

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

OSTEOPATHIC MEDICINE AND SURGERY - GENERAL RULES

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 16145, 16148, 16204, 17533, and 17548 of 1978 PA 368, MCL 333.16145, 333.16148, 333.16204, 333.17533, and 333.17548 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 338.111 Definitions.

Rule 11. As used in these rules:

(a) "Board" means the Michigan board of osteopathic medicine and surgery created in section 17521 of the code, MCL 333.17521.

(b) "Code" means 1978 PA 368, MCL 333.1101 to 333.25211.

(c) "Department" means the department of licensing and regulatory affairs.

History: 2016 AACCS.

R 338.113 Name of practitioner; display of name.

Rule 13. A person shall not engage in the practice of osteopathic medicine and surgery under a personal name other than the name under which he or she is licensed.

History: 2016 AACCS.

R 338.115 Code of ethics.

Rule 15. (1) The standards of the American Osteopathic Association, 142 E. Ontario St., Chicago, IL 60611-2864 set forth in the "Code of Ethics" dated April 24, 2014, are adopted by reference in these rules. The code of ethics may be obtained at no cost from the association's website at: <http://www.osteopathic.org/inside-aoa/about/leadership/Pages/aoa-code-of-ethics.aspx>.

(2) A licensee shall not violate the code of ethics.

(3) Copies of the adopted standards referenced in subrule (1) of this rule are available for inspection and distribution at cost from the Board of Osteopathic Medicine and Surgery, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

History: 2016 AACCS.

R 338.117 Delegation to physician's assistants; written authorization requirements.

Rule 17. (1) A physician who supervises a physician's assistant under sections 17548 and 17549 of the code, MCL 333.17548 and 333.17549, 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:

- (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 schedules 2 to 5 controlled substances.
 - (d) The effective date of the delegation.
- (2) The supervising physician shall review and update the 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 written authorization.
- (3) A supervising physician shall ensure that an amendment to the written authorization is in compliance with subrule (1) of this rule.
- (4) A supervising physician shall maintain the signed, written authorization at the supervising physician's principal place of practice.
- (5) The supervising physician shall provide a copy of the signed, written authorization to the physician's assistant.
- (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.

R 338.119 Delegation of prescribing controlled substances to nurse practitioners or nurse midwives; limitation.

Rule 19. (1) A physician may delegate the prescription of controlled substances listed in schedules 2 to 5 to a registered nurse who holds specialty certification under section 17210 of the code, MCL 333.17210, with the exception of a nurse anesthetist, if the delegating physician establishes a written authorization that contains all of the following information:

- (a) The name, license number, and signature of the delegating 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) A delegating physician shall review and update a written authorization on an annual basis from the original date or the date of amendment, if amended. A delegating physician shall note the review date on the written authorization.
- (3) The delegating physician shall ensure that an amendment to the written authorization is in compliance with subrule (1) of this rule.

(4) A delegating physician shall maintain the signed, written authorization at the delegating physician's primary place of practice.

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

(6) A delegating 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 delegating 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 338.120 Training standards for identifying victims of human trafficking; requirements.

Rule 20. (1) Pursuant to section 16148 of the code, MCL 333.16148, a licensed physician or licensure applicant 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 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) Using 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 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 338.121 Accreditation standards for approval of osteopathic medical schools, postgraduate training programs, and institutions; adoption by reference.

Rule 21. (1) The board approves and adopts by reference the standards for accrediting osteopathic medical schools developed and adopted by the American Osteopathic Association Commission on Osteopathic College Accreditation, 212 East Ohio Street, Chicago, IL 60611, as set forth in the publication entitled “Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures” effective July 1, 2014, which is available at no cost on the association’s website at: www.osteopathic.org. The board shall consider any osteopathic school of medicine accredited by the commission on osteopathic college accreditation approved by the board.

(2) The board approves and adopts by reference the standards of the American Osteopathic Association Council on Postdoctoral Training, 212 East Ohio Street, Chicago, IL 60611, as set forth in the publication entitled “The Basic Documents for Postdoctoral Training” effective July 1, 2014, which is available at no cost on the association’s website at: www.osteopathic.org. The board shall consider any osteopathic postgraduate training program accredited by the American osteopathic association council on postdoctoral training approved by the board.

(3) The board approves and adopts by reference the standards of the American Osteopathic Association Council on Osteopathic Postdoctoral Training Institutions, 212 East Ohio Street, Chicago, IL 60611, as set forth in the publication entitled “OPTI Accreditation Handbook” effective March 2014, which is available at no cost on the association’s website at: www.osteopathic.org. The board shall consider any osteopathic institution accredited by the American osteopathic association council on osteopathic postdoctoral training institutions as approved by the board.

