

TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

CHAPTER 1. ADMINISTRATION AND ORGANIZATION

[Authority: 59 O.S., § 489]
[Source: Codified 12-30-91]

435:1-1-1. Purpose

The rules of this Chapter have been adopted to establish the organizational and procedural framework of the agency and Board.

435:1-1-1.1. Definitions

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

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

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

"Board offices" or **"Board's office"** means the offices of the Board at which business of the Board is conducted.

[Source: Added at 11 Ok Reg 4525, eff 7-27-94 (emergency); Added at 12 Ok Reg 1209, eff 5-11-95]

435:1-1-2. Description of organization

(a) The Board is created by the Oklahoma Legislature, 59 O.S. Section 481. The Board has the authority and duty to regulate and administer the practice of allopathic medicine in this state and related practice placed under the authority of the Board by the Oklahoma Legislature.

(b) The Board consists of nine (9) members who are qualified and appointed in accordance with the provisions of 59 O.S. Section 482. The two (2) lay members of the Board, appointed in accordance with 59 O.S. § 481, shall participate in all matters before the Board.

(c) The powers and duties of the Board are set forth in the Act, the Physical Therapy Practice Act, 59 O.S. Sections 887.1 through 887.17, the Registered Electrologist Act, 59 O.S. Sections 536.1 through 536.14, the Occupational Therapy Practice Act, 59 O.S. Sections 888.1 through 888.16, the Registered Dietitian Act, 59 O.S. Sections 1721 through 1740, the Athletic Trainers Act, 59 O.S. Sections 525 through 535, the Physician Assistant Act, 59 O.S. Sections 519 through 524, the Respiratory Care Practice Act, 59 O.S. Sections 2026 through 2045, the Oklahoma Licensed Podiatrists Act, 59 O.S. Sections 2301 through 2308, and the Orthotics and Prosthetics Practice Act, 59 O.S. Sections 3001 through 3008 as amended.

[Source: Amended at 11 Ok Reg 4525, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1209, eff 5-11-95; Amended at 16 Ok Reg 1999, eff 6-14-99; Amended at 21 Ok Reg 1047, eff 5-14-04]

435:1-1-3. Method of operations

(a) The central office of the Oklahoma State Board of Medical Licensure and Supervision is located in Oklahoma City, Oklahoma. The central office will be open during regular business hours as determined by the Board, each day except Saturday and Sunday and any legal holiday established by statute or proclamation

of the Governor.

(b) The Board may open branch offices with location and hours of operation to be determined by the Board.

(c) Every communication in writing to the Board shall be addressed to the Board at the Board's central or branch office(s) unless the Board directs otherwise.

(d) The Board shall hold meetings in accordance with the Oklahoma Open Meetings Act. Special meetings may be called by the President and Secretary of the Board. Five (5) members of the Board constitute a quorum and may transact any business or hold any hearing by simple majority vote of a quorum.

(e) All rules and other written statements of policy or interpretations formulated, adopted or used by the Board in the discharge of its functions and all final orders, decisions, and opinions will be made available for public inspection during regular office hours at the Board's central office or branch office(s) when electronically feasible.

(f) All records of the Board which are public records pursuant to the Oklahoma Open Records Act shall be available for public review and copying during regular business hours at the Board's central office or branch office(s) when electronically feasible. Copies shall be available only upon appropriate arrangements for payment of applicable fees. Records of the Board which are subject to a permissive or mandatory privilege of confidentiality shall not be released to the public; provided that the Secretary of the Board or the Executive Director of the Board may, upon request, allow records subject to a permissive privilege of confidentiality to be open for public review and copying. It is the policy of the Board to maintain as confidential all patient records held by the Board in any file, pursuant to 12 O.S. § 2503, to every extent possible under law. It is the position and determination of the Board that investigative files of the Board are confidential under the Open Records Act.

(g) In the event the Board convenes a meeting by teleconference, the Board shall provide adequate space for any person to listen and view the meeting via appropriate audio and video equipment.

[Source: Amended at 11 Ok Reg 4525, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1209, eff 5-11-95; Amended at 13 Ok Reg 761, eff 10-24-95 (emergency); Amended at 13 Ok Reg 1691, eff 5-25-96; Amended at 14 Ok Reg 3538, eff 7-1-97 (emergency); Amended at 15 Ok Reg 2016, eff 5-26-98]

435:1-1-4. Individual proceedings [REVOKED]

[Source: Revoked at 11 Ok Reg 4155, eff 6-21-94 (emergency); Revoked at 12 Ok Reg 1209, eff 5-11-95]

435:1-1-5. Media coverage of Board meetings

Board meetings, or any portion thereof, may be broadcast, televised, recorded, or photographed in accordance with the following guidelines.

(1) The presiding officer of the Board, or his designee, shall designate a reasonable location or locations within the meeting room from which the broadcasting, televising, recording or photographing may take place.

(2) The broadcasting, televising, recording or photographic equipment employed at the Board meeting shall be silent and unobtrusive so as not to interfere with any individual's ability to hear, see and participate in the meeting and so as not to interfere with the orderly transaction of Board business.

(3) If the presiding officer, or his designee, determines that any such broadcasting, televising, recording or photographing is interfering with the orderly transaction of Board business, the presiding officer, or his designee,

may limit such broadcasting, televising, recording or photographing to allow the orderly transaction of Board business.

435:1-1-6. Rulemaking procedures

(a) **Submission of data.** Prior to the adoption, amendment, or repeal of any rule, the Board shall afford any interested person a reasonable opportunity to submit data, views, or arguments, orally or in writing, to the Board concerning the proposed action on the rule. Should the proposed action on a rule affect one's substantive rights, the opportunity for an oral hearing will be granted if requested in writing by an individual or by an association. If no substantive rights are involved, the opportunity for oral arguments or views is in the discretion of the Board. The Board shall decide whether any substantive rights are involved.

(b) **Petition on rules.** Any interested person may petition the Board requesting the promulgation, amendment, or repeal of a rule. The petition shall be filed with the Secretary of the Board and shall set forth in writing, clearly and concisely, all matters pertaining to the requested action and reasons for the request. The request should also state whether there is someone known to the petitioner who is concerned with the subject and should be notified of the hearing.

(c) **Hearing of petition.** The Board, at the next regularly scheduled session after the completion of notice or at a special meeting specified in the notice, will hear the petition and notify the petitioner of the ruling within twenty (20) days after the decision. The Board may, at its discretion, postpone the discussion and ruling of the petition until the next regularly scheduled meeting or at a special meeting and all parties shall be notified of the postponement.

(d) **APA notice requirements.** In any rulemaking action, whether initiated by the Board or by petition, the Board shall comply with the current notice requirements in the Administrative Procedures Act [75 O.S., Section 301 et seq.].

(e) **Notice of rulemaking proceedings.** The notice shall be mailed to all interested persons who have made a request of the Board for advance notice of the rulemaking proceedings, or who were specified in the petition for the rules, and shall be published in the Oklahoma Gazette or its successor publication. Twenty (20) days time shall be calculated from the date of the mailing of notice or the publication, whichever is later.

(f) **Place for hearings.** Unless otherwise specified by the Board as stated in the notice, all hearings shall be conducted in the offices of the Board.

(g) **Appearance at hearings.** Any person who is interested in or affected by a proposed action may appear at such hearing. An appearance may be made individually, by an attorney, or by an authorized agent.

(h) **Emergency rules.** Emergency rules may be adopted by the Board without the prescribed notice and hearing in accordance with the provisions of the Administrative Procedures Act in regard to emergency rules.

[Source: Amended at 11 Ok Reg 4525, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1209, eff 5-11-95]

435:1-1-7. Fees

(a) **Fee schedule.** The Board shall fix the amount of the fees so that the total fees collected will be sufficient to meet the expenses of administering the provisions as set for in Title 59 O.S., Section 495c and 511 of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act provided, the Board shall not set the fees at an amount in excess of the amounts listed in this subsection.

(1) **Licensure/registration.** The following fees shall be assessed for licensure and registration:

- (A) Medical Doctor - Full license
 - (i) Application processing fee - \$500.00
 - (ii) Reprocessing fee - \$125.00
 - (iii) Temporary license - \$250.00
- (B) Medical Doctor - Special license
 - (i) Special training application processing fee - \$250.00
(This fee may be applied toward the application processing fee in (a)(1)(A)(i) of this section when the special license was issued for first year post graduate training purposes.)
 - (ii) Special training reprocessing fee - \$150.00
- (C) Physician Assistants
 - (i) Initial application for licensure - \$150.00
 - (ii) Application to practice fee - \$50.00
 - (iii) Disciplinary hearing fee - actual cost of proceedings (including probation and other fees) as determined by the Board.
- (D) Physical Therapist
 - (i) Application processing fee - \$100.00
 - (ii) Reprocessing fee - \$50.00
 - (iii) License - 50.00
 - (iv) Temporary permit - 25.00
- (E) Physical Therapist Assistant
 - (i) Application processing fee - \$100.00
 - (ii) Reprocessing fee - \$30.00
 - (iii) License - 35.00
 - (iv) Temporary permit - 25.00
- (F) Athletic Trainer
 - (i) Application processing fee - \$120.00
 - (ii) Reprocessing fee - \$35.00
 - (iii) License - 25.00
- (G) Apprentice athletic trainer
 - (i) Application processing fee - \$25.00
 - (ii) Transfer processing fee - \$20.00
 - (iii) License - 5.00
- (H) Licensed Dietitian
 - (i) Application processing fee - \$60.00
 - (ii) Reprocessing fee - \$30.00
 - (iii) License - \$60.00
- (I) Provisional licensed dietitian
 - (i) Application processing fee - \$15.00
 - (ii) Reprocessing fee - \$30.00
 - (iii) License -\$15.00
- (J) Occupational therapist
 - (i) Application processing fee - \$70.00
 - (ii) Reprocessing fee - \$30.00
 - (iii) License - 50.00
- (K) Occupational therapy assistant
 - (i) Application processing fee - \$70.00
 - (ii) Reprocessing fee -\$30.00
 - (iii) License - 50.00
- (L) Registered electrologists

- (i) Application processing fee -\$30.00
- (ii) License - \$30.00
- (iii) Examination fee - \$75.00
- (M) Respiratory Care - Full license
 - (i) Application processing fee - \$100.00
 - (ii) Reprocessing fee - \$30.00
- (N) Respiratory Care - Provisional license
 - (i) Application processing fee - \$100.00
 - (ii) Reprocessing fee - \$30.00
- (O) Licensed Pedorthists application processing fee -\$180.00
- (P) Licensed Orthotist/Prosthetist application processing fee - \$300.00
- (Q) Registered Orthotist/Prosthetist Assistant application processing fee -\$100.00
- (R) Registered Orthotist/Prosthetist Technician application processing fee -\$60.00
- (S) Radiologist Assistant application processing fee - \$100.00
- (T) Anesthesiology Assistant application processing fee - \$150.00
- (U) Therapeutic Recreation Specialist application processing fee - \$125.00
- (V) Licensed Professional Music Therapist initial license application fee - \$50.00

(2) Renewal/reregistration of license/registration. The following fees shall be assessed for renewal/reregistration:

- (A) Medical License - Full
 - (i) Application for annual reregistration fee - \$200.00
 - (ii) Reactivation processing fee - \$350.00
 - (iii) Reinstatement of license - \$500.00
- (B) Medical License - Special
 - (i) Application for annual reregistration fee for special training - \$150.00
 - (ii) Application for annual reregistration fee for special limited - \$175.00
 - (iii) Reactivation processing fee for special training - \$200.00
 - (iv) Reactivation processing fee for special limited - \$250.00
 - (v) Reinstatement processing fee for special training - \$250.00
- (C) Physical Therapist
 - (i) Annual renewal fee - \$50.00
 - (ii) Renewal processing fee - \$40.00
 - (iii) Late fee (After January 31) - \$20.00
- (D) Physical Therapist Assistant
 - (i) Annual renewal fee - \$35.00
 - (ii) Renewal processing fee - \$25.00
 - (iii) Late fee (After January 31) - \$15.00
- (E) Physician Assistants
 - (i) Annual renewal fee - \$125.00
 - (ii) Late renewal fee - \$225.00
- (F) Athletic Trainer

- (i) Application processing fee - \$45.00
- (ii) Annual renewal fee - 10.00
- (iii) Late fee (After August 30) - \$60.00
- (G) Apprentice athletic trainer
 - (i) Application processing fee - \$10.00
 - (ii) Annual renewal fee - 5.00
 - (iii) Late fee (After August 30) - \$10.00
- (H) Licensed Dietitian/provisional licensed dietitian
 - (i) Annual renewal fee - \$100.00
 - (ii) Penalty (after October 31) - \$50.00
 - (iii) Penalty (after January 31) - \$100.00
- (I) Occupational therapist/occupational therapy assistant
 - (i) Application processing fee - \$80.00
 - (ii) Annual renewal fee - 20.00
 - (iii) Late renewal (after October 31) - 20.00
- (J) Registered electrologists
 - (i) Application processing fee - \$25.00
 - (ii) Annual renewal fee - \$25.00
- (K) Respiratory Care - Full license
 - (i) Biennially renewal fee - \$100.00
 - (ii) Reinstatement - renewal fee plus \$120.00
- (L) Respiratory Care - Provisional license - six month renewal fee - \$100.00
- (M) Licensed Pedorthist
 - (i) Annual renewal fee - \$60.00
 - (ii) Late fee (up to 30 days late) -\$30.00
 - (iii) Late fee (30 days to 1 year late) -\$60.00
 - (iv) Reinstatement fee - \$180.00
- (N) Licensed Orthotist/Prosthetist
 - (i) Biennial renewal fee -\$150.00
 - (ii) Late fee (up to 30 days late) -\$60.00
 - (iii) Late fee (30 days to 1 year late) -\$120.00
 - (iv) Reinstatement fee -\$300.00
- (O) Registered Orthotist/Prosthetist Assistant
 - (i) Biennial renewal fee -\$100.00
 - (ii) Late fee (up to 30 days late) - \$60.00
 - (iii) Late fee (30 days to 1 year late) - \$120.00
 - (iv) Reinstatement fee - \$100.00
- (P) Registered Orthotist/Prosthetist Technician
 - (i) Biennial renewal fee - \$60.00
 - (ii) Late fee (up to 30 days late) - \$60.00
 - (iii) Late fee (30 days to 1 year late) - \$120.00
 - (iv) Reinstatement fee - \$60.00
- (Q) Radiologist Assistants
 - (i) Biennial renewal fee - \$200.00
 - (ii) Late renewal fee - \$300.00
- (R) Anesthesiology Assistants
 - (i) Biennial renewal fee - \$150.00
 - (ii) Late renewal fee - \$250.00
- (S) Therapeutic Recreation Specialist
 - (i) Biennial renewal fee - \$100.00

(ii) Late renewal fee - \$125.00

(3) **Duplication or modification of license/registration.** The following fees shall be assessed for duplication or modification of a license/registration:

- (A) Medical License (Full) - \$60.00
- (B) Physician Assistant - \$30.00
- (C) Physical Therapist - \$60.00
- (D) Physical Therapy Assistant - \$30.00
- (E) Athletic Trainer - \$30.00
- (F) Apprentice Athletic Trainer - \$20.00
- (G) Licensed Dietitian - \$30.00
- (H) Provisional Licensed Dietitian - \$30.00
- (I) Occupational Therapist - \$30.00
- (J) Occupational Therapy Assistant - \$30.00
- (K) Special license - \$30.00
- (L) Respiratory Care - \$30.00
- (M) Licensed Podiatrist - \$30.00
- (N) Licensed Orthotist/Prosthetist - \$30.00
- (O) Registered Orthotist/Prosthetist Assistant - \$30.00
- (P) Registered Orthotist/Prosthetist Technician - \$30.00
- (Q) Radiologist Assistant - \$60.00
- (R) Anesthesiologist Assistant - \$60.00
- (S) Therapeutic Recreation Specialist - \$30.00

(4) **Miscellaneous fees.** The following miscellaneous fees shall be assessed by the Board:

- (A) Certification of scores - \$50.00
- (B) Written verification of license/registration - \$25.00
- (C) Credentialing service - \$125.00 per licensee
- (D) Web based services
 - (i) On-line monthly fee - \$60.00 (Three hundred (300) query returns included)
 - (ii) 301 to 350 queries per month - .60 per return
 - (iii) 351 to 400 queries per month - .30 per return
 - (iv) 401 and above queries per month - .15 per return
 - (v) Database, statistical reports, mailing labels on floppy disks, CDs or by electronic mail - \$120.00/hour, minimum of one (1) hour. Fee is for one set of labels per order. Multiple labels may be printed for \$50.00 each additional set.
- (E) Duplicate renewal/registration card - \$15.00
- (F) Certification of public records (per page) - 1.00
- (G) Duplication of public records (per page) - .25
- (H) Unofficial transcript of public Board/Committee meetings (per page) - \$2.00
- (I) Issuance of subpoena - \$6.00
- (J) Payment reprocessing fee - \$30.00
- (K) Rate for Investigations for other agencies or bodies - at cost with deposit of \$120.00 required to initiate investigation
- (L) Premedical or Medical Education Qualifications Review - at cost with deposit of \$120.00 required to initiate action

- (M) Monitoring fees for Agreements: Actual costs of any testing or monitoring provided for in the Agreement.
- (N) Disciplinary action fees:
 - (i) Probation fees - \$150.00 per month.
 - (ii) Investigation/Prosecution fees - actual cost incurred.
- (O) Filing of motions:
 - (i) Rehearing or reconsideration of any disciplinary case - \$120.00
 - (ii) Rehearing or reconsideration of any licensing case - \$120.00
 - (iii) Terminate or modify probation/agreement - \$120.00
 - (iv) Request for Specialty Board Certification under 435:10-7-2 - \$120.00
 - (v) Priority issuance of subpoena or duces tecum subpoena within seven (7) days of hearing - \$15.00
 - (vi) Request for exception as allowed by law/rules -\$120.00
- (P) Reproduction of Board meeting video recording (per recording) - \$20.00
- (Q) Reproduction of Board meeting audio recording (per recording) - \$20.00
- (R) Administrative fine for practicing after revocation of license pursuant to 59 O.S. 491B - \$6,000/day
- (S) Letter of Incorporation - \$5
- (T) Annual continuing education course application fee - \$40.00 per course
- (U) Board publications fee - at printing cost
- (V) Website advertisements limited to sub-pages on www.okmedicalboard.org and www.awomansrighttoknowok.org websites. Vendor to sign a contract and agree to terms and conditions as set forth by the Board. Fee for six months advertising per page equals \$500.

(b) Submission of fees.

- (1) All fees assessed by the Board as set out in the fee schedule in (a) of this section shall be received prior to processing an application for licensure or certification.
- (2) All fees are non-refundable.

[Source: Amended at 9 Ok Reg 1585, eff 4-27-92; Amended at 10 Ok Reg 4371, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2327, eff 5-26-94; Amended at 11 Ok Reg 4525, eff 7-27-94 (emergency); Amended at 12 Ok Reg 555, eff 12-12-94 (emergency); Amended at 12 Ok Reg 1209, eff 5-11-95; Amended at 13 Ok Reg 1563, eff 8-21-95 (emergency); Amended at 13 Ok Reg 1169, eff 2-26-96 (emergency); Amended at 13 Ok Reg 1693, eff 5-25-96; Amended at 13 Ok Reg 2681, eff 6-27-96; Amended at 16 Ok Reg 1999, eff 6-14-99; Amended at 19 Ok Reg 2299, eff 6-28-02; Amended at 22 Ok Reg 942, eff 5-12-05; Amended at 23 Ok Reg 1094, eff 5-11-06; Amended at 25 Ok Reg 1963, eff 6-26-08; Amended at 26 Ok Reg 2574, eff 1-1-10; Amended at 28 Ok Reg 1745, eff 6-25-11; Amended at 34 Ok Reg 578, eff 3-3-17 (emergency); Amended at 35 Ok Reg 1802, eff 9-14-18]

435:1-1-8. Reporting information to Board

The following entities are required to report within 30 days after action is taken, to the Oklahoma State Board of Medical Licensure and Supervision in the manner prescribed as follows:

- (1) Each entity (including an insurance company) which makes payments in satisfaction of judgment in a medical malpractice action or claim shall report the name of the physician, the amount of the payment, the name(s) of any hospital(s) with which the physician is associated or affiliated, a

description of the acts or omissions and injuries or illness upon which the action or claim was based and any other information deemed necessary and requested by the Board.

(2) Each health care entity that takes a professional review action that adversely affects the clinical privileges of a physician for longer than 30 days, shall report to the Board name, description, other information.

(3) Each health care entity that accepts the surrender of clinical privileges by a physician while said physician is under investigation by the entity relating to possible incompetence or improper professional conduct, shall report to the Board name, description, other information.

(4) Each health care entity that accepts the surrender of clinical privileges by a physician in exchange for not conducting an investigation of possible incompetence or improper professional conduct, shall report to the Board name, description, other information.

(5) Any professional society or association which takes professional review action which adversely affects the membership of the physician shall report to the Board name, description, other information. [Reference: PL 99-660, Sec. 401, Title IV 42 U.S.C. 11,101 et seq., part B - Reporting of Information]

435:1-1-9. Declaratory rulings

(a) Any individual or group may petition the Board for a declaratory ruling as to the applicability of any statute, rule or order of the Board. Any other individual or group may file a response thereto.

(b) All petitions filed for a declaratory ruling by the Board shall set out fully the views of the petitioner giving any reasons and citations of legal authority he has in support of such views.

(c) The Board may request the petitioner, or any respondent, to present witnesses on any facts involved in the petition, or legal memorandum with citations of authority on any legal issues involved in his petition.

(d) The Board may initially assign a petition for declaratory ruling to an appropriate advisory committee and/or board subcommittee for its review and for a recommendation. The advisory committee and/or board subcommittee may hold hearings, take testimony, or require any legal memorandums that the Board may require. The findings or recommendation of any advisory committee or board subcommittee is not binding on the Board en banc.

