

Amended: November 1, 2020

**OKLAHOMA ALLOPATHIC MEDICAL AND SURGICAL
LICENSURE AND SUPERVISION ACT
Title 59 O.S., Sections 480 - 518**

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480. Short Title - Intent and Scope of Act

Sections 481 through 518 of Title 59 of the Oklahoma Statutes shall be known and may be cited as the "Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act". It is the intent that this act shall apply only to allopathic and surgical practices and to exclude any other healing practices. Allopathy is a method of treatment practiced by recipients of the degree of Doctor of Medicine, but specifically excluding homeopathy. The terms medicine, physician and drug(s) used herein are limited to allopathic practice.

Added by Laws 1994, c. 323, § 1, eff. July 1, 1994.

481. Re-creation of State Board of Medical Licensure and Supervision

A State Board of Medical Licensure and Supervision hereinafter referred to as the "Board", is hereby re-created, to continue until July 1, 2024, in accordance with the provisions of the Oklahoma Sunset Law. The Board shall be composed of seven (7) allopathic physicians licensed to practice medicine in this state and represent the public and four (4) lay members. The physician members of the Board shall be graduates of legally chartered medical schools recognized by the Oklahoma State Regents for Higher Education or the Liaison Council on Medical Education. The physician members shall have actively practiced as licensed physicians continuously in this state for the three (3) years immediately preceding their appointment to the Board. All members of the Board shall be residents of this state and shall be appointed by the Governor as provided for in Section 482 of this title. All present members of the Board shall continue to serve for the remainder of their current terms.

Laws 1923, SB 148, c. 59, § 1, emerg. eff. March 31, 1923; Amended by Laws 1925, c. 63, p. 95, § 1, emerg. eff. April 6, 1925; Amended by Laws 1943, SB 98, § 4, emerg. eff. March 24, 1943; Amended by Laws 1965, HB 694, c. 264, § 1, emerg. eff. June 23, 1965; Amended by Laws 1983, HB 1256, c. 159, § 1, emerg. eff. July 1, 1983; Amended by Laws 1987, HB 1478, c. 118, § 5, emerg. eff. July 1, 1987; Amended by Laws 1988, SB 450, c. 225, § 9; Amended by Laws 1993, HB 1129, c. 280, § 1; Amended by Laws 1994, HB 2123, c. 323, § 2, emerg. eff. July 1, 1994; Amended by Laws 1997, HB 1023, c. 33, § 1, emerg. eff. April 7, 1997; Amended by Laws 1998, SB 1364, c. 324, § 1, emerg. eff. May 28, 1998; Amended by Laws 2003, HB 1538, c. 10, § 1, eff. August 29, 2003; Amended by Laws 2009, HB 1014, c. 17, § 1; Amended by Laws 2013, HB 1700, c. 349, § 1.

481.1. State Board of Medical Examiners Means State Board of Medical Licensure and Supervision

Whenever in the Statutes reference is made to the State Board of Medical Examiners, it shall mean hereafter the State Board of Medical Licensure and Supervision.

Added by Laws 1987, c. 118, § 6, operative July 1, 1987.

482. Appointment of Board – Tenure – Vacancies

Physician members of the State Board of Medical Licensure and Supervision shall be appointed for terms of seven (7) years. The lay members of the Board shall serve terms coterminous with that of the Governor and until a qualified successor has been duly appointed and shall serve at the pleasure of the Governor. No member shall be appointed to serve more than two complete consecutive terms. Each physician member shall hold office until the expiration of the term for which appointed or until a qualified successor has been duly appointed. An appointment shall be made by the Governor within ninety (90) days after the expiration of the term of any member or the occurrence of a vacancy on the Board due to resignation, death or any cause resulting in an unexpired term. The appointment of allopathic physicians shall be made from a list of three names submitted to the Governor by the Oklahoma State Medical Association. The Association may submit names of members or nonmembers of the Association. No member of the Board shall be a stockholder in or full-time salaried or full-time geographic member of the faculty or board of trustees of any medical school.

Added by Laws 1923, c. 59, p. 102, § 2, emerg. eff. March 31, 1923. Amended by Laws 1925, c. 63, p. 95, § 2, emerg. eff. April 6, 1925; Laws 1943, p. 135, § 5, emerg. eff. March 24, 1943; Laws 1965, c. 264, § 2, emerg. eff. June 23, 1965; Laws 1983, c. 159, § 2, operative July 1, 1983; Laws 1987, c. 118, § 7, operative July 1, 1987; Laws 1993, c. 280, § 2; Laws 1994, c. 323, § 3, eff. July 1, 1994; Amended by Laws 1998, c. 324, § 2, eff. May 28, 1998.

483. Repealed

Repealed by Laws 1980, c. 68, § 1, eff. April 10, 1980.

484. Oath

Each member of said Board shall, before entering upon the duties of office, take the constitutional oath of office, and shall, in addition, make oath that he or she is qualified under the terms of this act to hold such office.

Added by Laws 1923, c. 59, p. 103, § 4, emerg. eff. March 31, 1923. Amended by Laws 1994, c. 323, § 4, eff. July 1, 1994.

485. Organization - Officers

The State Board of Medical Licensure and Supervision shall elect a president and a vice-president each year. If either office becomes vacant during that year, an election to fill the vacancy shall be held at the next regularly scheduled meeting of the Board.

Added by Laws 1923, c. 59, p. 103, § 5, emerg. eff. March 31, 1923. Amended by Laws 1943, p. 136, § 7, emerg. eff. March 24, 1943; Laws 1965, c. 264, § 4, emerg. eff. June 23, 1965; Laws 1987, c. 118, § 8, operative July 1, 1987; Laws 1994, c. 323, § 5, eff. July 1, 1994; Laws 1995, c. 211, § 1, eff. Nov. 1, 1995; Amended by Laws 1998, c. 324, § 3, eff. May 28, 1998

486. Repealed

Repealed by Laws 1980, c. 159, § 40, eff. April 2, 1980.

487. Secretary - Duties

A. The State Board of Medical Licensure and Supervision may appoint the secretary to serve as Medical Advisor or hire a physician to serve as Medical Advisor to the Board and the Board staff. The Board may hire the secretary as an employee of the Board at such hours of employment and compensation as determined by the Board. The Board may hire a licensed allopathic physician to serve as the secretary or medical advisor, or both, to the Board and its staff. This position shall be in the exempt unclassified service, as provided for in subsection B of Section 840-5.5 of Title 74 of the Oklahoma Statutes. The secretary shall not be a member of the Board and shall not vote on Board actions.

B. The Secretary of the Board shall preserve a true record of the official proceedings of the meetings of the Board. He or she shall also preserve a record of physicians licensed, applying for such license or applying for reinstatement of such license in this state showing:

1. age;
2. ethnic origin;
3. sex;
4. place of practice and residence;
5. the time spent in premedical and medical study, together with the names of the schools attended, and the date of graduation therefrom, with the degrees granted;
6. the grades made in examination for license or grades filed in application therefor; and
7. a record of the final disposition of each application for licensure.

The secretary of the Board shall, on or before the first day of May in each year, transmit an official copy of the register for the preceding calendar year, to the Secretary of State for permanent record, a certified copy of which shall be admitted as evidence in all courts of the state.

Added by Laws 1923, c. 59, p. 103, § 7, emerg. eff. March 31, 1923. Amended by Laws 1994, c. 323, § 6, eff. July 1, 1994; Laws 1995, c. 211, § 2, eff. Nov. 1, 1995; Amended by Laws 2009, SB 1178, c. 11, § 1, eff. November 1, 2009.

488. Meetings of Board

A. The Board may hold regular meetings at times to be fixed by the president and secretary of the Board in accordance with the provisions of the Oklahoma Open Meeting Act. In addition, the president and secretary may call such special and other meetings in accordance with the provisions of the Oklahoma Open Meeting Act. A majority of the members of the Board shall constitute a quorum for the transaction of business but a less number may adjourn from time to time until a quorum is present.

B. No meeting as provided for in subsection A of this section shall be required for the determination of the qualifications of an applicant for a certificate issued pursuant to the provisions of Section 495 of this title. Each member of the Board authorized to vote on licensure may review the qualifications of the applicant during times other than when a regular or special meeting is held, to determine the sufficiency of said qualifications. Each member shall notify the secretary of his findings, in writing. The provisions of this subsection shall not be construed to prohibit the Board from reviewing the qualifications of an applicant for licensure during any regular or special meeting of the Board.

Added by Laws 1923, c. 59, p. 103, § 8, emerg. eff. March 31, 1923. Amended by Laws 1925, c. 63, p. 95, § 3, emerg. eff. April 6, 1925; Laws 1935, p. 56, § 1, emerg. eff. May 13, 1935; Laws 1943, p. 136, § 8, emerg. eff. March 24, 1943; Laws 1984, c. 75, § 1, emerg. eff. April 3, 1984; Laws 1987, c. 118, § 9, operative July 1, 1987; Laws 1994, c. 323, § 7, eff. July 1, 1994.

489. Rules and Regulations

The Board shall from time to time adopt such rules as may be necessary to carry into effect the provisions of this act, and shall have authority to establish fees not otherwise provided for in this act; and from time to time, as the courses of instruction in medical colleges, under the contemplation of this act, are increased or changed, the Board is hereby directed in like manner to increase or change its educational requirements for license to practice medicine within the state.

Added by Laws 1923, c. 59, p. 104, § 9, emerg. eff. March 31, 1923. Amended by Laws 1987, c. 118, § 10, operative July 1, 1987; Laws 1994, c. 323, § 8, eff. July 1, 1994.

489.1. Repealed

Repealed by Laws 1987, c. 118, § 60, operative July 1, 1987.

490. Members – May Administer Oaths

Any member of the Board shall have the authority to administer oaths in all matters pertaining to the affairs of the Board and to take evidence and compel the attendance of witnesses on questions pertaining to the enforcement of this act. The trial examiner of the Board shall have the authority to compel the attendance of witnesses.

Added by Laws 1923, c. 59, p. 104, § 10, emerg. eff. March 31, 1923. Amended by Laws 1987, c. 118, § 11, operative July 1, 1987; Laws 1994, c. 323, § 9, eff. July 1, 1994.

491. License – Practice of Medicine and Surgery

A. 1. Every person before practicing medicine and surgery or any of the branches or

departments of medicine and surgery, within the meaning of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, the Oklahoma Osteopathic Medicine Act, or the Oklahoma Interventional Pain Management Act, within this state, must be in legal possession of the unrevoked license or certificate issued pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act.

2. Any person practicing in such manner within this state, who is not in the legal possession of a license or certificate, shall, upon conviction, be guilty of a felony, punishable by a fine in an amount not less than One Thousand Dollars (\$1,000.00) nor more than Ten Thousand Dollars (\$10,000.00), or by imprisonment in the county jail for a term of not more than one (1) year or imprisonment in the custody of the Department of Corrections for a term of not more than four (4) years, or by both such fine and imprisonment.

3. Each day a person is in violation of any provision of this subsection shall constitute a separate criminal offense and, in addition, the district attorney may file a separate charge of medical battery for each person who is injured as a result of treatment or surgery performed in violation of this subsection.

4. Any person who practices medicine and surgery or any of the branches or departments thereof without first complying with the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, the Oklahoma Osteopathic Medicine Act, or the Oklahoma Interventional Pain Management Act shall, in addition to the other penalties provided therein, receive no compensation for such medical and surgical or branches or departments thereof services.

B. 1. If a license has been revoked or suspended pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act or the Oklahoma Osteopathic Medicine Act whether for disciplinary reasons or for failure to renew the license, the State Board of Medical Licensure and Supervision may, subject to rules promulgated by the Board, assess and collect an administrative fine not to exceed Five Thousand Dollars (\$5,000.00) for each day after revocation or suspension whether for disciplinary reasons or for failure to renew such license that the person practices medicine and surgery or any of the branches or departments thereof within this state.

