

(1) Any applicant who fails any part of a licensing examination three times will not be eligible for a license. A score of incomplete shall be considered a failing score. The USMLE Step 2-Clinical Knowledge and Step 2-Clinical Skills shall be considered as separate steps.

(2) If a combination of NBME, FLEX and/or USMLE is utilized, any applicant who has failed more than six (6) examinations will not be eligible for a license.

(3) If an applicant has achieved certification by an American Board of Medical Specialties (ABMS) Board, an exception to 435:10-4-7 (c) (1) and (2) may be granted by a vote of the Board.

(d) To apply for licensure by endorsement, an applicant shall submit an application as required by 435:10-4-4 and 435:10-4-5, as applicable.

(e) In addition, the applicant shall provide information to the Board, on a form created by the Board, in regard to the applicant's current license and previous examination.

~~(f) In the event an applicant is not qualified for licensure by endorsement, the applicant may, upon payment of applicable fees, sit for licensure examination authorized by this rule.~~

435:10-4-8. Endorsement of certified applicants [REVOKED]

~~The Board recognizes that the degree conferred upon a student of medicine is not always a doctorate of medicine. The Board will accept equivalent degrees when the underlying education is similar to the education of the University of Oklahoma School of Medicine.~~

435:10-4-9. Board review of applications

The Board may review applications by circularization and thereby vote to approve an application. Any Board member may request additional information from an applicant. Any Board member may vote to hold any application until a meeting of the Board for review en banc. Applications approved by circularization shall be ratified at a subsequent meeting of the Board. No application shall be denied except in a meeting of the Board upon a vote of a majority of the Board members.

435:10-4-11. Written agreement

(a) **Board Authority.** The Board has been granted authority pursuant to 59 O.S. § 492.1, to require, among other things, that an applicant provide to the Board satisfactory evidence of the ability of the applicant to practice medicine and surgery in this state with reasonable skill and safety. In addition, the Board is empowered pursuant to 59 O.S. § 503 through 513, to take administrative and other action for violation of the Act for unprofessional conduct.

(b) **Agreement between Board and applicant.**

(1) In consideration of this authority, the Board designates to the Secretary the authority to enter into a written Agreement with an applicant to provide the Board assurance that the applicant will be able to practice medicine and surgery in this state with reasonable skill and safety.

(2) The Secretary may enter into such an Agreement when circumstances and/or conditions of an applicant raise questions as to the fitness or ability of the applicant to practice medicine and surgery with reasonable skill and safety or questions as to prior actions of the applicant in this or any other jurisdiction which would constitute a violation of the Act or these rules, as the Secretary may determine.

(3) The Agreement shall be a written statement of conditions upon which a license may be granted to an applicant, although no license shall be guaranteed to be granted should an applicant enter into an Agreement, by which the Secretary shall devise and specify authority of the Board or its staff to meet with the applicant upon specified terms, to

gather additional information from the applicant or to require the applicant to take certain specified actions if, when and after the applicant is granted a license by the Board. Additionally, the Applicant will agree to pay the actual costs incurred for any testing or monitoring provided for under the Agreement.

(4) Any Agreement entered into by the Secretary and an applicant shall not be effective until approved~~ratified~~ by the Board.

(5) The Board intends any Agreement entered into by the Secretary and an applicant to be of a continuing nature until set aside or otherwise terminated by the Board.

(6) An Agreement hereunder shall not be considered by the Board to be disciplinary action.

(7) The failure of a licensee who is the subject of an Agreement to comply with the terms of an Agreement shall be considered a violation of the rules of the Board and shall be grounds for disciplinary action by the Board pursuant to, among other things, OAC 435:10-7-4(11) and (39). Failure to comply with an Agreement hereunder may subject a licensee to revocation by the Board.

(8) At any time during the application process, the Board may hold an application and direct the Secretary to review the application for the possibility of entering into an Agreement with an applicant.

SUBCHAPTER 5. APPROVAL OF HOSPITALS AND PROGRAMS FOR POST-GRADUATE TRAINING

435:10-5-1. Determination of hospitals and programs approved for post-graduate training

In order to properly enforce the provisions of 59 O.S. ~~1971,~~ Section 493.1(c) relative to post-graduate training, the State Board of Medical Licensure and Supervision shall each year approve sponsoring institutions and their programs which are acceptable for post-graduate training in Oklahoma.

(1) In determining which sponsoring institutions and programs shall be approved for post-graduate training, this Board shall consider among other things, the qualifications of physician educators serving in residencies in said sponsoring institutions and other facilities for giving first year post-graduate training. Physicians not eligible for full and unrestricted licensure in Oklahoma shall not be considered by this Board as qualified to train post-graduate residents.

(2) In determining the sponsoring institutions and programs that shall be approved for first year post-graduate training and residency programs, the Board shall consider as evidence of acceptability the sponsoring institution's accreditation by the Accreditation Council for Graduate Medical Education (ACGME).

