

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

MEDICINE - GENERAL RULES

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 16145, 16148, 16215, 17033, and 17048(5) of 1978 PA 368, MCL 333.16145, 333.16148, 333.16215, 333.17033, and 333.17048(5) and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1, and 2011-4, MCL 330.3101, 445.2001, 445.2011, and 445.2030)

PART 1. GENERAL PROVISIONS

R 338.2301 Rescinded.

History: 1979 AC; 1981 AACS; 1986 AACS; 1987 AACS; 2012 AACS; 2016 AACS.

R 338.2302 Rescinded.

History: 1979 AC; 2016 AACS.

R 338.2303 Rescinded.

History: 1979 AC; 1981 AACS; 1985 AACS; 2005 AACS; 2013 AACS.

R 338.2304 Rescinded.

History: 1998-2000 AACS; 2012 AACS; 2016 AACS.

R 338.2305 Rescinded.

History: 1998-2000 AACS; 2016 AACS.

R 338.2308 Rescinded.

History: 1981 AACS; 1990 AACS; 2016 AACS.

R 338.2309 Rescission.

Rule 9. The rules of the board, being R 338.51 to R 338.76 of the Michigan Administrative Code and appearing on pages 2601 to 2604 of the 1954 volume of the Code and pages 1459 to 1462 of the 1960 Annual Supplement to the Code, are rescinded.

History: 1979 AC.

R 338.2311 Rescinded.

History: 1979 AC; 1981 AACS; 1986 AACS.

R 338.2312 Rescinded.

History: 1979 AC; 1981 AACS.

R 338.2313 Rescinded.

History: 1979 AC; 1981 AACS; 1986 AACS; 1987 AACS; 2016 AACS.

R 338.2314 Rescinded.

History: 1979 AC; 1981 AACS; 1986 AACS; 1987 AACS; 1989 AACS; 1994 AACS; 2016 AACS.

R 338.2315 Rescinded.

History: 1979 AC; 1981 AACS.

R 338.2316 Rescinded.

History: 1979 AC; 1981 AACS; 1986 AACS; 1987 AACS; 1989 AACS; 1994 AACS; 2016 AACS.

R 338.2317 Rescinded.

History: 1986 AACS; 1987 AACS; 1989 AACS; 1994 AACS; 2016 AACS.

R 338.2318 Rescinded.

History: 1979 AC; 1987 AACS; 1989 AACS; 1994 AACS; 2016 AACS.

R 338.2319 Rescinded.

History: 1981 AACS; 1987 AACS; 1994 AACS; 2016 AACS.

R 338.2320 Rescinded.

History: 1979 AC; 1981 AACS.

R 338.2322 Rescinded.

History: 1979 AC; 1986 AACS.

R 338.2323 Rescinded.

History: 1979 AC; 1990 AACS.

R 338.2325 Rescinded.

History: 1979 AC; 1990 AACS.

R 338.2326 Rescinded.

History: 1981 AACS; 1986 AACS; 1987 AACS; 2016 AACS.

R 338.2327 Rescinded.

History: 1986 AACS; 1988 AACS.

R 338.2327a Rescinded.

History: 1991 AACS; 2016 AACS.

R 338.2328 Rescinded.

History: 1986 AACS; 1988 AACS.

R 338.2329 Rescinded.

History: 1986 AACS; 1988 AACS.

R 338.2329a Rescinded.

History: 1987 AACCS; 1989 AACCS; 2016 AACCS.

R 338.2330 Rescinded.

History: 1979 AC; 1980 AACCS.

R 338.2331 Rescinded.

History: 1979 AC; 1980 AACCS; 1996 AACCS.

R 338.2332--R 338.2355 Rescinded.

History: 1979 AC; 1980 AACCS.

R 338.2371 Rescinded.

History: 1979 AC; 1991 AACCS; 2016 AACCS.

R 338.2372 Rescinded.

History: 1979 AC; 2016 AACCS.