(e) The Board shall give reasonable notice to the petitioner and any respondents in advance of making a final ruling and shall accompany any ruling with written findings of fact and conclusions of law.

[Source: Amended at 11 Ok Reg 4525, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1209, eff 5-11-95]

435:1-1-10. Duties of the Secretary/Medical Advisor

(a) The Secretary/Medical Advisor of the Board is hereby hired to perform duties to include, but not be limited to, the following:

(1) Perform all duties and obligations specified in Oklahoma statutes and elsewhere in the Board rules.

(2) Function on behalf of the Board and represent the Board in all matters in the interim period between Board meetings.

(3) Make final review and sign all licenses and certificates.

(b) The Secretary/Medical Advisor is not a voting member of the Board, but a representative of the Board and liaison for the Board in all matters of law, rules or

directives of the Board.

(c) Further duties of the Secretary/Medical Advisor shall include, but not be limited to, the provision of medical and other advice and assistance as is necessary in the review and investigation of complaints and actions before the Board, to assist staff in all licensure matters, to sign subpoenas and administer oaths, and to bring civil actions as set forth in (d) of this section.

(d) Pursuant to the authority of 59 O.S. Supp. 1994, Sec. 491.1, the Board designates to the Secretary/Medical Advisor the authority to initiate injunctive actions to prevent the unlicensed or uncertified practice of any profession under the authority of the Board, to seek declaratory ruling to ascertain the proper scope of the Act and any other act which the board has the duty to enforce and administer, to bring civil actions for the recovery of debts owed to the Board by defendants in administrative actions, to enforce subpoenas issued by the Board or any Board member, and/or to seek District Court enforcement of Board orders.

(e) The Secretary/Medical Advisor shall apprise the Board of any action initiated at the next Board meeting following filing of the action. The Board, in its discretion, may vote to instruct the Secretary/Medical Advisor to dismiss any action filed if possible under District Court rules and in the best interest of the agency.

(f) At any time the Secretary/Medical Advisor, with the concurrence of the President of the Board, determines that an emergency exists for which the immediate suspension of a license is necessary, the Secretary/Medical Advisor may conduct a hearing pursuant to 75 O.S. Sec. 314 to suspend such license temporarily upon a showing of clear and convincing evidence of unprofessional conduct. The Secretary/Medical Advisory shall comply with all notice requirements of the Administrative Procedures Act and immediately set the matter for full hearing before the Board in compliance with the Administrative Procedures Act and the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act.

(g) The Secretary/Medical Advisor may designate the duties set forth in (c) and (e) of this section to the Executive Director during the absence of the Secretary/Medical Advisor.

[Source: Added at 11 Ok Reg 4731, eff 9-9-94 (emergency); Added at 12 Ok Reg 1209, eff 5-11-95; Amended at 13 Ok Reg 645, eff 11-21-95 (emergency); Amended at 13 Ok Reg 2683, eff 6-27-96]

CHAPTER 3. INDIVIDUAL PROCEEDINGS

[Authority: Authority: 59 O.S., § 489]

[Source: Codified 5-11-95]

SUBCHAPTER 1. PURPOSE AND DEFINITIONS

435:3-1-1. Purpose

The purpose of this Chapter is to set forth the procedures of the Board used in the investigation of and hearings held for complaints and individual proceedings.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-1-2. Definitions

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

"Act" means the Oklahoma Medical Practice Act, 59 O.S.1991, §§ 481, *et seq.*, as amended, or any health profession act over which the Board has regulatory jurisdiction.

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

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

"**Complaint**" means a written or oral statement of alleged violation of the Act by a person licensed or certified by the Board and which is filed with the Secretary in anticipation of a citation. This definition is distinct from "**citizen complaint**," which refers to a written or oral statement of violation of the Act prior to investigation by the Staff and submission to the Secretary.

"**Defendant**" means the person against whom an individual proceeding is initiated.

"**Executive Director**" means the Executive Director of the Board.

"**Hearing**" means the trial mechanism employed by the Board to provide Due Process to a defendant in an individual proceeding.

"**Individual proceeding**" means the formal process by which the Board takes administrative action against a person licensed or certified by the Board in accordance with the Act and the APA.

"**Secretary**" means the Secretary of the Board.

"**Staff**" means the personnel of the Board.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

SUBCHAPTER 3. INVESTIGATIONS AND HEARINGS

435:3-3-1. Investigations

Any person may file a complaint with the Board in regard to any person licensed or certified by the Board. Complaints may be written or oral. The Staff may require complainants to reduce oral complaints to writing. The Staff may inquire of a complainant for any additional useful information related to the complaint. The Staff shall investigate all credible complaints over which the Board would reasonably have jurisdiction. In addition, the Staff may refer complaints to other entities, such as the Oklahoma State Bureau of Investigation, Oklahoma Bureau of Narcotics and Dangerous Drugs, appropriate District Attorney or Oklahoma State Medical Association, for action when the Board lacks jurisdiction. Further, the Staff may report alleged criminal violations to appropriate law enforcement agencies.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-2. Confidentiality during investigations

During the conduct of any investigation, the investigative staff shall take all proper and necessary action to ensure the confidentiality of investigative files, in accordance with the Oklahoma Open Records Act, 51 O.S.1991, §§ 24a.1 et seq. In particular, staff shall take all necessary action to ensure patient files obtained by the agency during an investigation shall not be disclosed to the public. The investigative staff shall emend all copies of patient records used during an investigation to delete, redact, black-out or otherwise render unreadable the name and other identification information of a patient, unless that information is pertinent to the hearing and reasonable efforts have been made by the Staff to secure the cooperation of the patient or the patient's parent or guardian.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-3. Confidentiality during hearings

During a hearing before the Board or presentation of a witness before the Trial Examiner, patient records necessary for use in the hearing shall be so marked as to ensure the confidentiality of the patient where disclosure of the patient's identity is not pertinent to the hearing. In addition, a witness who is or was a patient of a physician before the Board may assume a pseudonym to protect the patient's identity. No patient shall be required to identify himself or herself. In the event of a minor patient, a parent or guardian shall be inquired of as to identification of the minor.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-4. Complaints

(a) An individual proceeding, whether initiated by the Board or by a citizen complainant shall be initiated by the filing of a sworn complaint with the Secretary of the Board. The complaint shall contain a brief statement setting forth the allegations which are the basis of the complaint and naming the person against whom the complaint is made. The complaint shall set forth all notice and hearing requirements of the APA.

(b) After a complaint has been filed in accordance with (a) of this section, the Secretary of the Board shall review the complaint and may issue a citation notifying the person named in the complaint of said filing and the date and place of the hearing.

(c) The decision whether to issue a citation shall be left to the discretion of the Secretary.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-5. Notices

(a) All notices or other papers, motions or documents which require service in an individual proceeding may be served personally or by certified mail to the defendant's last known address filed with the Board.

(b) If the Board is unable to provide service upon the defendant by either means provided in (a) of this section, after the exercise of due diligence, the Board may provide notice by publication in a newspaper for such time as the Secretary of the Board may direct as most likely to give opportunity for notice to the defendant.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-6. Service of notice

Service of notice shall be complete upon personal service, upon receipt by the Board of the card showing receipt of certified mail by the addressee, or upon the posting of notice or last publication thereof, as the case may be.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-7. Hearing date

(a) Upon the issuance and service of a complaint and citation to a defendant before the Board, the staff of the agency shall assign a tentative hearing date for the matter to be presented to the Board.

(b) At the time of the issuance of the complaint and citation, a scheduling order shall be mailed to the defendant, which shall state the closing date for the exchange of witness and exhibit lists, discovery cut-off, the cut-off date for the filing of dispositive motions, a pretrial conference set at least fourteen (14) days prior to the hearing and other matters necessary to be scheduled which may arise from time to

time.

(c) Written motions for any continuances or extensions of time shall state the time desired and the reasons for the request. All such motions shall be filed at the offices of the Board. The Secretary of the Board, or the Trial Examiner at the pre-trial conference, may receive and rule on motions for continuance filed prior to seven (7) days before the hearing date. If the continuance is denied, the party may renew the request and move for a continuance at the hearing.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-8. Response to a complaint

(a) The defendant shall file a written answer under oath with the Secretary within 20 days after the service of the citation. If said answer is not filed, the defendant shall be considered in default. At the hearing of the complaint, the Board may accept the allegations set forth in the complaint as true. Further, the Board may then take action against the defendant based upon the complaint, which may include any sanction authorized by law, including revocation.

(b) The Secretary may extend the time within which an answer must be filed.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-9. Discovery

When time permits prior to a hearing, parties to the hearing shall be allowed to use discovery available in a civil action in the District Courts of Oklahoma. The failure of a party to have sufficient time to exercise any discovery mechanism on account of a lack of time shall not of itself constitute good cause for the granting of a continuance of a hearing.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-10. Motions prior to hearing

(a) Motions in regard to any matter as set forth on 435:3-3-13 shall be filed with the Trial Examiner at the offices of the Board. The Trial Examiner is authorized to schedule oral argument on such motions or may accept written argument only. The Order of the Trial Examiner shall be in writing and shall be appealable to the Board prior to the hearing. The Trial Examiner shall not have authority to dismiss a case or limit what matters are heard by the Board.

(b) Motions shall be heard and/or ruled upon by the Trial Examiner at the scheduled pretrial conference.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-11. Procedure of hearing

(a) Immediately prior to the calling of the first case at a meeting of the Board during which hearings shall be held, the president of the Board or designee may conduct a docket call, in which cases to be heard by the Board shall be scheduled. Scheduling may take into consideration factors such as anticipated length of a hearing, whether a matter is contested or uncontested, and, if necessary, special requirements of the parties or witnesses.

(b) The hearing shall be conducted in an orderly manner and shall be presided over by the President of the Board, or the Vice-President in the absence of the President. In the event of the absence of both the President and the Vice-President, the President shall designate a member of the Board to preside over the hearing. The burden of proof shall be upon the agency to prove the allegations contained in the

complaint by clear and convincing evidence. The rules of evidence used during the hearing shall be those specified by the Oklahoma Administrative Procedures Act.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1245, eff 5-11-95; Amended at 12 Ok Reg 3466, eff 6-26-95 (emergency); Amended at 13 Ok Reg 647, eff 11-21-95 (emergency); Amended at 13 Ok Reg 2207, eff 6-26-96; Amended at 13 Ok Reg 2685, eff 6-27-96; Amended at 15 Ok Reg 2017, eff 5-26-98]

435:3-3-12. Board advisor

The Board may utilize a Board Advisor in the course of a hearing/individual proceeding to perform any of the following duties:

- (1) To advise the Board on issues of law and rules of proceedings;
- (2) To participate with the Board in the questioning of witnesses/applicants;
- (3) To advise the President on the admissibility of evidence;
- (4) To advise the President on motions or objections arising in the course of the hearing/individual proceeding; and
- (5) To accompany the Board into Executive Session, provide assistance as legal advisor and take minutes.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95; Amended at 21 Ok Reg 1979, eff 5-11-04 (emergency); Amended at 22 Ok Reg 945, eff 5-12-05]

435:3-3-13. Trial examiner

(a) The Board or the Board Secretary may direct that the Board utilize a Trial Examiner to hear matters specified by the Secretary or as authorized by this Chapter. Generally, where the Trial Examiner is requested, the duties of the Trial Examiner in an individual proceeding shall be:

- (1) to hear and rule upon pretrial discovery disputes.
- (2) to hear and rule on Motions in Limine.
- (3) to review Motions to Dismiss in order to advise the Board on questions of law therein.
- (4) to hear and rule on Motions for Continuance of a hearing (a continuance which is granted by the Trial Examiner must be ratified by the Secretary of the Board).
- (5) to hear and rule on other preliminary motions.
- (6) to hear and rule on motions to have a Board Member recused from a hearing.

(b) The Board or the Secretary may assign the Trial Examiner to perform any of the following duties:

- (1) to mark, identify and admit or deny exhibits.
- (2) to hear non-physician prosecution witnesses.
- (3) to hear non-physician defense witnesses.
- (4) to hear prosecution/defense corroborating witnesses.
- (5) to hear character witnesses.
- (6) to hear cumulative witnesses.
- (7) to hear peripheral witnesses.
- (8) to receive offers of proof.
- (9) to prepare a written report to Board members and counsel summarizing all proceedings, rulings, testimony, and exhibits received. The Trial Examiner shall allow counsel time to file any written objections or exceptions to the report.

(c) The Board members shall read the Trial Examiner's report and any objections that were filed.

(d) In the event the Trial Examiner assumes the additional duties of (b) in this section, the format for the hearing before the Board shall be as follows:

- (1) The Board receives brief orientations from the Trial Examiner before each case is presented.
- (2) The Board hears only physician witnesses or expert witnesses that the Trial Examiner has permitted because of the nature of the testimony.
- (3) The Board hears rebuttal witnesses, if any.
- (4) The Board hears opening and closing arguments.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-14. Failure to appear

Any defendant who fails to appear as directed, after first having received proper notice, shall be deemed by the Board to have waived his or her right to present a defense to the charges alleged in the complaint, and the Board may deem the allegation of the complaint and citation to be true and correct as alleged. There upon, the Board may vote to take disciplinary action upon the allegations of the complaint and citation, as appropriate for the nature of the allegations.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-15. Sequestration of witnesses

The Board recognizes the difficulty faced by certain witnesses called to testify publicly in disciplinary actions in which a physician or other person regulated by the Board is charged with sexual misconduct or other cases of a particularly sensitive nature to persons of reasonable prudence. The Board authorizes the Secretary to make determinations, whether upon his own initiative, request of the staff, the request of a witness, or otherwise, to allow a witness to testify outside public view. To this end, the Secretary may arrange to have a witness testify in another room of the Board's offices for viewing by the Board via video equipment, or by video deposition, or by written deposition. The witness shall remain subject to cross examination and, where feasible, to questions from the Board.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-16. Subpoenas

Subpoenas to compel the attendance of witnesses, for the furnishing of information required by the Board, and/or for the production of evidence or records of any kind may be issued by the Secretary, a Board member, or the Trial Examiner. Subpoenas shall be served, and a return made, in any manner prescribed by general civil law.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-17. Answer to subpoena

Upon the failure of any person to obey a subpoena, upon the refusal of any witness to be sworn or make an affirmation or to answer a question put to her/him in the course of a hearing, the Secretary may institute appropriate judicial proceedings under the laws of the State for an order to compel compliance with the subpoena or the giving of testimony. The hearing shall proceed, so far as it is possible but the Board, in its discretion, at any time may continue the proceedings for such time as may be necessary to secure a final ruling in the compliance proceeding.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-18. Hearing records

(a) A record of the hearing, by means of tape recording will be made of all hearings conducted by the Board. The record of the proceeding shall not be transcribed except upon written application by the defendant and a deposit sufficient in the amount to pay for having the record transcribed. The Staff shall then make appropriate arrangements with a certified court reporter to transcribe the hearing from tape.

(b) A defendant may, at his or her expense, arrange for a record of the hearing to be made by a court reporter.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-19. Maintenance of hearing records

The record of the hearing and the file containing the pleadings will be maintained in a place designated by the Secretary of the Board. The tape recording of the proceedings shall be maintained in accordance with the Oklahoma Archives and Records Act and the Oklahoma Open Records Act.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-20. Final orders

All final orders in individual proceedings shall be in writing. The final order shall include Findings of Fact and Conclusions of Law, separately stated. A copy of the final order shall be mailed to the defendant and to his or her attorney of record.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95]

435:3-3-21. Petition for rehearing

(a) A petition for rehearing is not required before an appeal may be perfected in accordance with 59 O.S.1971, Section 513. A petition for rehearing, reopening or reconsideration of a final order may be filed with the Secretary of the Board within ten (10) days from the entry of the order. It must be signed by the party or his/her attorney or representative and must set forth with particularity the statutory grounds upon which it is based. However, a petition for rehearing based upon fraud by any party or procurement of the order by perjured testimony or fictitious evidence may be filed at any time.

(b) The Board shall not hear an appeal to a decision more than one time and shall limit the reconsideration of its decision on appeal to the findings of fact and imposition of terms, sanctions or other direction as set out in the Board Order.

[Source: Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95; Amended at 12 Ok Reg 1219, eff 5-15-95]

CHAPTER 5. DISCIPLINARY ACTIONS

[Authority: 59 O.S., § 489]

[Source: Codified 5-11-95]

435:5-1-1. Purpose

The purpose of this Chapter is to set forth procedures and authority of the Board in regard to action the Board may take in and for disciplinary actions taken by administrative procedures against persons licensed or certified by the Board.

[Source: Added at 11 Ok Reg 4531, eff 7-27-94 (emergency); Added at 12 Ok Reg 1221, eff 5-11-95]

435:5-1-2. Definitions

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

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

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

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

"**Secretary**" means the Secretary of the Board.

[Source: Added at 11 Ok Reg 4531, eff 7-27-94 (emergency); Added at 12 Ok Reg 1221, eff 5-11-95]

435:5-1-3. Authority of Board

The Board is authorized by statute to take disciplinary action against persons licensed or certified by the Board. Action taken by the Board shall be done pursuant to the APA.

[Source: Added at 11 Ok Reg 4531, eff 7-27-94 (emergency); Added at 12 Ok Reg 1221, eff 5-11-95]

435:5-1-4. Determination of penalties

(a) In determining the severity of any penalty assessed a person licensed or certified by the Board, the Board shall take into account, among other things, actual harm to the public, potential harm to the public, acceptance by the defendant for responsibility in the disciplinary action, remorse by the defendant, or action taken by the defendant to make amend for wrongful conduct, if appropriate.

(b) In general, a more severe or harmful violation of an act regulated by the Board will result in a more severe penalty to be imposed by the Board. A less severe or harmful violation of an act regulated by the Board will result in a less severe penalty imposed by the Board. The Board will review all possible penalties for the type of violation of which the defendant was convicted by the Board in making its determination of the penalty imposed.

[Source: Added at 11 Ok Reg 4531, eff 7-27-94 (emergency); Added at 12 Ok Reg 1221, eff 5-11-95]

435:5-1-4.1. Administrative fines

The following administrative fines shall only be assessed after formal hearing and a determination of guilt:

- (1) \$5,000 per day for practicing after revocation, suspension, surrender or failure to renew a license, pursuant to 59 O.S. §491B.
- (2) Up to \$5,000 per violation of unprofessional conduct, pursuant to 59 O.S. §509.1A(9).

[Source: Added at 22 Ok Reg 2095, eff 6-25-05]

435:5-1-5. Letters of concern

The Secretary is hereby authorized, in the exercise of sound discretion, to issue a letter of concern to a physician whose conduct does not warrant formal disciplinary action by the Board, but whose action does warrant a letter of concern to apprise the physician of a potential for further action by the Board. Letters of concern shall remain in the confidential investigative file of the physician to whom the letter is issued.

[Source: Added at 11 Ok Reg 4531, eff 7-27-94 (emergency); Added at 12 Ok Reg 1221, eff 5-11-95]

435:5-1-5.1. Voluntary submittal to jurisdiction

- (a) The Board may accept a Voluntary Submittal to Jurisdiction entered into by staff and defendant.
- (b) Proffer of a Voluntary Submittal to Jurisdiction entered into by staff and defendant shall be the responsibility of the Secretary of the Board or Executive Director in his/her absence.

[Source: Added at 13 Ok Reg 1567, eff 8-21-95 (emergency); Added at 13 Ok Reg 1695, eff 5-25-96]

435:5-1-5.2. Suspension/revocation upon conviction of a felony

- (a) The Board may suspend the license of a person who has been convicted of a felony.
- (b) The Board shall revoke the license of a person licensed by the Board who has a final felony conviction.
- (c) The Board shall restore the license if the person's conviction is overturned on final appeal.

[Source: Added at 22 Ok Reg 945, eff 5-12-05]

435:5-1-6. Reinstatement

- (a) In any action by the Board in which a person licensed or certified by the Board has been suspended or revoked by the Board, or surrendered in lieu of prosecution, the Board may at any time, upon motion of any member of the Board reconsider such suspension or revocation if given the right to reapply.
- (b) In addition, the person whose license or certificate has been suspended, revoked or surrendered with the right to reapply may petition the Board for reinstatement in accordance with applicable law.
- (c) In any case in which a person whose license or certificate has been suspended or revoked is considered by the Board for reinstatement, it shall be the burden of that person to show compliance with all terms and conditions imposed by the Board in the disciplinary action. The Board may deny reinstatement to any such person who does not satisfy the Board of compliance with any Board requirement or condition imposed by the Board in disciplinary action or may approve reinstatement without restriction or may approve reinstatement with terms of probation or restrictions as deemed necessary to protect the health, safety and well-being of the public.
- (d) Upon the completion of any term of suspension imposed by the Board, the person whose license or certificate was suspended shall bear the burden to show compliance with all requirements and conditions imposed by the Board prior to reinstatement by the Board.
- (e) An application for reinstatement shall be filed with the Board in writing and shall set forth action taken by the applicant to comply with conditions and requirements imposed by the Board, including all documents in support thereof. Such application or motion shall be reviewed by the Secretary prior to being scheduled for action by the Board at a meeting of the Board. If the Secretary determines the applicant has met the requirements and conditions imposed by the Board, the matter shall be scheduled for Board action. If the Secretary determines the applicant has not complied with requirements and conditions imposed by the Board, the Secretary shall advise the applicant of the noncompliance in writing and the matter shall not be scheduled for Board action. In the event an applicant disagrees with the determination of the Secretary, the applicant may move in

writing for the original application to be reviewed by the Board, upon payment of the appropriate fee.