(3) Each sponsoring institution shall appoint an institutional official responsible for meeting reporting requirements. The following list of reportable incidents shall be reported to the Board within thirty (30) days of a final action on the part of the sponsoring institution or program:

(A) Whether any disciplinary actions relating to unprofessional conduct (as defined in Title 59 O.S., §509 and OAC 435:10-7-4) were taken against a resident physician in the post-graduate training program.

(B) Whether a resident physician has failed to advance in the residency program for reasons of unprofessional conduct.

(C) Whether a resident physician has been placed on restriction by the program director for reasons of unprofessional conduct.

(D) Whether any resident physician has been dismissed or terminated from the training program and the reasons for such action.

(E) Whether any resident physician has resigned from the training program while under investigation for program violations, misconduct, or unprofessional conduct.

(F) Whether any resident physician has been referred by the program director to a substance abuse program, unless the resident physician enrolls in an impaired physician program approved by the Board.

(4) Failure to report unprofessional conduct or the inability to practice safely may be grounds for disciplinary action against the supervising physician.

435:10-5-2. Suspension from hospitals and programs approved

Any hospital or program appointing any person as a fellow, assistant resident, or resident physician or permitting anyone to practice medicine in such hospital or program without a license or special training license to practice medicine in Oklahoma may be suspended from the Board's list of hospitals and programs approved for post-graduate training. It shall be the duty of the hospital and/or medical school appointing such fellow, assistant resident, or resident to ascertain that such appointees hold a license to practice in Oklahoma at the time they begin post-graduate training. The hospital or program must submit within 30 days after the commencement of said employment the name and licensure information to include license number on each fellow, assistant resident or resident physician.

SUBCHAPTER 7. REGULATION OF PHYSICIAN AND SURGEON PRACTICE

435:10-7-1. Physicians dispensing dangerous drugs

In compliance with ~~Senate Bill 39, 1987 Session~~Title 59 O.S. §§ 355.1, all medical doctors who desire to dispense

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"dangerous drugs" to patients must comply with all requirements thereof.

(1) **Annual** Any medical doctor who desires to dispense "dangerous drugs," as defined by 59 O.S.~~1991~~, §§ 353.1~~355~~, **et seq**., to patients must register annually with the ~~Oklahoma State~~ Board ~~of Medical Licensure and Supervision~~ on forms provided by the Board. Registration as a dispensing physician may be combined with annual renewal of licensure in order to simplify the process.

(2) **Records made available** The ~~book, file or~~ record required by the Oklahoma Pharmacy Act ~~59 O.S. 1991, Section 355.1~~, shall be available to inspection and copying by investigators of the Board during normal business hours.

~~(3) **Initial registration** For initial registration as a dispensing physician from November 1, 1987, to June 1, 1988, the physician may request a registration form from the Board or register in the normal, annual renewal of licensure process.~~

~~(4) **Registration fee** There is no fee for registration as a dispensing physician.~~

435:10-7-2. Use of Board certification

Allopathic physicians in Oklahoma who may lawfully claim to be "Board Certified" or "Certified by" or a "Diplomat" or "Fellow" are ~~only~~ physicians who have ~~presented to the Oklahoma State Board of Medical Licensure and Supervision~~provided evidence of successful completion of ~~successfully completed~~ all requirements for certification by a member Board boards of the ~~any~~ organization of American Board of Medical Specialties (ABMS), ~~as listed by the American Medical Association~~ or by any other organization whose program for the certification requested has been approved ~~found~~ by the Board ~~to be equivalent thereto~~. Physicians requesting to be "Board Certified" or "Certified by" or a "Diplomat" or "Fellow" by a program not approved by the Board must make a formal request to the Board, complete the Non-ABMS Board Certification Application and pay the appropriate fee pursuant to 435:1-1-7(a)(4)(K)(i). The physician will be notified when their matter will be heard by the Board and must be present to address any questions by the Board.

435:10-7-4. Unprofessional conduct

The Board has the authority to revoke or take other disciplinary action against a licensee or certificate holder for unprofessional conduct. Pursuant to 59 O.S.~~, 1991,~~ Section 509, "Unprofessional Conduct" shall be considered to include:

(1) Indiscriminate or excessive prescribing, dispensing or administering of Controlled or Narcotic drugs.

(2) Prescribing, dispensing or administering of Controlled substances or Narcotic drugs in excess of the amount considered good medical practice or prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with published standard.

(3) The habitual or excessive use of any drug which impairs the ability to practice medicine with reasonable skill and safety to the patient.

(4) Issuing prescriptions for Narcotic or Controlled drugs to minors in violation of 63 S.~~1978 Supp.,~~ Sections 2601 through 2606, as amended.