R 338.2373 Rescinded.

History: 1979 AC; 2016 AACCS.

R 338.2374 Rescinded.

History: 1979 AC; 1991 AACCS; 2016 AACCS.

R 338.2375 Rescinded.

History: 1979 AC; 2016 AACCS.

R 338.2376 Rescinded.

History: 1979 AC; 1991 AACS; 2016 AACS.

R 338.2377 Rescinded.

History: 1979 AC; 2016 AACS.

R 338.2378 Rescinded.

History: 1979 AC; 2016 AACS.

R 338.2379 Rescinded.

History: 1979 AC; 1991 AACS; 2016 AACS.

R 338.2380 Rescinded.

History: 1979 AC; 1991 AACS; 2016 AACS.

R 338.2381 Rescinded.

History: 1979 AC; 1991 AACS; 2016 AACS.

R 338.2382 Rescinded.

History: 1979 AC; 1991 AACS; 2016 AACS.

PART 1. GENERAL PROVISIONS

R 338.2401 Definitions.

Rule 101. As used in these rules:

(1) “Board” means the board of medicine created in section 17021 of the code, MCL 333.17021.

(2) “Code” means 1978 PA 368, MCL 333.1101 to 333.25211

(3) “Department” means the department of licensing and regulatory affairs.

History: 2016 AACS.

R 338.2403 English language requirement.

Rule 103. An applicant for a medical license or an educational limited medical license whose educational program was taught in a language other than English shall meet the requirements of the code and these rules and shall demonstrate a working knowledge of the English language. To demonstrate a working knowledge of the English language, the applicant shall establish that he or she obtained a total score of not less than 80 on the test of English as a foreign language internet-based test (TOEFL-IBT) administered by the educational testing service.

History: 2016 AACCS.

R 338.2405 Name of practitioner; display name.

Rule 105. A licensee shall not engage in the practice of medicine under a personal name other than the name under which he or she is licensed by the board.

History: 2016 AACCS.

Rule 338.2409 Delegation to physician's assistants; written authorization; requirements.

Rule 109. (1) A physician who supervises a physician's assistant under sections 17048 and 17049 of the code, MCL 333.17048 and 333.17049, shall establish a written authorization that delegates to the physician's assistant the performance of medical care services or the prescribing of schedule 2 to 5 controlled substances, or both. The written authorization shall contain all of the following information:

- (a) The name, license number, and signature of the supervising physician.
 - (b) The name, license number, and signature of the physician's assistant.
 - (c) The limitations or exceptions to the delegation of any medical care services or prescription of scheduled 2 to 5 controlled substances.
 - (d) The effective date of delegation.
- (2) The supervising physician shall review and update a written authorization prior to the renewal of the physician's assistant's license or in the interim as needed. A supervising physician shall note the review date on the authorization.
- (3) The supervising physician shall maintain the written authorization at the supervising physician's primary place of practice.
- (4) The supervising physician shall provide a copy of the signed, written authorization to the physician's assistant.
- (5) The supervising physician shall ensure that an amendment to the written authorization is in compliance with subrules (1), (2), (3), and (4) of this rule.
- (6) A supervising physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

History: 2016 AACCS.

Rule 338.2411 Delegation of prescribing controlled substances to nurse practitioner or nurse midwife; limitation.

Rule 111. (1) A physician may delegate the prescription of controlled substances listed in schedules 2 to 5 to a registered nurse who holds a specialty certification under section 17210 of the code, MCL 333.17210, with the exception of a nurse anesthetist, if the supervising physician establishes a written authorization that contains all of the following information:

- (a) The name, license number, and signature of the supervising physician.
- (b) The name, license number, and signature of the nurse practitioner or nurse midwife.
- (c) The limitations or exceptions to the delegation.
- (d) The effective date of the delegation.

(2) The supervising physician shall review and update a written authorization on an annual basis from the original date or the date of amendment, if amended. The supervising physician shall note the review date on the written authorization.