[Source: Added at 11 Ok Reg 4531, eff 7-27-94 (emergency); Added at 12 Ok Reg 1221, eff 5-11-95; Amended at 18 Ok Reg 3555, eff 8-8-01 (emergency); Amended at 19 Ok Reg 1193, eff 5-13-02; Amended at 22 Ok Reg 945, eff 5-12-05]

435:5-1-6.1. Reinstatement requirements

An applicant for reinstatement after suspension, revocation or surrender in lieu of prosecution pursuant to 59 O.S. § 503 shall meet all application requirements in effect at the time reinstatement is requested, be of good moral character and have reimbursed the Board for taxed costs or worked out a repayment plan satisfactory to the Board. In addition, the Board may require the applicant to meet the continuing medical education (C.M.E.) requirements.

[Source: Added at 12 Ok Reg 3656, eff 5-9-95 (emergency); Added at 13 Ok Reg 1696, eff 5-25-96; Amended at 19 Ok Reg 2777, eff 6-24-02 (emergency); Amended at 20 Ok Reg 969, eff 5-21-03; Amended at 22 Ok Reg 945, eff 5-12-05]

435:5-1-7. Failure to comply with a Board order

In the event the Secretary determines that a person has not complied with an order of the Board, the Secretary may initiate additional disciplinary action against that person and may seek to have the Board impose additional penalties for failure to comply with a Board order.

[Source: Added at 11 Ok Reg 4531, eff 7-27-94 (emergency); Added at 12 Ok Reg 1221, eff 5-11-95]

435:5-1-8. Physicians on probation

It is the determination by the Board that allied health professionals that require surveillance of a licensed physician should not be supervised by physicians on probation.

[Source: Added at 13 Ok Reg 1173, eff 2-26-96 (emergency); Added at 13 Ok Reg 2687, eff 6-27-96]

CHAPTER 7. ADMINISTRATIVE REMEDIES

435:7-1-1. Administrative remedy, notice of intention to impose administrative remedy, and service of notice

(a) Pursuant to 59 O.S.Supp.2019, §503.2, the State Board of Medical Licensure and Supervision ("Board"), or the Board Secretary ("Board Secretary") acting for the Board, may issue a Notice against a licensee for statutory or regulatory prescribed unprofessional conduct.

(b) For the purposes of this section, "unprofessional conduct" includes but is not limited to:

- (1) Practicing without timely renewing a license;
- (2) Failure to provide required or accurate information on an initial licensure application;
- (3) Failure to provide required or accurate information on a renewal application;
- (4) Failure to timely obtain required continuing education hours;
- (5) Failure to notify Board of current practice location and mailing address;
- (6) Failure to cooperate with a lawful investigation conducted by the Board;
- or
- (7) Failure to register with the prescription monitoring program (PMP) in compliance with state law.

(c) Before an administrative remedy is imposed, the licensee shall be provided with a Notice of Intention to Impose Administrative Remedy ("Notice"). The Notice shall include:

- (1) Sufficient information regarding the allegations to allow the licensee to prepare a response;
- (2) The proposed administrative remedy;
- (3) Statement of the time, place, and nature of hearing consistent with Article II of the Administrative Procedures Act;
- (4) Deadlines for a written response and the consequences of failing to meet such deadlines;
- (5) The licensee's right to submit a written response right to appear at the hearing;
- (6) The consequences of the imposition of an administrative remedy, including the fact that the remedy will constitute a public record but that it will not be considered a limitation and restriction on the license and not reportable to the National Practitioner Databank;
- (7) A description of the procedural process for consideration of a written response and request for a personal appearance; and
- (8) The name and contact information for a Board staff member who can provide further information.

(d) A copy of the Notice shall be mailed to the licensee by certified mail, return receipt requested and delivery restricted to the addressee, to the address on file with the Board, or by personal service. A licensee may consent in writing to service via electronic mail message.

[Source: Added at 38 Ok Reg 1200, eff 8-26-21]

435:7-1-2. Response and contest in writing to notice of intent to impose administrative remedy

(a) The licensee must respond in writing to the Notice within twenty (20) days of service as follows:

- (1) The licensee may consent and comply with the terms of the proposed administrative remedy set forth in the Notice; or
- (2) The licensee may provide a written contest to the Notice, which must include specific grounds or objections as to why the licensee is contesting the imposition of an administrative remedy, the amount of the remedy, or both.

(b) If no written response is received as required herein, the Board Secretary shall report the same to the Board at the next regularly Board meeting, and request the Notice be ratified as a Final Administrative Order.

[Source: Added at 38 Ok Reg 1200, eff 8-26-21]

435:7-1-3. Compliance with notice of imposition of administrative remedy

If the licensee consents and complies with the Notice within twenty (20) days after service of the Notice, it shall be so acknowledged by the Board Secretary on a copy of the Notice, which shall constitute an agreed imposition of the administrative remedy. A report of the same shall be made by the Board Secretary to the Board at the next regularly scheduled Board meeting for ratification and Final Administrative Order

[Source: Added at 38 Ok Reg 1200, eff 8-26-21]

435:7-1-4. Notice and hearing before the Board

- (a) A hearing on a contest of the Notice will be governed by the requirements of Article II of the Administrative Procedures Act. The Board's Rules for Individual Proceedings shall also govern.
- (b) Following a hearing on the contest of the Notice, the Board may affirm, lessen, or reject the administrative remedy set forth in the Notice.
- (c) Within ten (10) days of the Final Administrative Order, a licensee may request a rehearing, reconsideration, or reopening pursuant to 75 O.S. §317 and Okla. Admin. Code §435:3-3-21. Otherwise, the Board's decision shall constitute a Final Administrative Order.
- (d) The Board's Final Administrative Order shall include the following separately stated information:
- (1) Findings of Fact; and
 - (2) Conclusions of Law.
- (e) A copy of the Final Administrative Order shall be mailed to the licensee by certified mail, return receipt requested to the addressee, to the address on file with the Board or personally delivered. A copy of the Order shall be delivered or mailed forthwith and to his or her attorney of record.

[Source: Added at 38 Ok Reg 1200, eff 8-26-21]

435:7-1-5. Allowed administrative remedies

- (a) The Notice and/or the Board's Final Administrative Order may assess a monetary fine of up to \$1,500.00 per violation of unprofessional conduct but in no event shall a fine exceed any amount otherwise set forth in statute or rules; and/or
- (b) The Board may impose continuing education requirements that must be pre-approved by the Board Secretary or the Board. The Notice will specify the amount of continuing education credit hours required and the time in which the licensee has to complete the credit hours.

[Source: Added at 38 Ok Reg 1200, eff 8-26-21]

435:7-1-6. Confidentiality of patient information in notice and/or final administrative remedy order

- (a) To the extent required by law, any patient information must be redacted from any Notice and/or Final Administrative Order or any document filed in a contest of such a Notice of Final Administrative Order.
- (b) To the extent that a patient must be identified, the initials of the patient's first and last names shall be used.
- (c) Under no circumstance may the Board, the Board Secretary, Board staff, the licensee, or any person representing the licensee disclose any information confidential by law in any Notice and/or Final Administrative Order or any document filed in a contest of such Notice and/or Final Administrative Order.
- (d) "Document," includes but is not limited to, originals or copies, whether tangible or electronically stored, of any letters, notes, pleadings, exhibits, photographs, videos, sound recordings, or demonstrative exhibits.

[Source: Added at 38 Ok Reg 1200, eff 8-26-21]

435:7-1-7. Reports of imposition of notice and/or final administrative remedy orders

(a) Any Notice or Final Administrative Order issued under this Chapter shall be a public record.

(b) The issuance of a Notice or Final Administrative Order under this Chapter may not be considered a restriction or limitation on the license, nor shall the issuance either one be considered an action connected with the delivery of health care services. Further, the imposition of any order under this Chapter shall not be reported to the National Practitioner Data Bank.

[Source: Added at 38 Ok Reg 1200, eff 8-26-21]

435:7-1-8. Failure to comply with final administrative remedy order

(a) A licensee shall not be issued a renewal license until licensee has complied with all the provisions of the Final Administrative Order.

(b) In the event that the licensee has not timely complied with a Final Administrative Order, the Board Secretary may file a motion to enforce or initiate disciplinary action against a licensee.

[Source: Added at 38 Ok Reg 1200, eff 8-26-21]

CHAPTER 10. PHYSICIANS AND SURGEONS

[Authority: 59 O.S., § 489]

[Source: Codified 12-30-91]

SUBCHAPTER 1. GENERAL PROVISIONS

435:10-1-1. Purpose

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

[Source: Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95]

435:10-1-2. Interpretation of rules and regulations [REVOKED]

[Source: Revoked at 11 Ok Reg 4535, eff 7-27-94 (emergency); Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-1-3. Limited liability company

Based on the enactment of 18 O.S., Supp. 1992, Section 2000 et seq. (SB456, 1992 Oklahoma Legislature), the Oklahoma State Board of Medical Licensure and Supervision recognizes that a lawfully formed and organized limited liability company, domestic limited liability company, or foreign limited liability company is a lawful business organization wherein an Oklahoma licensed physician may practice medicine and surgery.

[Source: Added at 10 Ok Reg 2455, eff 6-11-93]

435:10-1-4. Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) spouses or partners;

(B) parents;

(C) guardian; and

(D) other individuals involved in the care of and/or decision-making for the patient.

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

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 24 Ok Reg 2246, eff 6-25-07; Amended at 27 Ok Reg 856, eff 4-25-10; Amended at 29 Ok Reg 353, eff 2-1-12 through 5-25-12 (emergency)¹; Amended at 31 Ok Reg 1975, eff 9-12-14]

EDITOR'S NOTE: ¹[The expiration date of this emergency action was published in error in the 2012 OAC Supplement. The expiration date was corrected for publication in the 2013 and subsequent OAC Supplements, and the Editor's Note was updated accordingly, as follows.] Upon sine die adjournment of the Legislature on 5-25-12, these emergency amendments were terminated due to the Legislature's failure to approve the proposed permanent amendments that were intended to supersede the emergency amendments, as set forth in 75 O.S. 2011, §308(F) for proposed rules authorized by Title 59 of the Oklahoma Statutes. Upon disapproval of a proposed permanent rule intended to supersede an emergency action, the emergency action is considered terminated [75 O.S. §253(H)(2)(c)], and upon termination of an emergency amendatory action, the last effective permanent text is reinstated. Therefore, on 5-25-12 (after sine die adjournment of the Legislature), the text of 435:10-1-4 reverted back to the permanent text that became effective 4-25-10, as was last published in the 2011 Edition of the OAC, and remained as such until amended by permanent action on 9-12-14. For the text of the emergency amendments that were effective from 2-1-12 through 5-25-12, see 29 Ok Reg 353.

SUBCHAPTER 3. LICENSURE OF PHYSICIANS AND SURGEONS [REVOKED]

435:10-3-1. General licensing requirements [REVOKED]

[Source: Revoked at 11 Ok Reg 4535, eff 7-27-94 (emergency); Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-3-2. Graduates of American medical schools [REVOKED]

[Source: Revoked at 11 Ok Reg 4535, eff 7-27-94 (emergency); Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-3-3. Graduates of foreign medical schools [REVOKED]

[Source: Amended at 11 Ok Reg 1557, eff 4-4-94 (emergency); Amended at 11 Ok Reg 1867, eff 5-12-94; Revoked at 11 Ok Reg 4535, eff 7-27-94 (emergency); Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-3-4. Licensure by endorsement [REVOKED]

[Source: Amended at 11 Ok Reg 1867, eff 5-12-94; Revoked at 11 Ok Reg 4535, eff 7-27-94 (emergency); Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-3-5. Licensure by examination [REVOKED]

[Source: Amended at 11 Ok Reg 1867, eff 5-12-94; Revoked at 11 Ok Reg 4535, eff 7-27-94 (emergency); Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-3-6. Premedical education, medical education and clinical competency [REVOKED]

[Source: Revoked at 11 Ok Reg 4535, eff 7-27-94 (emergency); Revoked at 12 Ok Reg 1223, eff 5-11-95]

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

435:10-4-1. General licensure provisions

(a) No person shall perform any act prohibited by the Act for any fee or other compensation, or hold himself or herself out as a physician and surgeon under the Act, unless first licensed by the Board to do so. The Board directs staff to undertake affirmative action to seek the prosecution of any person suspected by the staff to be in criminal violation of any provision of the Act.

(b) No person shall be licensed by the Board unless and until that person first fully complies with all licensure provisions of the Act and this Subchapter and has satisfied the Board of the ability of that person to practice medicine and surgery with reasonable skill and safety.

(c) The Board shall not engage in any application process with any agent or representative of any applicant except as is specifically approved by the Board at a

meeting of the Board and majority vote. The Board shall entertain a request for authority for an agent or representative to represent an applicant only upon written motion by the applicant and after a personal interview with the applicant by the Secretary of the Board or the Board en banc. It is the purpose of the Board in this regard to prevent any subterfuge in the application process and so requires any person who wishes to employ an agent or representative to meet personally with the Board or Secretary.

(d) A license issued by the Board shall be signed by the Secretary and attested by the seal of the Board.

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 12 Ok Reg 3468, eff 6-26-95 (emergency); Amended at 13 Ok Reg 1697, eff 5-25-96; Amended at 16 Ok Reg 1210, eff 5-14-99]

435:10-4-2. Board jurisdiction

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

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

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95]

435:10-4-3. Application forms

(a) The Board directs staff to prepare and create new forms, or modify existing forms, to be used in the application process for licensure by examination and endorsement. Application forms shall require applicants to submit all information required by the Act.

(b) Application forms may be obtained upon written request from the Board office.

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95]

435:10-4-4. Application procedure

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

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

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

on the application form.

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

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

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

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

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

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

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

(k) The Board must be in receipt of correspondence from the American Medical Association (AMA) and Federation of State Medical Boards (Federation) prior to issuance of any medical license. The Board may also contact other sources as necessary. Should information be found through correspondence with the AMA, Federation, or other sources that was previously unknown to the Board, the

application will be held until such time as the Secretary of the Board is satisfied that the information has been validated by the Staff.

(l) An applicant may withdraw an application for licensure at any time prior to the submission of the application for consideration by members of the Board. No application may be withdrawn by an applicant after it has been submitted to members of the Board.

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

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 767, eff 1-5-95 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 12 Ok Reg 1235, eff 5-15-95; Amended at 15 Ok Reg 2018, eff 5-26-98; Amended at 19 Ok Reg 2777, eff 6-24-02 (emergency); Amended at 19 Ok Reg 2992, eff 8-19-02 (emergency); Amended at 20 Ok Reg 969, eff 5-12-03; Amended at 22 Ok Reg 946, eff 5-12-05]

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

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

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

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

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

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

- (1) The American Council on Graduate Medical Education (ACGME);
- (2) The Royal College of Physicians and Surgeons of Canada;

- (3) The College of Family Physicians of Canada;
- (4) The Royal College of Surgeons of Edinburgh;
- (5) The Royal College of Surgeons of England;
- (6) The Royal College of Physicians and Surgeons of Glasgow; or
- (7) The Royal College of Surgeons in Ireland.

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

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

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 12 Ok Reg 2581, eff 6-26-95; Amended at 13 Ok Reg 1569, eff 8-21-95 (emergency); Amended at 13 Ok Reg 1699, eff 5-25-96; Amended at 19 Ok Reg 2992, eff 8-19-02 (emergency); Amended at 20 Ok Reg 969, eff 5-21-03; Amended at 22 Ok Reg 946, eff 5-12-05; Amended at 28 Ok Reg 1748, eff 6-25-11]

435:10-4-6. Medical licensure examination

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

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

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

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

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

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

(f) All steps of the licensure examination must be passed within ten (10) years unless otherwise prohibited by applicable law.

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

- (1) Any applicant who fails any part of a licensing examination three times will not be eligible for a license. A score of incomplete shall be considered a failing score. The USMLE Step2-Clinical Knowledge and Step2-Clinical Skills shall be considered as separate steps.
- (2) If a combination of NBME, FLEX and/or USMLE is utilized, any applicant who has failed more than six (6) examinations will not be eligible for a license.

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

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

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 12 Ok Reg 2581, eff 6-26-95; Amended at 13 Ok Reg 1571, eff 8-21-95 (emergency); Amended at 13 Ok Reg 1699, eff 5-25-96; Amended at 15 Ok Reg 2739, eff 6-26-98; Amended at 16 Ok Reg 803, eff 2-4-99 (emergency); Amended at 16 Ok Reg 2001, eff 6-14-99; Amended at 21 Ok Reg 1047, eff 5-14-04; Amended at 23 Ok Reg 1097, eff 5-11-06; Amended at 23 Ok Reg 3121, eff 6-29-06 (emergency); Amended at 24 Ok Reg 213, eff 10-26-06 (emergency); Amended at 24 Ok Reg 2246, eff 6-25-07; Amended at 31 Ok Reg 1977, eff 9-12-14]

435:10-4-7. Licensure by endorsement

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

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

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

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

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

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

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

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

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

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 15 Ok Reg 3945, eff 7-9-98 (emergency); Amended at 16 Ok Reg 803, eff 2-4-99 (emergency); Amended at 16 Ok Reg 1211, eff 5-14-99; Amended at 17 Ok Reg 1350, eff 5-11-00; Amended at 21 Ok Reg 1047, eff 5-14-04; Amended at 23 Ok Reg 1097, eff 5-11-06; Amended at 23 Ok Reg 3121, eff 6-29-06 (emergency); Amended at 24 Ok Reg 213, eff 10-26-06 (emergency); Amended at 24 Ok Reg 2246, eff 6-25-07]

435:10-4-8. Endorsement of certified applicants

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

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95]

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

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

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95]

435:10-4-10. Personal appearance by an applicant

- (a) Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application.
- (b) An applicant may request to appear before the Board during the application process in order to provide the Board with additional relevant information.

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95]

435:10-4-11. Written agreement

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

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

- (1) In consideration of this authority, the Board designates to the Secretary the authority to enter into a written Agreement with an applicant to provide the Board assurance that the applicant will be able to practice medicine and surgery in this state with reasonable skill and safety.
- (2) The Secretary may enter into such an Agreement when circumstances and/or conditions of an applicant raise questions as to the fitness or ability of the applicant to practice medicine and surgery with reasonable skill and safety or questions as to prior actions of the applicant in this or any other jurisdiction which would constitute a violation of the Act or these rules, as the Secretary may determine.
- (3) The Agreement shall be a written statement of conditions upon which a license may be granted to an applicant, although no license shall be guaranteed to be granted should an applicant enter into an Agreement, by which the Secretary shall devise and specify authority of the Board or its staff to meet with the applicant upon specified terms, to gather additional information from the applicant or to require the applicant to take certain specified actions if, when and after the applicant is granted a license by the Board. Additionally, the Applicant will agree to pay the actual costs incurred for any testing or monitoring provided for under the Agreement.
- (4) Any Agreement entered into by the Secretary and an applicant shall not be effective until ratified by the Board.
- (5) The Board intends any Agreement entered into by the Secretary and an applicant to be of a continuing nature until set aside or otherwise terminated by the Board.

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

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

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

[Source: Added at 12 Ok Reg 3658, eff 5-9-95 (emergency); Added at 13 Ok Reg 1701, eff 5-25-96; Amended at 16 Ok Reg 2002, eff 6-14-99]

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

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

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

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

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

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

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

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

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

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

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

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

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

[Source: Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95; Amended at 14 Ok Reg 1412, eff 5-12-97; Amended at 21 Ok Reg 1049, eff 5-14-04]

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

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

[Source: Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95]

SUBCHAPTER 7. REGULATION OF PHYSICIAN AND SURGEON PRACTICE

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

In compliance with Senate Bill 39, 1987 Session, all medical doctors who desire to dispense "dangerous drugs" to patients must comply with all requirements thereof.

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

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

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

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

[Source: Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95]

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

Allopathic physicians in Oklahoma who may lawfully claim to be "Board Certified" or "Certified by" or a "Diplomat" or "Fellow" are only physicians who have presented to the Oklahoma State Board of Medical Licensure and Supervision evidence of successful completion of all requirements for certification by a member Board of the organization of American Board of Medical Specialties as listed by the American Medical Association, or by any other organization whose program for the certification requested has been found by the Board to be equivalent thereto.

[Source: Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95]

435:10-7-3. Administrative citation for violation [REVOKED]

[Source: Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-7-4. Unprofessional conduct

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

- (1) Indiscriminate or excessive prescribing, dispensing or administering of Controlled or Narcotic drugs.
- (2) Prescribing, dispensing or administering of Controlled substances or Narcotic drugs in excess of the amount considered good medical practice or prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with published standard.
- (3) The habitual or excessive use of any drug which impairs the ability to practice medicine with reasonable skill and safety to the patient.
- (4) Issuing prescriptions for Narcotic or Controlled drugs to minors in violation of 63 O.S. 1978 Supp., Sections 2601 through 2606, as amended.
- (5) Purchasing or prescribing any regulated substance in Schedule I through V, as defined by the Uniform Controlled Dangerous Substances Act, for the physician's personal use.
- (6) Dispensing, prescribing or administering a Controlled substance or Narcotic drug without medical need.
- (7) The delegation of authority to another person for the signing of prescriptions for either controlled or non-controlled drugs, except as provided for in 59 O.S., 519.6D.
- (8) Fraud or misrepresentation in applying for or procuring a medical license or in connection with applying for or procuring periodic reregistration of a medical license.
- (9) Cheating on or attempting to subvert the medical licensing examination(s).
- (10) The conviction of a felony or any offense involving moral turpitude whether or not related to the practice of medicine and surgery.
- (11) Conduct likely to deceive, defraud, or harm the public.
- (12) Making a false or misleading statement regarding skill or the efficacy or value of the medicine, treatment, or remedy prescribed by a physician or at a physician's direction in the treatment of any disease or other condition of the body or mind.
- (13) Representing to a patient that an incurable condition, sickness, disease, or injury can be cured.