(5) Purchasing or prescribing any regulated substance in Schedule I through V, as defined by the Uniform Controlled Dangerous Substances Act, for the physician's personal use.

(6) Dispensing, prescribing or administering a Controlled substance or Narcotic drug without medical need.

(7) The delegation of authority to another person for the signing of prescriptions for either controlled or non-controlled drugs, except as provided for in 59 O.S.~~,~~ Section6D.

(8) Fraud or misrepresentation in applying for or procuring a medical license or in connection with applying for or procuring periodic reregistration of a medical

(9) Cheating on or attempting to subvert the medical licensing examination(s).

(10) The conviction of a felony or any offense involving moral turpitude whether or not related to the practice of medicine and surgery.

(11) Conduct likely to deceive, defraud, or harm the public.

(12) Making a false or misleading statement regarding skill or the efficacy or value of the medicine, treatment, or remedy prescribed by a physician or at a physician's direction in the treatment of any disease or other condition of the body or mind.

(13) Representing to a patient that an incurable condition, sickness, disease, or injury can be

(14) Willfully or negligently violating the confidentiality between physician and patient to the detriment of a patient except as required by law.

(15) Gross or repeated negligence in the practice of medicine and

(16) Being found mentally incompetent or insane by any court of competent jurisdiction; commitment to an institution for the insane shall be considered prima facie evidence of insanity of any physician or surgeon.

(17) Being physically or mentally unable to practice medicine and surgery with reasonable skill and safety.

(18) Practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery.

(19) The use of any false, fraudulent, or deceptive statement in any document connected with the practice of medicine and surgery.

(20) Practicing medicine and surgery under a false or assumed

(21) Aiding or abetting the practice of medicine and surgery by an unlicensed, incompetent, or impaired person.

(22) Allowing another person or organization to use a physician's license to practice medicine and surgery.

(23) Commission of any act of sexual abuse, misconduct, or exploitation related or unrelated to the licensee's practice

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of medicine and surgery.
(24) Prescribing, selling, administering, distributing, ordering, or giving any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug for other than medically accepted therapeutic purposes.
(25) Except as otherwise permitted by law, prescribing, selling, administering, distributing, ordering, or giving to a habitue or addict or any person previously drug dependent, any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug.
(26) Prescribing, selling, administering, distributing, ordering, or giving any drug legally classified as a controlled substance or recognized as an addictive dangerous drug to a family member or to himself or herself. Provided that this paragraph shall not apply to family members outside the second degree of consanguinity or affinity. Provided further that this paragraph shall not apply to medical emergencies when no other medical doctor is available to respond to the emergency.
(27) Violating any state or federal law or regulation relating to controlled
(28) Obtaining any fee by fraud, deceit, or misrepresentation, including fees from Medicare, Medicaid, or insurance.
(29) Employing abusive billing
(30) Directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, though this prohibition shall not prohibit the legal function of lawful professional partnerships, corporations, or associations.
(31) Disciplinary action of another state or jurisdiction against a license or other authorization to practice medicine and surgery based upon acts of conduct by the licensee similar to acts or conduct that would constitute grounds for action as defined in this section, a certified copy of the record of the action taken by the other state or jurisdiction being conclusive evidence thereof.
(32) Failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction (United States or foreign), by any governmental agency, by any law enforcement agency, or by any court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.
(33) Failure to report to the Board surrender of a license or other authorization to practice medicine and surgery in an other state or jurisdiction, or surrender of membership on any medical staff or in any medical or professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.
(34) Any adverse judgment, award, or settlement, or award arising from a medical liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.
(35) Failure to transfer pertinent and necessary medical records to another physician in a timely fashion when legally requested to do so by the subject patient or by a legally designated representative of the subject patient.
(36) Improper management of medical
(37) Failure to furnish the Board, its investigators or representatives, information lawfully requested by the Board.
(38) Failure to cooperate with a lawful investigation conducted by the
(39) Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board.
(40) The inability to practice medicine and surgery with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. To enforce this paragraph, the Board may, upon probable cause, request a physician to submit to a mental or physical examination by physicians designated by it. If the physician refuses to submit to the examination, the Board shall issue an order requiring the physician to show cause why he will not submit to the examination and shall schedule a hearing on the order within thirty (30) days after notice is served on the physician. The physician shall be notified by either personal service or by certified mail with return receipt requested. At the hearing, the physician and his attorney are entitled to present any testimony and other evidence to show why the physician should not be required to submit to the examination. After a complete hearing, the Board shall issue an order either requiring the physician to submit to the examination or withdrawing the request for The medical license of a physician ordered to submit for examination may be suspended until the results of such examination are received and reviewed by the Board.
(41) Failure to provide a proper setting and assistive personnel for medical act, including but not limited to examination, surgery, or other treatment. Adequate medical records to support treatment or prescribed medications must be produced and maintained.
(42) Failure to inform the Board of a state of physical or mental health of the licensee or of any other health professional which constitutes or which the licensee suspects constitutes a threat to the public.
(43) Failure to report to the Board unprofessional conduct committed by another
(44) Abuse of physician's position of trust by coercion, manipulation or fraudulent representation in the doctor-patient relationship.
(45) Engaging in physical conduct with a patient which is sexual in nature, or in any verbal behavior which is seductive or sexually demeaning to a patient.
(46)~~(45)~~ Engaging in predatory sexual behavior.
(47)~~(46)~~ Any doctor licensed in Oklahoma using that license for practice in another state, territory, district or federal facility who violates any laws in the state in which he/she is practicing or any federal, territorial or district laws that are