(3) The supervising physician shall maintain a written authorization at the supervising physician's primary place of practice.

(4) The supervising physician shall provide a copy of the signed, written authorization to the nurse practitioner or nurse midwife.

(5) The supervising physician shall ensure that an amendment to the written authorization is in compliance with subrules (1), (2), (3), and (4) of this rule.

(6) A supervising physician shall not authorize a nurse practitioner or a nurse midwife to issue a prescription for a schedule 2 controlled substance with a quantity greater than a 30-day supply.

(7) A supervising physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

History: 2016 AACCS.

R 338.2413 Training standards for identifying victims of human trafficking; requirements.

Rule 113. (1) Pursuant to section 16148 of the code, MCL 333.16148, an individual seeking licensure or licensed shall complete training in identifying victims of human trafficking that meets the following standards:

- (a) Training content shall cover all of the following:
 - (i) Understanding the types and venues of human trafficking in this state or the United States.
 - (ii) Identifying victims of human trafficking in health care settings.
 - (iii) Identifying the warning signs of human trafficking in health care settings for adults and minors.
 - (iv) Resources for reporting the suspected victims of human trafficking.

(b) Acceptable providers or methods of training include any of the following:

(i) Training offered by a nationally recognized or state-recognized, health-related organization.

(ii) Training offered by, or in conjunction with, a state or federal agency.

(iii) Training obtained in an educational program that has been approved by the board for initial licensure, or by a college or university.

(iv) Reading an article related to the identification of victims of human trafficking that meets the requirements of subdivision (a) of this subrule and is published in a peer review journal, health care journal, or professional or scientific journal.

(c) Acceptable modalities of training may include any of the following:

(i) Teleconference or webinar.

(ii) Online presentation.

(iii) Live presentation.

(iv) Printed or electronic media.

(2) The department may select and audit a sample of individuals and request documentation of proof of completion of training. If audited by the department, an individual shall provide an acceptable proof of completion of training, including either of the following:

(a) Proof of completion certificate issued by the training provider that includes the date, provider name, name of training, and individual's name.

(b) A self-certification statement by an individual. The certification statement shall include the individual's name and either of the following:

(i) For training completed pursuant to subrule (1)(b)(i) to (iii) of this rule, the date, training provider name, and name of training.

(ii) For training completed pursuant to subrule (1)(b)(iv) of this rule, the title of article, author, publication name of peer review journal, health care journal, or professional or scientific journal, and date, volume, and issue of publication, as applicable.

(3) Pursuant to section 16148 of the code, MCL 333.16148, the requirements specified in subrule (1) of this rule apply to license renewals beginning with the first renewal cycle after the promulgation of this rule and for initial licenses issued 5 or more years after the promulgation of this rule.

History: 2016 AACCS.

PART 2. LICENSES

R 338.2421 Accreditation standards for approval of medical schools and medical residency programs.

Rule 121. (1) The board approves and adopts by reference the standards for accrediting medical schools developed and adopted by the Liaison Committee on Medical Education, 2450 N Street NW, Washington D.C. 20037, set forth in the publication entitled "Functions and Structures of a Medical School", June 2013 edition, which is available at no cost on the committee's website at: www.lcme.org. The board shall consider any medical school accredited by the Liaison Committee on Medical Education approved by the board.

(2) The board approves and adopts by reference the standards for approval of a postgraduate training program developed and adopted by the Accreditation Council for Graduate Medical Education, Suite 2000, 515 North State Street, Chicago, IL 60654,

effective January 1, 2014, and are available at no cost on the council's website at: www.acgme.org/acgmeweb. The board shall consider any medical post graduate training program accredited by the Accreditation Council for Graduate Medical Education approved by the board.