- (14) Willfully or negligently violating the confidentiality between physician and patient to the detriment of a patient except as required by law.
- (15) Gross or repeated negligence in the practice of medicine and surgery.
- (16) Being found mentally incompetent or insane by any court of competent jurisdiction; commitment to an institution for the insane shall be considered prima facie evidence of insanity of any physician or surgeon.
- (17) Being physically or mentally unable to practice medicine and surgery with reasonable skill and safety.
- (18) Practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery.
- (19) The use of any false, fraudulent, or deceptive statement in any document connected with the practice of medicine and surgery.
- (20) Practicing medicine and surgery under a false or assumed name.
- (21) Aiding or abetting the practice of medicine and surgery by an unlicensed, incompetent, or impaired person.
- (22) Allowing another person or organization to use a physician's license to practice medicine and surgery.
- (23) Commission of any act of sexual abuse, misconduct, or exploitation related or unrelated to the licensee's practice of medicine and surgery.
- (24) Prescribing, selling, administering, distributing, ordering, or giving any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug for other than medically accepted therapeutic purposes.
- (25) Except as otherwise permitted by law, prescribing, selling, administering, distributing, ordering, or giving to a habitue or addict or any person previously drug dependent, any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug.
- (26) Prescribing, selling, administering, distributing, ordering, or giving any drug legally classified as a controlled substance or recognized as an addictive dangerous drug to a family member or to himself or herself. Provided that this paragraph shall not apply to family members outside the second degree of consanguinity or affinity. Provided further that this paragraph shall not apply to medical emergencies when no other medical doctor is available to respond to the emergency.
- (27) Violating any state or federal law or regulation relating to controlled substances.
- (28) Obtaining any fee by fraud, deceit, or misrepresentation, including fees from Medicare, Medicaid, or insurance.
- (29) Employing abusive billing practices.
- (30) Directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, though this prohibition shall not prohibit the legal function of lawful professional partnerships, corporations, or associations.
- (31) Disciplinary action of another state or jurisdiction against a license or other authorization to practice medicine and surgery based upon acts of conduct by the licensee similar to acts or conduct that would constitute grounds for action as defined in this section, a certified copy of the record of the action taken by the other state or jurisdiction being conclusive evidence thereof.
- (32) Failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction (United States or foreign), by any

governmental agency, by any law enforcement agency, or by any court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.

(33) Failure to report to the Board surrender of a license or other authorization to practice medicine and surgery in an other state or jurisdiction, or surrender of membership on any medical staff or in any medical or professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.

(34) Any adverse judgment, award, or settlement, or award arising from a medical liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.

(35) Failure to transfer pertinent and necessary medical records to another physician in a timely fashion when legally requested to do so by the subject patient or by a legally designated representative of the subject patient.

(36) Improper management of medical records.

(37) Failure to furnish the Board, its investigators or representatives, information lawfully requested by the Board.

(38) Failure to cooperate with a lawful investigation conducted by the Board.

(39) Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board.

(40) The inability to practice medicine and surgery with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. To enforce this paragraph, the Board may, upon probable cause, request a physician to submit to a mental or physical examination by physicians designated by it. If the physician refuses to submit to the examination, the Board shall issue an order requiring the physician to show cause why he will not submit to the examination and shall schedule a hearing on the order within thirty (30) days after notice is served on the physician. The physician shall be notified by either personal service or by certified mail with return receipt requested. At the hearing, the physician and his attorney are entitled to present any testimony and other evidence to show why the physician should not be required to submit to the examination. After a complete hearing, the Board shall issue an order either requiring the physician to submit to the examination or withdrawing the request for examination. The medical license of a physician ordered to submit for examination may be suspended until the results of such examination are received and reviewed by the Board.

(41) Failure to provide a proper setting and assistive personnel for medical act, including but not limited to examination, surgery, or other treatment. Adequate medical records to support treatment or prescribed medications must be produced and maintained.

(42) Failure to inform the Board of a state of physical or mental health of the licensee or of any other health professional which constitutes or which the licensee suspects constitutes a threat to the public.

(43) Failure to report to the Board unprofessional conduct committed by another physician.

- (44) Abuse of physician's position of trust by coercion, manipulation or fraudulent representation in the doctor-patient relationship.
- (45) Engaging in predatory sexual behavior.
- (46) Any doctor licensed in Oklahoma using that license for practice in another state, territory, district or federal facility who violates any laws in the state in which he/she is practicing or any federal, territorial or district laws that are in effect in the location in which he/she is using his/her Oklahoma license to practice.
- (47) Causing, or assisting in causing, the suicide, euthanasia or mercy killing of any individual; provided that it is not causing, or assisting in causing, the suicide, euthanasia or mercy killing of any individual to prescribe, dispense or administer medical treatment for the purpose of alleviating pain or discomfort in accordance with Oklahoma Administrative Code 435:10-7-11, even if such use may increase the risk of death, so long as it is not also furnished for the purpose of causing, or the purpose of assisting in causing, death for any reason.
- (48) Failing to obtain informed consent, based on full and accurate disclosure of risks, before prescribing, dispensing, or administering medical treatment for the therapeutic purpose of relieving pain in accordance with Oklahoma Administrative Code 435:10-7-11 where use may substantially increase the risk of death.
- (49) Failure to establish a physician/patient relationship prior to providing patient-specific medical services, care or treatment, except in a clearly emergent, life threatening situation.

[Source: Amended at 9 Ok Reg 1579, eff 4-27-92; Amended at 10 Ok Reg 1529, eff 4-26-93; Amended at 10 Ok Reg 4375, eff 7-27-93 (emergency); Amended at 11 Ok Reg 1559, eff 4-4-94 (emergency); Amended at 11 Ok Reg 2329, eff 5-26-94; Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95; Amended at 13 Ok Reg 1573, eff 8-21-95 (emergency); Amended at 13 Ok Reg 1703, eff 5-25-96; Amended at 16 Ok Reg 1211, eff 5-14-99; Amended at 27 Ok Reg 856, eff 4-25-10]

435:10-7-5. Determining continued competency of a physician and surgeon

(a) **Criteria for review.** Any active licensed physician who meets any of the following criteria shall be required to demonstrate his continued competence as a physician and surgeon in the State of Oklahoma. The criteria for review shall include:

- (1) Physicians who are more than 75 years of age;
- (2) Physicians who have recently had significant illnesses or medical events which could affect their ability to practice medicine with reasonable competency;
- (3) Physicians who have been the subject of letters of complaint or concern submitted to the Board from persons in the practitioner's sphere of influence.

(b) **Upon meeting criteria.** Any physician meeting any of these criteria may be:

- (1) Required to submit to physical, psychological or psychiatric examination;
- (2) Required to submit to the **SPEX** examination or any examination deemed appropriate for the purpose of evaluation of clinical competence by the Board or its designee;
- (3) Required to submit evidence satisfactory to the Board or the Secretary to show successful completion of adequate continuing medical education;
- (4) Required to appear for an interview with the Board, the Board Secretary, or a Board designated physician or group of physicians.

(c) **Re-evaluation after meeting criteria.** After a physician has met the criteria for determination of continued competence, he/she may be re-evaluated no less frequently than five-year intervals as deemed necessary by the Board.

[Source: Amended at 9 Ok Reg 1573, eff 4-27-92]

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

(a) Holders of full and unrestricted licenses may choose at any time to apply for Physician Emeritus (fully retired) status by notifying this office. There will be no fee associated with obtaining or maintaining this licensure status.

(b) Physicians in this status may continue to use the title or append to their name the letters, M.D., Doctor, Professor, Specialist, Physician or any other title, letters or designation which represents that such person is a physician. Service on boards, committees or other such groups which require that a member be a physician shall be allowed.

(c) Once this status is acquired the physician shall not practice medicine in any form, prescribe, dispense or administer drugs.

(d) When a physician has retired from practice and subsequently chooses to return to active practice from retired status within six (6) months of the date of retirement, the physician shall:

- (1) Pay required fees and
- (2) Complete required forms

(e) When a physician has retired from practice and chooses to return to active practice from retired status more than six (6) months after date of retirement, in addition to the requirements of payment of fees and completion of forms, the physician may be required by the Board to:

- (1) Make a personal appearance before the Board or Secretary of the Board;
- (2) submit to a physical examination, psychological and/or psychiatric examination;
- (3) provide evidence of successful completion of continuing medical education;
- (4) Successfully take a competency and/or jurisprudence examination as directed by the Board or the Secretary of the Board.

[Source: Amended at 15 Ok Reg 271, eff 10-1-97 (emergency); Amended at 15 Ok Reg 2019, eff 5-26-98; Amended at 25 Ok Reg 1966, eff 6-26-08]

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

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

[Source: Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95]

435:10-7-8. Communicable diseases

Any physician and surgeon licensed to practice in Oklahoma has a continuing, affirmative obligation to maintain freedom from any communicable disease or condition. In the event a physician contracts a communicable disease or condition, the physician shall either cease performing invasive procedures and take all other relevant precautions, or the physician shall give actual notice to patients of the nature and extent of his communicable disease or condition.

[Source: Added at 9 Ok Reg 1575, eff 4-27-92]

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

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

- (1) "**Conviction**", as used in SB668, 1992 Legislative Session, shall mean a finding, by the Board, that a physician did violate any provision of this Section.
- (2) "**Human tissue**" means all parts of the human body recognizable as such without the use of specialized equipment.
- (3) "**Physician**" means a person licensed under the provisions of Title 59 O.S., Section 481 et seq.

(b) All human tissue, which is collected in the course of the diagnosis and/or treatment of any human condition by a doctor of allopathic medicine, his employee or agent, must be handled in one of the following ways:

- (1) Sent for analysis and possible retention as a surgical specimen;
- (2) Sent for autopsy;
- (3) Sent for embalming and burial in accordance with accepted interment standards; or
- (4) Sent for disposal by incineration in a pathological incinerator in the same manner as hazardous medical waste is handled under the applicable state statutes, rules and regulations.

(c) Nothing herein shall preclude the doctor's right to use human tissue for the treatment of disease or injury. Likewise, the doctor shall have the right to assist in arranging appropriate donations through the processes of the Anatomical Board, under the provisions of the Anatomical Gift Act or the preservation of human tissue for other legitimate educational purpose in any accredited educational endeavor.

(d) In no event shall any person knowingly dispose of any human tissue in a public or private dump, refuse or disposal site or place open to public view.

(e) Any allopathic physician who violates or whose employees or agents violate this Section shall, upon conviction in a hearing before the Board, be fined an amount not to exceed Ten Thousand Dollars (\$10,000).

(f) A presumption of compliance occurs once the attending physician has executed one of these methods of handling and his responsibility is deemed fulfilled. In no event shall the allopathic physician be responsible for the acts or omissions of any other licensed professional, independent contractor or other indirect assistant incidental to the ultimate disposal of human tissue by any of the designated methods.

[Source: Added at 10 Ok Reg 1527, eff 4-26-93]

435:10-7-10. Annual reregistration

(a) On an annual basis, each person licensed by the Board shall reregister with the Board. Reregistration shall be conducted during the month of initial licensure of each individual licensee by the Board. Each licensee shall provide to the Board all information required by the Board pursuant to statute, 59 O.S. ss 495a.1, in a form approved by the Board. The Board's staff shall prorate all fees for reregistration periods to equal the actual reregistration period during the period of transition from the uniform June annual reregistration period to the new period of reregistration based upon month of initial licensure.

(b) It shall be the affirmative duty of each licensee to comply with reregistration requirements. No grace period beyond that provided by law shall be allowed. The Board will not hear requests for extensions for reregistration or exemption from

any reregistration requirement that the licensee did not receive reregistration materials.

[Source: Added at 12 Ok Reg 767, eff 1-5-95 (emergency); Added at 12 Ok Reg 1235, eff 5-15-95]

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

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

(1) **Evaluation of the patient.** A medical history and physical examination must be obtained, evaluated and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.

(2) **Treatment plan.** The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

(3) **Informed consent and agreement for treatment.** The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is without medical decision-making capacity. The patient should receive prescriptions from one physician and one pharmacy whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the physician should consider the use of a written agreement between physician and patient outlining patient responsibilities, including:

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

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

(5) **Consultation.** The physician should be willing to refer the patient, as necessary, for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those patients with pain who are at risk for medication misuse, abuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.

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

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

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

[Source: Amended at 16 Ok Reg 2003, eff 6-14-99; Added at 22 Ok Reg 2096, eff 6-25-05]

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

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

- (1) Providers covering the practice of another provider may approve refills of previously ordered medications if they have access to the medical file of the patient.
- (2) Hospice medical directors may initiate prescriptions based on requests from licensed health care providers and on information from Hospice records.
- (3) Providers ordering appropriate medications for persons with laboratory-proven, sexually transmitted diseases and persons who have been in contact with certain infectious diseases.
- (4) Telemedicine physicians who meet the criteria set out in OAC 435:10-7-13 of this Subchapter.

- (5) Licensed healthcare providers providing medical immunizations, which may be implemented by means of standing order(s) and/or policies.
- (6) Licensed providers ordering opioid antagonists pursuant to 63 O.S. §1-2506.2.

[Source: Added at 31 Ok Reg 419, eff 12-3-13 (emergency); Added at 31 Ok Reg 582, eff 3-18-14 (emergency); Added at 31 Ok Reg 1978, eff 9-12-14; Amended at 32 Ok Reg 2064, eff 9-11-15]

435:10-7-13. Telemedicine

- (a) Physicians treating patients in Oklahoma through telemedicine must be fully licensed to practice medicine in Oklahoma; and
- (b) Must practice telemedicine in compliance with standards established in these rules. In order to be exempt from the face-to-face meeting requirement set out in these rules, the telemedicine encounter must meet the following:
 - (1) **Telemedicine encounters.** Telemedicine encounters require the distant site physician to perform an exam of a patient at a separate, remote originating site location. In order to accomplish this, and if the distant site physician deems it to be medically necessary, a licensed healthcare provider trained in the use of the equipment may be utilized at the originating site to "present" the patient, manage the cameras, and perform any physical activities to successfully complete the exam. A medical record must be kept and be accessible at both the distant and originating sites, preferably a shared Electronic Medical Record, that is full and complete and meets the standards as a valid medical record. There should be provisions for appropriate follow up care equivalent to that available to face-to-face patients. The information available to the distant site physician for the medical problem to be addressed must be equivalent in scope and quality to what would be obtained with an original or follow-up face-to-face encounter and must meet all applicable standards of care for that medical problem including the documentation of a history, a physical exam, the ordering of any diagnostic tests, making a diagnosis and initiating a treatment plan with appropriate discussion and informed consent.
 - (2) **Equipment and technical standards**
 - (A) Telemedicine technology must be sufficient to provide the same information to the provider as if the exam has been performed face-to-face.
 - (B) Telemedicine encounters must comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) security measures to ensure that all patient communications and records are secure and remain confidential.
 - (3) **Technology guidelines**
 - (A) Audio and video equipment must permit interactive, real-time communications.
 - (B) Technology must be HIPAA compliant.
 - (4) **Board Approval of Telemedicine.** In the event a specific telemedicine program is outside the parameters of these rules, the Board reserves the right to approve or deny the program.

[Source: Added at 31 Ok Reg 1975, eff 9-12-14]

SUBCHAPTER 9. PRACTICE AS A SUPERVISED MEDICAL DOCTOR [REVOKED]

435:10-9-1. Application for SMD certification [REVOKED]

[Source: Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-9-2. Evaluation of application for SMD certification [REVOKED]

[Source: Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-9-3. Certificates issued [REVOKED]

[Source: Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-9-4. Practice under supervision; Supervisor's Agreement [REVOKED]

[Source: Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-9-5. Identification [REVOKED]

[Source: Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-9-6. Board jurisdiction [REVOKED]

[Source: Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-9-7. SMD responsibility to obtain full licensure [REVOKED]

[Source: Revoked at 12 Ok Reg 1223, eff 5-11-95]

435:10-9-8. Replacement of supervising physician [REVOKED]

[Source: Revoked at 12 Ok Reg 1223, eff 5-11-95]

SUBCHAPTER 11. TEMPORARY AND SPECIAL LICENSURE

435:10-11-1. Purpose

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

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95]

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

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

(b) Upon receipt by the Secretary of an application for a temporary license to practice medicine and surgery in this state, the Secretary shall review the

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

(c) A temporary license granted by the Secretary pursuant to this section shall terminate at the next Board meeting at which the Board is scheduled to act upon the applicant's application for an unrestricted license.

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

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95]

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

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

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

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

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 15 Ok Reg 2020, eff 5-26-98; Amended at 22 Ok Reg 946, eff 5-12-05; Amended at 31 Ok Reg 582, eff 3-18-14 (emergency); Amended at 32 Ok Reg 2065, eff 9-11-15]

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

(a) The Secretary of the Board is authorized to issue a special license for training to first-year residents. Unless otherwise renewed, amended, suspended or revoked by the Board, a special license issued under this section may be extended without renewal by the Secretary for a period not to exceed ninety (90) days until scores from the first-year resident's final licensing examination are received and application for full licensure is acted on by the Board.

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

[Source: Added at 13 Ok Reg 1175, eff 2-26-96 (emergency); Added at 13 Ok Reg 2689, eff 6-27-96; Amended at 15 Ok Reg 2740, eff 6-26-98; Amended at 18 Ok Reg 1309, eff 5-11-01; Amended at 22 Ok Reg 946, eff 5-12-05; Amended at 23 Ok Reg 2747, eff 6-20-05 (emergency); Amended at 23 Ok Reg 1097, eff 5-11-06]

435:10-11-4. Fees

An applicant for either a temporary or special training license shall pay all appropriate fees to the Board prior to the issuance of such a license.

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 22 Ok Reg 946, eff 5-12-05]

435:10-11-5. Practice within scope of license

(a) It is the duty of any person issued a temporary license to ensure that such licensee completes the licensure process and does not practice beyond the termination of the temporary license without the issuance of an unrestricted license to practice.

(b) It is the duty of any person issued a special license to practice to comply with any and all restrictions or limitations of the special license. A person who has been issued a special license shall respond promptly to an inquiry from the Board or its staff as to compliance with the restrictions or limitations of the special license.

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95]

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

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

[Source: Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95]

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

435:10-13-1. Purpose

The purpose of this Subchapter is to set forth the requirements for allopathic physicians to supervise physician assistants pursuant to 59 O.S., §519 et seq., and advanced practice nurses with prescriptive authority pursuant to 59 O.S., §567.1 et seq.

[Source: Added at 15 Ok Reg 42, eff 9-10-97 (emergency); Added at 15 Ok Reg 2021, eff 5-26-98; Amended at 37 Ok Reg 2000, eff 9-11-20]

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

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

- (1) Have possession of a full and unrestricted Oklahoma medical license with Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics (OBN) permits for any drug on the formulary as defined in the Physician Assistant Practice Act and the Oklahoma Nursing Practice Act.
- (2) The physician shall be in an active clinical practice in which no less than twenty (20) hours per week shall involve direct patient contact.
- (3) The supervising physician shall be trained and fully qualified in the field of the physician assistant's and/or advanced practice nurse's specialty.

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

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

[Source: Added at 15 Ok Reg 42, eff 9-10-97 (emergency); Added at 15 Ok Reg 2021, eff 5-26-98; Amended at 37 Ok Reg 2000, eff 9-11-20]

SUBCHAPTER 15. CONTINUING MEDICAL EDUCATION

435:10-15-1. Continuing medical education

(a) Requirements.

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

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

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

(b) Audit/Verification.

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

(2) The Board shall accept as verification:

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

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

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

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

(c) Compliance.

(1) Licensees selected for audit must submit verification of meeting the CME requirement.

(2) Failure to submit such records shall constitute an incomplete application and shall result in the application being returned to the licensee and the licensee being unable to practice.

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

[Source: Added at 14 Ok Reg 1413, eff 5-12-97; Amended at 17 Ok Reg 1351, eff 5-11-00; Amended at 19 Ok Reg 2777, eff 8-19-02 (emergency); Amended at 20 Ok Reg 971, eff 5-21-03]

SUBCHAPTER 17. MEDICAL MICROPIGMENTATION

435:10-17-1. Purpose

The purpose of this subchapter is to set forth the duties and responsibilities of an allopathic physician electing to employ and/or utilize a medical micropigmentationologist.

[Source: Added at 19 Ok Reg 422, eff 11-19-01 (emergency); Added at 19 Ok Reg 2302, eff 6-28-02; Amended at 21 Ok Reg 128, eff 10-29-03 (emergency); Amended at 21 Ok Reg 1050, eff 5-14-04]

435:10-17-2. Definitions

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

"Medical micropigmentationologist" means a person credentialed according to the provisions of Title 63 O.S., Section 1-1450 et seq.

"Patient" means any person undergoing a micropigmentation procedure.

"Physician" means an allopathic physician licensed by the Oklahoma State Board of Medical Licensure and Supervision.

[Source: Added at 19 Ok Reg 422, eff 11-19-01 (emergency); Added at 19 Ok Reg 2302, eff 6-28-02; Amended at 21 Ok Reg 128, eff 10-29-03 (emergency); Amended at 21 Ok Reg 1050, eff 5-14-04]

435:10-17-3. Duties and responsibilities

(a) To be eligible to serve as a supervising physician for a medical micropigmentationologist a physician shall meet the following criteria:

(1) Have possession of a full and unrestricted license to practice allopathic medicine and surgery in the state of Oklahoma.

(2) The supervising physician shall be in full time practice with a minimum of twenty (20) hours per week of direct patient contact.

(b) Medical micropigmentation procedures may only be undertaken within the context of an appropriate doctor/patient relationship wherein a proper patient record is maintained.

(c) The supervising physician may employ and/or utilize no more than two (2) medical micropigmentationologists at any one time.

(d) The supervising physician shall determine the level of supervision.