in effect in the location in which he/she is using his/her Oklahoma license to practice.
(48)~~(47)~~ Causing, or assisting in causing, the suicide, euthanasia or mercy killing of any individual; provided that it is not causing, or assisting in causing, the suicide, euthanasia or mercy killing of any individual to prescribe, dispense or administer medical treatment for the purpose of alleviating pain or discomfort in accordance with Oklahoma Administrative Code 435:10-7-11, even if such use may increase the risk of death, so long as it is not also furnished for the purpose of causing, or the purpose of assisting in causing, death for any reason.
(49)~~(48)~~ Failing to obtain informed consent, based on full and accurate disclosure of risks, before prescribing, dispensing, or administering medical treatment for the therapeutic purpose of relieving pain in accordance with Oklahoma Administrative Code 435:10-7-11 where use may substantially increase the risk of death.
(50)~~(49)~~ Failure to establish a physician/patient relationship prior to providing patient-specific medical services, care or treatment, except in a clearly emergent, life threatening situation.
(51) Failing to supervise, delegate, or oversee appropriately by not providing direct and indirect supervision as required by the Board's laws and rules, not maintaining adequate records of supervision, delegating services to unqualified individuals, failing to assume full responsibility for services provided by supervisees, offering services without appropriate supervision, or failing to be available for communication.

435:10-7-6. Retired physicians and surgeons

(a) Holders of full and unrestricted licenses may choose at any time to apply for Physician Emeritus (fully retired) status by notifying the Board~~this office~~. There will be no fee associated with obtaining or maintaining this licensure status.
(b) Physicians in this status may continue to use the title or append to their name the letters, M.D., Doctor, Professor, Specialist, Physician or any other title, letters or designation which represents that such person is a physician. Service on boards, committees or other such groups which require that a member be a physician shall be allowed.
(c) Once this status is acquired the physician shall not practice medicine in any form, prescribe, dispense or administer drugs.
(d) When a physician has retired from practice and subsequently chooses to return to active practice from retired status within six (6) months of the date of retirement, the physician shall:
(1) Pay required fees and
(2) Complete required forms.
(e) When a physician has retired from practice and chooses to return to active practice from retired status more than six (6) months after date of retirement, in addition to the requirements of payment of fees and completion of forms, the physician may be required by the Board to:
(1) Make a personal appearance before the Board or Secretary of the Board;
(2) Submit ~~submit~~ to a physical examination, psychological and/or psychiatric examination;
(3) Provide ~~provide~~ evidence of successful completion of continuing medical education;
(4) Successfully take a competency and/or jurisprudence examination as directed by the Board or the Secretary of the Board.

435:10-7-7. Relocation of residence or practice

All physicians licensed in the State of Oklahoma must submit a street address upon relocation of residence, if used as mailing address, ~~and/or~~the practice address~~.~~ and a valid electronic mail address.

435:10-7-9. Disposal of human tissue

(a) The following words and terms, when used in this Section, shall have the following meaning, unless the context clearly indicates otherwise:
(1) **"Conviction"**, as used in ~~SB668, 1992 Legislative Session,~~59 O.S. Section 509.2 shall mean a finding, by the Board, that a physician did violate any provision of this Section.
(2) **"Human tissue"** means all parts of the human body recognizable as such without the use of specialized equipment.
(3) **"Physician"** means a person licensed under the provisions of Title 59 O.S., Section 481 et seq.
(b) All human tissue, which is collected in the course of the diagnosis and/or treatment of any human condition by a doctor of allopathic medicine, his employee or agent, must be handled in one of the following ways:
(1) Sent for analysis and possible retention as a surgical specimen;
(2) Sent for autopsy;
(3) Sent for embalming and burial in accordance with accepted interment standards; or
(4) Sent for disposal by incineration in a pathological incinerator in the same manner as hazardous medical waste is handled under the applicable state statutes, rules and regulations.
(c) Nothing herein shall preclude the doctor's right to use human tissue for the treatment of disease or injury. Likewise, the doctor shall have the right to assist in arranging appropriate donations through the processes of the Anatomical Board, under the provisions of the Anatomical Gift Act or the preservation of human tissue for other legitimate educational purpose in any accredited educational endeavor.
(d) In no event shall any person knowingly dispose of any human tissue in a public or private dump, refuse or disposal site or place open to public view.
(e) Any allopathic physician who violates or whose employees or agents violate this Section shall, upon conviction in a hearing