(4) The board approves and adopts by reference the standards for the 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, which are available at no cost on the council’s website at: www.acgme.org/acgmeweb. The board shall consider any medical postgraduate training

program accredited on or after July 1, 2015, by the accreditation council for graduate medical education as approved by the board.

(5) Copies of the standards and criteria are available for inspection and distribution at cost at the Board of Osteopathic Medicine and Surgery, Bureau of Health Care Services, Licensing and Regulatory Affairs, 611 W. Ottawa Street, P.O. Box 30670, Lansing, Michigan, 48909.

History: 2016 AACCS.

R 338.123 Licensure by examination.

Rule 23. An applicant for licensure by examination shall submit a completed application on a form provided by the department together with the requisite fee. In addition to meeting the requirements of the code and the administrative rules, an applicant for licensure by examination shall meet all of the following requirements:

(a) The applicant shall have completed the requirements for a degree in osteopathic medicine from a school of osteopathic medicine approved by the board in R 338.121(1).

(b) The applicant shall have satisfactorily completed 1 year of postgraduate clinical training that satisfies either of the following requirements:

(i) A postgraduate training program that satisfies the requirements of R 338.121(2) at a training institution that satisfies the requirements of R 338.121(3).

(ii) A postgraduate training program approved by the board in R 338.121(4).

(c) Certification of satisfactory completion of postgraduate clinical training under subdivision (b)(i) and (ii) of this rule shall be accepted by the board not more than 30 days before completion of the first year of training.

(d) The applicant shall have passed all parts of the examination conducted and scored by the national board of osteopathic medical examiners as set forth in R 338.129.

History: 2016 AACCS.

R 338.125 Licensure by endorsement.

Rule 25. (1) An applicant for an osteopathic medicine and surgery license shall submit the required fee on a completed application 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 (d) of the code, MCL 333.16186(1)(a) and (d).

(2) An applicant for an osteopathic medicine and surgery license shall meet either of the following requirements:

(a) Has first been licensed in another state to actively engage in the practice of osteopathic medicine and surgery for at least 5 years before the filing of an application.

(b) Has been licensed in another state and has passed all components of the national board of osteopathic medicine examination adopted in R 338.129.

(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 an osteopathic physician. 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 338.127 Educational limited license.

Rule 27. (1) An individual not eligible for a Michigan osteopathic medicine and surgery license must obtain an educational limited license before engaging in postgraduate training.

(2) An applicant for an educational limited license, 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 an osteopathic medical school that meets the requirements of R 338.121(1) verifying that the applicant has graduated or is expected to graduate in 3 months.

(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 338.121(2) or (4).

(3) Pursuant to section 17512(2) of the code, MCL 333.17512(2), an educational limited license may be renewed no more than 5 times.

History: 2016 AACCS.

R 338.129 Examination; required passing score.

Rule 29. (1) The board adopts the comprehensive osteopathic medical licensing examination (comlex) developed and administered by the national board of osteopathic medical examiners (nbome).

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

History: 2016 AACCS.

R 338.131 Examination eligibility.

Rule 31. (1) To be eligible to sit for any component of the comprehensive medical licensure examination (comlex) adopted in R 338.129, an applicant shall satisfy the requirements of the national board of osteopathic medical examiners.

(2) An applicant shall make no more than 6 attempts to pass any part of the comlex.

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

History: 2016 AACCS.

R 338.133 Relicensure requirements.

Rule 33. (1) An applicant whose Michigan osteopathic medicine and surgery license has lapsed for less than 3 years preceding the date of application for relicensure may be

relicensed under section 16201(3), MCL 333.16201(3), of the code if the applicant meets both of the following requirements:

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

(b) Submits proof of completing not less than 150 hours of continuing education that satisfies the requirements of R 338.141.

(2) An applicant whose Michigan osteopathic medicine and surgery license has been lapsed for more than 3 years but less than 5 years shall meet the requirements of subrule (1) of this rule and any of the following requirements:

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

(b) Takes and passes the comprehensive osteopathic medical variable-purpose examination (comvex) offered by the national board of osteopathic medical examiners (nbome). The passing score shall be the score established by the nbome for passing.

(c) Successfully completes a postgraduate training program that satisfies the requirements of R 338.121(2) or (4).

(d) Successfully completes a physician re-entry program that is accredited by the coalition for physician enhancement.