[Source: Added at 19 Ok Reg 422, eff 11-19-01 (emergency); Added at 19 Ok Reg 2302, eff 6-28-02; Amended at 21 Ok Reg 128, eff 10-29-03 (emergency); Amended at 21 Ok Reg 1050, eff 5-14-04]

SUBCHAPTER 19. SPECIAL VOLUNTEER MEDICAL LICENSE

435:10-19-1. Purpose

The purpose of this Subchapter is to set forth the requirements for receiving and maintaining a special volunteer medical license. This volunteer medical license shall be issued as provided for in Title 59 O.S., §493.5 for the sole treatment of indigent and needy persons without expectation of receiving any payment or compensation.

[Source: Added at 21 Ok Reg 128, eff 10-29-03 (emergency); Added at 21 Ok Reg 1051, eff 5-14-04]

435:10-19-2. Procedure for volunteer license

(a) Application for a volunteer medical license shall be submitted on forms provided by the Board and document all information as required in Title 59 O.S.,

§493.5.

(b) The volunteer medical license shall be issued without the payment of an application fee.

(c) No person granted a volunteer medical license shall practice outside the scope of the license. Any practice outside the scope of the volunteer medical license shall be deemed to be unprofessional conduct and may be grounds for disciplinary action by the Board.

(d) All other provisions of the act and rules shall apply to holders of a volunteer medical license.

[Source: Added at 21 Ok Reg 128, eff 10-29-03 (emergency); Added at 21 Ok Reg 1051, eff 5-14-04]

435:10-19-3. Annual renewal

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

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

[Source: Added at 21 Ok Reg 128, eff 10-29-03 (emergency); Added at 21 Ok Reg 1051, eff 5-14-04]

SUBCHAPTER 21. ABORTIONS

435:10-21-1. Informed consent

(a) No abortion shall be performed in this state except with the voluntary and informed consent of the woman upon whom the abortion is to be performed.

(b) Requirements for obtaining voluntary and informed consent are set forth in Title 63, O.S., §1-738.2.

(c) Any physician performing an abortion in violation of Title 63, O.S., §1-738.2 shall be subject to disciplinary action by the Board.

[Source: Added at 24 Ok Reg 214, eff 10-26-06 (emergency); Added at 24 Ok Reg 2248, eff 6-25-07]

CHAPTER 12. ALLIED PROFESSIONAL PEER ASSISTANCE PROGRAM

[Authority: 59 O.S., § 518.1(D)]

[Source: Codified 6-25-11]

435:12-1-1. Purpose

The rules of this Chapter have been adopted for the purpose of complying with Title 59 O.S., 518.1, the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act. The Allied Professional Peer Assistance Program is created to rehabilitate allied medical professionals whose competency may be compromised because of the abuse of drugs or alcohol.

[Source: Added at 28 Ok Reg 1749, eff 6-25-11]

435:12-1-2. Definitions

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

"**Allied Peer Assistance Committee**" means the peer assistance evaluation advisory committee created in Title 59 O.S., section 518.1.

"**Board**" means the State Board of Medical Licensure and Supervision.

"**Professional**" means a person licensed in one of the allied professions licensed by the State Board of Medical Licensure and Supervision.

[Source: Added at 28 Ok Reg 1749, eff 6-25-11]

435:12-1-3. Allied Professional Peer Assistance Program

- (a) The Board may appoint an Allied Peer Assistance Committee.
- (b) Five Dollars (\$5.00) of the renewal fee for each allied professional licensed by the Board shall be used to implement and maintain the Allied Professional Peer Assistance Program.
- (c) Unless otherwise prohibited by applicable law, records of the professionals enrolled in the Allied Professional Peer Assistance Program shall be kept separate from the records of the Board and made public only by court order; provided however, confidential treatment shall be cancelled upon default by the professional in complying with the requirements of the program.
- (d) The Board may outsource the program to professional groups specialized in this area.

[Source: Added at 28 Ok Reg 1749, eff 6-25-11]

435:12-1-4. Allied Peer Assistance Committee(s)

- (a) The Allied Peer Assistance Committee members shall be appointed by the Board for a term of three (3) years. The Board may remove any member for neglect of duty, for incompetency, or for unethical or dishonorable conduct.
- (b) The Committee shall consist of three (3) members, two (2) of which shall be licensed allied medical professionals with expertise in chemical dependency.
- (c) The Committee shall meet at least semi-annually and review reports submitted by the Program Coordinator.

[Source: Added at 28 Ok Reg 1749, eff 6-25-11]

435:12-1-5. Duties of Program Coordinator(s)

- (a) The Board may employ and set the salary of the program coordinator(s).
- (b) The Program Coordinator(s) shall report directly to the Board.
- (c) The Program Coordinator shall:
 - (1) Review all complaints regarding a professional suspected of practicing while habitually intemperate or addicted to the use of habit-forming drugs shall be directed to the Program Coordinator.
 - (2) Meet with the professional and determine whether an assessment/evaluation should be completed.
 - (3) Develop a Treatment Plan for participation in the Program.
 - (4) Review results of the professional's participation in the program.
 - (5) Determine if a professional should be discharged from the Program for failure to comply with the Contract and/or Treatment Plan.
 - (6) Make semi-annual reports to the Allied Peer Assistance Committee and/or Board.
 - (7) Coordinate and conduct the Allied Peer Assistance Committee meetings.

[Source: Added at 28 Ok Reg 1749, eff 6-25-11]

435:12-1-6. Eligibility for Acceptance into the Program

- (a) To be eligible for participation in the Program, each applicant must:
 - (1) voluntarily submit an application for participation;
 - (2) have a current unrestricted license; and
 - (3) reside in Oklahoma.

(b) The Board and/or Program Coordinator may refer an applicant for licensure to the Program.

(c) Professionals previously disciplined by the Board shall be ineligible unless referred to the Program by the Board.

[Source: Added at 28 Ok Reg 1749, eff 6-25-11]

435:12-1-7. Requirements of Participants

Participants shall be required to sign a Contract with the Allied Professional Peer Assistance Program, comply with the Treatment Plan and be responsible for the financial costs of participation.

[Source: Added at 28 Ok Reg 1749, eff 6-25-11]

435:12-1-8. Discharge from Program

(a) Reasons for being discharged from the Program include, but are not limited to:

- (1) failure to comply with the terms of the Contract/Treatment Plan; or
- (2) the participant has become unsafe to practice.

(b) Any participant discharged from the Program for reasons listed in (a) shall be reported to the Board.

(c) Upon notification of the discharge, the Executive Director of the Board shall suspend the license and assign a hearing date for the matter to be presented to the Board.

[Source: Added at 28 Ok Reg 1749, eff 6-25-11]

CHAPTER 15. PHYSICIAN ASSISTANTS

[Authority: 59 O.S., § 519.3 (D)]

[Source: Codified 12-30-91]

SUBCHAPTER 1. GENERAL PROVISIONS

435:15-1-1. Purpose

The rules in this chapter set the criteria for qualifying, applying, and practicing as a physician assistant.

[Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94]

435:15-1-1.1. Definitions

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

- (1) "**Alternate supervising physician**" means a physician who has been delegated the duties of a supervising physician pursuant to 435:15-3-13(e).
- (2) "**Board**" means the State Board of Medical Licensure and Supervision.
- (3) "**Clinically inactive**" means a person that was issued a physician assistant license by any jurisdiction or was employed as a physician assistant by a federal employer and within the past twenty-four (24) months has not:
 - (A) practiced as a physician assistant; or
 - (B) been employed by an accredited physician assistant educational program.
- (4) "**Committee**" means the Physician Assistant Committee.

(5) **"On-site"** means the following as it relates to the usage of Schedule II drugs:

- (A) Hospital in-patients;
- (B) Emergency room;
- (C) Surgicenters licensed by the State Health Department; or
- (D) Medical clinics or offices in cases of emergency as defined by the supervising physician
- (E) State-owned Veterans Administration long-term care facilities with an in-house pharmacy.

(6) **"Primary supervising physician"** means a physician meeting the requirements of 435:15-3-13(a) who is not an alternate supervising physician with respect to the same physician assistant.

(b) The terms defined under 59 O.S. § 519.2 shall apply to this chapter.

[Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94; Amended at 20 Ok Reg 972, eff 5-21-03; Amended at 21 Ok Reg 1052, eff 5-14-04; Amended at 33 Ok Reg 946, eff 8-26-16]

435:15-1-2. License required

A physician assistant must possess a license issued by the Board prior to practicing such profession.

[Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98]

SUBCHAPTER 3. LICENSURE OF PHYSICIAN ASSISTANTS

435:15-3-1. Qualification; application

(a) **Qualifications.** No license shall be issued unless an applicant:

- (1) Submits an application and other information pursuant to subsections (b) and (c) and remits the required fee;
- (2) Has successfully completed an educational program for physician assistants accredited by the Accreditation Review Commission on Education for the Physician Assistant, or prior to 2001, either by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs. The board may also issue a license to an applicant who does not meet the educational requirement specified in this section, but who passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants prior to 1986;
- (3) Has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;
- (4) Jurisprudence examination.
 - (A) Has responded correctly to seventy-five (75) percent or greater questions on a jurisprudence examination prepared by the board staff. The examination shall include:
 - (i) The Physician Assistant Act; and
 - (ii) Significant state statutes or rule impacting physician assistant practice.
 - (B) The board shall supply the applicant with a copy of the statutes, rules, or other material from which the examination is based while the applicant is completing the examination.

(C) An applicant that does not meet the requirement under subsection (4)(i) after three attempts shall meet with the secretary of the board to create a study plan prior to reexamination;

(5) Does not hold a license or registration as a physician assistant that is currently under discipline, revocation, suspension, or probation relating to practice as a physician assistant. The board may waive this paragraph (6);

(6) Pursuant to 59 O. S. § 519.4, be of good moral character; and

(7) For a renewal application, has met the continuing medical education requirements pursuant to 435:15-3-17.

(b) Application.

(1) The applicant shall complete an application form approved by the board and such additional forms necessary for the board to consider the application and the qualifications of the applicant.

(2) Pursuant to 59 O.S. § 519.6, the application shall include:

(A) A description of the physician's practice,

(B) Methods of supervising and utilizing the physician assistant, and

(C) Names of alternate supervising physicians who will supervise the physician assistant in the absence of the primary supervising physician.

(3) Renewal.

(A) An application for renewal shall include any changes from the most recent application submitted to the board not previously submitted.

(B) An applicant for renewal shall submit the examination under subsection (a)(4).

(C) An application for renewal shall be submitted not later than March 31 of each calendar year.

(D) A license shall expire if a renewal application is not submitted by March 31.

(E) A renewal application submitted between April 1 and May 31 must be accompanied by the late fee pursuant to 435:1-1-7(a)(2)(E).

(F) An application after May 31 shall be considered an initial application.

(4) Return to practice.

(A) Application. This subsection (a)(4) shall apply to an applicant that is clinically inactive.

(B) In addition to complying with the provision of this section 435:15-3-1, an applicant under this subsection (a)(4) shall:

(i) Complete a reentry plan approved by the board or a board designee; and

(ii) Comply with any practice conditions approved by the board.

(c) Other information. An applicant shall submit or make available any other information the board deems necessary to evaluate the applicant.

[Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 24 Ok Reg 1102, eff 7-1-07; Amended at 33 Ok Reg 946, eff 8-26-16]

435:15-3-2. Qualifications; examination; character [REVOKED]

[Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-3-3. Approval to supervise more than two PA's [AMENDED AND RENUMBERED TO 435:15-3-15]

[Source: Amended and renumbered to 435:15-3-15 at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended and renumbered to 435:15-3-15 at 11 Ok Reg 2331, eff 5-26-94]

435:15-3-4. Application for second Physician's Assistant [REVOKED]

[Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-3-5. Transfer of certificate; temporary certification; display of certificate [REVOKED]

[Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-3-6. Registry of qualifications [REVOKED]

[Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-3-7. Re-certification [REVOKED]

[Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-3-8. Back-up or alternate supervising physician [REVOKED]

[Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-3-9. Temporarily delegated supervision [REVOKED]

[Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-3-10. Continuing education for renewal [AMENDED AND RENUMBERED TO 435:15-3-17]

[Source: Amended and renumbered to 435:15-3-17 at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended and renumbered to 435:15-3-17 at 11 Ok Reg 2331, eff 5-26-94]

435:15-3-11. Certificate renewal period; reinstatement [AMENDED AND RENUMBERED TO 435:15-3-18]

[Source: Amended and renumbered to 435:15-3-18 at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended and renumbered to 435:15-3-18 at 11 Ok Reg 2331, eff 5-26-94]

435:15-3-12. Review; Temporary authorization to practice

(a) The chair or designee of the physician assistant committee shall review each application and information submitted in support of the application and shall promptly transmit a recommendation to the secretary of the board if the application should be temporarily approved.

(b) Based on the recommendation under subsection (a), the secretary of the board may temporarily approve a license for an applicant meeting the requirements of this chapter 15 pursuant to 59 O.S. § 519.7. A temporarily approved license shall be reviewed at the next regular meeting of the board. A temporary approval of a license shall expire if the board rejects the application.

(c) The board shall issue a license to an applicant meeting the requirements of this chapter 15.

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 1009, eff 1-3-94 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 14 Ok Reg 2659, eff 6-26-97; Amended at 15 Ok Reg 2022, eff 5-26-98;

435:15-3-13. Supervising physician; alternatives

(a) Qualifications.

(1) Pursuant to 59 O.S. § 519.2, a supervising physician must be licensed as a physician by either the:

- (A) State Board of Medical Licensure and Supervision, or
- (B) State Board of Osteopathic Examiners.

(2) A license under subsection (a)(1) must be unrestricted.

(3) The board may waive the requirement under (a)(2) if the board determines the restriction will not impede the ability of the supervising physician to supervise a physician assistant.

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

(c) Physician assistants supervised.

(1) A supervising physician shall not serve as the supervising physician for more than a total of six (6) physician assistants and/or advanced practice nurses regarding their prescriptive authority.

(2) Subsection (c)(1) shall not apply to a supervising physician who is a medical director or supervising physician of a state institution, correctional facility, or hospital.

(3) On the request of an applicant or supervising physician, the board may waive the requirement under subsection (c)(1).

(d) A physician assistant may have more than one (1) supervising physician.

(e) **Alternate supervising physician.** The duties of a primary supervising physician may be delegated to an alternate supervising physician that:

- (1) Meets the requirements of this section 435:15-3-13; and
- (2) Has a practice that is reasonably similar to the primary supervising physician.

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02; Amended at 33 Ok Reg 946, eff 8-26-16; Amended at 37 Ok Reg 2001, eff 9-11-20]

435:15-3-14. Temporary approval of an application to practice by a Licensed Physician Assistant [REVOKED]

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Revoked at 33 Ok Reg 946, eff 8-26-16]

435:15-3-15. Approval to supervise more than two PA's [REVOKED]

[Source: Amended and renumbered from 435:15-3-3 at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended and renumbered from 435:15-3-3 at 11 Ok Reg 2331, eff 5-26-94; Revoked at 33 Ok Reg 946, eff 8-26-16]

435:15-3-16. Alternate supervising physician [REVOKED]

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Revoked at 33 Ok Reg 946, eff 8-26-16]

435:15-3-17. Continuing education for renewal

(a) Applicants initially licensed as a physician assistant will be exempt from reporting Continuing Medical Education (CME) credits until one year after

licensure, thereafter each applicant for renewal must provide evidence that he or she has successfully earned at least twenty (20) hours of Category I CME hours during the preceding calendar year.

(b) At least one (1) hour of Category I CME shall be earned each calendar year concerning the topic of substance abuse.

(c) The CME hours shall be logged and reported to the Board on an annual basis by the Oklahoma Academy of Physician Assistants, Inc. The applicant shall bear the cost of this requirement.

(d) Any applicant for renewal who does not meet the requirements for continuing education by December 31 of the previous calendar year may not renew until deficient hours are obtained and verified. Additionally, within the next calendar year the licensee will be required to obtain forty (40) hours of Category I CME. Failure to meet these additional requirements will result in further disciplinary action.

[Source: Amended and renumbered from 435:15-3-10 at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended and renumbered from 435:15-3-10 at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 28 Ok Reg 1750, eff 6-25-11]

435:15-3-18. License renewal period; reinstatement [REVOKED]

[Source: Amended and renumbered from 435:15-3-11 at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended and renumbered from 435:15-3-11 at 11 Ok Reg 2331, eff 5-26-94; Amended at 14 Ok Reg 343, eff 10-29-96 (emergency); Amended at 14 Ok Reg 1414, eff 5-12-97; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 24 Ok Reg 1102, eff 7-1-07; Amended at 27 Ok Reg 2685, eff 8-26-10; Revoked at 33 Ok Reg 946, eff 8-26-16]

435:15-3-19. Locum tenens

The Secretary of the Board may grant temporary approval to any physician and physician assistant for an application to practice on a short term basis as a locum tenens in any patient care setting provided the following requirements are met:

- (1) The physician assistant must possess a current license issued by the Board.
- (2) The application to practice meets all other requirements established by the Committee and Board.
- (3) The temporary approval of an application to practice as a locum tenens shall be for a period of not more than one calendar month in any one calendar year period.
- (4) The supervising physician shall provide written protocols or direct orders governing the patient care delivered by the physician assistant.
- (5) The supervising physician shall review the care given to every patient seen by the physician assistant during the locum tenens and countersign every patient chart within 24 hours of the care being rendered.

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Added at 15 Ok Reg 2022, eff 5-26-98]

SUBCHAPTER 5. REGULATION OF PRACTICE

435:15-5-1. Supervision; physician responsibility; independent care prohibited [REVOKED]

[Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94; Amended at 19 Ok Reg 2303, eff 6-28-02; Revoked at 33 Ok Reg 946, eff 8-26-16]

435:15-5-1.1. Health care services performed and prohibited [REVOKED]

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02; Revoked at 33 Ok Reg 946, eff 8-26-16]

435:15-5-2. Patient care setting [REVOKED]

[Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02; Revoked at 33 Ok Reg 946, eff 8-26-16]

435:15-5-3. Assignment of diagnostic and therapeutic procedures [REVOKED]

[Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-5-4. Academic positions [REVOKED]

[Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-5-5. Approval of educational and/or experimental programs

A physician assistant education program accredited by the Accreditation Review Commission on Education for the Physician Assistant, or prior to 2001, either by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs shall be considered approved for the purposes of the Physician Assistant Act.

[Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94; Amended at 33 Ok Reg 946, eff 8-26-16]

435:15-5-6. Restriction on eye care [REVOKED]

[Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-5-7. Display of identification.

(a) A physician assistant must clearly identify herself/himself as a physician assistant when engaged in professional activities.

(b) The Physician Assistant license issued by the Board shall be prominently displayed in the primary place of practice and the physician assistant shall have on his/her person evidence of current renewal.

[Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 19 Ok Reg 2303, eff 6-28-02]

435:15-5-8. Demonstrate ability to perform [REVOKED]

[Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-5-9. Fees for evaluation of qualifications and performance [REVOKED]

[Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-5-10. Prescriptions

The following apply to a physician assistant who has been delegated prescriptive authority that has been approved by the board:

- (1) A prescription or order for medical supplies and ancillary services issued by a physician assistant may be written, electronic, or oral.

(2) Prescriptions for Schedules III, IV and V drugs may be issued for up to a 30-day supply with no refills. In order for a physician assistant to prescribe a controlled substance, the physician assistant must be currently registered with the federal Drug Enforcement Administration and the Oklahoma Bureau of Narcotics and Dangerous Drugs.

(3) A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. For the purposes of this provision, as well as 59 O.S. § 519.6(D), "on-site" shall mean a:

- (A) hospital,
- (B) emergency room,
- (C) surgicenter licensed by the department of health, or
- (D) medical clinics or offices.
- (E) state-owned Veterans Administration long-term care facilities with an in-house pharmacy.

(4) A physician assistant may not dispense drugs but may request, receive, and sign for professional samples and may distribute professional samples to patients.

[Source: Amended at 9 Ok Reg 1577, eff 4-27-92; Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02; Amended at 33 Ok Reg 946, eff 8-26-16]

435:15-5-11. Discipline

(a) **Prohibited acts.** No person shall:

- (1) fraudulently or deceptively obtain or attempt to obtain a license;
- (2) fraudulently or deceptively use a license;
- (3) act contrary to this chapter 15, the Physician Assistant Act, or other laws or regulations governing licensed health professionals or any stipulation or agreement of the board;
- (4) violate any provision of the Medical Practice Act or the rules promulgated by the Board.

(b) **Grounds for action.** The board may take an action under subsection (c) when a person:

- (1) acts contrary to subsection (a);
- (2) is convicted of a felony;
- (3) is a habitual user of intoxicants or drugs to such an extent that he or she is unable to safely practice as a physician assistant;
- (4) has been adjudicated as mentally incompetent;
- (5) is physically or mentally unable to engage safely in practice as a physician assistant;
- (6) is negligent in practice as a physician assistant or demonstrates professional incompetence;
- (7) violates patient confidentiality, except as required by law;
- (8) engages in conduct likely to deceive, defraud or harm the public;
- (9) engages in unprofessional or immoral conduct;
- (10) prescribes, sells, administers, distributes, orders or gives away any drug classified as a controlled substance for other than medically accepted therapeutic purposes;
- (11) has committed an act of moral turpitude;
- (12) is disciplined or has been disciplined by another state or jurisdiction based upon acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as defined in this section;

- (13) fails to cooperate with an investigation conducted by the board; or
- (14) represents himself or herself as a physician.

(c) **Actions.** The board, on finding grounds exist under subsection (b) and pursuant to the Administrative Procedures Act, 75 O.S. § 250 *et seq.*, may:

- (1) refuse to grant a license;
- (2) administer a public or private reprimand;
- (3) revoke, suspend, limit or otherwise restrict a license;
- (4) require a physician assistant to submit to the care or counseling or treatment of a health professional designated by the board;
- (5) impose corrective measures;
- (6) impose a civil penalty or fine;
- (7) suspend enforcement of its finding thereof and place the physician assistant on probation with the right to vacate the probationary order for noncompliance; or
- (8) restore or reissue, at its discretion, a license, and remove any disciplinary or corrective measure that it may have imposed.