(3) The board approves and adopts by reference the standards for approval of a resident training program by the College of Family Physicians of Canada, 2630 Skymark Avenue, Mississauga, Ontario, Canada L4W 5A4, set forth in the publication entitled "Specific Standards for Family Medicine Training Programs Accredited by the College of Family Physicians of Canada," 2013 edition available at no cost from the college's website at: http://www.cfpc.ca/Residency_Program_Accreditation. The board shall consider any residency program accredited by the College of Family Physicians of Canada approved by the board.

(4) The board approves and adopts by reference the standards for approval of a resident training program by the Royal College of Physicians and Surgeons of Canada, 774 Echo Drive, Ottawa, Ontario, Canada K1S 5N8 set forth in the publication entitled "General Standards of Accreditation," June 2013 edition, available at no cost from the college's website: <http://www.royalcollege.ca/portal/page/portal/rc/credentials>. The board shall consider any residency program accredited by the Royal College of Physicians and Surgeons as approved by the board.

(5) The board approves and adopts by reference the standards for approval of a resident training program by the Canadian Medical Association's Conjoint Accreditation Services, 1867 Alta Vista Drive, Ottawa, Ontario, Canada K 1G 5W8, set forth in the publication entitled "Requirements for Accreditation," 2014 edition, available at no cost from the association's website at: <http://www.cma.ca/learning/conjointaccreditation>. The board shall consider any residency program accredited by the Conjoint Accreditation Service to be approved by the board.

(6) Copies of the standards and criteria adopted by reference in subrules (1), (2), (3), (4), and (5) of this rule are available for inspection and distribution at cost from the Board of Medicine, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, 611 W. Ottawa, P.O. Box 30670, Lansing, MI 48909.

History: 2016 AACs.

Rule 338.2423 Medical doctor; license requirements; United States and Canadian graduates.

Rule 123. An applicant for a medical license who graduated from a medical school in the United States, its territories, or the Dominion of Canada shall submit the required fee and a completed application on a form provided by the department. In addition to meeting the requirements of the code and these rules, the applicant shall meet all of the following requirements:

(a) The applicant shall possess a degree from a medical school that meets the standards set forth in R 338.2421(1).

(b) The applicant shall have passed all components of the licensure examination for medical doctors adopted by the board under R 338.2431.

(c) The applicant shall have completed a minimum of 2 years postgraduate clinical training in a program that meets the requirements of R 333.2421(2), (3), (4), or (5). A

certificate of completion of the postgraduate training may be submitted to the department 15 days prior to the scheduled date of completion.

History: 2016 AACCS.

R 338.2425 Licensure; foreign graduates; qualifications.

Rule 125. To establish eligibility for licensure as a medical doctor, an applicant who graduated from a medical school located outside the United States, its territories, or the Dominion of Canada, the applicant shall complete the following requirements:

(a) Submit the required fee and a completed application on a form provided by the department.

(b) Submit evidence of certification by the educational commission on foreign medical graduates directly to the department.

(c) Successfully have passed part 3 of the United States medical licensure examination adopted in R 338.2431(1)(c).

(d) Complete two years of postgraduate training in a program that satisfies R 338.2421(2), (3), (4) or (5).

(e) Demonstrate a working knowledge of the English language if the applicant's educational program was taught in a language other than English. To demonstrate a working knowledge of the English language, the applicant shall establish that he or she meets the requirements in R 338.2403.

History: 2016 AACCS.

R 338.2427 Licensure by endorsement.

Rule 127. (1) An applicant for a Michigan medical license by endorsement shall submit the required fee and a completed application on a form provided by the department. An applicant who satisfies the requirements of the code and this rule is presumed to meet the requirements of section 16186(1)(a) and (b) of the code, MCL 333.16186(1)(a) and (b).

(2) An applicant for a medical license shall meet either of the following requirements:

(a) Has first been licensed in another state to actively engage in the practice of medicine for 10 years before the date of the filing the application for a Michigan license.

(b) Has been licensed in another state, has completed 3 years of post-graduate training, and has passed all components of the United States medical licensure examination adopted in R 338.2431.