2. The Board may impose administrative penalties against any person who violates any of the provisions of the Oklahoma Interventional Pain Management and Treatment Act or any rule promulgated pursuant thereto. The Board is authorized to initiate disciplinary and injunctive proceedings against any person who has violated any of the provisions of the Oklahoma Interventional Pain Management and Treatment Act or any rule of the Board promulgated pursuant thereto. The Board is authorized in the names of the state to apply for relief by injunction in the established manner provided in cases of civil procedure, without bond, to enforce the provisions of the Oklahoma Interventional Pain Management and Treatment Act, or to restrain any violation thereof. The members of the Board shall not be personally liable for proceeding under this section.

3. Fines assessed shall be in addition to any criminal penalty provided pursuant to subsection A of this section.

Added by Laws 1923, SB 143, c. 59, § 11, emerg. eff. March 31, 1923; Amended by Laws 1994, HB 2123, c. 323, § 10, eff. July 1, 1994; Amended by Laws 2001, SB 764, c. 115, § 1, emerg. eff. April 18, 2001; Amended by Laws 2004, SB 369, c. 523, § 3, emerg. eff. June 9, 2004; Amended by Laws 2008, HB 2732, c. 358, § 2, eff. November 1, 2008; Amended by Laws 2010, SB 479, c. 67, § 2, emerg. eff. April 9, 2010.

491.1. Repealed

Repealed by Laws 1996, c. 6, § 2, eff. Sept. 1, 1996.

492. Practice of Medicine and Surgery – Title - Hospital

A. Every person shall be regarded as practicing allopathic medicine within the meaning and provisions of this act, who shall append to his or her name the letters "M.D.", "Physician" or any other title, letters or designation which represent that such person is a physician, or who shall for a fee or any form of compensation diagnose and/or treat disease, injury or deformity of persons in this state by any allopathic legend drugs, surgery, manual, or mechanical treatment unless otherwise authorized by law.

B. A hospital or related institution as such terms are defined in Section 1-701 of Title 63 of the Oklahoma Statutes, which has the principal purpose or function of providing hospital or medical care, including but not limited to any corporation, association, trust, or other organization organized and operated for such purpose, may employ one or more persons who are duly licensed to practice medicine in this state without being regarded as itself practicing medicine within the meaning and provisions of this section. The employment by the hospital or related institution of any person who is duly licensed to practice medicine in this state shall not, in and of itself, be considered as an act of unprofessional conduct by the person so employed. Nothing provided herein shall eliminate, limit, or restrict the liability for any act or failure to act of any hospital, any hospital's employees, or persons duly licensed to practice medicine.

C. The definition of the practice of medicine and surgery shall include, but is not limited to:

1. Advertising, holding out to the public, or representing in any manner that one is authorized to practice medicine and surgery in this state;
2. Any offer or attempt to prescribe, order, give, or administer any drug or medicine and surgery for the use of any other person, except as otherwise authorized by law;
3.
 - a. Any offer or attempt, except as otherwise authorized by law, to prevent, diagnose, correct, or treat in any manner or by any means, methods, devices, or instrumentalities except for manual manipulation any disease, illness, pain, wound, fracture, infirmity,

defect, or abnormal physical or mental condition of any person, including the management of pregnancy and parturition, except as otherwise authorized by law.

b. Except as provided in subsection D of this section, performance by a person within or outside of this state, through an ongoing regular arrangement, of diagnostic or treatment services, including but not limited to, stroke prevention and treatment, through electronic communications for any patient whose condition is being diagnosed or treated within this state. A person who performs any of the functions covered by this subparagraph submits himself or herself to the jurisdiction of the courts of this state for the purposes of any cause of action resulting from the functions performed.

c. Nothing in the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall be construed to affect or give jurisdiction to the Board over any person other than medical doctors or persons holding themselves out as medical doctors;

4. Any offer or attempt to perform any surgical operation upon any person, except as otherwise authorized by law; and

5. The use of the title Doctor of Medicine, Physician, Surgeon, Physician and Surgeon, Dr., M.D. or any combination thereof in the conduct of any occupation or profession pertaining to the prevention, diagnosis, or treatment of human disease or condition unless, where appropriate, such a designation additionally contains the description of another branch of the healing arts for which one holds a valid license in this state.

D. The practice of medicine and surgery, as defined in this section, shall not include:

1. A student while engaged in training in a medical school approved by the Board or while engaged in graduate medical training under the supervision of the medical staff of a hospital or other health care facility approved by the state medical board for such training, except that a student engaged in graduate medical training shall hold a license issued by the Board for such training;

2. Any person who provides medical treatment in cases of emergency where no fee or other consideration is contemplated, charged or received;

3. A commissioned medical officer of the armed forces of the United States or medical officer of the United States Public Health Service or the Department of Veterans Affairs of the United States in the discharge of official duties and/or within federally controlled facilities; and provided that such person shall be fully licensed to practice medicine and surgery in one or more jurisdictions of the United States; provided further that such person who holds a medical license in this state shall be subject to the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act;

4. Any person licensed under any other act when properly practicing in the healing art for which that person is duly licensed;
5. The practice of those who endeavor to prevent or cure disease or suffering by spiritual means or prayer;
6. Any person administering a domestic or family remedy to a member of such person's own family;
7. Any person licensed to practice medicine and surgery in another state or territory of the United States who renders emergency medical treatment or briefly provides critical medical service at the specific lawful direction of a medical institution or federal agency that assumes full responsibility for that treatment or service and is approved by the Board;
8. Any person who is licensed to practice medicine and surgery in another state or territory of the United States whose sole purpose and activity is limited to brief actual consultation with a specific physician who is licensed to practice medicine and surgery by the Board, other than a person with a special or restricted license; or
9. The practice of any other person as licensed by appropriate agencies of this state, provided that such duties are consistent with the accepted standards of the person's profession and the person does not represent himself or herself as a Doctor of Medicine, Physician, Surgeon, Physician and Surgeon, Dr., M.D., or any combination thereof.

E. Nothing in the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall prohibit:

1. The service rendered by a physician's unlicensed trained assistant, if such service is rendered under the supervision and control of a licensed physician pursuant to Board rules, provided such rules are not in conflict with the provisions of any other healing arts licensure act or rules promulgated pursuant to such act; or
2. The service of any other person duly licensed or certified by the state to practice the healing arts.

F. Nothing in the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall prohibit services rendered by any person not licensed by the Board and practicing any nonallopathic healing practice.

Added by Laws 1923, SB 143, c. 59, p. 104, § 12, emerg. eff. March 31, 1923; Amended by Laws 1965, SB 255, c. 399, § 1, emerg. eff. July 5, 1965; Amended by Laws 1974, HB 1784, c. 305, § 2, emerg. eff. May 29, 1974; Amended by Laws 1987, HB 1478, c. 118, § 12, emerg. eff. July 1, 1987; Amended by Laws 1990, HB 1882, c. 91, § 1, emerg. eff. April 18, 1990; Amended by Laws 1993, HB 1323, c. 230, § 25, emerg. eff. July 1, 1993; Amended by Laws 1994, HB 2123, c. 323, § 12, emerg. eff. July 1, 1994; Amended by Laws 1996, SB 745, c. 147, § 1, eff. November 1, 1996; Amended by Laws 1998, SB 1364, c. 324, § 4, emerg. eff. May 28, 1998; Amended by Laws

1999, HB 1189, c. 23, § 1, eff. November 1, 1999; Amended by Laws 2000, HB 2090, c. 52, § 4, emerg. eff. April 14, 2000; Amended by Laws 2009, HB 1569, c. 148, § 4, eff. November 1, 2009; Amended by Laws 2009, HB 1897, c. 261, § 2, emerg. eff. July 1, 2009.

492.1. Creation of Application Forms – Requirements to be Licensed to Practice Medicine and Surgery

A. The State Board of Medical Licensure and Supervision shall create such application forms as are necessary for the licensure of applicants to practice medicine and surgery in this state.

B. No person shall be licensed to practice medicine and surgery in this state except upon a finding by the Board that such person has fully complied with all applicable licensure requirements of this act, and has produced satisfactory evidence to the Board of the ability of the applicant to practice medicine and surgery with reasonable skill and safety.

C. Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant.

Added by Laws 1994, c. 323, § 13, eff. July 1, 1994.

493. Repealed

Repealed by Laws 1994, c. 323, § 38, eff. July 1, 1994.

493.1. Applicant's Documentation Attested to Board - Qualifications

A. An applicant to practice medicine and surgery in this state shall provide to the State Board of Medical Licensure and Supervision and attest to the following information and documentation in a manner required by the Board:

1. The applicant's full name and all aliases or other names ever used, current address, social security number and date and place of birth;
2. A photograph of the applicant, taken within the previous twelve (12) months;
3. All documents and credentials required by the Board, or notarized photocopies or other verification acceptable to the Board of such documents and credentials;
4. A list of all jurisdictions, United States or foreign, in which the applicant is licensed or has applied for licensure to practice medicine and surgery or is authorized or has applied for authorization to practice medicine and surgery;
5. A list of all jurisdictions, United States or foreign, in which the applicant has been denied licensure or authorization to practice medicine and surgery or has voluntarily surrendered a license or an authorization to practice medicine and surgery;

6. A list of all sanctions, judgments, awards, settlements or convictions against the applicant in any jurisdiction, United States or foreign, that would constitute grounds for disciplinary action under this act or the Board's rules;
7. A detailed educational history, including places, institutions, dates, and program descriptions, of all his or her education, including all college, preprofessional, professional and professional graduate education;
8. A detailed chronological life history from age eighteen (18) years to the present, including places and dates of residence, employment, and military service (United States or foreign) and all professional degrees or licenses or certificate now or ever held; and
9. Any other information or documentation specifically requested by the Board that is related to the applicant's ability to practice medicine and surgery.

B. The applicant shall possess a valid degree of Doctor of Medicine from a medical college or school located in the United States, its territories or possessions, or Canada that was approved by the Board or by a private nonprofit accrediting body approved by the Board at the time the degree was conferred. The application shall be considered by the Board based upon the product and process of the medical education and training.

C. The applicant shall have satisfactorily completed twelve (12) months of progressive postgraduate medical training approved by the Board or by a private nonprofit accrediting body approved by the Board in an institution in the United States, its territories or possessions, or in programs in Canada, England, Scotland, Ireland, Australia or New Zealand approved by the Board or by a private nonprofit accrediting body approved by the Board.

D. The applicant shall submit a history from the Administration of the Medical School from which the applicant graduated of any suspension, probation, or disciplinary action taken against the applicant while a student at that institution.

E. The applicant shall have passed medical licensing examination(s) satisfactory to the Board.

F. The applicant shall have demonstrated a familiarity with all appropriate statutes and rules and regulations of this state and the federal government relating to the practice of medicine and surgery.

G. The applicant shall be physically, mentally, professionally, and morally capable of practicing medicine and surgery in a manner reasonably acceptable to the Board and in accordance with federal law and shall be required to submit to a physical, mental, or professional competency examination or a drug dependency evaluation if deemed necessary by the Board.

H. The applicant shall not have committed or been found guilty by a competent authority, United States or foreign, of any conduct that would constitute grounds for disciplinary action under this act or rules of the Board. The Board may modify this restriction for cause.

I. Upon request by the Board, the applicant shall make a personal appearance before the Board or a representative thereof for interview, examination, or review of credentials. At the discretion of the Board, the applicant shall be required to present his or her original medical education credentials for inspection during the personal appearance.

J. The applicant shall be held responsible for verifying to the satisfaction of the Board the identity of the applicant and the validity of all credentials required for his or her medical licensure. The Board may review and verify medical credentials and screen applicant records through recognized national physician information services.

K. The applicant shall have paid all fees and completed and attested to the accuracy of all application and information forms required by the Board.

L. Grounds for the denial of a license shall include:

1. Use of false or fraudulent information by an applicant;
2. Suspension or revocation of a license in another state unless the license has been reinstated in that state;
3. Refusal of licensure in another state other than for examination failure; and
4. Multiple examination failures.

M. The Board shall not deny a license to a person otherwise qualified to practice allopathic medicine within the meaning of this act solely because the person's practice or a therapy is experimental or nontraditional.

Added by Laws 1994, c. 323, § 14, eff. July 1, 1994; Amended by Laws 1998, c. 324, § 5, eff. May 28, 1998; Amended by Laws 2002, HB 2078, c. 213, § 1, emerg. eff. May 8, 2002; Amended by Laws 2013, SB 422, c. 280, § 2, eff. November 1, 2013.