(d) The board may prohibit a physician who willfully and knowingly allows or participates with a physician assistant who acted contrary to this chapter 15 from supervising a physician assistant.

[Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02; Amended at 33 Ok Reg 946, eff 8-26-16]

435:15-5-12. Pre-signed prescriptions [REVOKED]

[Source: Added at 9 Ok Reg 1577, eff 4-27-92; Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

435:15-5-13. Certification of training and notification to liability carrier [REVOKED]

[Source: Added at 9 Ok Reg 1577, eff 4-27-92; Revoked at 10 Ok Reg 1525, eff 4-26-93]

SUBCHAPTER 7. ADVISORY COMMITTEE [REVOKED]

435:15-7-1. Physician Assistant Advisory Committee [REVOKED]

[Source: Amended at 9 Ok Reg 1577, eff 4-27-92; Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Revoked at 33 Ok Reg 946, eff 8-26-16]

SUBCHAPTER 9. GUIDELINES FOR THE UTILIZATION OF PHYSICIAN ASSISTANTS [REVOKED]

435:15-9-1. General responsibilities and obligations [REVOKED]

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02; Revoked at 33 Ok Reg 946, eff 8-26-16]

435:15-9-2. Supervision [REVOKED]

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Revoked at 33 Ok Reg 946, eff 8-26-16]

435:15-9-3. New patients [REVOKED]

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02; Revoked at 33 Ok Reg 946, eff 8-26-16]

435:15-9-4. Setting [REVOKED]

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02; Amended at 19 Ok Reg 2995, eff 8-19-02 (emergency); Amended at 20 Ok Reg 973, eff 5-21-03; Amended at 21 Ok Reg 1052, eff 5-14-04; Revoked at 33 Ok Reg 946, eff 8-26-16]

435:15-9-5. Understanding and variance from guidelines [REVOKED]

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02; Revoked at 33 Ok Reg 946, eff 8-26-16]

SUBCHAPTER 11. PRESCRIPTIVE AND DISPENSING AUTHORITY

435:15-11-1. Prescriptive and dispensing authority

(a) A physician assistant who is recognized by the Board to prescribe under the direction of a supervising physician and is in compliance with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may issue written and oral prescriptions and orders for medical supplies, services and drugs, including controlled medications in Schedules III, IV, and V pursuant to 63 O.S. §2-312 as delegated by the supervising physician and as approved in the Physician Assistant Drug Formulary (OAC 435:15-11-2).

(b) Any prescription for a pure form or combination of the following generic classes of drugs, listed in 435:15-11-2, may be prescribed, unless the drug or class of drugs is listed as excluded. Written prescriptions for drugs or classes of drugs that are excluded may be transmitted, only with the direct order of the supervising physician.

(c) Prescriptions for non-controlled medications may be written for up to a 30-day supply with two (2) refills of an agent prescribed for a new diagnosis. For patients with an established diagnosis, up to a 90 day supply with refills up to one year can be written and signed, or called into a pharmacy by a physician assistant.

(d) Prescriptions for Schedules III, IV and V controlled medications may be written for up to a 30-day supply. No refills of the original prescription are allowed. In order for a physician assistant to prescribe a controlled substance in an out-patient setting, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

(e) A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the supervising physician and approved by the medical staff committee of the facility or by direct verbal order of the supervising physician. In order for a physician assistant to prescribe and order a Schedule II controlled substance for immediate or ongoing administration on site, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

(f) A prescription issued by a physician assistant, whether written or oral, shall be the joint responsibility of the physician assistant and supervising physician. The

supervising physician shall be responsible for the formulation and/or approval of all orders and protocols which allow the physician assistant to issue prescriptions. Questions concerning a prescription may be directed either to the supervising physician whose name shall appear on the prescription blank or to the physician assistant.

(g) All new drug entities will be restricted from the Drug Formulary, listed in 435:15-11-2, and added, if at all, only after review and approval by the Oklahoma State Board of Pharmacy and the Committee, and subsequent approval by the Board. This restriction shall not apply to modifications of current generic drugs included on the Drug Formulary.

(h) Physician Assistants may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples directly to patients in accordance with written policies established by the supervising physician.

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 16 Ok Reg 3595, eff 8-25-99 (emergency); Amended at 17 Ok Reg 1352, eff 5-11-00; Amended at 19 Ok Reg 2303, eff 6-28-02; Amended at 24 Ok Reg 1102, eff 7-1-07; Amended at 26 Ok Reg 1079, eff 5-11-09; Amended at 33 Ok Reg 946, eff 8-26-16]

435:15-11-2. Drug formulary

(a) Physician Assistants in accordance with the Physician Assistant Act may prescribe medications that are within the scope of physician assistant practice, under the supervision of a licensed supervising physician and the Physician Assistant Drug Formulary. The Drug Formulary shall list drugs or categories of drugs that shall or shall not be prescribed by the physician assistant or prescribed only under certain criteria.

(b) The Committee will, at least on an annual basis and in a timely manner, review the structure and content of the Physician Assistant Drug Formulary and make such revisions as it deems necessary. Any proposed changes must be reviewed and approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy before becoming effective. Copies of the formulary shall be made available to any licensed pharmacy in the State of Oklahoma upon request. The Board assumes that all supervising physicians and physician assistants are completely familiar with the law and rules governing prescriptive authority of physician assistants.

(c) All drugs in categories listed in 435:15-11-2(d) as defined by the American Hospital Formulary Service Information Book (current) may be prescribed by physician assistants, except as noted in section 435:15-11-2(e).

(d) Inclusionary formulary

- (1) Antihistamine agents
- (2) Anti-infectives
- (3) Autonomic agents
- (4) Blood formation and coagulation agents
- (5) Cardiovascular agents
- (6) Central nervous system agents
- (7) Diagnostic agents
- (8) Electrolyte, caloric and water balance agents
- (9) Enzymes
- (10) Expectorants, antitussives and mucolytic agents
- (11) Eye, ear, nose and throat preparations
- (12) Gastrointestinal agents
- (13) Hormone and synthetic substitutes

- (14) Local anesthetics
- (15) Skin and mucous membrane agents
- (16) Smooth muscle relaxants
- (17) Vitamins
- (18) Miscellaneous therapeutic agents

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 14 Ok Reg 2659, eff 6-26-97; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 17 Ok Reg 1353, eff 5-11-00; Amended at 18 Ok Reg 1310, eff 5-11-01; Amended at 18 Ok Reg 3556, eff 8-8-01 through 7-14-02 (emergency)¹; Amended at 20 Ok Reg 16, eff 10-1-02 (emergency); Amended at 20 Ok Reg 2457, eff 7-11-03; Amended at 22 Ok Reg 949, eff 5-12-05; Amended at 33 Ok Reg 946, eff 8-26-16]

EDITOR'S NOTE: ¹Permanent amendments that were intended to supersede this emergency action were published at 19 Ok Reg 2303, with a scheduled effective date of 6-28-02. However, after the permanent amendments were published, the agency reported that the proposed amendments had never been approved by the Governor and should not have been filed for publication in the Register. Because emergency rules effective on or before the first day of a legislative session can only be effective through July 14 following that session (if not already superseded by permanent rules), and because the issuing agency reported that the permanent amendments intended to supersede these emergency amendments should not have been promulgated, the emergency action is cited with a 7-14-02 expiration date. Upon expiration of an emergency action, the last prior permanent text is reinstated. Therefore, on 7-15-02, the text of Section 435:15-11-2 reverted back to the permanent text that became effective 5-11-01 (as last published in the 2001 Edition of the OAC), and remained as such until amended again by emergency action on 10-1-02.

SUBCHAPTER 13. PRESCRIPTION TRANSMITTAL GUIDELINES [REVOKED]

435:15-13-1. General policies for transmittal of prescriptions [REVOKED]

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Revoked at 16 Ok Reg 378, eff 10-6-98 (emergency); Revoked at 16 Ok Reg 1214, eff 5-14-99]

435:15-13-2. Medications [REVOKED]

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 14 Ok Reg 2659, eff 6-26-97; Revoked at 16 Ok Reg 378, eff 10-6-98 (emergency); Revoked at 16 Ok Reg 1214, eff 5-14-99]

435:15-13-3. Information required on written prescriptions [REVOKED]

[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Revoked at 16 Ok Reg 378, eff 10-6-98 (emergency); Revoked at 16 Ok Reg 1214, eff 5-14-99]

APPENDIX A. PHYSICIAN ASSISTANT PROTOCOL [REVOKED]

[Source: Added at 19 Ok Reg 2303, eff 6-28-02; Revoked at 33 Ok Reg 946, eff 8-26-16]

CHAPTER 20. PHYSICAL THERAPISTS AND ASSISTANTS

[Authority: 59 O.S., § 887.5]

[Source: Codified 12-30-91]

SUBCHAPTER 1. GENERAL PROVISIONS

435:20-1-1. Purpose

The rules in this Chapter provide requirements for licensure as a physical therapist/physical therapy assistant and regulation of practice.

435:20-1-1.1. Definitions

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

"Alternate Supervising Physical Therapist" means the physical therapist who temporarily provides direct or general supervision of a physical therapist assistant or applicant for licensure in the absence of the supervising physical therapist and who will be identified in the medical record as the therapist of record.

"CAPTE" means the Commission on Accreditation of Physical Therapy Education.

"Examination/Evaluation" means a comprehensive visit by the physical therapist, in the presence of the patient, to determine the plan of care, based on the physical therapist's clinical judgments, which are supported by the data gathered during the examination.

"Foreign-educated physical therapist" means a physical therapist who graduated from any physical therapy education program outside the United States.

"General supervision" means the responsible supervision and control of the practice of the licensed physical therapist assistant by the supervising physical therapist. The supervising therapist is regularly and routinely on-site, and every three months will provide a minimum of one (1) co-treatment of face to face, real time interaction with each physical therapist assistant providing services with his/her patients. These co-treatments will be documented in the medical record and on a supervision log, which is subject to inspection. When not on-site, the supervising therapist is on call and readily available physically or through direct telecommunication for consultation.

"Group Setting" means two or more physical therapists providing supervision to physical therapist assistants in the same practice setting or physical facility.

"Immediate Supervision" means the supervising physical therapist or physical therapist assistant is on the premises and in attendance when patient care is being delivered.

"On-site supervision" or **"Direct supervision"** means the supervising physical therapist is continuously on-site and present in the department or facility where services are provided, is immediately available to the person being supervised and maintains continued involvement in appropriate aspects of each treatment session in which assistive personnel are involved in components of care.

"Physical Therapist" means a licensed professional health care worker who is a graduate of a program accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, and who provides physical therapy services including evaluation, treatment program design/management/ modification, and supervision of delegated portions of a treatment program.

"Physical Therapist Assistant" means a licensed technically educated health care provider who is a graduate of a program accredited by an agency recognized by the Commission on Accreditation of Physical Therapy Education or approved successor organization, and who performs selected physical therapy procedures and related tasks under the direction and supervision of a Physical Therapist.

"Physical Therapist of Record" means the physical therapist who assumes the responsibility for the provision and /or supervision of physical therapy services for a patient, and is held accountable for the coordination, continuation and progression of the plan of care.

"Physical Therapy Aide" means a person on-the-job trained and working under the immediate supervision of a physical therapist or physical therapist assistant who performs designated and supervised routine tasks as outlined in

435:20-7-1.

"Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

"Practice Setting" means the type of service delivery such as acute care, outpatient, inpatient rehabilitation, long term care, home health, educational settings or DDS.

"Re-examination/Re-evaluation/Assessment" means visits by the physical therapist, in the presence of the patient, to assess the patient's current status, gather additional data, and update the plan of care.

"Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation.

"Supervision" means the physical therapist is delegating portions of the patient's care to licensed personnel or applicants for licensure but remains accountable for the coordination, continuation and progression of the care of the patient.

"Supervising Physical Therapist" means the physical therapist of record who provides either direct or general supervision for a physical therapist assistant or applicant for licensure and delegates components of patient care to that person.

[Source: Added at 9 Ok Reg 1581, eff 4-27-92; Amended at 15 Ok Reg 43, eff 9-10-97 (emergency); Amended at 15 Ok Reg 2026, eff 5-26-98; Amended at 26 Ok Reg 1080, eff 5-11-09; Amended at 33 Ok Reg 1750, eff 9-12-16]

435:20-1-2. Interpretation of rules and regulations

(a) The rules and modes of procedures contained in this Chapter are adopted for the purpose of simplifying, procedure, avoiding delays, saving expenses and facilitating the administration of the Medical Practice Act and the Physical Therapy Act. To that end, the rules of this Chapter shall be given a fair and impartial construction.

(b) Effective date of the rules of this Chapter shall be the 4th day of February, 1980. These rules shall apply to all proceedings after the effective date and all previous rules are repealed.

(c) If any section, sentence, clause, or phrase of this Chapter shall be held, for any reason, to be inoperative or unconstitutional, void, or invalid, the validity of the remaining portion of the rules shall not be affected thereby, it being the intention of the Oklahoma State Board of Medical Licensure and Supervision in adopting the rules that no portion or provision herein shall become inoperative or fail by reason of the unconstitutionality or invalidity of any portion or provision, and the Oklahoma State Board of Medical Licensure and Supervision does hereby declare it would have severally passed and adopted the provisions contained in this Chapter separately and apart one from another.

435:20-1-3. Removal from Committee - quorum

(a) The State Board of Medical Licensure and Supervision may remove any member from the Committee for neglect of duty, for incompetency, or for unethical or dishonorable conduct.

(b) Three members of the Committee shall constitute a quorum and a majority of the required quorum shall be sufficient for the Committee to take action by vote.

(c) At the first meeting held after July 1 of each year, the advisory committee shall elect by a majority vote of those members present a chair and vice-chair.

SUBCHAPTER 3. LICENSURE OF PHYSICAL THERAPISTS AND ASSISTANTS

435:20-3-1. Qualifications of applicants

(a) **Physical therapy school.** A qualified physical therapist must have graduated from a school of physical therapy accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization.

(b) **Evaluation of credentials for applicants trained outside the U.S.** The credentials of an individual who has received training outside the United States of America will be evaluated on individual merits for the purposes of:

- (1) Issuance of a Letter Granting Permission to Practice Temporarily
- (2) Permission to take the licensure examination
- (3) Being issued a permanent license contingent upon meeting the experience requirements set out in (b) of 435:20-3-1 and all qualifications for licensure as cited in 59 O.S. § 887.6.

(c) **Physical therapist assistant program.** A qualified Physical Therapist Assistant must have graduated from a program for Physical Therapist Assistants accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization. Such a program shall have been completed in a college which is accredited by the regional accrediting agency for higher education. In no event shall the requirements for training of Physical Therapist Assistants be less than those required by 59 O.S. 1971, Section 887.6, as amended.

(d) **Statutory requirements.** Any person making application to the State Board of Medical Licensure and Supervision for a license as a Physical Therapist or a Physical Therapist Assistant shall be eligible for the appropriate license if he/she meets the requirements as provided in the Oklahoma law relating to the practice of Physical Therapy, 59 O.S. 1971, Sections 887.5 through 887.11, as amended.

[Source: Amended at 9 Ok Reg 1581, eff 4-27-92; Amended at 15 Ok Reg 43, eff 9-10-97 (emergency); Amended at 15 Ok Reg 2026, eff 5-26-98]

435:20-3-1.1. Training outside the U.S.

(a) Pursuant to requirements set out in Title 59 O.S. § 887.6, a foreign-educated physical therapist whose native language is not English shall submit evidence of having passed the:

- (1) Test of:
 - (A) English as a Foreign Language (TOEFL) with a score of at least 560 or 220 computer equivalent; and
 - (B) Spoken English (TSE) with a score of at least 50; and
 - (C) Written English (TWE) with a score of at least 4.5 or
- (2) Test of English as a Foreign Language Internet-based Test (TOEFL iBT) with a total score of at least 89 and:
 - (A) a score of at least 24 on the Writing section
 - (B) a score of at least 26 on the Speaking section
 - (C) a score of at least 21 on the Reading section
 - (D) a score of at least 18 on the Listening section.

(b) A foreign-educated physical therapist applying for licensure in the State of Oklahoma shall submit verification of the equivalency of the applicant's education to that attained by entry-level graduates training the United States at the time of graduation.

(c) Assessment of equivalency may be performed by a professional education credentials service approved by the Board using the following standards:

(1) Graduation on or before May 31, 2001:

(A) The minimum equivalent education credentials of a foreign educated physical therapist should be a bachelor's degree in physical therapy with all credits being earned at an institution of higher learning that confers at least a bachelor's degree in physical therapy which is approved by the country's Ministry of Education/Health.

(B) The minimum number of semester hour credits should be one-hundred-twenty (120). A semester hour credit is equal to fifteen (15) hours of classroom instruction per semester. For courses with laboratory component, a semester hour credit is also equal to thirty (30) hours of laboratory instruction per semester. For clinical courses, a semester hour credit is equal to forty-eight (48) hours of clinical instruction per semester.

(i) Fifty (50) semester hour credits shall be the minimum number required in general education.

(ii) The applicant has the opportunity to meet the objective of one hundred twenty (120) semester hour credits by utilizing additional elective credits in either general or professional education beyond the minimal requirements.

(iii) Sixty (60) semester hour credits shall be the minimum required in professional education. A grade of "C" or better will be required in each professional education course.

(2) Graduation after May 31, 2001:

(A) The minimum equivalent education credentials of a foreign educated physical therapist should be a master's degree in physical therapy with all credits being earned at an institution of higher learning that confers at least a master's degree in physical therapy which is approved by the country's Ministry of Education/Health.

(B) The minimum number of semester hour credits should one-hundred-seventy (170). A semester hour credit is equal to fifteen (15) hours of classroom instruction per semester. For courses with laboratory component, a semester hour credit is also equal to thirty (30) hours of laboratory instruction per semester. For clinical courses, a semester hour credit is equal to forty-eight (48) hours of clinical instruction per semester.

(i) Ninety (90) semester hour credits shall be the minimum number required in general education.

(ii) The applicant has the opportunity to meet the objective of one-hundred-seventy (170) semester hour credits by utilizing additional elective credits in either general or professional education beyond the minimal requirements.

(iii) Eighty (80) semester hour credits shall be the minimum required in professional education. A grade of "C" or better will be required in each professional education course.

(3) Minimum course requirements.

(A) **General education.** A minimum of one semester course must be successfully completed in each category of general education unless otherwise noted.

(i) Humanities

- (I) English
- (II) English composition
- (III) Speech or oral communication
- (IV) Foreign language (other than native language)
- (V) Literature
- (VI) Art
- (VII) Music

(ii) Physical science: A one semester course in chemistry and a one semester course in physics must be successfully completed.

- (I) Chemistry with laboratory (Organic or Inorganic)
- (II) Physics with laboratory
- (III) Geology
- (IV) Astronomy

(iii) Biological science

- (I) Biology
- (II) Anatomy
- (III) Physiology
- (IV) Zoology
- (V) Kinesiology
- (VI) Neuroscience
- (VII) Genetics

(iv) Social science

- (I) History
- (II) Geography
- (III) Sociology
- (IV) Economics
- (V) Government
- (VI) Religion

(v) Behavioral science

- (I) Psychology
- (II) Anthropology
- (III) Philosophy
- (IV) Ethics

(vi) Mathematics

- (I) Statistics
- (II) Algebra
- (III) Pre-calculus
- (IV) Calculus
- (V) Trigonometry
- (VI) Geometry

(B) Professional education.

(i) Basic health sciences: A minimum of one semester course is required in each of the following topics.

- (I) Human anatomy (specific to physical therapy)
- (II) Human physiology (specific to physical therapy)
- (III) Neurological science
- (IV) Kinesiology or functional anatomy
- (V) Psychology

(VI) Pathology

(ii) Clinical sciences: The essential element of physical therapy education is teaching the student to assess and treat appropriately across the spectrum of age. Therefore any education course work should contain all of the following:

(I) Clinical medicine pertinent to physical therapy.

This should include but not be limited to: neurology, orthopedics, pediatrics, geriatrics.

(II) Physical therapy course work to include but not limited to: physical agents, musculoskeletal assessment and treatment, neuromuscular assessment and treatment, cardiopulmonary assessment and treatment.

(iii) Clinical education: Clinical education must include physical therapist-supervised demonstrated application of physical therapy theories, techniques, and procedures. The applicant must have a minimum of two (2) clinical affiliations of no less the 800 hours total which are supervised by a physical therapist.

(iv) Related professional course work: A minimum of three (3) semester courses are required from the following topics in related professional course work - professional ethics, administration, community health, research, education techniques, and medical terminology.

(d) Pursuant to 59 O.S. § 887.6, foreign-educated physical therapists applying for licensure must submit verification of having successfully completed an eight-hundred (800) hour (at least 120 days) interim supervised clinical practice period under the continuous and immediate supervision of an Oklahoma licensed physical therapist. The Board will issue an interim permit to the applicant for the purpose of participating in the supervised clinical practice period. The time period of an initial interim permit shall not exceed six (6) months.

(1) The interim supervised clinical practice period must be completed in Oklahoma at a facility that serves as a clinical education facility for students enrolled in an accredited program education physical therapists or physical therapist assistants in Oklahoma.

(2) The supervising physical therapist shall submit an evaluation of the applicant's performance at the end of four-hundred (400) hours of supervision. A final report will be submitted at the end of the second four-hundred (400) hours of supervision. These reports will be submitted on forms or evaluation tools determined by the Board.

(3) If the applicant's performance is unsatisfactory during the supervision period, or the applicant ceases working at the training facility for any reason, the supervising physical therapist must notify the Board in writing within five (5) working days.

(4) If the interim supervised clinical practice period is not satisfactorily completed within a six-month period, the Board may issue a second interim permit for an additional six month period. A third permit will not be issued.