(3) An applicant's license shall be verified by the licensing agency of any state of the United States in which the applicant holds a current license or has ever held a license as a medical doctor. Verification includes, but is not limited to, showing proof that the applicant's license is in good standing and, if applicable, any disciplinary action taken or pending against the applicant.

History: 2016 AACCS.

R 338.2429 Educational limited license.

Rule 129. (1) An individual not eligible for a Michigan medical license shall obtain an educational limited license before engaging in postgraduate training.

(2) An applicant for an educational limited license who is from a medical school located in the United States, its territories, or the Dominion of Canada, in addition to meeting the requirements of the code and these rules, shall satisfy all of the following:

(a) Submit the required fee and a completed application on a form provided by the department.

(b) Have documentation provided directly to the department from a medical school that meets the requirements of R 338.2421(1) verifying that the applicant has graduated or is expected to graduate in 3 months of the date of the application.

(c) Have documentation provided directly to the department verifying that the applicant has been accepted into a post graduate training program that meets the requirements of R 338.2421(2).

(3) An applicant for an educational limited license who is from a medical school located outside the United States, its territories, or the Dominion of Canada, in addition to meeting the requirements of the code and these rules, shall satisfy all of the following:

(a) Submit the required fee and a completed application on a form provided by the department.

(b) Have certification provided directly from the education commission on foreign graduates verifying that the applicant has satisfied both of the following requirements:

(i) Graduated from a medical school listed in the international medical education directory.

(ii) Successfully completed all components of the examination adopted in R 338.2431(1).

(c) Have documentation provided directly to the department verifying that the applicant has been accepted into a postgraduate training program that meets the requirements of R 338.2421(2).

(d) That the applicant has working knowledge of the English language if the applicant's education program was taught in a language other than English. To demonstrate a working knowledge of the English language, the applicant shall establish that he or she meets the requirements in R 338.2403.

(4) Pursuant to section 17012(2) of the code, MCL 333.17012(2), an educational limited license may be renewed not more than 5 years.

History: 2016 AACCS.

R 338.2431 Examination; adoption; passing scores.

Rule 131. (1) The board adopts the United States Medical License Examination (USMLE) developed and administered by the Federation of State Medical Boards (FSMB) which consists of the following components:

(a) USMLE – part 1.

(b) USMLE – part 2.

(c) USMLE – part 3.

(2) The passing score for each component of the USMLE accepted for licensure shall be the passing score established by the FSMB.

History: 2016 AACCS.

R 338.2433 Examination eligibility; limitation on attempts.

Rule 133. (1) To be eligible to sit for any component of the USMLE adopted in R 338.2431, an applicant shall satisfy the requirements of the FSMB.

(2) An applicant shall make not more than 3 attempts to pass any part of the USMLE.

(3) An applicant shall successfully pass all components of the USMLE within 7 years from the date that he or she first passed any component of the USMLE.

(4) If an applicant fails to pass the USMLE-part 3 within 4 years of first sitting for the USMLE-part 3, he or she shall complete 1 year of postgraduate training that meets the standards adopted by reference in R 338.2421(2), (3), (4), or (5) before again sitting for the USMLE-part 3.

History: 2016 AACCS.

R 338.2435 Clinical academic limited license.

Rule 135. (1) An applicant for a clinical academic limited license shall submit the required fee and a completed application on a form provided by the department. In addition to meeting the requirements of the code and these rules, the applicant shall satisfy both the following requirements:

(a) Have graduated from a medical school that satisfies either of the following requirements:

(i) Meets the standards set forth in R 338.2421(1).

(ii) Is certified by the Educational Commission on Foreign Medical Graduates (ECFMG).

(b) Be appointed to a teaching or research position in an academic institution as defined in section 17001(1)(a) of the code, MCL 333.17001(1)(a).

(2) An applicant whose program was taught in a language other than English shall demonstrate a working knowledge of the English language. To demonstrate a working knowledge of the English language, the applicant shall establish that he or she meets the requirements in R 338.2403.