before the Board, be fined an amount not to exceed Ten Thousand Dollars ($10,000).
(f) A presumption of compliance occurs once the attending physician has executed one of these methods of handling and his responsibility is deemed fulfilled. In no event shall the allopathic physician be responsible for the acts or omissions of any other licensed professional, independent contractor or other indirect assistant incidental to the ultimate disposal of human tissue by any of the designated methods.

435:10-7-10. Annual reregistration

(a) On an annual basis, each person licensed by the Board shall reregister with the Board. Reregistration shall be conducted during the month of initial licensure of each individual licensee by the Board. Each licensee shall provide to the Board all information required by the Board pursuant to statute, 59 O.S. ss 495a.1, in a form approved by the Board. ~~The Board's staff shall prorate all fees for reregistration periods to equal the actual reregistration period during the period of transition from the uniform June annual reregistration period to the new period of reregistration based upon month of initial licensure.~~
(b) It shall be the affirmative duty of each licensee to comply with reregistration requirements. No grace period ~~beyond that provided by law~~ shall be allowed. ~~The Board will not hear requests for extensions for reregistration or exemption from any reregistration requirement that the licensee did not receive reregistration materials.~~

435:10-7-11. Use of controlled substances for the management of chronic pain

The Board has recognized that principles of quality medical practice dictate that the people of the State of Oklahoma have access to appropriate and effective pain relief and has adopted the following criteria when evaluating the physician's treatment of pain, including the use of controlled substances:

(1) **Evaluation of the patient.** A medical history and physical examination must be obtained, evaluated and documented in the medical record**.** Medical records shall remain current and be maintained in an accessible manner, readily available for review. The medical record shall~~should~~ document: ~~the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions~~, ~~the effect of the pain on physical and psychological function and history of substance The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.~~

(A) the medical history and physical examination (including vital signs),
(B) effect of the pain on physical and psychological function and history of substance abuse,
(C) diagnostic, therapeutic and laboratory results,
(D) evaluations, consultations and follow-up evaluations,
(E) treatment objectives,
(F) discussion of risks and benefits,
(G) informed consent,
(H) treatments,
(I) medications (including date, type, dosage and quantity prescribed),
(J) instructions and agreements and
(K) periodic reviews.

(2) **Treatment plan.** The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.
(3) ~~**Informed consent and agreement for treatment**~~**Patient-Provider Agreement.** The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is without medical decision-making capacity. The patient should receive prescriptions from one physician and one pharmacy whenever If the patient is at high risk for medication abuse or has a history of substance abuse, the physician shall~~should~~ consider the use of a written agreement between physician and patient outlining patient responsibilities, including:

(A) urine/serum medication levels screening when requested;
(B) number and frequency of all prescription refills; and
(C) reasons for which drug therapy may be discontinued (e.g. violation of agreement).

(4) **Periodic review.** The physician should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluation of progress toward treatment objectives. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers should be considered in determining the patient's response to treatment. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.
(5) **Consultation.** The physician should be willing to refer the patient, as necessary, for additional evaluation and treatment in order to achieve treatment objectives. Special

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attention should be given to those patients with pain who are at risk for medication misuse, abuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.

~~(6) **Medical** Records should remain current and be maintained in an accessible manner, readily available for review. The physician should keep accurate and complete records to include:~~

~~(A) the medical history and physical examination (including vital signs),~~
~~(B) diagnostic, therapeutic and laboratory results,~~
~~(C) evaluations, consultations and follow-up evaluations,~~
~~(D) treatment objectives,~~
~~(E) discussion of risks and benefits,~~
~~(F) informed consent,~~
~~(G) treatments,~~
~~(H) medications (including date, type, dosage and quantity prescribed),~~
~~(I) instructions and agreements and~~
~~(J) periodic~~

(6) ~~(7)~~ **Compliance with controlled substances laws and regulations.** To prescribe, dispense or administer controlled substances, the physician must be licensed in Oklahoma and comply with applicable federal and state laws and Physicians are referred to the Physicians Manual of the U.S. Drug Enforcement Administration for specific rules governing controlled substances as well as applicable state regulations.

435:10-7-12. Establishing a physician/patient relationship; exceptions

A physician/patient relationship is established when a physician agrees by direct or indirect contact with a patient to diagnose or treat any condition, illness or disability presented by a patient to that physician, whether or not such a presenting complaint is considered a disease by the general medical community. The physician/patient relationship shall include a medically appropriate, timely-scheduled, face-to-face encounter with the patient, subject to any supervisory responsibilities established elsewhere in these rules except the following providers are not subject to the face-to-face encounter:

(1) Providers covering the practice of another provider may approve refills of previously ordered medications if they have access to the medical file of the patient.