(e) The interim supervised clinical practice period may be waived for foreign-educated physical therapists at the discretion of the Board, if:

(1) the applicant for licensure is able to verify the successful completion of one (1) year of clinical practice in the United States or the District of

- Columbia, or
- (2) the applicant is able to document exceptional expertise acceptable to the Board in the fields of research, education, or clinical practice.
- (f) The interim supervised clinical practice period may be shortened for foreign-educated physical therapists at the discretion of the Board.

[Source: Added at 15 Ok Reg 43, eff 9-10-97 (emergency); Added at 15 Ok Reg 2026, eff 5-26-98; Amended at 18 Ok Reg 2641, eff 7-12-01; Amended at 23 Ok Reg 1098, eff 5-11-06; Amended at 24 Ok Reg 2248, eff 6-25-07]

435:20-3-2. Criteria for disqualification as a physical therapist

No license will be issued to a Physical Therapist who has:

- (1) Provided Physical Therapy treatment other than upon referral of a duly licensed physician or surgeon, dentist, chiropractor or podiatrist.
- (2) Used drugs or alcohol excessively, affecting competence or judgment, unless is able to provide satisfactory evidence of rehabilitation and participation efforts;
- (3) Been convicted of a felony crime that substantially relates to the occupation of physical therapy or poses a reasonable threat to public safety or of a misdemeanor crime involving moral turpitude;
- (4) Been adjudged mentally incompetent unless competency has been legally re-established;
- (5) Conducted himself/herself in a manner considered improper by recognized acceptable standards of moral and ethical conduct.

[Source: Amended at 33 Ok Reg 1750, eff 9-12-16]

435:20-3-3. Criteria for disqualification as a physical therapy assistant

No license will be issued to a Physical Therapy Assistant who has:

- (1) Practiced other than under the direction and supervision of a licensed Physical Therapist;
- (2) Used drugs or alcohol excessively, affecting competence or judgment, unless is able to provide satisfactory evidence of rehabilitation and participation efforts;
- (3) Been convicted of a felony crime that substantially relates to the occupation of physical therapy or poses a reasonable threat to public safety or of a misdemeanor crime involving moral turpitude;
- (4) Been adjudged mentally incompetent unless competency has been legally re-established;
- (5) Conducted himself/herself in a manner considered improper by recognized acceptable standards of moral and ethical conduct.

[Source: Amended at 33 Ok Reg 1750, eff 9-12-16]

435:20-3-4. Licensure by endorsement

(a) Any person who is currently registered or licensed by examination as a Physical Therapist or Physical Therapy Assistant in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided by the written examination and grade standard, upon which such license is based, is acceptable to the Board. In the event the examination was that of the recognized examination service providing a nationally accepted standardized examination, scores must be submitted through the Interstate Reporting Service, or other recognized reporting service. All such applicants must have Oklahoma passing score on the examination or they must re-take the

examination. Failure to achieve Oklahoma passing score on a re-take of the examination, in Oklahoma or elsewhere, shall be considered as an additional failure. If the applicant has not been employed as a Physical Therapist during the year prior to application, such applicant may be required to present himself/herself for a personal interview with a member or members of the Board or Committee.

(b) Applications for licensure by endorsement from another state must be on file in the office of the State Board of Medical Licensure and Supervision at least 30 days prior to an examination or prior to a meeting of the Physical Therapy Committee for consideration of applications.

(c) A temporary License may be granted to an out of state licensee to conduct continuing education instruction within the State of Oklahoma under the supervision of a Physical Therapist who is a holder of a current and unrestricted license to practice as a Physical Therapist in the State of Oklahoma. The temporary license may be issued by the Board Secretary after verification that the licensee is the holder of a current and unrestricted license from another state of the United States of American, District of Columbia or Puerto Rico. The Temporary License may be granted for a period not to exceed ninety (90) days.

[Source: Amended at 9 Ok Reg 1581, eff 4-27-92]

435:20-3-5. Licensure by examination

(a) Qualifications.

(1) Any applicant for licensure as a Physical Therapist by examination must meet the criteria of qualifications outlined in (a) through (c) of 435:20-3-1.

(2) Any applicant for licensure as a Physical Therapist Assistant by examination must be a graduate of a program for education of Physical Therapy Assistants accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, provided in no event shall the qualifications for licensure be less than those required by 59 O.S. 1971, Section 887.6, as amended.

(b) **Admittance.** No person shall be admitted to the examination until satisfactory evidence is submitted to the Board of his/her qualifications to be admitted to such examination.

(c) **Examination dates.** Examinations must be taken by the applicant within sixty (60) days of receiving written notice of eligibility to sit for the examination.

(d) **Passing score.** In the event the examination used, for either Physical Therapists or Physical Therapist Assistants, is provided by the recognized examination service providing a nationally accepted standardized examination, the candidate will pass based on criterion referenced standards as established by the recognized examination service. This passing point will be set equal to a scaled score of 600 based on a scale ranging from 200 to 800. Prior to March 1993 no criterion referenced scoring system existed; examinations taken prior to March 1993 shall be considered to have passed if his/her raw score on the total examination fell within 1.50 standard deviation below the National Average for the particular examination.

(1) Applicants who do not pass the examination after the first attempt may retake the examination one additional time without re-application for licensure. This must occur within six months of the Board's receipt of notification of the first failure. Prior to being approved by the Board for subsequent testing beyond two attempts, individuals shall reapply and present evidence satisfactory to the Board of having successfully completed additional clinical training and/or course work as approved by the Board.

- (2) In the event of failure to pass the first examination, the applicant may work under the direct, on the premises supervision and direction of a licensed physical therapist for a period not to exceed six months.
- (3) In the event of failure to pass the second examination, the applicant:
 - (A) may not practice;
 - (B) must meet with the Committee; and
 - (C) must submit a new application.
- (4) In the event of failure to pass the third examination, an applicant will not be eligible to re-apply for examination in Oklahoma.
- (5) The applicant may re-take the examination in another state, if the examination is one provided by the Professional Examination Service or another recognized examination service providing a nationally accepted standardized examination and is the same examination service then providing the examination being given in Oklahoma. All scores must be submitted to the Oklahoma Board for evaluation by the Interstate Reporting Service or another nationally recognized reporting service. Failure to make passing scores accepted in Oklahoma on such re-takes will be considered as having failed the re-take examination in Oklahoma.
- (6) Any applicant may be required to make a personal appearance before the Board to discuss individual circumstances at any time.

[Source: Amended at 16 Ok Reg 1227, eff 4-27-92; Amended at 12 Ok Reg 1237, eff 5-11-95; Amended at 13 Ok Reg 1577, eff 8-21-95 (emergency); Amended at 13 Ok Reg 1707, eff 5-25-96; Amended at 14 Ok Reg 1415, eff 5-12-97; Amended at 15 Ok Reg 3946, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1227, eff 5-14-99; Amended at 20 Ok Reg 976, eff 5-21-03]

435:20-3-6. Requirements for renewal and re-entry

(a) **Renewal of license.** In order to renew the license, each Physical Therapist and Physical Therapist Assistant shall:

- (1) complete the renewal application;
- (2) pay the required fee as set out in OAC 435:1-1-7(a)(2);
- (3) complete a jurisprudence examination prepared by the Board focusing on the areas of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code;
- (4) and meet requirements for continuing education as set out in Subchapter 9 of this Chapter.

(b) **Re-entry requirements.** Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses lapsed more than three months wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) Achieve a passing score on an examination approved by the Board.

(5) Complete a jurisprudence examination prepared by the Board focusing on the areas of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code.

[Source: Added at 13 Ok Reg 2691, eff 6-27-96; Amended at 20 Ok Reg 976, eff 5-21-03; Amended at 23 Ok Reg 1100, eff 5-11-06]

SUBCHAPTER 5. REGULATION OF PRACTICE

435:20-5-1. Display certificate

All persons licensed under Title 59 O.S., Sections 887.1 through 887.17 and practicing in the State shall prominently display the certificate of licensure and evidence of a current renewal in the primary place of practice.

435:20-5-2. Working under supervision

Recent physical therapist or physical therapist assistant graduates who have completed eligibility requirements for examination and submitted all required forms and fees for examination may work in a Physical Therapy facility under the direct, on the premises, supervision and direction of a licensed Physical Therapist.

[Source: Amended at 9 Ok Reg 1582, eff 4-27-92; Amended at 19 Ok Reg 1194, eff 5-13-02]

435:20-5-3. Aiding and abetting the unlicensed practice.

It shall be unlawful for any person to aid or abet, directly or indirectly, the practice of physical therapy by any person not duly authorized under the laws of Oklahoma.

435:20-5-4. Titles used for physical therapist assistants

Any person holding a license as a Physical Therapist Assistant may use the title "Physical Therapist Assistant", "Registered Physical Therapist Assistant" or "Licensed Physical Therapist Assistant", or the letters "PTA", "RPTA", or "LPTA".

435:20-5-5. Screening and educational procedure; statutory terms defined

Screening and educational procedures as described in the Physical Therapy Practice Act are defined as follows:

- (1) **"To educate"** means to train by formal instruction and supervised practice.
- (2) **"To screen"** means to examine methodically in order to separate into different groups to identify problems which can be managed within the expertise of a licensed physical therapist.

[Source: Amended at 9 Ok Reg 1582, eff 4-27-92]

435:20-5-6. Physical therapists under probation

Physical therapists on probation shall not supervise physical therapy assistants or new graduates who require supervision under 435:20-5-2.

[Source: Amended at 16 Ok Reg 742, eff 12-28-98 (emergency); Amended at 16 Ok Reg 2005, eff 6-14-99]

435:20-5-7. Emeritus status

(a) Individuals who hold or have held a full and unrestricted license to practice as a physical therapist or physical therapist assistant may choose at any time to apply for emeritus (fully retired) status by notifying this office and paying a \$50.00 processing fee. There will be no renewal fee.

(b) Physical therapists or physical therapist assistants in this status may continue to use the title or append to their name the letters PT, RPT, LPT, PTA, RPTA, LPTA or any other title, letters or designation which represents that such person is a physical therapist or physical therapist assistant, followed by (Ret.) or (Retired). Service on boards, committees or other such groups which require that a member be a physical therapist or physical therapist assistant shall be allowed.

(c) Once this status is acquired the physical therapist or physical therapist assistant shall not practice physical therapy in any form, as defined in 887.2.

(d) When a physical therapist or physical therapist assistant has been granted the emeritus status and subsequently chooses to return to active practice from emeritus status within 12 months of the date of expiration of full licensure, the physical therapist or physical therapist assistant shall:

- (1) Pay required fees;
- (2) Complete required forms; and,
- (3) Resume responsibility for compliance with continuing education requirements.

(e) When a physical therapist or physical therapist assistant has been granted emeritus status and chooses to return to active practice from emeritus status more than 12 months after date of expiration of full licensure, in addition to the requirements set out in subsection (d) of this section, the physical therapist or physical therapist assistant may be required to meet one or more of the following:

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) submit to a physical examination, psychological and/or psychiatric examination;
- (5) Achieve a passing score on an examination approved by the Board.

[Source: Added at 18 Ok Reg 1313, eff 5-11-01]

435:20-5-8. Unprofessional conduct - Grounds for disciplinary action

(a) The Physical Therapy Advisory Committee may recommend to the Board to revoke or take other disciplinary action against a licensee or deny a license to an applicant for unprofessional conduct.

(b) Acts that constitute unprofessional conduct include, but are not limited to:

- (1) Procuring aiding or abetting a criminal operation.
- (2) Habitual intemperance or the habitual use of habit-forming drugs.
- (3) Been convicted of a felony crime that substantially relates to the occupation of physical therapy or poses a reasonable threat to public safety or of a misdemeanor crime involving moral turpitude of a felony or of any offense involving moral turpitude.;
- (4) Dishonorable or immoral conduct that is likely to deceive, defraud, or harm the public.
- (5) Aiding or abetting, directly or indirectly, the practice of physical therapy by any person not duly authorized under the laws of this state.

- (6) Engaging in physical conduct with a patient that is sexual in nature, or in any verbal behavior that is seductive or sexually demeaning to a patient.
- (7) Participation in fraud, abuse and/or violation of state or federal laws.
- (8) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.
- (9) Verbally or physically abusing patients.
- (10) Discriminating in the rendering of patient care.
- (11) Negligence while in practice of physical therapy or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.
- (12) Habitual intemperance or addicted use of any drug, chemical or substance that could result in behavior that interferes with the practice of physical therapy and the responsibilities of the licensee.
- (13) Unauthorized possession or use of illegal or controlled substances or pharmacological agents without lawful authority or prescription by an authorized and licensed independent practitioner of the State of Oklahoma.
- (14) Fraudulent billing practices and/or violation of Medicare and Medicaid laws or abusive billing practices.
- (15) Improper management of medical records, inaccurate recording, falsifying or altering or failing to complete documentation of patient records.
- (16) Falsely manipulating patient's records or forging a prescription for medication/drugs, or presenting a forged prescription.
- (17) Aiding, abetting or assisting any other person to violate or circumvent any law, rule or regulation intended to guide the conduct of a physical therapist or physical therapist assistant.
- (18) Being judged mentally incompetent by a court of competent jurisdiction.
- (19) Failing to timely make application for license renewal.
- (20) Falsifying documents submitted to the Physical Therapy Committee or the Oklahoma State Board of Medical Licensure and Supervision.
- (21) Obtaining or attempting to obtain a license, certificate or documents of any form as a physical therapist or physical therapist assistant by fraud or deception.
- (22) Cheating on or attempting to subvert the national physical therapy examination or skills assessment tests.
- (23) Leaving a patient care assignment without properly advising the appropriate personnel.
- (24) Violating the confidentiality of information or knowledge concerning a patient.
- (25) While engaged in the care of a patient, engaging in conduct with a patient, patient family member, or significant other that is seductive or sexually demeaning/exploitive in nature.
- (26) Failure to report through proper channels the unsafe, unethical or illegal practice of any person who is providing care.
- (27) Failure to furnish to the Board, its investigators or representatives, information lawfully requested by the Board.
- (28) Failure to cooperate with a lawful investigation conducted by the Board.
- (29) Violation of any provision(s) of the Physical Therapy Practice Act or the rules and regulations of the board or of an action, stipulation, agreement or order of the Board.

(30) Failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction (United States or foreign), by any governmental agency, by any law enforcement agency, or by a court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.

(c) A physical therapist or physical therapist assistant who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervising other physical therapy practitioners for so long as the Board deems appropriate, and may themselves be subject to disciplinary action pursuant to their conduct.

[Source: Added at 20 Ok Reg 2457, eff 7-11-03; Amended at 25 Ok Reg 1966, eff 6-26-08; Amended at 33 Ok Reg 1750, eff 9-12-16]

435:20-5-9. Standards of ethics and professional conduct

In the conduct of their professional activities, the physical therapist and physical therapist assistant shall be bound by the following ethical and professional principles. Physical therapists and physical therapist assistants shall:

- (1) Respect the rights and dignity of all individuals and shall provide compassionate care.
- (2) Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- (3) Comply with state and/or federal laws that govern and relate to physical therapy practice.
- (4) Exercise sound professional judgment and perform only those procedures or functions in which they are individually competent and that are within the scope of accepted and responsible practice. A physical therapist shall not delegate to a less qualified person any activity that requires the unique skill, knowledge, and judgment of the physical therapist. A physical therapist assistant shall provide selected physical therapy interventions only under the supervision and direction of the evaluating physical therapist. A physical therapist assistant shall make judgments that are commensurate with their education and legal qualifications as a physical therapist assistant.
- (5) Actively maintain and continually improve their professional competence and represent it accurately.
- (6) Maintain high standards by following sound scientific procedures and ethical principles in research and the practice of physical therapy.
- (7) Seek reasonable remuneration for physical therapy practice.
- (8) Provide and make available accurate and relevant information to patients about their care and maintain patient confidentiality.
- (9) May provide information to the public about societal benefits of physical therapy services. A physical therapist may advertise his/her services to the public.
- (10) Refuse to participate in illegal or unethical acts, and shall refuse to conceal illegal, unethical or incompetent acts of others.
- (11) Endeavor to address the health needs of society through pro bono services and/or community health services.
- (12) Respect the rights, knowledge and skills of colleagues and other healthcare professionals.

[Source: Added at 21 Ok Reg 1055, eff 5-14-04]

435:20-5-10. Referrals

(a) A licensed physical therapist who has received a referral from a person licensed as an allopathic physician, osteopathic physician, physician assistant, dentist, chiropractor or podiatrist may extend or reinstitute physical therapy for the patient named on the referral for a time period not to exceed ninety (90) days after the origination of the referral, unless a longer duration of physical therapy services is requested by the referring health care professional, provided that:

- (1) the diagnosis or symptom listed on the referral is the same as the reason for the extension or reinstatement of the physical therapy treatment;
- (2) the referring health care professional is notified of the extension or reinstatement of the treatment within five (5) business days of the date of the extension or reinstatement of the physical therapy treatment; and
- (3) the patient involved has made or is making sufficient improvement in symptoms or function to warrant the extension or reinstatement of the physical therapy treatment without first being seen or re-evaluated by the referring health care professional.

(b) The physical therapist may not make a medical diagnosis or diagnosis of disease.

(c) If the physical therapist determines, based on the physical therapy screening and evaluation, that the patient's condition is outside the scope of the physical therapy practice, the physical therapist may not initiate, extend, or reinstitute treatment and must immediately refer the patient to a licensed health care professional.

(d) If the physical therapist determines, based on reasonable evidence that appropriate improvement in symptoms or function has not been made within 60 days of the date on the referral, the physical therapist shall consult with or refer the patient back to the health care professional who originated the referral.

(e) The provisions of paragraphs (a) - (d) of this section do not apply if the patient is receiving physical therapy services pursuant to the Individuals with Disabilities Education Improvement Act of 2004, as may be amended, and the Rehabilitation Act of 1973, Section 504, as may be amended.

[Source: Added at 29 Ok Reg 1612, eff 7-12-12]

SUBCHAPTER 7. SUPERVISION OF PHYSICAL THERAPIST ASSISTANTS

435:20-7-1. Direction and supervision of physical therapist assistants

(a) **Responsible supervision.**

(1) Physical therapists have a duty to provide therapy services that protect the public safety and maximize the availability of their services. The physical therapist assistant is the only individual permitted to assist in selected treatment interventions. A physical therapist assistant shall be an agent of supervised by a specific physical therapist or group of physical therapists working in the same practice setting or physical facility. A physical therapist assistant may not be supervised by any other person including those licensed in other professions. The physical therapist of record is accountable and responsible at all times for the direction of the actions of the physical therapist assistant when treating their his/her patient. When determining the extent of assistance the physical therapist assistant can provide, the physical therapist should consider:

- (A) the physical therapist assistant's experience and skill level

- (B) the patient/client criticality and complexity
- (C) the setting in which the care is being delivered
- (D) the predictability of the patient/client outcomes
- (E) the needed frequency of re-examination

(2) A physical therapist shall not delegate to a less qualified person any service that requires the skill, knowledge and judgment of a physical therapist. For each date of service, a physical therapist shall provide all therapeutic interventions that require the expertise of a physical therapist and shall determine the use of assistive personnel that provides delivery of service that determine when assistive personnel may be used to provide delivery of services in a safe, effective, and efficient manner for each patient.

(A) A physical therapist assistant shall work under a physical therapist's direct or general supervision. A physical therapist assistant may document care provided without the co-signature of the supervising physical therapist, but must include the name of the supervising PT in each patient/client treatment note. The physical therapist assistant will respond to acute changes in the patient's physiological state and report these findings promptly to the physical therapist. Contact, or attempts to contact the supervising physical therapist of record, will be documented in the medical record.

(B) A physical therapist and a physical therapist assistant may use physical therapy aides for designated and immediately supervised routine tasks. The physical therapist shall not delegate the same type and level of duties to the physical therapy aide as are delegated to the physical therapist assistant. A physical therapy aide shall work under immediate supervision of the physical therapist or physical therapist assistant who is continuously on-site and present in the facility.

(b) **Patient Care Management.** Upon accepting a patient for provision of services, the physical therapist becomes the Physical Therapist of Record for that patient and is solely responsible for managing all aspects of the physical therapy plan of care for that patient. The Physical Therapist of Record shall:

- (1) Perform the initial examination and evaluation
- (2) Establish a plan of care and remain responsible to provide and/or supervise the appropriate interventions outlined in the plan of care.
- (3) Perform the re-examination/re-evaluation of the patient in light of their goals and revision of the plan of care when indicated. This will be performed no less frequently than:

(A) every 30 days in acute care, outpatient, inpatient rehabilitation and long term care settings with documented case consultation no less frequently than every 15 days;

(B) every 60 days in home health settings with documented case consultation no less frequently than every 30 days;

(C) every 90 days in consultative DDS with documented case consultation no less frequently than every 45 days;

(D) every 10th visit for DDS for patients under 21 years of age with documented case consultation no less frequently than every 5th visit;

(E) every 60 days in educational settings with documented case consultation no less frequently than every 30 days;

(4) Establish the discharge plan, and provide or review the documentation of the discharge summary prepared by the physical therapist assistant.

(5) A physical therapist's responsibility for patient care management shall include oversight of all documentation for services rendered to each patient, including awareness of fees charged or reimbursement methodology used.

A physical therapist shall also be aware of what constitutes unreasonable or fraudulent fees.

(c) Designation of a new Physical Therapist of Record. In the event that the Physical Therapist of Record can no longer assume these responsibilities, care must be turned over to another physical therapist who will become the new Physical Therapist of Record. The Therapist of rRecord must make sure that the new Physical Therapist of Record is authorized and qualified to receive the patient, must obtain acceptance from the receiving physical therapist, document the hand-over of the patient and maintain the care and responsibility of the patient until the new Physical Therapist of Record is acknowledged in the documentation.