History: 2016 AACCS.

R 338.2437 Relicensure.

Rule 137. (1) An applicant whose Michigan medical license has lapsed for less than 3 years preceding the date of application for relicensure may be relicensed under section 16201(3) of the code, MCL 333.16201(3), if the applicant meets both of the following requirements:

(a) Submits the required fee and a completed application on a form provided by the department.

(b) Submits proof to the department of accumulating not less than 150 hours of continuing education that meets the requirements of R 338.2443 during the 3 years immediately preceding the date of the application for relicensure.

(2) An applicant whose Michigan medical license has been lapsed for 3 years but less than 5 years shall satisfy the requirements of R 338.2437(1) and any of the following requirements:

(a) Presents evidence to the department that he or she was actively licensed as a medical doctor in another state at any time during the 3-year period immediately preceding the date of application.

(b) Takes and passes the Special Purpose Examination (SPEX) offered by the FSMB. The passing score shall be the score established by the FSMB for passing.

(c) Successfully completes a postgraduate training program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).

(d) Successfully completes a physician re-entry program that satisfies either of the following requirements:

(i) Accredited by the coalition for physician enhancement.

(ii) Affiliated with a medical school that satisfies the requirements of R 338.2421(1).

(3) An applicant whose Michigan medical license has been lapsed for 5 years or more shall satisfy the requirements of R 338.2437(1) and any of the following requirements:

(a) Presents evidence to the department that he or she was actively licensed as a medical doctor in another state at any time during the 3-year time period immediately preceding the date of application.

(b) Successfully completes a post-graduate training program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).

(c) Successfully completes a physician re-entry program that satisfies either of the following requirements:

(i) Accredited by the coalition for physician enhancement.

(ii) Affiliated with a medical school that satisfies the requirements of R 338.2421(1).

(4) If required to complete the requirements of subrule (2)(c), (2)(d), (3)(b), or 3(c) of this rule, the applicant may obtain an educational limited license for the sole purpose of completing that training.

(5) An applicant with an educational limited license may be relicensed under section 16201(3) or (4) of the code, MCL 333.16201(3) or (4), if he or she complies with subrule (1) of this rule and R 338.2429.

(6) An applicant shall have his or her license verified by the licensing agency of any state of the United States in which the applicant holds or has ever held a license to practice as a medical doctor. Verification shall include information the license is in good standing and, if applicable, the record of any disciplinary action taken or pending against the applicant.

History: 2016 AACCS.

PART 3. CONTINUING EDUCATION

Rule 338.2441 License renewals.

Rule 141. (1) This part applies to an application for renewal of a medical license under section 17031 of the code, MCL 333.17031 and a medical special volunteer license under section 16184 of the code, MCL 333.16184.

(2) An applicant for license renewal who has been licensed in the 3-year period immediately preceding the application for renewal shall accumulate a minimum of 150 hours of continuing education in activities approved by the board under R 338.2443 during the 3 years immediately preceding the application for renewal.

(3) Submission of an application for renewal shall constitute the applicant's certification of compliance with the requirements of this rule. The licensee shall retain documentation of meeting the requirements of this rule for 4 years from the date of applying for license renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221(h).

(4) The department may select and audit a sample of licensees who have renewed their license and request proof of compliance with subrule (2). If audited, a licensee shall submit documentation as specified in R 338.2443.

History: 2016 AACCS.

Rule 338.2443 Acceptable continuing education; requirements; limitations.

Rule 143. (1) The 150 hours of continuing education required pursuant to R 338.2441 shall comply with the following, as applicable:

(a) Credit for a continuing education program or activity that is identical or substantially identical to a program or activity for which the licensee has already earned credit during the renewal period shall not be granted.

(b) A minimum of 1 hour of continuing education shall be earned in the area of medical ethics.