493.2. Foreign applicants - Requirements

A. Foreign applicants shall meet all requirements for licensure as provided in Sections 492.1 and 493.1 of this title.

B. 1. A foreign applicant shall possess the degree of Doctor of Medicine or a Board-approved equivalent based on satisfactory completion of educational programs from a foreign medical school as evidenced by recognized national and international resources available to the Board.

2. In the event the foreign medical school utilized clerkships in the United States, its territories or possession, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

C. A foreign applicant shall have a command of the English language that is satisfactory to the State Board of Medical Licensure and Supervision, demonstrated by the passage of an oral English competency examination.

D. The Board may promulgate rules requiring all foreign applicants to satisfactorily complete at least twelve (12) months and up to twenty-four (24) months of Board-approved progressive graduate medical training as determined necessary by the Board for the protection of the public health, safety and welfare.

E. All credentials, diplomas and other required documentation in a foreign language submitted to the Board by such applicants shall be accompanied by notarized English translations.

F. Foreign applicants shall provide satisfactory evidence of having met the requirements for permanent residence or temporary nonimmigrant status as set forth by the United States Immigration and Naturalization Service.

G. Foreign applicants shall provide a certified copy of the Educational Commission for Foreign Medical Graduates (ECFMG) Certificate to the Board at such time and in such manner as required by the Board. The Board may waive the requirement for an Educational Commission for Foreign Medical Graduates Certificate by rule for good cause shown.

Added by Laws 1994, c. 323, § 15, eff. July 1, 1994; Amended by Laws 2002, HB 2078, c. 213, § 2, emerg. eff. May 8, 2002; Amended by Laws 2004, SB 369, c. 523, § 4, emerg. eff. June 9, 2004; Amended by Laws 2009, HB 1897, c. 261, § 4, emerg. eff. July 1, 2009.

493.3. License by Endorsement - Temporary License

A. Endorsement of licensed applicants: The State Board of Medical Licensure and Supervision may issue a license by endorsement to an applicant who:

1. Has complied with all current medical licensure requirements except those for examination; and
2. Has passed a medical licensure examination given in English in another state, the District of Columbia, a territory or possession of the United States, or Canada, or has passed the National Boards Examination administered by the National Board of Medical Examiners, provided the Board determines that such examination was equivalent to the Board's examination used at the time of application.

B. Notwithstanding any other provision of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, the Board may require applicants for full and unrestricted medical licensure by endorsement, who have not been formally tested by another state or territory of the United States or any Canadian medical licensure jurisdiction, a Board-approved medical certification agency, or a Board-approved medical specialty board within a specific period of time before application to pass a written and/or oral medical examination approved by the Board.

C. The Board may authorize the secretary to issue a temporary medical license for the intervals between Board meetings. A temporary license shall be granted only when the secretary is satisfied as to the qualifications of the applicant to be licensed under the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act but where such qualifications have not been verified to the Board. A license shall:

1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license under the requirements set by the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act and the rules of the Board; and
2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.

D. The Board may establish rules authorizing the issuance of conditional, restricted, or otherwise circumscribed licenses, or issuance of licenses under terms of agreement, for all licenses under its legislative jurisdiction as are necessary for the public health, safety, and welfare.

E. The Board may issue a temporary license to any of the professions under the jurisdiction of the Board based on defined qualifications set by each advisory committee of the profession.

Added by Laws 1994, c. 323, § 16, eff. July 1, 1994. Amended by Laws 1995, c. 211, § 3, eff. Nov. 1, 1995; Amended by Laws 1998, c. 324, § 6, eff. May 28, 1998; Amended by Laws 2009, HB 1897, c. 261, emerg. eff. July 1, 2009.

493.4. Special License and Special Training License

A. No person who is granted a special license or a special training license shall practice outside the limitations of the license.

B. To be eligible for special or special training licensure, the applicant shall have completed all the requirements for full and unrestricted medical licensure except graduate education and/or licensing examination or other requirements relative to the basis for the special license or special training license.

C. By rule, the State Board of Medical Licensure and Supervision shall establish restrictions for special and special training licensure to assure that the holder will practice only under appropriate circumstances as set by the Board.

D. A special license or special training license shall be renewable annually upon the approval of the Board and upon the evaluation of performance in the special circumstances upon which the special training license was granted.

E. The issuance of a special license or a special training license shall not be construed to imply that a full and unrestricted medical license will be issued at a future date.

F. All other provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall apply to holders of special or special training licenses.

G. This section shall not limit the authority of any state agency or educational institution in this state which employs a special or special training licensed physician to impose additional practice limitations upon such physician.

Added by Laws 1994, HB 2123, c. 323, § 17, emerg. eff. July 1, 1994; Amended by Laws 2004, SB 369, c. 523, § 5, emerg. eff. June 9, 2004); Amended by Laws 2008, HB 2763, c. 149, § 2, emerg. eff. May 12, 2008

493.5. Special Volunteer License to Treat Indigent and Needy Persons – Eligible Volunteers

A. 1. There is established a special volunteer license for eligible volunteers from a medically related field who are retired from active practice or actively licensed in another state and practicing in that state and wish to donate their expertise for the care and treatment of indigent and needy persons of this state.

2. For purposes of this section:

a. "eligible volunteer" means a physician, physician assistant, nurse, dentist, optometrist or pharmacist, and

b. "nurse" means an advanced practice nurse, advanced registered nurse practitioner, registered nurse, or licensed practical nurse.

3. The special volunteer license shall be:

a. issued by the State Board of Medical Licensure and Supervision to eligible physicians and physician assistants, by the Board of Osteopathic Examiners to eligible physicians, by the Oklahoma Board of Nursing to eligible nurses, the Board of Dentistry to eligible dentists, the Board of Examiners in Optometry to eligible optometrists, and by the Board of Pharmacy to eligible pharmacists,

b. issued without the payment of an application fee, license fee or renewal fee,

- c. issued or renewed without any continuing education requirements in this state,
- d. issued for a period of time to be determined by the applicable board, and
- e. renewable upon approval of the applicable Board.

B. An eligible volunteer shall meet the following requirements before obtaining a special volunteer license:

1. Completion of a special volunteer license application, including, as applicable, documentation of:

- a. the medical school graduation of the physician,
- b. the completion of a physician assistant program by a physician assistant,
- c. the completion of the basic professional curricula of a school of nursing by the nurse,
- d. the dental school graduation of the dentist,
- e. the optometry school graduation of the optometrist, or
- f. the school or college of pharmacy graduation of a pharmacist, and
- g. the relevant practice history of the applicant;

2. Documentation or electronic verification that the eligible volunteer has been previously issued a full and unrestricted license to practice in Oklahoma or in another state of the United States and written acknowledgment that he or she has never been the subject of any professional disciplinary action in any jurisdiction;

3. Written acknowledgement that the practice of the eligible volunteer under the special volunteer license will be exclusively and totally devoted to providing care to needy and indigent persons in Oklahoma or to providing care under the Oklahoma Medical Reserve Corps; and

4. Written acknowledgement that the eligible volunteer shall not receive or have the expectation to receive any payment or compensation, either direct or indirect, for any services rendered in this state under the special volunteer license. The only exception to the indirect compensation provision is for those out-of-state physicians, physician assistants, nurses, dentists, optometrists or pharmacists that participate in the free care given by means of Telemedicine through the Shriners Hospitals for Children national network.

Added by Laws 2003, HB 1140, c. 138, § 1, eff. November 1, 2003; Amended by Laws 2004, HB 2464, c. 313, § 17, emerg. eff. May 19, 2004; Amended by Laws 2004, SB 369, c. 523, §24, emerg. eff. June 9, 2004; Amended by Laws 2007, SB 620, c. 133, § 3, eff. November 1, 2007; Amended by Laws 2009, HB 1481, c. 247, § 1, eff. November 1, 2009; Amended by Laws 2009, HB 1678, c. 255, § 1, eff. November 1, 2009; Amended by Laws 2009, HB 1481, c. 247, § 1 (repealed by Laws 2010, SB 2113, c. 2, § 29, emerg. eff. March 3, 2010); Amended by Laws 2010, SB 1311, c. 247, § 2, emerg. eff. May 10, 2010.

493.6 Licensure Compact Law - Enactment

The Interstate Medical Licensure Compact is hereby enacted into law and the Governor shall enter into a compact on behalf of the State of Oklahoma with any jurisdiction legally joined therein, in the form substantially as set forth in Section 2 of this act.

493.7 Licensure Compact Law - Enactment

1. Purpose

In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact.

2. Definitions

In this Compact:

(a) "Bylaws" means those bylaws established by the Interstate Commission pursuant to Section 11 of the Compact for its governance, or for directing and controlling its actions and conduct;

(b) "Commissioner" means the voting representative appointed by each member board pursuant to Section 11 of the Compact;

(c) "Conviction" means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilt or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board;

(d) "Expedited license" means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the Compact;

(e) "Interstate Commission" means the interstate commission created pursuant to Section 11 of the Compact;

(f) "License" means authorization by a state for a physician to engage in the practice of medicine, which would be unlawful without the authorization;

(g) "Medical Practice Act" means laws and regulations governing the practice of allopathic and osteopathic medicine within a member state;

(h) "Member board" means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation and education of physicians as directed by the state government;

(i) "Member state" means a state that has enacted the Compact;

(j) "Practice of medicine" means the clinical prevention, diagnosis or treatment of human disease, injury or condition requiring a physician to obtain and maintain a license in compliance with the Medical Practice Act of a member state;

(k) "Physician" means any person who:

- (1) is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent,
- (2) passed each component of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes,
- (3) successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association,
- (4) holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists,
- (5) possesses a full and unrestricted license to engage in the practice of medicine issued by a member board,
- (6) has never been convicted, received adjudication, deferred adjudication, community supervision or deferred disposition for any offense by a court of appropriate jurisdiction,

- (7) has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license,
- (8) has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration, and
- (9) is not under active investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction;

(l) "Offense" means a felony, gross misdemeanor or crime of moral turpitude;

(m) "Rule" means a written statement by the Interstate Commission promulgated pursuant to Section 12 of the Compact that is of general applicability; implements, interprets or prescribes a policy or provision of the Compact, or an organizational, procedural or practice requirement of the Interstate Commission; has the force and effect of statutory law in a member state; and includes the amendment, repeal or suspension of an existing rule;

(n) "State" means any state, commonwealth, district or territory of the United States; and

(o) "State of principal license" means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.

3. Eligibility

(a) A physician must meet the eligibility requirements as defined in subsection (k) of Section 2 of the Compact to receive an expedited license under the terms and provisions of the Compact.

(b) A physician who does not meet the requirements of subsection (k) of Section 2 of the Compact may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the Compact, relating to the issuance of a license to practice medicine in that state.

4. Designation of State of Principal License

(a) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

- (1) the state of primary residence for the physician, or
- (2) the state where at least twenty-five percent (25%) of the practice of medicine

occurs, or

- (3) the location of the physician's employer, or
- (4) if no state qualifies under paragraph (1), (2) or (3), the state designated as state of residence for purpose of federal income tax.

(b) A physician may redesignate a member state as state of principal license at any time, as long as the state meets the requirements in subsection (a) of this section.

(c) The Interstate Commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license.

5. Application and Issuance of Expedited Licensure

(a) A physician seeking licensure through the Compact shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.

- (1) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as determined by the Interstate Commission through rule, shall not be subject to additional primary-source verification where already primary-source-verified by the state of principal license.
- (2) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with U.S. C.F.R. Section 731.202.
- (3) Appeal on the determination of eligibility shall be made to the member state where the application was filed and shall be subject to the law of that state.

(c) Upon verification in subsection (b) of this section, physicians eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a license in a member state selected pursuant to subsection (a) of this section, including the payment of any applicable fees.

(d) After receiving verification of eligibility under subsection (b) of this section and any fees under subsection (c) of this section, a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and member state.

(e) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

(f) An expedited license obtained through the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a nondisciplinary reason, without redesignation of a new state of principal licensure.