(2) Hospice medical directors may initiate prescriptions based on requests from licensed health care providers and on information from Hospice records.

(3) Providers ordering appropriate medications for persons:

(a) who have been in contact with certain infectious disease; or

(b) with ~~laboratory-proven~~clinically diagnosed, sexually transmitted ~~diseases~~infections, may provide expedited partner therapy if, in the professional judgement of the provider the patients sexual partner is unlikely or unable to be present for examination, treatment, or testing.

~~(4) and p~~Persons ~~who have been in contact with certain infectious diseases~~.

(4) Telemedicine physicians who meet the criteria set out in OAC 435:10-7-13 of this Subchapter.

(5) Licensed healthcare providers providing medical immunizations, which may be implemented by means of standing order(s) and/or policies.

(6) ~~(4)~~ Licensed providers ordering opioid antagonists pursuant to 63 O.S. §1-2506.1.

435:10-7-13. Telemedicine

Unless otherwise prohibited by law, a valid physician-patient relationship may be established by an allopathic with a patient located in this state through telemedicine, provided that the physician:

(a) ~~Physicians treating patients in Oklahoma through telemedicine must be fully licensed to practice medicine in Oklahoma; and~~ Holds a license to practice medicine in this state;

(b) Confirms with the patient the patient's identity and physical location; and

(c) Provides the patient with the treating physician's identity and professional credentials.

~~(b)~~(d) Must practice telemedicine in compliance with standards established in these rules. In order to be exempt from the face-to-face meeting requirement set out in these rules, the telemedicine encounter must meet the following:

(1) **Telemedicine encounters**

(A) Telemedicine encounters occur when ~~require the~~ a physician (distant site) ~~physician to~~ performs an exam of a patient ~~at a separate, remote~~ (originating site) ~~location~~when distance separates the patient and health care provider.

(B) ~~In order to accomplish this, and~~ ~~i~~If the distant site physician deems it to be medically necessary, they can request ~~utilized~~ a licensed healthcare provider trained in the use of the equipment may be utilized at the originating site to "present" the patient, manage the cameras, any peripheral equipment necessary and perform any physical activities to successfully complete the exam.

(C) A complete medical record must be kept and be accessible at both the distant and originating sites, preferably a shared Electronic Medical Record~~, that is full and complete and meets the standards as a valid~~

~~medical record~~.

(D) ~~There should be~~ ~~p~~Provisions for appropriate follow up care equivalent to that available to face-to-face patients.

(E) ~~The i~~Information available to the distant site physician ~~for the medical problem to be addressed must~~shall be equivalent ~~in scope and quality~~ to ~~what would be obtained with~~ an ~~original or follow-up~~ face-to-face encounter and must meet all applicable standards of care for that medical problem including, but not limited to the documentation of a history, a physical exam, the ordering of any diagnostic tests, making a diagnosis and initiating a treatment plan with appropriate discussion and informed consent.

(2) **Equipment and technical standards**

~~(A) Telemedicine technology must be sufficient to provide the same information to the provider as if the exam has been performed face-to-face.~~

(A) ~~(B)~~ Telemedicine encounters ~~must~~shall comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) ~~security measures to~~and ensure that all patient communications and records are secure and ~~remain~~ confidential.

(B) ~~(C)~~ Telemedicine encounters in this state shall not be used to establish a valid physician-patient relationship for the purpose of prescribing opiates, synthetic opiates, semisynthetic opiates, benzodiazepine or carisoprodol, but may be used to prescribe opioid antagonists or partial agonists pursuant to sections 1-2506.1 and 1-2506.2 of Title 63 of the Oklahoma Statues.

(C) ~~(D)~~ A physician-patient relationship shall not be created solely based on the receipt of patient health information by a physician. The duties are obligations created by a physician affirmatively:

(1) Undertakes to diagnose and treat the patient; or

(2) Participates in the diagnosis and treatment of the patient.

(3) **Technology guidelines**

(A) Audio and video equipment, use of audio only ~~must~~ shall permit interactive, real-time communications.

(B) Technology ~~must~~shall ~~be~~ adhere to HIPAA and HITECH ~~compliant~~complaince, including entity appropriate Business Associate Agreements in transit and at rest.

(C) Technology shall also include data protection including but not limited to consent for aggregation and/or sale of health data, including de-identified data.

(D) Requirements of 435:10-7-13 (d)(3)(B) and (C) shall also apply to remote patient monitoring as well as synchronous (store and forward) technology.