(3) An applicant whose Michigan license has been lapsed for 5 years or more shall satisfy the requirements of subrule (1) of this rule and either of the following requirements:

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

(b) Successfully completes both of the following requirements:

(i) Takes and passes the comvex offered by the nbome. The passing score shall be the score established by the nbome for passing.

(ii) Successfully completes either of the following training options:

(A) A post-graduate training program that satisfies the requirements of R 338.121(2) or (4).

(B) A physician re-entry program that is accredited by the coalition for physician enhancement.

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

(5) 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 osteopathic medicine. Verification shall include information that 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

R 338.141 Continuing education as condition of license renewal.

Rule 41. (1) This part applies to an application for renewal of an osteopathic medicine and surgery license under section 17531 of the code, MCL 333.17531, and an osteopathic medicine and surgery 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 these rules 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) of this rule. If audited, a licensee shall submit documentation as specified in R 338.143.

History: 2016 AACCS.

R 338.143 Acceptable continuing education requirements and limitations.

Rule 43. (1) The 150 hours of continuing education required pursuant to R 338.141 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) Beginning 1 year or more after the effective date of these rules, a minimum of 3 hours of continuing education must be earned in the area of pain and symptom management pursuant to section 17533(2) of the code, MCL 333.17533(2). Continuing education hours in pain and symptom management may include, but are not limited to, public health burden of pain; ethics and health policy related to pain; Michigan pain and controlled substance laws; pain definitions; basic sciences related to pain including pharmacology; clinical sciences related to pain; communication related to pain; management of pain, including evaluation and quality pain care; or Michigan programs and resources relevant to pain.

(c) A minimum of 60 continuing education credits must be earned 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 permitted for each activity
a	Attendance at or participating in a continuing education program or	The number of continuing education hours for a specific program or

	<p>activity related to the practice of osteopathic medicine which includes, but is not limited to, live, in-person programs; and journal articles with a self-study component, interactive or monitored teleconference; audio conference, web-based programs; or online programs approved or offered by any of the following:</p> <ul style="list-style-type: none"> • Committee on continuing education of the American osteopathic association for evaluating osteopathic continuing education standards. • Michigan Osteopathic Association <p>If audited, a licensee shall submit a copy of a letter or certificate of completion showing the licensee's name, number of credits earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date or dates on which the program or activity was completed.</p>	<p>activity is the number of hours assigned by the sponsoring organization for the specific program or activity. A minimum of 40 hours of continuing education shall be earned in this activity. A maximum of 150 hours of continuing education may be earned for this activity in each renewal period.</p>
b	<p>Attendance at or participating in a continuing education program or activity related to the practice of osteopathic medicine which includes, but is not limited to, live, in-person programs; and journal articles with a self-study component, interactive or monitored teleconference; audio conference; web-based programs; or online programs approved or offered by any of the following:</p> <ul style="list-style-type: none"> • American medical association • Accreditation council for continuing medical education • Michigan state medical society. <p>If audited, the licensee shall submit a copy of a letter or certificate of</p>	<p>The number of continuing education hours for a specific program or activity is the number of hours assigned by the sponsoring organization for the specific program or activity. A maximum of 110 hours of continuing education may be earned for this activity in a renewal period.</p>

	completion showing the licensee's name, number of credits earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date or dates on which the program or activity was completed.	
c	<p>Taking or passing a specialty board certification or recertification examination for a specialty board recognized by the American osteopathic association or 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 credit may be earned for this activity in each renewal period.</p>
d	<p>Successfully completing an activity that is required for maintenance of a specialty certification for a specialty board recognized by the American osteopathic association that does not meet the requirements of (2)(a) or (2)(c).</p> <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.</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>
e	<p>Serving as a teacher, lecturer, preceptor, or moderator-participant in a medical education or training program that meets the standards adopted by the board in R 338.121.</p> <p>If audited, the licensee shall submit a letter from the program director verifying the licensee's role, length of lecture or lectures, and the date on which the lecture or lectures were held.</p>	<p>Two hours of continuing education shall be granted for each scheduled lecture or clinical consultation. Additional credit for preparation of the lecture shall not be granted. A maximum of 90 hours of continuing education may be earned for this activity in each renewal period.</p>
f	<p>Conducting a formal inspection of an osteopath medical education or training program that meets the standards adopted by the Board in R 338.121 or</p>	<p>Five hours of continuing education shall be granted per an inspection. A maximum of 90 hours of continuing education may be earned in this</p>