(g) The Interstate Commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license.

6. Fees for Expedited Licensure

(a) A member state issuing an expedited license authorizing the practice of medicine in that state may impose a fee for a license issued or renewed through the Compact.

(b) The Interstate Commission is authorized to develop rules regarding fees for expedited licenses.

7. Renewal and Continued Participation

(a) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician:

- (1) maintains a full and unrestricted license in a state of principal license,
- (2) has not been convicted of, or received adjudication, deferred adjudication, community supervision or deferred disposition for any offense by a court of appropriate jurisdiction,
- (3) has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license, and
- (4) has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(b) Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

(c) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(d) Upon receipt of any renewal fees collected in subsection (c) of this section, a member board shall renew the physician's license.

(e) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.

(f) The Interstate Commission is authorized to develop rules to address renewal of licenses obtained through the Compact.

8. Coordinated Information System

(a) The Interstate Commission shall establish a database of all physicians licensed, or who have applied for licensure, under Section 5 of the Compact.

(b) Notwithstanding any other provision of law, member boards shall report to the Interstate Commission any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact.

(c) Member boards shall report disciplinary or investigatory information determined as necessary and proper by rule of the Interstate Commission.

(d) Member boards may report any nonpublic complaint, disciplinary or investigatory information not required by subsection (c) of this section to the Interstate Commission.

(e) Member boards shall share complaint or disciplinary information about a physician upon request of another member board.

(f) All information provided to the Interstate Commission or distributed by member boards shall be confidential, filed under seal and used only for investigatory or disciplinary matters.

(g) The Interstate Commission is authorized to develop rules for mandated or discretionary sharing of information by member boards.

9. Joint Investigations

(a) Licensure and disciplinary records of physicians are deemed investigative.

(b) In addition to the authority granted to a member board by its respective Medical Practice Act or other applicable state law, a member board may participate with other member boards in joint investigations of physicians licensed by the member boards.

(c) A subpoena issued by a member state shall be enforceable in other member states.

(d) Member boards may share any investigative, litigation or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

(e) Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.

10. Disciplinary Actions

(a) Any disciplinary action taken by any member board against a physician licensed through the Compact shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the Medical Practice Act or regulations in that state.

(b) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the Medical Practice Act of that state.

(c) If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law and fact decided, and:

- (1) impose the same or lesser sanction(s) against the physician so long as such sanction(s) are consistent with the Medical Practice Act of that state, or
- (2) pursue separate disciplinary action against the physician under its respective Medical Practice Act, regardless of the action taken in other member states.

(d) If a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any other member board(s) shall be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety (90) days upon entry of the order by the disciplining board, to permit the member board(s) to investigate the basis for the action under the Medical Practice Act of that state. A member board may terminate the automatic suspension of the license it issued prior to the completion of the ninety-day suspension period in a manner consistent with the Medical Practice Act of that state.

11. Interstate Medical Licensure Compact Commission

(a) The member states hereby create the "Interstate Medical Licensure Compact Commission".

(b) The purpose of the Interstate Commission is the administration of the Interstate Medical Licensure Compact, which is a discretionary state function.

(c) The Interstate Commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers and duties set forth in the Compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the Compact.

(d) The Interstate Commission shall consist of two voting representatives appointed by each member state who shall serve as Commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one representative from each member board. A Commissioner shall be:

- (1) an allopathic or osteopathic physician appointed to a member board,
- (2) an executive director, executive secretary or similar executive of a member board, or
- (3) a member of the public appointed to a member board.

(e) The Interstate Commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address such matters as may properly come before the Commission, including the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.

(f) The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or electronic communication.

(g) Each Commissioner participating at a meeting of the Interstate Commission is entitled to one vote. A majority of Commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission. A Commissioner shall not delegate a vote to another Commissioner. In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection (d) of this section.

(h) The Interstate Commission shall provide public notice of all meetings and all meetings shall be open to the public. The Interstate Commission may close a meeting, in full or in portion, where it determines by a two-thirds vote of the Commissioners present that an open meeting would be likely to:

- (1) relate solely to the internal personnel practices and procedures of the Interstate Commission,
- (2) discuss matters specifically exempted from disclosure by federal statute,
- (3) discuss trade secrets or commercial or financial information that is privileged or confidential,
- (4) involve accusing a person of a crime or formally censuring a person,
- (5) discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy,
- (6) discuss investigative records compiled for law enforcement purposes, or
- (7) specifically relate to the participation in a civil action or other legal proceeding.

(i) The Interstate Commission shall keep minutes which shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including record of any roll-call votes.

(j) The Interstate Commission shall make its information and official records, to the extent not otherwise designated in the Compact or by its rules, available to the public for inspection.

(k) The Interstate Commission shall establish an executive committee, which shall include an executive director, officers, members and others as determined by the bylaws. The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session. When acting on behalf of the Interstate Commission, the executive committee shall oversee the administration of the Compact, including enforcement and compliance with the provisions of the Compact, its bylaws and rules, and other such duties, as necessary.

(l) The Interstate Commission may establish other committees for governance and administration of the Compact.

12. Powers and Duties of The Interstate Commission

The Interstate Commission shall have the duty and power to:

- (a) Oversee and maintain the administration of the Compact;
- (b) Promulgate rules which shall be binding to the extent and in the manner provided for in the Compact;

(c) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the Compact and its bylaws, rules and actions;

(d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate Commission and the bylaws using all necessary and proper means, including but not limited to the use of judicial process;

(e) Establish and appoint committees including, but not limited to, an executive committee as required by Section 11 of the Compact, which shall have the power to act on behalf of the Interstate Commission in carrying out its powers and duties;

(f) Pay, or provide for the payment of the expenses related to the establishment, organization and ongoing activities of the Interstate Commission;

(g) Establish and maintain one or more offices;

(h) Borrow, accept, hire or contract for services of personnel;

(i) Purchase and maintain insurance and bonds;

(j) Employ an executive director who shall have such powers to employ, select or appoint employees, agents or consultants, and to determine their qualifications, define their duties and fix their compensation;

(k) Establish personnel policies and programs relating to conflicts of interest, rates of compensation and qualifications of personnel;

(l) Accept donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of them in a manner consistent with the conflict-of-interest policies established by the Interstate Commission;

(m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed;

(n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal or mixed;

(o) Establish a budget and make expenditures;

(p) Adopt a seal and bylaws governing the management and operation of the Interstate Commission;

(q) Report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the preceding year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the

Interstate Commission;

(r) Coordinate education, training and public awareness regarding the Compact, its implementation and its operation;

(s) Maintain records in accordance with the bylaws;

(t) Seek and obtain trademarks, copyrights and patents; and

(u) Perform such functions as may be necessary or appropriate to achieve the purposes of the Compact.

13. Finance Powers

(a) The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff. The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states.

(b) The Interstate Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same.

(c) The Interstate Commission shall not pledge the credit of any of the member states, except by, and with the authority of, the member state.

(d) The Interstate Commission shall be subject to a yearly financial audit conducted by a certified or licensed public accountant, and the report of the audit shall be included in the annual report of the Interstate Commission.

14. Organization and Operation of The Interstate Commission

(a) The Interstate Commission shall, by a majority of Commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the Compact within twelve (12) months of the first Interstate Commission meeting.

(b) The Interstate Commission shall elect or appoint annually from among its Commissioners a chairperson, a vice-chairperson and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws. The chairperson or, in the chairperson's absence or disability, the vice-chairperson shall preside at all meetings of the Interstate Commission.

(c) Officers selected in subsection (b) of this section shall serve without remuneration from the Interstate Commission.

(d) The officers and employees of the Interstate Commission shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate Commission employment, duties or responsibilities; provided, that such person shall not be protected from suit or liability for damage, loss, injury or liability caused by the intentional or willful and wanton misconduct of such person.

- (1) The liability of the executive director and employees of the Interstate Commission or representatives of the Interstate Commission, acting within the scope of such person's employment or duties for acts, errors or omissions occurring within such person's state may not exceed the limits of liability set forth under the constitution and laws of that state for state officials, employees and agents. The Interstate Commission is considered to be an instrumentality of the states for the purposes of any such action. Nothing in this subsection shall be construed to protect such person from suit or liability for damage, loss, injury or liability caused by the intentional or willful and wanton misconduct of such person.
- (2) The Interstate Commission shall defend the executive director, its employees, and, subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an Interstate Commission representative, shall defend such Interstate Commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of Interstate Commission employment, duties or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from intentional or willful and wanton misconduct on the part of such person.
- (3) To the extent not covered by the state involved, member state or the Interstate Commission, the representatives or employees of the Interstate Commission shall be held harmless in the amount of a settlement or judgment, including attorney fees and costs, obtained against such persons arising out of an actual or alleged act, error or omission that occurred within the scope of Interstate Commission employment, duties or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from intentional or willful and wanton misconduct on the part of such persons.

15. Rulemaking Functions of The Interstate Commission

(a) The Interstate Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Interstate Commission shall be invalid and have no force or effect.

(b) Rules deemed appropriate for the operations of the Interstate Commission shall be made pursuant to a rulemaking process that substantially conforms to the Model State Administrative Procedure Act of 2010, and subsequent amendments thereto.

(c) Not later than thirty (30) days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices; provided, that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court shall give deference to the actions of the Interstate Commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Interstate Commission.

16. Oversight of Interstate Compact

(a) The executive, legislative and judicial branches of state government in each member state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of the Compact and the rules promulgated hereunder shall have standing as statutory law but shall not override existing state authority to regulate the practice of medicine.

(b) All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the Compact which may affect the powers, responsibilities or actions of the Interstate Commission.

(c) The Interstate Commission shall be entitled to receive all service of process in any such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the Interstate Commission shall render a judgment or order void as to the Interstate Commission, the Compact or promulgated rules.

17. Enforcement of Interstate Compact

(a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the Compact.

(b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal action in the United States District Court for the District of Columbia, or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal

offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and bylaws, against a member state in default. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

(c) The remedies herein shall not be the exclusive remedies of the Interstate Commission. The Interstate Commission may avail itself of any other remedies available under state law or the regulation of a profession.

18. Default Procedures

(a) The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the Compact, or the rules and bylaws of the Interstate Commission promulgated under the Compact.

(b) If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the Compact, or the bylaws or promulgated rules, the Interstate Commission shall:

- (1) provide written notice to the defaulting state and other member states of the nature of the default, the means of curing the default and any action taken by the Interstate Commission. The Interstate Commission shall specify the conditions by which the defaulting state must cure its default, and
- (2) provide remedial training and specific technical assistance regarding the default.

(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the Commissioners and all rights, privileges and benefits conferred by the Compact shall terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.

(d) Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the Interstate Commission to the Governor, the majority and minority leaders of the defaulting state's legislature and each of the member states.

(e) The Interstate Commission shall establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state or the withdrawal of a member state.

(f) The member state which has been terminated is responsible for all dues, obligations and liabilities incurred through the effective date of termination, including obligations, the performance of which extends beyond the effective date of termination.

(g) The Interstate Commission shall not bear any costs relating to any state that has been found to be in default or which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between the Interstate Commission and the defaulting state.

(h) The defaulting state may appeal the action of the Interstate Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

19. Dispute Resolution

(a) The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes which are subject to the Compact and which may arise among member states or member boards.

(b) The Interstate Commission shall promulgate rules providing for both mediation and binding dispute resolution, as appropriate.

20. Member States, Effective Date and Amendment

(a) Any state is eligible to become a member state of the Compact.

(b) The Compact shall become effective and binding upon legislative enactment of the Compact into law by no less than seven (7) states. Thereafter, it shall become effective and binding on a state upon enactment of the Compact into law by that state.

(c) The governors of nonmember states, or their designees, shall be invited to participate in the activities of the Interstate Commission on a nonvoting basis prior to adoption of the Compact by all states.

(d) The Interstate Commission may propose amendments to the Compact for enactment by the member states. No amendment shall become effective and binding upon the Interstate Commission and the member states unless and until it is enacted into law by unanimous consent of the member states.