~~(4) **Board Approval of Telemedicine.** In the event a specific telemedicine program is outside the parameters of these rules, the Board reserves the right to approve or deny the program.~~

SUBCHAPTER 11. TEMPORARY AND SPECIAL LICENSURE

435:10-11-1. Purpose

The purpose of this Subchapter is to set forth requirements for the approval of a temporary license or special license to practice medicine and surgery in this state. In general, temporary licensure rules apply to applicants who ~~demonstrably~~ demonstrate they meet all requirements for the granting of an unrestricted license to practice medicine and surgery but ~~must~~shall await Board approval of the application. Special licensure, in general, is applicable to persons who do not meet all requirements for an unrestricted license to practice medicine and surgery but who are qualified to practice medicine and surgery on a limited basis, whether by specialty, level of medical post- graduate training, location or type of practice.

435:10-11-2. Procedure for temporary licensure

(a) Any applicant for an unrestricted license to practice medicine and surgery in this state, whether by examination or endorsement, may make a written application to the Secretary for the issuance of a temporary license to practice medicine and surgery. An applicant for such a license shall meet all statutory and regulatory requirements for the issuance of an unrestricted license to practice medicine and surgery in this state and has complied with all requirements.

(b) Upon receipt by the Secretary of an application for a temporary license to practice medicine and surgery in this state, the Secretary shall review the application of the applicant for an unrestricted license to practice medicine and surgery and confer with staff to verify that the applicant has met or will meet within a reasonable time all requirements for unrestricted licensure but awaits only a vote of the Board on the application for an unrestricted license. If the Secretary is satisfied the applicant has met or will meet within a reasonable time all requirements for unrestricted license to practice medicine and surgery in this state, the Secretary may issue the applicant a temporary license to practice.

(c) A temporary license granted by the Secretary pursuant to this section shall terminate at the next Board meeting at which the Board is scheduled to act upon the applicant's application for an unrestricted license. At the discretion of the Board Secretary, temporary licensure may be extended to a future Board meeting at which the Board is scheduled to act.

(d) The Secretary is authorized to seek injunctive relief against any person who practices beyond the termination of a temporary license granted pursuant to this Section and who has not obtained an unrestricted or special license to practice medicine and surgery in this state.

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435:10-11-3. Procedure for special licensure

(a) Absent Board determination of exceptional qualifications and need to warrant special licensure~~, effective June 9, 2004~~ only special licenses ~~for training~~ will be issued by the Board. ~~Persons issued special licenses prior to June 9, 2004 may continue to apply for renewal~~.

(b) In the event a special license is granted with the agreed practice limitation being that the licensee shall practice under the supervision of another medical doctor, said supervisory physician shall hold a full and unrestricted license to practice medicine and surgery in this state. It shall be the duty of the licensee to request approval from the Board of any change of the supervisory medical doctor prior to effecting such change.

(c)~~(b)~~ No person granted a special license to practice medicine or surgery in this state shall practice outside the scope of the special license. Any practice outside the scope of a special license shall be deemed to be the unlicensed practice of medicine or surgery. The Secretary is authorized to seek injunctive action to prevent any person from violating terms or limitations of a special license granted by the Board.

(d)~~(c)~~ Upon application for renewal, the Secretary shall review all special licenses granted on an annual basis to determine if such license should be renewed by the Board or amended as to its terms or limitations. ~~In addition, the Board may grant the holder of a special license a license without practice limitation when appropriate.~~

435:10-11-3.1. Special license for post-graduate training

(a) The Secretary of the Board is authorized to issue a special license for training to first-year residents. Unless otherwise renewed, amended, suspended or revoked by the Board, a special license issued under this section may be extended without renewal by the Secretary for a period ~~not to exceed~~of ninety (90) days ~~until scores from the first-year resident's final licensing examination are received and application for full licensure is acted on by the Board~~. A special training license obtained by foreign medical school graduates under this section may be renewed to meet the requirements pursuant to 435:10-4-5(e).

(b) No special license for post-graduate training may be issued unless the applicant has passed Step 1 and Step 2-Clinical Knowledge ~~and Step2-Clinical Skills~~ of the United States Medical Licensing Examination (USMLE) within the limits set forth in 435:10-4-6(g).

435:10-11-6. Change of supervisory medical doctor [REVOKED]

~~In the event a special license is granted with the agreed practice limitation that the licensee shall practice under the supervision of another medical doctor, said supervisory physician shall hold a full and unrestricted license to practice medicine and surgery in this state. It shall be the duty of the licensee to request approval from the Board of any change of the supervisory medical doctor prior to effecting such change.~~

SUBCHAPTER 13. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE REGISTERED NURSES WITH PRESCRIPTIVE AUTHORITY

435:10-13-2. Eligibility to supervise physician assistants and advanced practice registered nurses with prescriptive authority

(a) To be eligible to serve as supervising physician for physician assistants (PA) and/or advanced practice registered nurses (APRN) with prescriptive authority, an allopathic physician shall meet the following criteria

(1) ~~Have possession of a full and unrestricted Oklahoma medical license.~~ Pursuant to 59 O.S. § 519.2, a delegating physician must have a license in good standing as a physician by either the: State Board of Medical Licensure and Supervision, or State Board of Osteopathic Examiners.