(c) Beginning 1 year after the effective date of these rules, a minimum of 3 hours of continuing education shall be earned in the area of pain and symptom management pursuant to section 17033(2) of the code, MCL 333.17033(2). Continuing education hours in pain and symptom management may include, but are not limited to, any of the following:

(i) Public health burden of pain.

(ii) Ethics and health policy related to pain.

(iii) Michigan pain and controlled substance laws.

(iv) Pain definitions.

(v) Basic sciences related to pain including pharmacology.

(vi) Clinical sciences related to pain.

(vii) Specific pain conditions.

(viii) Clinical physician communication related to pain.

(ix) Management of pain, including evaluation and treatment and non-pharmacological and pharmacological management.

(x) Ensuring quality pain care.

(xi) Michigan programs and resources relevant to pain.

(d) A minimum of 75 continuing education credits shall be obtained through category 1 programs listed in subrule (2) of this rule.

(2) The board shall consider any of the following as acceptable category 1 continuing education:

	Activity and Proof of Completion	Number of Continuing Education Hours granted/permitted for activity
a	<p>Attendance at or participation in a continuing education program or activity related to the practice of medicine, which includes but is not limited to, live in-person programs, interactive or monitored teleconference, audio-conference, or web-based programs, online programs, and journal articles with a self-study component or other self-study programs approved or offered by any of the following:</p> <ul style="list-style-type: none"> • American Medical Association • Michigan State Medical Society • Accreditation Council for Continuing Medical Education • American Osteopathic Association. • Michigan Osteopathic Association. <p>If audited, the licensee shall submit a copy of the letter or certificate of completion showing the licensee’s name, number of continuing education hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or the activity completed.</p>	<p>The number of continuing education hours for a specific program or activity shall be the number of hours approved by the sponsor or the approving organization for the specific program. A maximum of 150 hours of continuing education may be earned for this activity during the renewal period.</p>
b	<p>Taking and passing a specialty board certification or recertification examination for a board recognized by the American Board of Medical Specialties.</p> <p>If audited, the licensee shall provide evidence from the specialty board of the successful passing of the examination.</p>	<p>Fifty hours of continuing education credit shall be granted for each specialty board certification or recertification examination successfully passed during the renewal period. A maximum of 50 hours of continuing education may be earned for this activity in each renewal period.</p>
c	<p>Successfully completing an activity that is required for maintenance of a specialty certification for a board recognized by the American Board of Medical Specialties that does not meet the requirements of subdivision (a) or (b) of this rule.</p>	<p>One hour of continuing education shall be granted for every 60 minutes spent on the activity. A maximum of 30 hours may be earned for this activity in each renewal period.</p>

	If audited, the licensee shall provide proof from the specialty board that the activity was required for maintenance of certification, that the activity was successfully completed and the date of completion.	
d	<p>Participation in a clinical training program that satisfies any of the requirements of R 338.2421(2), (3), (4) or (5) or is accredited by a board recognized by the American Board of Medical Specialties. To receive credit, the licensee shall be enrolled for a minimum of 5 months in a 12-month period.</p> <p>If audited, the licensee shall submit a letter from the program director verifying the licensee participated in the program.</p>	Fifty hours of continuing education credit per year may be granted for this activity. A maximum of 150 hours of continuing education credit shall be granted per a renewal period.

(3) The board shall consider any of the following as acceptable category 2 continuing education:

	Activity and Proof of Completion	Number of Continuing Education Hours granted/permitted for activity
a	<p>Serving as a clinical instructor for medical students engaged in a post-graduate training program that satisfies requirements of R 338.2421(2), (3), (4), or (5).</p> <p>To receive credit, the clinical instructorship shall not be the licensee's primary employment function.</p> <p>If audited, the licensee shall submit proof of scheduled instructional hours and a letter from the program director verifying the licensee's role.</p>	Two hours of continuing education shall be granted for each 50 to 60 minutes of scheduled instruction. Additional credit for preparation of a lecture shall not be granted. A maximum of 48 hours of continuing education may be earned for this activity in each renewal period.
b	<p>Initial presentation of a scientific exhibit, poster, or paper to a professional medical organization.</p> <p>If audited, the licensee shall submit a copy of the document presented with evidence of presentation or a letter from the program sponsor verifying the date</p>	Two hours of continuing education shall be granted for each presentation. No additional credit shall be granted for preparation of the presentation. A maximum of 24 hours of continuing education may be earned in this activity in each renewal period. Pursuant to R 338.2443(1)(a), credit for a presentation

	of the presentation.	shall be granted only once per renewal period.
c	<p>Publication of a scientific article relating to the practice of medicine in a peer-reviewed journal or periodical.</p> <p>If audited, the licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter and documentation of the peer-review process.</p>	<p>Six hours of continuing education shall be granted for serving as the primary author. Three hours of continuing education shall be granted for serving as a secondary author. A maximum of 24 hours of continuing education may be earned for this activity in each renewal period. Pursuant to R 338.2443(1)(a), credit for an article shall be granted once per renewal period.</p>
d	<p>Initial publication of a chapter or a portion of a chapter related to the practice of medicine in either of the following:</p> <ul style="list-style-type: none"> • A professional health care textbook. • A peer-reviewed textbook. <p>If audited, the licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter.</p>	<p>Five hours of continuing education shall be granted for serving as the primary author. Two hours of continuing education shall be granted for serving as a secondary author. A maximum of 24 hours of continuing education may be earned for this activity in each renewal period. Pursuant to R 338.2443(1)(a), credit for publication shall be granted once per renewal period.</p>
e	<p>Participating on any of the following:</p> <ul style="list-style-type: none"> • A peer review committee dealing with quality of patient care as it relates to the practice of medicine. • A committee dealing with utilization review as it relates to the practice of medicine. • A health care organization committee dealing with patient care issues related to the practice of medicine. • A national or state committee, board, council, or association related to the practice of medicine. <p>Participation in a committee, board, council, or association is considered</p>	<p>Eighteen hours of continuing education shall be granted for participating on a committee. A maximum of 18 hours of continuing education may be earned for this activity in each renewal period.</p>

	<p>acceptable by the board if it enhances the participant's knowledge and understanding of the field of medicine. If audited, the licensee shall submit a letter from an organization official verifying the licensee's participation in at least 50% of the regularly scheduled meetings of the committee, board, council, or association.</p>	
f	<p>Until 3 years after the effective date of this rule, attendance at or participation in a continuing education program that had been approved by the board prior to the effective date of this rule but does not satisfy the requirements of subrule (2)(a) of this rule.</p> <p>If audited, the licensee shall submit a copy of the letter or certificate of completion showing the licensee's name, number of continuing education hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or the activity was completed.</p>	<p>The number of continuing education hours for a specific program or activity shall be the number of hours approved by the board. A maximum of 36 hours of continuing education may be earned for this activity.</p>
g	<p>Independently reading a peer-reviewed journal that does not satisfy the requirements of subrule (2)(a) of this rule. The reading shall have been completed prior to the effective date of this rule.</p> <p>If audited, a licensee shall submit a bibliography listing the journal, article, authors, publication date, and date read.</p>	<p>Two hours of continuing education credit shall be granted for each article read. A maximum of 18 hours of continuing education may be earned for this activity.</p>
h	<p>Prior to the effective date of this rule, completing a multi-media self-assessment program that does not meet the requirements of subrule (2)(a) of this rule. The self-assessment program shall improve the licensee's knowledge and understanding of the practice of medicine.</p>	<p>The number of continuing education hours shall be the number of hours approved by the activity sponsor. A maximum of 18 hours of continuing education credit may be earned for this activity.</p>

	If audited, the licensee shall submit a certificate of self-assessment provided by the program sponsor.	
--	---	--

History: 2016 AACCS.