21. Withdrawal

(a) Once effective, the Compact shall continue in force and remain binding upon each and every member state; provided, that a member state may withdraw from the Compact by specifically repealing the statute which enacted the Compact into law.

(b) Withdrawal from the Compact shall be by the enactment of a statute repealing the same, but shall not take effect until one (1) year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.

(c) The withdrawing state shall immediately notify the chairperson of the Interstate Commission in writing upon the introduction of legislation repealing the Compact in the withdrawing state.

(d) The Interstate Commission shall notify the other member states of the withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection (c) of this section.

(e) The withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extends beyond the effective date of withdrawal.

(f) Reinstatement following withdrawal of a member state shall occur upon the withdrawing state reenacting the Compact or upon such later date as determined by the Interstate Commission.

(g) The Interstate Commission is authorized to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.

22. Dissolution

(a) The Compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership in the Compact to one (1) member state.

(b) Upon the dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Interstate Commission shall be concluded and surplus funds shall be distributed in accordance with the bylaws.

23. Severability and Construction

(a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable.

(b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

(c) Nothing in the Compact shall be construed to prohibit the applicability of other interstate compacts to which the states are members.

24. Binding Effect of Compact and Other Laws

(a) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

(b) All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

(c) All lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

(d) All agreements between the Interstate Commission and the member states are binding in accordance with their terms.

(e) In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

HB 2351, eff. Nov. 1, 2019.

494. Repealed

Repealed by Laws 1994, c. 323, § 38, eff. July 1, 1994.

494.1. Medical Licensure Examination - Application

A. The State Board of Medical Licensure and Supervision shall offer a medical licensure examination as necessary to test the qualifications of applicants.

1. Except as otherwise provided, no person shall receive a license to practice medicine and surgery in this state unless he or she passes or has passed all required examinations satisfactory to the Board.

2. The Board shall approve the preparation and administration of any examination, in English, that it deems necessary to determine an applicant's ability to practice medicine and surgery with reasonable skill and safety.

3. Examinations shall be reviewed and scored in a way to ensure the anonymity of applicants.

4. Examinations shall be conducted at least semiannually, provided that there is an applicant.

5. The Board shall specify the minimum score required to pass any examination. The required passing score shall be specified prior to the administration of any examination.

6. Applicants shall be required to pass all examinations with a score as set by rule, within a specific period of time after initial application. Specific requirements for the satisfactory completion of further medical education shall be established by the Board for

those applicants seeking to be examined after the specified period of time after initial application.

7. The Board may limit the number of times an applicant may take an examination before the satisfactory completion of further medical education is required of an applicant, provided that this limitation may be waived by the Board for good cause.

8. Fees for any examination shall be paid by an applicant prior to the examination and no later than a date set by the Board.

B. To apply for an examination, an applicant shall provide the Board and attest to the following information and documentation no later than a date set by the Board:

1. His or her full name and all aliases or other names ever used, current address, social security number, and date and place of birth;

2. A signed and notarized photograph of the applicant, taken within the previous twelve (12) months;

3. Originals of all documents and credentials required by the Board, or notarized photocopies or other verification acceptable to the Board of such documents and credentials;

4. A list of all jurisdictions, United States or foreign, in which the applicant is licensed or has applied for licensure to practice medicine and surgery or is authorized or has applied for authorization to practice medicine and surgery;

5. A list of all jurisdictions, United States or foreign, in which the applicant has been denied licensure or authorization to practice medicine and surgery or has voluntarily surrendered a license or an authorization to practice medicine and surgery;

6. A list of all sanctions, judgments, awards, settlements, or convictions against the applicant in any jurisdiction, United States or foreign, that would constitute grounds for disciplinary action under this act or the Board's rules;

7. A detailed educational history, including places, institutions, dates, and program descriptions, of the applicant's education including all college, preprofessional, professional, and professional graduate education;

8. A detailed chronological life history from age eighteen (18) to present, including places and dates of residence, employment, and military service (United States or foreign); and

9. Any other information or documentation specifically requested by the Board that is related to the applicant's eligibility to sit for the examination.

C. No person shall subvert or attempt to subvert the security of any medical licensure examination. The Board shall establish procedures to ensure the security and validity of all medical licensure examinations.

Any individual found by the Board to have engaged in conduct that subverts or attempts to subvert the medical licensing examination process may have his or her scores on the licensing examination withheld or declared invalid, be disqualified from the practice of medicine and surgery, or be subject to the imposition of other appropriate sanctions. The Board shall notify the Federation of State Medical Boards of the United States of any such action.

Conduct that subverts or attempts to subvert the medical licensing examination process shall include, but not be limited to:

1. Conduct that violates the security of the examination materials, such as removal from the examination room of any of the examination materials; reproduction or reconstruction of any portion of the licensure examination; aid by any means in the reproduction or reconstruction of any portion of the licensure examination; sale, distribution, purchase, receipt or unauthorized possession of any portion of a future, current or previously administered licensure examination; or
2. Conduct that violates the standard of test administration, such as communication with any other examinee during the administration of the licensure examination; copying answers from another examinee or by knowingly permitting one's answers to be copied by another examinee during the administration of the licensure examination; possession during the administration of the licensing examination, unless otherwise required or authorized, of any books, notes, written or printed materials or data of any kind, other than the examination distributed; or
3. Conduct that violates the credentialing process, such as falsification or misrepresentation of educational credentials or other information required for admission to the licensure examination; impersonation of an examinee or having an impersonator take the licensure examination on one's behalf.

D. The Board shall provide written notice to all applicants for medical licensure of such prohibitions and of the sanctions imposed for such conduct. A copy of such notice, attesting that the applicant has read and understands the notice, shall be signed by the applicant and filed with the application.

E. The Board shall have exclusive power and authority to determine the qualifications and fitness of all applicants for admission to practice allopathic medicine in this state. The Board shall require that each applicant submit to a national criminal history record check as defined in Section 150.9 of Title 74 of the Oklahoma Statutes. The Board shall not disseminate criminal history record information resulting from the background check outside of this state.

Added by Laws 1994, c. 323, § 18, eff. July 1, 1994; Amended by Laws 1998, c. 324, § 7, eff. May 28, 1998

495. Certificates

When an applicant shall have shown that he or she is qualified as herein required, a license, in form approved by the State Board of Medical Licensure and Supervision and attested by the seal of the Board, shall be issued to the applicant by the Board, authorizing the applicant to practice medicine and surgery within the meaning of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act.

Added by Laws 1923, c. 59, p. 106, § 15. Amended by Laws 1994, c. 323, § 19, eff. July 1, 1994; Laws 1995, c. 211, § 4, eff. Nov. 1, 1995; Amended by Laws 1998, c. 324, § 8, eff. May 28, 1998

495a. Repealed

Repealed by Laws 1994, c. 323, § 38, eff. July 1, 1994.

495a.1. Demonstration of Licensee's Continuing Qualification to Practice Medicine and Surgery

A. At regular intervals set by the State Board of Medical Licensure and Supervision, no less than one time per annum, each licensee licensed by the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall demonstrate to the Board the licensee's continuing qualification to practice medicine and surgery. The licensee shall apply for license reregistration on a form or forms provided by the Board, which shall be designed to require the licensee to update or add to the information in the Board's file relating to the licensee and his or her professional activity. It shall also require the licensee to report to the Board the following information:

1. Any action taken against the licensee for acts or conduct similar to acts or conduct described in the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act as grounds for disciplinary action by:
 - a. any jurisdiction or authority (United States or foreign) that licenses or authorizes the practice of medicine and surgery,
 - b. any peer review body,
 - c. any health care institution,
 - d. any professional medical society or association,
 - e. any law enforcement agency,
 - f. any court, or
 - g. any governmental agency;

2. Any adverse judgment, settlement, or award against the licensee arising from a professional liability claim;
3. The licensee's voluntary surrender of or voluntary limitation on any license or authorization to practice medicine and surgery in any jurisdiction, including military, public health and foreign;
4. Any denial to the licensee of a license or authorization to practice medicine and surgery by any jurisdiction, including military, public health or foreign;
5. The licensee's voluntary resignation from the medical staff of any health care institution or voluntary limitation of the licensee's staff privileges at such an institution if that action occurred while the licensee was under formal or informal investigation by the institution or a committee thereof for any reason related to alleged medical incompetence, unprofessional conduct, or mental or physical impairment;
6. The licensee's voluntary resignation or withdrawal from a national, state, or county medical society, association, or organization if that action occurred while the licensee was under formal or informal investigation or review by that body for any reason related to possible medical incompetency, unprofessional or unethical conduct, or mental or physical impairment;
7. Whether the licensee has abused or has been addicted to or treated for addiction to alcohol or any chemical substance during the previous registration period, unless such person is in a rehabilitation program approved by the Board;
8. Whether the licensee has had any physical injury or disease or mental illness during the previous registration period that affected or interrupted his or her practice of medicine and surgery; and
9. The licensee's completion of continuing medical education or other forms of professional maintenance or evaluation, including specialty board certification or recertification, during the previous registration period.

B. The Board may require continuing medical education for license reregistration and require documentation of that education. The Board shall promulgate rules on the specific requirements of the amount of continuing medical education needed for reregistration. Failure to meet the requirements in the allotted time may result in the licensee being required to pay a nondisciplinary fine by the Board secretary of up to but not more than One Thousand Dollars (\$1,000.00)

C. The Board shall require that the licensee receive not less than one (1) hour of education in pain management or one (1) hour of education in opioid use or addiction each year preceding an application for renewal of a license, unless the licensee has demonstrated to the

satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Administration registration number.

D. The licensee shall sign and attest to the veracity of the application form for license reregistration. Failure to report fully and correctly shall be grounds for disciplinary action by the Board.

E. The Board shall establish a system for reviewing reregistration forms. The Board may initiate investigations and disciplinary proceedings based on information submitted by licensees for license reregistration.

F. Upon a finding by the Board that the licensee is fit to continue to practice medicine and surgery in this state, the Board shall issue to the licensee a license to practice medicine and surgery during the next registration period.

Added by Laws 1994, c. 323, § 20, eff. July 1, 1994.

495b. Practice Medicine Without Renewal Certificate

Any person practicing medicine and surgery in Oklahoma as defined by law without having the legal possession of a current renewal license shall be guilty of a misdemeanor and upon conviction be punished by a fine of not less than One Thousand Dollars (\$1,000.00), and such practice shall constitute grounds for the revocation or suspension of his or her license to practice medicine and surgery in this state.

Added by Laws 1941, p. 243, § 2, emerg. eff. May 15, 1941. Amended by Laws 1987, c. 118, § 16, operative July 1, 1987; Laws 1994, c. 323, § 21, eff. July 1, 1994.

495c. Renewal Fees- Depository funds - Disposition

A. Each application for reregistration, as set forth in Section 20 (495a.1) of this act, shall be accompanied by a reregistration fee in an amount fixed by the Board.

B. All reregistration fees paid to the secretary of the Board under the provisions of this act shall be deposited with the State Treasurer, who shall place the same in the regular depository fund of the Board. Said fund, less the ten percent (10%) gross fees paid into the General Fund of the state under the provisions of Sections 211 through 214 of Title 62 of the Oklahoma Statutes, shall be expended in the manner and for the purposes now provided by law.

Added by Laws 1941, p. 243, § 3, emerg. eff. May 15, 1941. Amended by Laws 1970, c. 145, § 2, emerg. eff. April 7, 1970; Laws 1987, c. 118, § 17, operative July 1, 1987; Laws 1994, c. 323, § 22, eff. July 1, 1994.

495d. Failure to Apply for Reregistration – Fee for Reinstatement

If a licensee fails to apply for reregistration within sixty (60) days from the end of the previous registration period, as provided in this act, his original license to practice medicine and surgery in this state shall be suspended and the Board shall report to the office of the district

attorney of the county of practice any physician who failed to reregister if the physician's practice is still in Oklahoma. Said original license shall, upon due application by said person therefore, be reinstated by the Board or its agent designated for that purpose if and when the applicant furnishes satisfactory proof that:

- (a) The licensee had not practiced medicine or surgery in any other state or territory of the United States in violation of the laws thereof during said period;
- (b) The licensee's license to practice medicine or surgery had not been revoked in any other such state or territory during said period;
- (c) The licensee has not been convicted of a felony or the violation of the narcotic laws of the United States during said period; and
- (d) The licensee has met the same standards for licensure as is required at the time for initial licensure and the latest reregistration period.