(A) The physician shall also possess permits from the Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics (OBN) ~~permits~~ for any drug on the formulary as defined in the Oklahoma Administrative Code 435:15-11-2 and the Oklahoma Board of Nursing Exclusionary Formulary for Advanced Practice Registered Nurses with Prescriptive Authority; or ~~the Physician Assistant Practice Act and the Oklahoma Nursing Practice Act~~.

(B) A physician who does not possess permits from the Drug Enforcement Agency (DEA) or the Oklahoma Bureau of Narcotics (OBN, but is otherwise authorized to prescribe other drugs on the formulary described in OAC 435:15-11-2 or the Oklahoma Board of Nursing Exclusionary Formulary for Advanced Practice Registered Nurses may continue to delegate or supervise physician assistants or advanced practice registered nurses provided that at no time shall the physician assistant or advanced practice registered nurse prescribe any drug from either formulary if the supervising physician currently delegating to the physician assistant or advanced practice registered nurse is unable to prescribe said drug.

(2) Review. A delegating physician shall review the care provided to each patient receiving health care services by a physician assistant with a temporarily approved license.

(3)~~(2)~~ The physician shall be in an active clinical practice in which no less than twenty (20) hours per week shall involve direct patient contact.

(4)~~(3)~~ The ~~supervising~~delegating physician shall be trained and fully qualified in the field of the physician assistant's and/or advanced practice registered nurse's specialty.

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(5)~~(4)~~ No physician shall supervise more than a total of six (6) physician assistants and/or advanced practice registered nurses regarding their prescriptive authority. The Board may make an exception to any limit set herein upon request by the physician.

(6) Subsection (a)(5) shall not apply to a delegating physician who:

(A) is a medical director or delegating physician of a state institution, correctional facility, or hospital; or

(B) works in a hospital, emergency department, urgent care, multi-specialty clinic or community health center.

(C) Delegating physicians claiming an exception pursuant to this subsection may supervise an unlimited number of advanced practice registered nurses regarding their respective authority and/or physician assistants but shall not actively clinically supervise more than six (6) at any one time.

(7) On the request of the delegating physician, the board may, upon consideration, may waive the requirements under subsection (a)(5).

(b) Proper physician supervision of the advanced practice registered nurse with prescriptive authority is essential. The supervising physician should regularly and routinely review the prescriptive practices and patterns of the advanced practice registered nurse with prescriptive authority. Supervision implies that there is appropriate referral, consultation, and collaboration between the advanced practice registered nurse and the supervising physician.

SUBCHAPTER 15. CONTINUING MEDICAL EDUCATION

435:10-15-1. Continuing medical education

(a) **Requirements.**

(1) Each applicant for re-registration (renewal) of licensure shall certify every three years that he/she has completed the requisite hours of continuing medical education (C.M.E.).

(2) Requisite hours of C.M.E. shall be sixty (60) hours of Category I obtained during the preceding three (3) years as defined by the American Medical Association~~/~~, Oklahoma State Medical Association~~/~~, or the American Academy of Family Physicians ~~or other certifying organization recognized by the Board~~.

(3) Newly licensed physicians will be required to begin reporting three years from the date licensure was granted.

(b) **Audit/Verification.**

(1) The Board staff will, each year, randomly or for cause select licensees to be audited for verification that C.M.E. requirements have been met.

(2) The Board shall accept as verification:

(A) Current American Medical Association Physician Recognition Award (AMAPRA);

(B) Specialty board certification or recertification that was obtained during the three year reporting period, by an American Board of Medical Specialties (ABMS) specialty board;

(C) Proof of residency or fellowship training during the preceding three years. Fifty (50) hours of CME may be awarded for each completed year of training;

(D) Copies of certificates for the Category I education.

(c) **Compliance.**

(1) Licensees selected for audit ~~must~~shall submit verification of meeting the CME

(2) ~~Failure to submit such records shall constitute an incomplete application and shall result in the application being returned to the licensee and the licensee being unable to practice.~~Licensees will be notified and have thirty (30) days from the date of correspondence to submit proof of CME to the Board.

(3) A license obtained through misrepresentation shall result in Board action.

SUBCHAPTER 19. SPECIAL VOLUNTEER MEDICAL LICENSE

435:10-19-3. Annual renewal

(a) Holders of a volunteer medical license ~~must~~shall apply for renewal on an annual basis on forms provided by the Board.

(b) Renewals issued by the Board will be without any continuing education requirements or renewal fee.