	<p>conducting clinical examinations of osteopathic specialty boards recognized by the American osteopathic association.</p> <p>If audited, the licensee shall submit documentation from the accrediting organization verifying the licensee's role and participation in the inspection.</p>	<p>activity in each renewal period.</p>
g	<p>Participating in any of the following:</p> <ul style="list-style-type: none"> • A peer review committee dealing with quality patient care as it relates to the practice of osteopathic medicine and surgery. • A committee dealing with utilization review as it relates to the practice of osteopathic medicine. • A health care organization committee with patient care issues related to the practice of osteopathic medicine. • A national or state committee, board, council, or association related to the practice of osteopathic medicine. <p>A committee, board, council, or association is considered acceptable by the board if it enhances the participant's knowledge and understanding of the practice of osteopathic 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.</p>	<p>Fifteen hours per each committee per year shall be granted. A maximum of 90 hours of continuing education credit shall be earned for this activity in each renewal period.</p>
h	<p>Providing individual supervision for a disciplinary limited osteopathic physician.</p> <p>If audited, the licensee shall submit an affidavit from the disciplinary limited osteopathic physician who received the</p>	<p>One hour of continuing education shall be granted for each 60 minutes spent consulting or reviewing the disciplined licensee's work. A maximum of 50 hours of continuing education shall be granted for this activity per renewal period.</p>

	<p>supervision. The affidavit shall attest to the licensee's role as supervisor and the number of hours spent providing supervision to the disciplinary limited osteopathic physician.</p>	
i	<p>Participating in a post-graduate training program that satisfies the requirements of R 338.121(2) or (4). To receive credit the licensee must be enrolled in the program a minimum of 5 months per year.</p> <p>If audited, the licensee shall submit a letter from the program director verifying the dates that the licensee was enrolled in the program.</p>	<p>Fifty continuing education credits per year shall be granted. A maximum of 150 credits per renewal period may be earned for this activity in each renewal period.</p>
j	<p>Publication of a scientific article relating to the practice of osteopathic 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</p>	<p>Ten hours of continuing education shall be granted for serving as the primary author. Five hours of continuing education shall be granted for serving as a secondary author. Pursuant to R 338.143(1)(a), credit for an article shall be granted only once per renewal period. A maximum of 90 hours of continuing education shall be earned for this activity in a renewal period.</p>
k	<p>Initial publication of a chapter or a portion of a chapter related to the practice of osteopathic medicine in either of the following:</p> <ul style="list-style-type: none"> • A professional health care textbook. • A peer-reviewed text book. <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>Ten hours of continuing education shall be granted for serving as the primary author. Five hours of continuing education shall be granted for serving as a secondary author. A maximum of 90 hours shall be granted for this activity in each renewal period. Pursuant to R 338.143(1)(a), credit for publication shall be granted once per renewal period.</p>
l	<p>Until 3 years after the effective date of this rule, attendance at or participation in a continuing education activity 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) or (b).</p>	<p>The number of continuing education hours for a specific program or activity shall be the number of hours previously approved by the board. A maximum of 90 hours of continuing education may be earned for this activity.</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, and the date on which the program was held or the activity completed.</p>	
--	--	--

(3) Category 2 activities are as follows:

	Activity and Proof of Completion	Number of continuing education hours permitted for each activity
a	<p>Independently reading a peer-reviewed journal that does not satisfy the requirement of subrule (2)(a). The reading shall have been completed prior to the effective date of this rule.</p> <p>If audited, the licensee shall submit a signed document, listing the journals read, including title, publisher, volume number, article read, and the authors.</p>	<p>Three hours of continuing education shall be granted for each journal article read. A maximum of 90 hours of continuing education credit may be earned for this activity in each renewal period. Pursuant to R 338.143(1)(a), credit for the same article appearing in different journals shall be granted once per renewal period.</p>
b	<p>Initial presentation of a scientific exhibit, poster, or paper to a professional osteopathic medicine organization.</p> <p>If audited, the licensee shall submit a copy of the document presented with evidence of the presentation or a letter from the program sponsor verifying the date of presentation.</p>	<p>Ten hours of continuing education shall be granted for each presentation. No additional credit shall be granted for preparation of the presentation. A maximum of 90 hours may be earned in this activity in each renewal period. Pursuant to R 338.143(1)(a), credit for a presentation shall be granted once per renewal period.</p>
c	<p>Completing a multimedia self-assessment that does not meet the requirements of subrule (2)(a) prior to the effective date of this rule. The self-assessment shall improve the licensee's knowledge and understanding of the practice of osteopathic medicine.</p> <p>If audited, the licensee shall submit a certificate of self-assessment provided by the program sponsor.</p>	<p>The number of continuing education hours shall be the number of hours approved by the self-assessment sponsor. A maximum of 90 hours of continuing education may be earned for this activity.</p>

History: 2016 AACCS.