A fee set by the Board shall accompany the application for reinstatement. The Board may in its discretion require the applicant to take and pass an examination prescribed by it to assess the applicant's clinical competency unless the applicant can show that fifty percent (50%) of his monthly activities during the time the applicant's Oklahoma license has been inactive include the practice of medicine.

Added by Laws 1951, p. 165, § 1, emerg. eff. Feb. 26, 1951. Amended by Laws 1987, c. 118, § 18, operative July 1, 1987; Laws 1994, c. 323, § 23, eff. July 1, 1994.

495e. Right of Appeal

Any licensee whose reregistration application is rejected by the Board, shall have the right to appeal from such action to the district court of the county of residence. If the licensee does not reside or practice in Oklahoma, appeal shall be to the Oklahoma County District Court.

Added by Laws 1951, p. 165, § 2, emerg. eff. Feb. 26, 1951. Amended by Laws 1994, c. 323, § 24, eff. July 1, 1994.

495f. Repealed

Repealed by Laws 1994, c. 323, § 38, eff. July 1, 1994.

495g. Repealed

Repealed by Laws 1994, c. 323, § 38, eff. July 1, 1994.

495h. Reinstatement of License or Certificate - Evidence of Professional Competence, Good Moral Character

The State Board of Medical Licensure and Supervision may require satisfactory evidence of professional competence and good moral character from applicants requesting reinstatement of any license or certificate issued by the Board. The Board may set criteria for measurement of professional competency by rule.

Added by Laws 1995, c. 211, § 5, eff. November 1, 1995; Amended by Laws 2004, SB 369, c. 523, § 6, emerg. eff. June 9, 2004.

496. Repealed

Repealed by Laws 1983, c. 159, § 4, operative July 1, 1983.

497. Licenses - Duplicates

The State Board of Medical Licensure and Supervision is hereby authorized to issue a duplicate license to any licensee of this state, who may have lost his license except through suspension, failure to renew, revocation or denial; provided, that the application, properly verified by oath, be made upon forms provided for that purpose; and provided, further, that a fee set by the Board shall be paid.

Laws 1923, c. 59, p. 106, § 17, eff. March 31, 1923. Amended by Laws 1987, c. 118, § 20, operative July 1, 1987.

498. Repealed

Repealed by Laws 1983, c. 159, § 4, operative July 1, 1983.

499. Repealed

Repealed by Laws 1949, p. 403, § 1a.

500. Licensee's Current Practice Location and Mailing Address – Official Verification of Licensure

Each person holding a license authorizing the practice of medicine and surgery in this state shall notify the State Board of Medical Licensure and Supervision, in writing, of such licensee's current practice location and mailing address. Each licensee shall carry on his or her person at all times while engaged in such practice of medicine and surgery official verification of valid and effective licensure as may be issued by the Board.

Added by Laws 1923, c. 59, p. 107, § 20, emerg. eff. March 31, 1923; Amended by Laws 1987, c. 118, § 21, operative July 1, 1987; Amended by Laws 1994, c. 323, § 25, eff. July 1, 1994; Amended by Laws 2004, SB 369, c. 523, § 7, emerg. eff. June 9, 2004.

501. Repealed

Repealed by Laws 1990, c. 163, § 7, eff. Sept 1, 1990.

502. Repealed

Repealed by Laws 1990, c. 163, § 7, eff. Sept 1, 1990.

503. Suspension or Revocation of License for Unprofessional Conduct

The State Board of Medical Licensure and Supervision may suspend, revoke or order any other appropriate sanctions against the license of any physician or surgeon holding a license to practice in this state for unprofessional conduct, but no such suspension, revocation or other penalty shall be made until the licensee is cited to appear for hearing. No such citation shall be issued except upon sworn complaint filed with the secretary of the Board, charging the licensee with having been guilty of unprofessional conduct and setting forth the particular act or acts alleged to constitute unprofessional conduct. In the event it comes to the attention of the Board that a violation of the rules of professional conduct may have occurred, even though a formal complaint or charge may not have been filed, the Board staff may conduct an investigation of the possible violation, and may upon its own motion institute a formal complaint. In the course of the investigation persons appearing before the Board may be required to testify under oath. Upon the filing of a complaint, either by an individual or the Board staff as provided herein, the citation must forthwith be issued by the secretary of the Board over the signature of the secretary and seal of the Board, setting forth the complaint of unprofessional conduct, and giving due notice of the time and place of the hearing by the Board. In any case in which a physician disputes allegations made in a complaint, the matter shall be set and heard by the Board at the next regular meeting of the Board occurring at least thirty (30) days after the day of service of the citation, exclusive of the day of service, but will be heard not later than the next regular meeting of the Board occurring ninety (90) days after service of the citation, exclusive of the day of service. No continuance may be granted by the Board on its own motion or at the request of the defendant or his or her counsel or at the request of the attorney for the state, unless the record of the case, either orally or in writing, sets forth a finding that the ends of justice served by the granting of such continuance outweigh the best interest of the public and the defendant in a speedy hearing. The defendant shall file a written answer under oath with the secretary of the Board within twenty (20) days after the service of the citation, exclusive of the day of service. The secretary of the Board may extend the time of answer upon satisfactory showing that the defendant is for reasonable cause, unable to answer within the twenty (20) days exclusive of the day of service, but in no case shall the time be extended beyond the date of the next regular meeting of the Board, unless a continuance is granted by the Board.

Added by Laws 1923, c. 59, p. 108, § 23, emerg. eff. March 31, 1923. Amended by Laws 1955, p. 328, § 1, emerg. eff. March 17, 1955; Laws 1987, c. 118, § 23, operative July 1, 1987; Laws 1994, c. 323, § 26, eff. July 1, 1994; Laws 1995, c. 211, § 6, eff. Nov. 1, 1995.

503.1. Temporary Immediate Suspension of License if Emergency Exists

The Secretary of the State Board of Medical Licensure and Supervision, upon concurrence of the President of the Board that an emergency exists for which the immediate suspension of a license is imperative for the public health, safety and welfare, may conduct a hearing as contemplated by Section 314 of Title 75 of the Oklahoma Statutes and may, upon

probable cause, suspend temporarily the license of any person under the jurisdiction of the Board.

Added by Laws 1994, c. 323, § 27, eff. July 1, 1994.

503.2 Administrative Remedies

A. The State Board of Medical Licensure and Supervision may promulgate rules to create administrative remedies for licensee violations of statutory or regulatory prescribed unprofessional conduct.

B. The Board is authorized to prescribe by rule administrative remedies, disciplinary actions and administrative procedures to provide remedies and disciplinary actions for licensee violations of statutory or regulatory prescribed unprofessional conduct, to include fines up to the limits otherwise prescribed by statute or rule.

C. Any such administrative action rules promulgated by the Board shall provide procedure:

1. For the licensee to contest or dispute any administrative action;
2. For procedures for resolution of any such contest or dispute; and
3. For appropriate protection of private information consistent with state and federal law.

504. Process - How Served

All citations and subpoenas, under the contemplation of this act, shall be served in general accordance with the statutes of the State of Oklahoma then in force applying to the service of such documents, and all provisions of the statutes of the state then in force, relating to citations and subpoenas, are hereby made applicable to the citations and subpoenas herein provided for. The secretary of the State Board of Medical Licensure and Supervision, or the secretary's designee, during the course of an investigation, shall have the power to issue subpoenas for the attendance of witnesses, the inspection of premises and the production of documents or things, including, but not limited to, pharmacy, medical and hospital records. Such subpoenas shall carry the same force and effect as if issued as an order from a district court of competent jurisdiction. Patient confidentiality shall be maintained by the Board and subpoena compliance shall not be considered a violation of any state or federal confidentiality laws. All the provisions of the statutes of the state, then in force, governing the taking of testimony by depositions, are made applicable to the taking of depositions under this act. The attendance of witnesses shall be compelled in such hearings by subpoenas issued by the secretary of the Board over the seal thereof, and the secretary shall in no case refuse to issue such subpoenas upon praecipe filed therefor accompanied with the fee of Five Dollars (\$5.00) for each subpoena issued. If any person refuse to obey such subpoena served upon him in such manner, the fact of such refusal shall be certified by the secretary of the Board, over the seal thereof, to the district

court of the county in which such service was had, and the court shall proceed to hear said matter in accordance with the statutes of the state then in force governing contempt as for disobedience of its own process..

Laws 1923, c. 59, p. 109, § 24, eff. March 31, 1923. Amended by Laws 1987, c. 118, § 24, operative July 1, 1987.

505. State as Party to Actions

It is hereby provided that the State of Oklahoma is a proper and necessary party in the prosecution of all such actions and hearings before the Board in all matters pertaining to unprofessional conduct under the contemplation of this act and the Attorney General of the state, in person, or by deputy, is authorized and directed to appear in behalf thereof and the defendant in such action shall have the right to be represented by counsel. The Board shall sit as a trial body and the rulings of the president thereof in all questions shall be the rulings of the Board, unless reversed by a majority vote of the Board upon appeal thereto from such rulings of the president. The secretary shall preserve a record of all proceedings in such hearings and shall furnish a transcript thereof to the defendant upon request therefor, provided the said defendant shall pay the actual cost of preparing such transcript. If the services of a court reporter are requested, the court reporter shall be reimbursed or paid by the party who made such request.

Added by Laws 1923, c. 59, p. 109, § 25, emerg. eff. March 31, 1923. Amended by Laws 1987, c. 118, § 25, operative July 1, 1987; Laws 1994, c. 323, § 28, eff. July 1, 1994.

506. Suspension or Revocation of License – Terms and Conditions - Reinstatement

A. If it is the decision of the State Board of Medical Licensure and Supervision, after considering all the testimony presented, that the defendant is guilty as charged, the Board shall revoke the license of the defendant, and the defendant's rights to practice medicine and surgery. The Board, however, may suspend a license, during which suspension the holder of such suspended license shall not be entitled to practice medicine and surgery thereunder. If during suspension, the defendant practiced medicine or surgery or has been guilty of any act of unprofessional conduct, as defined by the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, the Board may revoke the license of such licensee or place the licensee upon probation for any period of time not less than one (1) year, nor more than five (5) years, or on second offense place the licensee on probation for an indefinite period of time, during which time the licensee's conduct will be kept under observation. The Board, furthermore, may impose on the defendant, as a condition of any suspension or probation, a requirement that the defendant attend and produce evidence of successful completion of a specific term of education, residency, or training in enumerated fields and/or institutions as ordered by the Board based on the facts of the case. The education, residency, or training shall be at the expense of the defendant. The Board may also impose other disciplinary actions as provided for in Section 509.1 of this title. At the end of any term of suspension imposed by the Board, the applicant for reinstatement shall show to the Board successful completion of all conditions and requirements imposed by the Board and demonstrate eligibility for reinstatement.

B. Immediately upon learning that a licensee has been convicted of a felonious violation of a state or federal narcotics law, the Executive Director of the Board shall summarily suspend the license and assign a hearing date for the matter to be presented to the Board. Immediately upon learning that a licensee is in violation of a Board-ordered probation, the Executive Director of the Board may summarily suspend the license based on imminent harm to the public and assign a hearing date for the matter to be presented at the next scheduled Board meeting.

Added by Laws 1923, c. 59, p. 109, § 26, emerg. eff. March 31, 1923. Amended by Laws 1963, c. 200, § 1, emerg. eff. June 10, 1963; Laws 1987, c. 118, § 26, operative July 1, 1987; Laws 1994, c. 323, § 29, eff. July 1, 1994; Laws 1995, c. 211, § 7, eff. Nov. 1, 1995; Amended by Laws 1998, c. 324, § 9, eff. May 28, 1998; Amended by Laws 2009, HB 1897, c. 261, § 6, emerg. eff. July 1, 2009.

507. Repealed

Repealed by Laws 1994, c. 323, § 38, eff. July 1, 1994.

508. Fraud

A. Whenever any license has been procured or obtained by fraud or misrepresentation on the licensure application, or was issued by mistake; or if the diploma of graduation in medicine and surgery or any other credentials required as necessary to the admission to the examination for license were obtained by fraud or misrepresentation on the licensure application, or were issued by mistake; or if the reciprocity endorsement from another state, upon which a license has been issued in this state, was procured by fraud or misrepresentation, or was issued by mistake, it shall be the duty of the State Board of Medical Licensure and Supervision to take appropriate disciplinary action in the same manner as is provided by the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act for the disciplining of unprofessional conduct or in cases of unintentional misrepresentation of information on the licensure application, the State Board of Medical Licensure and Supervision shall delegate to the Board secretary the ability to issue a nondisciplinary administrative fine of up to but not more than One Thousand Dollars (\$1,000.00) per licensure applicant or to require a continuing medical education course in ethics, or to take both actions, to impress upon the applicant the seriousness of completing the application truthfully.

B. Use of fraudulent information to obtain a license shall be a misdemeanor offense, punishable, upon conviction, by the imposition of a fine of not less than One Thousand Dollars (\$1,000.00), or by imprisonment in the State Penitentiary for not more than one (1) year, or by both such fine and imprisonment.

Added by Laws 1923, c. 59, p. 110, § 28, emerg. eff. March 31, 1923; Amended by Laws 1987, c. 118, § 27, operative July 1, 1987; Amended by Laws 1994, c. 323, § 30, eff. July 1, 1994; Amended by Laws 2002, HB 2078, c. 213, § 3, emerg. eff. May 8, 2002.

508.1. State Board of Medical Examiners – Revocation of License

At any time after the Board has revoked or suspended the license to practice medicine or surgery of any person, the Board, upon its own motion and of its own authority and right, may

reconsider such order and decision for any reason deemed by it to be sufficient and may, in its discretion, reinstate the license of such person.

Added by Laws 1943, p. 135, § 1, emerg. eff. March 24, 1943. Amended by Laws 1987, c. 118, § 28, operative July 1, 1987; Laws 1994, c. 323, § 31, eff. July 1, 1994.

508.2. Revocation of License – Application to Reinstate

A. At any time after the expiration of twelve (12) months from the date the license of any person to practice medicine or surgery has been revoked with right to reapply, or at any time after the expiration of six (6) months from the date the license of any person to practice medicine or surgery has been suspended by the State Board of Medical Licensure and Supervision, such person whose license has been so revoked or suspended may file an application with the secretary of the Board, together with an application fee set by the Board, to reinstate the license. A licensee who has had a license revoked, suspended or who has surrendered a license in lieu of prosecution shall not be reinstated and no probation shall be lifted unless the licensee has paid all fines and reimbursements in a manner satisfactory to the Board.

B. The application shall be assigned for hearing at the next regular meeting of the Board following the filing thereof. In addition, the Board may authorize the secretary to hold a hearing on the application at any time. In such cases, the Board shall have the authority and right to reconsider the order and decision of revocation or suspension.

C. For such causes and reasons deemed by it sufficient and for the best interest of the medical profession and the citizens of this state, the Board may reinstate a license of an applicant and issue the order therefor.

D. The Board may negotiate with the licensee a plan of repayment for any fines or other costs that is satisfactory to the Board.

Added by Laws 1943, p. 135, § 2, emerg. eff. March 24, 1943; Amended by Laws 1987, c. 118, § 29, operative July 1, 1987; Amended by Laws 1994, c. 323, § 32, eff. July 1, 1994; Amended by Laws 2004, SB 369, c. 523, § 8, emerg. eff. June 9, 2004.

508.3. Repealed

Repealed by Laws 1994, c. 323, § 38, eff. July 1, 1994.

509. Unprofessional Conduct - Definition

The words "unprofessional conduct" as used in Sections 481 through 518.1 of this title are hereby declared to include, but shall not be limited to, the following:

1. Procuring, aiding or abetting a criminal operation;

2. The obtaining of any fee or offering to accept any fee, present or other form of remuneration whatsoever, on the assurance or promise that a manifestly incurable disease can or will be cured;
3. Willfully betraying a professional secret to the detriment of the patient;
4. Habitual intemperance or the habitual use of habit-forming drugs;
5. Conviction or confession of, or plea of guilty, nolo contendere, no contest or Alford plea to a felony or any offense involving moral turpitude;
6. All advertising of medical business in which statements are made which are grossly untrue or improbable and calculated to mislead the public;
7. Conviction or confession of, or plea of guilty, nolo contendere, no context or Alford plea to a crime involving violation of:
 - a. the antinarcotic or prohibition laws and regulations of the federal government,
 - b. the laws of this state,
 - c. State Board of Health rules, or
 - d. a determination by a judge or jury;
8. Dishonorable or immoral conduct which is likely to deceive, defraud, or harm the public;
9. The commission of any act which is a violation of the criminal laws of any state when such act is connected with the physician's practice of medicine. A complaint, indictment or confession of a criminal violation shall not be necessary for the enforcement of this provision. Proof of the commission of the act while in the practice of medicine or under the guise of the practice of medicine shall be unprofessional conduct;
10. Failure to keep complete and accurate records of purchase and disposal of controlled drugs or of narcotic drugs;
11. The writing of false or fictitious prescriptions for any drugs or narcotics declared by the laws of this state to be controlled or narcotic drugs;
12. Prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship and not prescribing in a safe, medically accepted manner;

13. The violation, or attempted violation, direct or indirect, of any of the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, either as a principal, accessory or accomplice;

14. Aiding or abetting, directly or indirectly, the practice of medicine by any person not duly authorized under the laws of this state;

15. The inability to practice medicine 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. In enforcing this section the State Board of Medical Licensure and Supervision 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 the physician 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, exclusive of the day of service. The physician shall be notified by either personal service or by certified mail with return receipt requested. At the hearing, the physician and the physician's 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 examination. The medical license of a physician ordered to submit for examination may be suspended until the results of the examination are received and reviewed by the Board;

16.a. Prescribing, dispensing or administering of controlled substances or narcotic drugs in excess of the amount considered good medical practice,

b. prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with pertinent licensing board standards, or

c. prescribing, dispensing or administering opioid drugs in excess of the maximum limits authorized under Section 2-309I of Title 63 of the Oklahoma Statutes;

17. 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;

18. Failure to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient;

19. Failure to provide necessary on-going medical treatment when a doctor-patient relationship has been established, which relationship can be severed by either party providing a reasonable period of time is granted; or

20. Failure to provide a proper and safe medical facility setting and qualified assistive personnel for a recognized medical act, including but not limited to an initial in-person

patient examination, office surgery, diagnostic service or any other medical procedure or treatment. Adequate medical records to support diagnosis, procedure, treatment or prescribed medications must be produced and maintained.

Added by Laws 1923, c. 59, p. 110, § 29, emerg. eff. March 31, 1923; Amended by Laws 1925, c. 63, p. 96, § 5, emerg. eff. April 6, 1925; Amended by Laws 1973, c. 99, § 1, emerg. eff. May 2, 1973; Amended by Laws 1980, c. 208, § 1, emerg. eff. May 30, 1980; Amended by Laws 1993, c. 338, § 1, eff. September 1, 1993; Amended by Laws 1995, c. 211, § 8, eff. November 1, 1995; Amended by Laws 1998, c. 324, § 10, eff. May 28, 1998; Amended by Laws 2004, SB 369, c. 523, § 9, emerg. eff. June 9, 2004; Amended by Laws 2009, HB 1897, c. 261, § 7, emerg. eff. July 1, 2009.

509.1. Range of Actions – Letter of Concern – Examination/Evaluation – Disciplinary Action Against Licensees – Surrender in Lieu of Prosecution

A. RANGE OF ACTIONS: The State Board of Medical Licensure and Supervision may impose disciplinary actions in accordance with the severity of violation of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act. Disciplinary actions may include, but are not limited to the following:

1. Revocation of the medical license with or without the right to reapply;
2. Suspension of the medical license;
3. Probation;
4. Stipulations, limitations, restrictions, and conditions relating to practice;
5. Censure, including specific redress, if appropriate;
6. Reprimand;
7. A period of free public or charity service;
8. Satisfactory completion of an educational, training, and/or treatment program or programs; and
9. Administrative fines of up to Five Thousand Dollars (\$5,000.00) per violation.

Provided, as a condition of disciplinary action sanctions, the Board may impose as a condition of any disciplinary action, the payment of costs expended by the Board for any legal fees and costs and probation and monitoring fees including, but not limited to, staff time, salary and travel expense, witness fees and attorney fees. The Board may take such actions singly or in combination as the nature of the violation requires.

B. LETTER OF CONCERN: The Board may authorize the secretary to issue a confidential letter of concern to a licensee when evidence does not warrant formal proceedings, but the secretary has noted indications of possible errant conduct that could lead to serious

consequences and formal action. The letter of concern may contain, at the secretary's discretion, clarifying information from the licensee.

C. EXAMINATION/EVALUATION: The Board may, upon reasonable cause, require professional competency, physical, mental, or chemical dependency examinations of any licensee, including withdrawal and laboratory examination of body fluids.

D. DISCIPLINARY ACTION AGAINST LICENSEES:

1. The Board shall promulgate rules describing acts of unprofessional or unethical conduct by physicians pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act; and
2. Grounds for Action: The Board may take disciplinary action for unprofessional or unethical conduct as deemed appropriate based upon the merits of each case and as set out by rule. The Board shall not revoke the license of a person otherwise qualified to practice allopathic medicine within the meaning of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act solely because the person's practice or a therapy is experimental or nontraditional.

Reports of all disciplinary action provided for in this section will be available for the public upon request. Investigative files shall remain confidential.

E. SURRENDER IN LIEU OF PROSECUTION:

1. The Board may accept a surrender of license from a licensee who has engaged in unprofessional conduct in lieu of Board staff prosecuting a pending disciplinary action or filing formal disciplinary proceedings only as provided in this section. To effect such a surrender, the licensee must submit a sworn statement to the Board:
 - a. expressing the licensee's desire to surrender the license,
 - b. acknowledging that the surrender is freely and voluntarily made, that the licensee has not been subjected to coercion or duress, and that the licensee is fully aware of the consequences of the license surrender,
 - c. stating that the licensee is the subject of an investigation or proceeding by the Board or a law enforcement or other regulatory agency involving allegations which, if proven, would constitute grounds for disciplinary action by the Board, and
 - d. specifically admitting to and describing the misconduct.
2. The sworn written statement must be submitted with the licensee's wallet card and wall certificate. The Secretary or Executive Director of the Board may accept the sworn

statement, wallet card and wall certificate from a licensee pending formal acceptance by the Board. The issuance of a complaint and citation by the Board shall not be necessary for the Board to accept a surrender under this subsection. A surrender under this subsection shall be considered disciplinary action by the Board in all cases, even in cases where surrender occurs prior to the issuance of a formal complaint and citation, and shall be reported as disciplinary action by the Board to the public and any other entity to whom the Board regularly reports disciplinary actions.

3. As a condition to acceptance of the surrender, the Board may require the licensee to pay the costs expended by the Board for any legal fees and costs and any investigation, probation and monitoring fees including, but not limited to, staff time, salary and travel expense, witness fees and attorney fees.

4. The licensee whose surrender in lieu of prosecution is accepted by the Board shall be ineligible to reapply for reinstatement of his or her license for at least one (1) year from the date of the accepted surrender.

F. ALL LICENSED PROFESSIONALS: All disciplinary actions defined in this section are applicable to any and all professional licensees under the legislative jurisdiction of the State Board of Medical Licensure and Supervision.

Added by Laws 1994, c. 323, § 33, eff. July 1, 1994; Amended by Laws 1999, c. 23, § 2, eff. November 1, 1999; Amended by Laws 2002, HB 2078, c. 213, § 4, emerg. eff. May 8, 2002); Amended by Laws 2004, SB 369, c. 523, § 10, emerg. eff. June 9, 2004; Amended by Laws 2009, HB 1897, c. 261, emerg. eff. July 1, 2009.

510. Corporations - Firms - Practice of Medicine

It shall be the duty of all firms, associations, or corporations engaged in the practice of medicine within the meaning of this act, within the State of Oklahoma, under whatsoever name or designation, before entering the practice thereof, to report in writing to the county clerk of the county in which such business is to be conducted, the names and addresses of all physicians connected therewith who propose to practice medicine and surgery under such name or designation, or in connection therewith, within said county and state; and from time to time thereafter such additional names and addresses as may be added thereto for the purpose of engaging in such practice under such firm name and designation, shall be so reported; Provided, that nothing in this section shall operate or be construed to waive the requirements that each and every member of such firm, association or corporation so practicing medicine and surgery thereunder, shall be duly licensed to practice medicine and surgery in the State of Oklahoma. Any firm, association or corporation, or any member or agent thereof, violating any of the provisions of this section, shall be guilty of a misdemeanor, and upon conviction thereof, shall be fined in any sum not to exceed One Hundred Dollars (\$100.00), and each day's practice shall be deemed a separate offense.

510.1 Medical Marijuana – Guidance – Disciplinary Action

A. The State Board of Medical Licensure and Supervision is hereby authorized to issue guidance to all allopathic physicians in this state on the recommending of medical marijuana to patients.

B. The Board may take disciplinary action as provided for in the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act against any allopathic physician who willfully violates or aids another in the willful violation of the provisions of Section 420 et. seq. of Title 63 of the Oklahoma Statutes or the provisions of Enrolled House Bill No. 2612 of the 1st Session of the 57th Oklahoma Legislature.

Laws 1923, c. 59, p. 111, § 30.

511. Fees - Vouchers

All monies accruing to the Board from fees herein provided for, and from all other sources whatsoever, shall be received by the secretary who shall make deposit thereof with the State Treasurer, who shall place the same in a designated depository fund to the credit of the Board. All salaries and expenses of the Board shall be paid from said depository fund upon proper vouchers approved by the secretary of the Board in the usual manner as the other similar departments of state. It is further provided that, at the end of each fiscal year, the unexpended balance of such funds shall be carried forward and placed to the credit of the Board for the succeeding fiscal year.

Added by Laws 1923, c. 59, p. 112, § 31, emerg. eff. March 31, 1923. Amended by Laws 1987, c. 118, § 30, operative July 1, 1987; Laws 1994, c. 323, § 34, eff. July 1, 1994.

512. Secretary's Salary – Hiring of Attorneys and Investigators – Contracts with State Agencies – Travel Expenses

A. The secretary of the State Board of Medical Licensure and Supervision shall be paid an annual salary in an amount fixed by the Board. The Board shall have the authority to expend such funds as are necessary in carrying out the duties of the Board and shall have the authority to hire all necessary personnel, at salaries to be fixed by the Board, as the Board shall deem necessary. The Board shall have the authority to hire attorneys to represent the Board in all legal matters and to assist authorized state and county officers in prosecuting or restraining violations of Section 481 et seq. of this title, and to fix the salaries or per diem of the attorneys.

B. The Board shall have the authority to hire one or more investigators as may be necessary to carry out the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act at an annual salary to be fixed by the Board. Such investigators may be commissioned peace officers of this state. In addition such investigators shall have the authority and duty to investigate and inspect the records of all persons in order to determine whether or not a disciplinary action for unprofessional misconduct is warranted or whether the narcotic laws or the dangerous drug laws have been complied with.

C.1. For purposes of this section, investigators shall be peace officers certified by the Council on Law Enforcement Education and Training and shall have statewide jurisdiction to perform the duties authorized by this section. In addition, the investigators shall have all the powers now or hereafter vested by law in peace officers.

2. Investigators for the Oklahoma State Board of Medical Licensure and Supervision shall perform such services as are necessary in the investigation of criminal activity or preparation of administrative actions.

3. Any licensee or applicant for license subject to the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall be deemed to have given consent to any duly authorized investigator of the Board to access, enter or inspect the records, either on-site or at the Board office, or facilities of such licensee or applicant subject to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act. Refusal to allow such access, entry or inspection may constitute grounds for the denial, nonrenewal, suspension or revocation of a license. Upon refusal of such access, entry or inspection, pursuant to this section, the Board or a duly authorized representative may make application for and obtain a search warrant from the district court where the facility or records are located to allow such access, entry or inspection.

D.1. The Board is specifically authorized to contract with state agencies or other bodies to perform investigative services or other administrative services at a rate set by the Board.

2. The Board is authorized to pay the travel expenses of Board employees and members in accordance with the State Travel Reimbursement Act.

3. The expenditures authorized herein to include capital purchases shall not be a charge against the state, but the same shall be paid solely from the Board's depository.

Added by Laws 1923, c. 59, p. 112, § 32, emerg. eff. March 31, 1923; Amended by Laws 1970, c. 145, § 3, emerg. eff. April 7, 1970; Amended by Laws 1980, c. 159, § 12, emerg. eff. April 2, 1980; Amended by Laws 1985, c. 178, § 33, operative July 1, 1985; Amended by Laws 1987, c. 118, § 31, operative July 1, 1987; Amended by Laws 1994, c. 323, § 35, eff. July 1, 1994; Amended by Laws 2002, HB 2078, c. 213, § 5, emerg. eff. May 8, 2002.

513. Quasi-Judicial Powers of Board

A. 1. The State Board of Medical Licensure and Supervision is hereby given quasi-judicial powers while sitting as a Board for the purpose of revoking, suspending or imposing other disciplinary actions upon the license of physicians or surgeons of this state, and appeals from its decisions shall be taken to the Supreme Court of this state within thirty (30) days of the date that a copy of the decision is mailed to the appellant, as shown by the certificate of mailing attached to the decision.

2. The license of any physician or surgeon who has been convicted of any felony in or without the State of Oklahoma and whether in a state or federal court, may be suspended by the

Board upon the submission thereto of a certified copy of the judgment and sentence of the trial court and the certificate of the clerk of the court of the conviction.

3. Upon proof of a felony conviction by the courts, the Board shall revoke the physician's license. If the felony conviction is overturned on appeal and no other appeals are sought, the Board shall restore the license of the physician. Court records of such a conviction shall be prima facie evidence of the conviction.

4. The Board shall also revoke and cancel the license of any physician or surgeon who has been charged in a court of record of this or other states of the United States or in the federal court with the commission of a felony and who is a fugitive from justice, upon the submission of a certified copy of the charge together with a certificate from the clerk of the court that after the commitment of the crime the physician or surgeon fled from the jurisdiction of the court and is a fugitive from justice.

B. To the extent necessary to allow the Board the power to enforce disciplinary actions imposed by the Board, in the exercise of its authority, the Board may punish willful violations of its orders and impose additional penalties as allowed by Section 509.1 of this title.

Added by Laws 1923, c. 59, p. 112, § 33, emerg. eff. March 31, 1923. Amended by Laws 1925, c. 63, p. 96, § 6, emerg. eff. April 6, 1925; Amended by Laws 1935, p. 56, § 2, emerg. eff. May 13, 1935; Amended by Laws 1987, c. 118, § 32, operative July 1, 1987; Amended by Laws 1994, c. 323, § 36, eff. July 1, 1994; Amended by Laws 1998, c. 374, § 3, eff. November 1, 1998; Amended by Laws 2004, SB 369, c. 523, § 11, emerg. eff. June 9, 2004.

514. Partial Invalidity Clause

In the event any of the provisions of this act shall be held unconstitutional, the same shall not affect the enforcement of the other provisions hereof.

Laws 1923, c. 59, p. 112, § 34.

515. Repealed

Repealed by Laws 1994, c. 323, § 38, eff. July 1, 1994.

516. Repealed

Repealed by Laws 1994, c. 323, § 38, eff. July 1, 1994.

517. Repealed

Repealed by Laws 1994, c. 323, § 38, eff. July 1, 1994.

518. Emergency Care or Treatment - Immunity from Civil Damages or Criminal Prosecution

No person who is a licensed practitioner of a healing art in the State of Oklahoma, who in good faith renders emergency care or treatment at the scene of the emergency, shall be liable for any civil damages as a result of any acts or omissions by such person in rendering the emergency care or treatment, and no person who is a licensed practitioner of a healing art in the State of Oklahoma shall be prosecuted under the criminal statutes of this state for treatment of a minor without the consent of a minor's parent or guardian when such treatment was performed under emergency conditions and in good faith.

Laws 1961, p. 458, § 1; Laws 1967, c. 57, § 1; Laws 1968, c. 405, § 1, emerg. eff. May 17, 1968.

518.1 Allied Professional Peer Assistance Program

- A. There is hereby established the Allied Professional Peer Assistance Program to rehabilitate allied medical professionals whose competency may be compromised because of the abuse of drugs or alcohol, so that such allied medical professionals can be treated and can return to or continue the practice of allied medical practice in a manner which will benefit the public. The program shall be under the supervision and control of the State Board of Medical Licensure and Supervision.
- B. The Board may appoint one or more peer assistance evaluation advisory committees, hereinafter called the "allied peer assistance committees". Each of these committees shall be composed of members, the majority of which shall be licensed allied medical professionals with expertise in chemical dependency. The allied peer assistance committees shall function under the authority of the State Board of Medical Licensure and Supervision in accordance with the rules of the Board. The program may be one hundred percent (100%) outsourced to professional groups specialized in this arena. The committee members shall serve without pay, but may be reimbursed for the expenses incurred in the discharge of their official duties in accordance with the State Travel Reimbursement Act.
- C. The Board may appoint and employ a qualified person or persons to serve as program coordinators and shall fix such person's compensation. The program may employ a director for purposes of ongoing nonclerical duties and shall fix the director's compensation. The Board shall define the duties of the program coordinators and director who shall report directly to the Board.
- D. The Board is authorized to adopt and revise rules, not inconsistent with the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, as may be necessary to enable it to carry into effect the provisions of this section.
- E. A portion of licensing fees for each allied profession, not to exceed Ten Dollars (\$10.00), may be used to implement and maintain the Allied Professional Peer Assistance Program.

- F. All monies paid pursuant to subsection E of this section shall be deposited in an agency special account revolving fund under the State Board of Medical Licensure and Supervision, and shall be used for the general operating expenses of the Allied Professional Peer Assistance Program, including payment of personal services.
- G. Records and management information system of the professionals enrolled in the Allied Professional Peer Assistance Program and reports shall be maintained in the program office in a place separate and apart from the records of the Board. The records shall be made public only by subpoena and court order; provided however, confidential treatment shall be cancelled upon default by the professional in complying with the requirements of the program.
- H. Any person making a report to the Board or to an allied peer assistance committee regarding a professional suspected of practicing allied medical practice while habitually intemperate or addicted to the use of habit-forming drugs, or a professional's progress or lack of progress in rehabilitation, shall be immune from any civil or criminal action resulting from such reports, provided such reports are made in good faith.
- I. A professional's participation in the Allied Professional Peer Assistance Program in no way precludes additional proceedings by the Board for acts or omissions of acts not specifically related to the circumstances resulting in the professional's entry into the program. However, in the event the professional defaults from the program, the Board may discipline the professional for those acts which led to the professional entering the program.
- J. The Executive Director of the Board shall suspend the license immediately upon notification that the licensee has defaulted from the Allied Professional Peer Assistance Program, and shall assign a hearing date for the matter to be presented to the Board.
- K. All treatment information, whether or not recorded, and all communications between a professional and therapist are both privileged and confidential. In addition, the identity of all persons who have received or are receiving treatment services shall be considered confidential and privileged.
- L. As used in this section, unless the context otherwise requires:
 - 1. "Board" means the State Board of Medical Licensure and Supervision; and
 - 2. "Allied peer assistance committee" means the peer assistance evaluation advisory committee created in this section, which is appointed by the State Board of Medical Licensure and Supervision to carry out specified duties.
- M. The Allied Professional Peer Assistance Program may contract with outside entities for services that are not available to it or can be obtained for a lesser cost through such a contract. The contract shall be ratified by the Board.

Laws 2009, HB 1897, c. 261, § 3, emerg. eff. July 1, 2009.

519 Repealed

Repealed by Laws 1993, c. 289, § 12, eff. June 3, 1993.