(d) Designation and responsibilities of Supervising Physical Therapist and Alternate Supervising Physical Therapist. Both the physical therapist and physical therapist assistant are responsible for completion of the Form #5, Verification of Supervision.

(1) A Form #5, Verification of Supervision must be completed annually for each clinical practice setting in which the physical therapist assistant works, identifying the supervising physical therapist for the physical therapist assistant. The physical therapist assistant will be responsible to inquire of their supervising physical therapist(s) or the Board, the number of persons being supervised by that physical therapist. If responsible supervision is not practiced, both the supervising physical therapist and the physical therapist assistant are in violation of this rule. Any revised or new Form #5 for a physical therapist assistant at a clinical practice setting will supersede the existing Form #5 for that setting. A physical therapist assistant will not practice in any clinical setting without the necessary Form #5. It is the responsibility of both physical therapists and physical therapist assistants to notify the Board of any changes to a Form #5 that they have signed.

(2) A physical therapist will not supervise and utilize more than four (4) licensed personnel or applicants for licensure. Only three (3) may be physical therapist assistants or applicants for physical therapist assistant licensure. Any of the four (4) may be applicants for physical therapist licensure. This total is inclusive of all geographic locations or employing agencies.

(3) For each practice setting in which he or she works, the physical therapist assistant and the supervising physical therapists must indicate on the Form #5, Verification of Supervision which of the method of supervision described in (A) or (B) below will be employed in that practice setting.

(A) A physical therapist will provide direct or general supervision of a physical therapist assistant and is will be listed on the Form #5 as the supervising physical therapist. In the event that he or she is unable to provide supervision, a supervising physical therapist may:

(i) temporarily delegate the supervision of up to three licensed physical therapist assistants to an alternate

supervising physical therapist who agrees to provide consultation to the physical therapist assistant(s) for existing plans of care for a period of time not to exceed thirty (30) days. In this event, a new Form #5 is not required, but the alternate supervising physical therapist must be identified as the Therapist of Record in the documentation.

(ii) designate a new Therapist of Record, as in 435:20-7-1-(c) above, to assume full responsibility of the plan of care who may, if they so chose, delegate to a physical therapist assistant under their supervision as listed on their Form #5.

(B) A group of physical therapists, working in the same practice setting may provide supervision to a physical therapist assistant providing the following conditions are met:

(i) all supervising physical therapists are listed on a Form #5 for the physical therapist assistant.

(ii) the ratio of physical therapists to physical therapist assistants in that practice setting does not exceed the ratio of one (1) physical therapist to three (3) physical therapist assistants or applicants for licensure at any given time.

(iii) The group director, who must be a licensed physical therapist or physical therapist assistant, is identified and assumes responsibility for accurate information on the Form #5 and the appropriate ratio of physical therapist to physical therapist assistants. The Board may assign disciplinary action to the clinical director or all members of the group for violation of the supervision rules.

(e) **Supervision of additional physical therapist assistants.** In unique cases, a physical therapist may petition the Chair of the Physical Therapy Committee to receive permission to supervise additional physical therapist Assistants assistants or applicants for licensure, but this decision to supervise additional assistive personnel must be reviewed and approved by the committee at the next scheduled meeting..

(f) **Limits of practice for the physical therapist assistant.** The physical therapist assistant may not:

(1) Specify, other than to the Physical Therapist of Record, perform or interpret definitive (decisive, conclusive, final) evaluative and assessment procedures. Definitive evaluation procedures may not be recommended to anyone other than the patient's physical therapist, unless previously approved by the physical therapist.

(2) Alter overall treatment, goals and/or plan.

(3) Recommend adaptive equipment, assistive devices, or alterations to architectural barriers to persons other than a physical therapist.

(4) File discharge documents for permanent record until approved by a physical therapist.

(5) Perform duties or tasks for which he/she is not trained.

[Source: Revoked and reenacted at 10 Ok Reg 2453, eff 6-11-93; Amended at 16 Ok Reg 2005, eff 6-14-99; Amended at 26 Ok Reg 1080, eff 5-11-09]

SUBCHAPTER 9. PROFESSIONAL DEVELOPMENT

435:20-9-1. Definitions

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

"Activities" means activities that a licensee participates in to either assess his/her competence or to develop competency. An activity is assigned a value toward meeting professional development requirements.

"APTA" means the American Physical Therapy Association.

"Asynchronous instruction" means instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback.

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

"Clinical practice" means physical therapy consultation or patient care or client management or the supervision thereof.

"Committee" means the Physical Therapy Advisory Committee.

"Compliance period" means the initial compliance period starting on February 1, 2022 through January 31, 2024.

"Competence" means the application of knowledge, skills, and behaviors required to function effectively, safely, ethically and legally within the context of the patient/client's role and environment.

"Continuing competence" means the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

"Continuing education" means those appropriate learning experiences physical therapists and physical therapist assistants undertake to expand their scope of knowledge beyond the basic preparation for the profession of physical therapy and these experiences should be referenced to one of four areas: administration, education, patient care, or research.

"Documentation" means evidence of completion of continuing education and competence activities.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"IACET" means the International Association for Continuing Education and Training.

"Jurisprudence assessment" means an outline set of questions concerning the Oklahoma Physical Therapy Practice Act, Board rules, and Position Statement posted on the Board's website at www.okmedicalboard.org.

"Licensee" means a Physical Therapist or Physical Therapist Assistant licensed in Oklahoma.

"OPTA" means the Oklahoma Physical Therapy Association.

"Pre-approval" means the professional development experience has received approval prior to the end of the compliance period.

"Professional development" means the fusion of continuing competence and continuing education, which demonstrates and evidences a licensee's ability and knowledge to practice physical therapy consistent with the requirements of Oklahoma law and the standards of the physical therapy profession.

"Professional Development Unit or PDU" means one contact hour (60 minutes) of continuing education coursework or an approved PDU activity (detailed in section 435:20-9d)

"Provider" means an entity that has been approved by the Board to provide professional development activities for licensees as provided in the rules of this section.

"Synchronous instruction" means instructional interaction conducted in real time where the instructional delivery and learner participation occurs

concurrently with an immediate opportunity for instructional feedback.

[Source: Added at 15 Ok Reg 43, eff 9-10-97 (emergency); Added at 15 Ok Reg 2026, eff 5-26-98; Amended at 18 Ok Reg 413, eff 12-8-00 (emergency); Amended at 18 Ok Reg 1313, eff 5-11-01; Amended at 19 Ok Reg 2312, eff 6-28-02; Amended at 19 Ok Reg 2998, eff 8-19-02 (emergency); Amended at 20 Ok Reg 977, eff 5-21-03; Amended at 37 Ok Reg 2002, eff 9-11-20]

435:20-9-2. Professional development requirements for renewal

- (a) Beginning with the renewal period ending January 31, 2000 and every two years thereafter, the applicant for renewal of licensure shall sign a statement indicating whether or not professional development requirements have been fulfilled for the preceding two-year period.
- (b) Effective February 1, 2022 and every two years thereafter, physical therapists will be required to show proof of forty (40) approved contact hours and/or PDU equivalent and Physical Therapist Assistants will be required to show proof of thirty (30) approved contact hours and/or PDU equivalent.
 - (1) At least half of the required hours must be professional development coursework.
 - (2) Three of the required hours must contain ethics education that includes the APTA Guide for Professional Conduct and the APTA Code of Ethics.
 - (3) No professional development hours may be carried over from one compliance period to another.
- (c) Any applicant for renewal who cannot meet the requirements for professional development may not renew until deficient professional development units (PDUs) are obtained and verified. Additionally, within the next compliance period the licensee will be required to obtain double the required units of approved PDUs.
- (d) Each licensee is responsible for maintaining evidence/proof/record of participation in a professional development experience for a minimum of four years, two compliance periods. Copies of such proof shall be submitted to the Board upon request. Such proof shall include:
 - (1) date, place, course title, schedule, presenter(s), etc.,
 - (2) number of contact hours/PDUs for the activity,
 - (3) proof of completion, such as abstracts, certificates of attendance, or other certification of completion.
- (e) Any physical therapist or physical therapist assistant initially licensed in Oklahoma during the second year of a compliance period shall be exempt from the professional development requirements for that first renewal period.
- (f) The Physical Therapy Committee shall conduct random audits of the professional development records of the number of licensees that time and resources permit. The Physical Therapy Committee may appoint a sub-committee to review audits and requests for approval of professional development experiences and make recommendations to the Physical Therapy Committee for disposition.
- (g) Penalties for failure to comply with professional development requirements may be assessed after notice and hearing as required by law. Penalties may include imposition of additional PDUs, probation of license, suspension of license, or revocation of license.
- (h) Failure to maintain records of professional development rebuts the presumption that professional development requirements have been completed.
- (i) Misrepresenting compliance with professional development requirements constitutes a fraudulent application.

[Source: Added at 15 Ok Reg 43, eff 9-10-97 (emergency); Added at 15 Ok Reg 2026, eff 5-26-98; Amended at 18 Ok Reg 413, eff 12-8-00 (emergency); Amended at 18 Ok Reg 1313, eff 5-11-01; Amended at 19 Ok Reg 2998, eff 8-19-02 (emergency); Amended at 20 Ok Reg 977, eff 5-21-03; Amended at 23 Ok Reg 1101, eff 5-11-06; Amended at 37 Ok Reg

435:20-9-3. Professional development categories

(a) Approval for professional development activities

(1) To receive initial approval for a professional development offering, submission of an Application for Approval of Physical Therapy Professional Development form is required. The application must include the following information:

(A) Course title with an abstract, summary or course syllabus and sufficient evidence demonstrating relevancy, recency and consistency with current practice.

(B) A program agenda complete with a breakdown of all time spent in instructional and non-instructional periods to include, meals. (PDU will be awarded for instructional hours only.) (If a course is six hours or longer, the agenda must include at least a 30 minute lunch)

(C) The course or program's goals and objectives sufficient to provide information for evaluation of relevance and practical application to the field of physical therapy beyond basic preparation of the licensee. If basic information is needed, the licensee will complete the professional self-reflection form to demonstrate current knowledge and competency of the topic and rationale as to why this course should be approved.

(D) Documentation of instructor background/expertise relevant to the field of physical therapy.

(E) Location of the program, including the address, city, state, and zip, or Internet site.

(F) Contact name, phone number and address of course sponsors or publishers.

(G) Specific date(s) of course participation.

(H) Method of certifying attendance and instructional hours.

(Adjustment of PDU awarded may occur within the approval process.)

(2) Individual participants are responsible for maintaining these records.

(3) Physical therapists and physical therapist assistants working less than 250 hours per year may submit a request for a lesser professional development requirement.

(4) Pre-approval is required for guaranteed credit.

(b) Synchronous professional development opportunities.

(1) Synchronous education - Real time participation in a course, workshop or conference.

(2) Presentation of program - A licensee who presents an original professional development program targeted towards peers and other health care professionals may receive professional development credit of 1.5 PDU per contact hour of instruction for the first presentation of this original material. No additional PDU for subsequent presentations within the compliance period.

(3) Post Graduate Studies - Successful completion of post graduate education course work related to physical therapy will be awarded professional development credit of up to 16 PDU for each college credit course based on credit hours, syllabus, and learning objectives.

(c) **Asynchronous educational and competence opportunities.** For licensees participating in a non-interactive course offered by videotape, satellite transmission, webcast, DVD, or other electronic media, one hour of participation earns one PDU. This method must include a post-test proficiency assessment in order to be accepted.

(d) **Other professional development activities.**

(1) Publication - Writing for professional publication may be awarded professional development credit. Acceptance for publication must occur within the current compliance period. Contact hours will not be approved for repeat publication of the same material. Licensee must present copy of published material to receive credit.

(A) Each published paper/book and/or chapter/or case study will receive fifteen (15) PDUs.

(B) Each published book review will receive ten (10) PDUs.

(2) Study groups - A series of meetings designed for intense study in a physical therapy related topic. A minimum of four participants and four hours of participation are required for professional development eligibility. Those seeking approval for a group study project shall submit a full description including an outline of the topics and subtopics, references, or copies of the printed materials, a time and place of study, the methods to be used, the number of hours of credit sought, and any other information relevant to the evaluation of the proposed projects. The maximum number of PDUs of this type allowed during a compliance period is 12.

(3) Collaboration with educational programs:

(A) Supervising Physical Therapist or Physical Therapist Assistant students as a clinical instructor.

(i) Continuous direct supervision of students and/or candidates for licensure can earn up to 10 PDUs in this category in a compliance period. Forty (40) hours of direct supervision will earn one (1) PDU regardless of the number of students and/or candidates for licensure being supervised.

(ii) The licensee shall submit materials listing the licensee as a clinical instructor with the name of the school/program and the length of time of clinical placement.

(B) Presentations as a guest lecturer for Physical Therapist and Physical Therapist Assistant Programs earns 2 PDU for the first presentation of original material, up to 4 PDU for two presentations of original material in a compliance period. No additional PDU for subsequent presentation may be earned within a compliance period. The licensee shall submit materials including: syllabus, curriculum vitae demonstrating expertise, statement of objectives, and strength of evidence demonstrating references used within last 5 years.

(4) Research/Publication/Presentations

(A) Publication:

(i) Authorship or co-authorship of a book relating to physical therapy earns up to fifteen (15) PDU in a compliance period.

(ii) The licensee must present a copy of published material to receive credit.

(B) Research (published only):

(i) Principal or co-investigator, project director, or research assistant earns five (5) PDU, up to ten (10) PDU in a compliance period, provided a licensee may only earn five (5) PDU for one original publication.

(ii) The licensee shall submit research proposal/abstract, final results and a summary of the licensee's involvement.

(C) Presentations at professional workshops, seminars, conferences related to physical therapy earns 1.5 PDU per contact hour of instruction for the first presentation of original materials. A licensee may not earn additional PDU for subsequent presentations of the same materials within the compliance period. The licensee shall submit materials including: brochures or program, curriculum vitae demonstrating expertise, a statement of objectives and strength of evidence demonstrating references used within last 5 years.

(5) Advanced Training:

(A) Specialty certification. Achievement of an APTA or APTA Section-recognized specialty certification related to physical therapy/Advanced Proficiency for PTA will be awarded ten (10) PDU for initial certification and five (5) PDU for recertification. Credit will be granted for certification obtained with the compliance period in which the certification was granted. The licensee shall submit proof of certification for PDU determination.

(B) Residences/Fellowships. For fellowships conferred by organizations credentialed by APTA in a specialty area of the practice of physical therapy, ten (10) PDU shall be awarded for each full year of clinical participation up to a maximum of twenty (20) PDU per compliance period for this activity.

(i) The licensee shall submit the certificate conferred on the licensee or evidence that all requirements of the fellowship program have been met.

(ii) For completion of a residency program in physical therapy offered by an APTA credentialed organization, ten (10) PDU shall be awarded for each full year of clinical participation, up to a maximum of twenty (20) PDU per compliance period for this activity.

(iii) The licensee shall submit the certificate conferred on the licensee or evidence that all requirements of the fellowship program have been met.

(6) Physical Therapy organizations

(A) Participation in the national physical therapy or multidisciplinary organization that includes physical therapy:

(i) Participation as a board member, committee chair, task force member or delegate to a national assembly earns five (5) PDU per position for a maximum of ten (10) PDU.

(ii) The licensee shall submit materials documenting the licensee as a participant (for example minutes) as well as a description of the position and a summary of the licensee's involvement.

(B) Participation in a state physical therapy or multidisciplinary organization that includes physical therapy:

- (i) Participation as a voting board member or committee chair earns five (5) PDU per position for a maximum of ten (10) PDU in a compliance period.
 - (ii) The licensee shall submit materials listing the licensee as a participant (for example minutes) as well as a description of the position and a summary of the licensee's involvement.
- (C) Participation in a regional or district physical therapy or multidisciplinary organization that includes physical therapy:
 - (i) Participation as a district officer earns two (2) PDU per position for a maximum of four (4) PDU in a compliance period.
 - (ii) The licensee shall submit materials listing the licensee as a participant (for example minutes) as well as a description of the position and a summary of the licensee's involvement.
- (D) Membership in the APTA for one year earns one PDU, up to two PDU in a compliance period.
 - (i) The licensee shall submit membership card or certificate for each year of the compliance period.
 - (ii) Membership in an APTA section for one year earns one half PDU, up to one PDU in a compliance period. Additional PDU are not awarded for membership in more than one section. Section membership is validated by membership card.
- (E) Learning opportunities not listed above may be considered for professional development credit, but will require pre-approval if submitted by the requested deadline.
- (F) Learning opportunities not accepted include but are not limited to:
 - (i) Regularly scheduled education opportunities provided within an institution, such as: rounds or on-the-job required in-service training such as CPR, blood-borne pathogens, equipment or procedural updates.
 - (ii) Staff meetings.
 - (iii) Meetings, workshops or seminars held by personnel with less medical training than registered physical therapists or physical therapist assistants.
 - (iv) Publications for the lay public.
 - (v) Presentations to lay groups and non-professionals.
 - (vi) Teaching personnel, students or staff within one's job requirement.

[Source: Added at 15 Ok Reg 43, eff 9-10-97 (emergency); Added at 15 Ok Reg 2026, eff 5-26-98; Amended at 16 Ok Reg 390, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1230, eff 5-14-99; Amended at 16 Ok Reg 3596, eff 8-25-99 (emergency); Amended at 17 Ok Reg 1356, eff 5-11-00; Amended at 18 Ok Reg 413, eff 12-8-00 (emergency); Amended at 18 Ok Reg 1313, eff 5-11-01; Amended at 19 Ok Reg 2312, eff 6-28-02; Amended at 19 Ok Reg 2998, eff 8-19-02 (emergency); Amended at 20 Ok Reg 977, eff 5-21-03; Amended at 28 Ok Reg 1750, eff 6-25-11; Amended at 37 Ok Reg 2002, eff 9-11-20]

435:20-9-3.1. Approval of providers

- (a) The Board shall approve a provider if it is satisfied that the provider's programs have met the standard set forth in 435:20-9-4(a) of this section.

- (b) Once a provider is approved, the professional development activities offered by that organization are approved for credit and no application must be made to the Board for approval.
- (c) The provider must submit the course information to the Board for posting on the Board website.
- (d) The following organizations are considered approved providers:
- (1) Any agency or board responsible for licensing individuals to practice physical therapy in the United States or Canada.
 - (2) The American Physical Therapy Association (APTA), including any Sections, Academies, credentialed residencies and fellowships and its accrediting subsidiaries.
 - (3) State Chapters of APTA.
 - (4) The Federation of State Boards of Physical Therapy (FSBPT) and any accrediting subsidiary.
 - (5) The International Association for Continuing Education and Training (IACET).
 - (6) Any providers approved or accredited by the agencies or organizations listed in subparagraphs (1) through (5) of this paragraph.
 - (7) Physical therapist and physical therapist assistant programs approved by an agency recognized by either the U.S. Department of Education or the Council on Postsecondary Accreditation.

[Source: Added at 37 Ok Reg 2002, eff 9-11-20]

435:20-9-4. Guidelines for the audit process

- (a) The Physical Therapy Committee will, each compliance period, randomly or for cause select licensees for verification that all professional development requirements have been met.
- (b) Those being audited will receive notification and have thirty (30) calendar days from the date of the correspondence to submit proof of professional development to the Committee.
- (c) The Physical Therapy Committee or its appointed sub-committee shall review the documentation of each individual for compliance with established professional development standards.
- (d) Those found to be in compliance shall be notified.
- (e) Those found not to be in compliance shall be notified, by certified mail, within five (5) working days following the determination of non-compliance. They will be given specific information concerning areas of deficiency, what further information is needed to bring them into compliance, given opportunity to submit additional documentation and/or appear in person at the next Physical Therapy Committee meeting.
- (f) A summarized report shall be submitted to the Physical Therapy Committee listing the names of those audited who are in compliance with professional development requirements. Those not in compliance shall be listed with notation of deficiencies found and/or recommendations.

[Source: Added at 15 Ok Reg 43, eff 9-10-97 (emergency); Added at 15 Ok Reg 2026, eff 5-26-98; Amended at 18 Ok Reg 413, eff 12-8-00 (emergency); Amended at 18 Ok Reg 1313, eff 5-11-01; Amended at 19 Ok Reg 2998, eff 8-19-02 (emergency); Amended at 20 Ok Reg 977, eff 5-21-03; Amended at 37 Ok Reg 2002, eff 9-11-20]

CHAPTER 25. ATHLETIC TRAINERS AND APPRENTICES

[Authority: 59 O.S., § 528]

[Source: Codified 12-30-91]

SUBCHAPTER 1. GENERAL PROVISIONS

435:25-1-1. Purpose

The rules in this chapter provide general requirements for applicants as athletic trainers/apprentice athletic trainers and regulation of practice.

435:25-1-2. Definitions

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

"Apprentice Athletic Trainer" means a person who is putting in clock hours toward becoming a licensed Athletic Trainer.

"Athlete" means a person who engages in physical activity or is physically active.

"Direct supervision" means on-site, personal supervision. The supervisor will delineate specific tasks and duties to be performed. Supervisee will not perform duties or tasks for which he/she is not trained.

"General supervision" means responsible supervision and control. The supervisor is regularly and routinely on site to provide supervision. When not on site, the supervisor is available physically or through direct telecommunication for consultation.

"National Athletic Trainers' Association Board of Certification, Inc., or its successor organization" means, herein referred to as "BOC", the national certifying body for the profession of Athletic Training

"Physical activity" means activity that consists of athletic, recreational or occupational activities that require physical skills and utilize strength, power, endurance, speed, flexibility, range of motion or agility.

"Physically active" means individuals that engage in athletic, recreational or occupational activities that require physical skills and utilize strength, power, endurance, speed, flexibility, range of motion or agility.

"Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

"Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation

[Source: Added at 19 Ok Reg 1195, eff 5-13-02; Amended at 33 Ok Reg 1752, eff 9-12-16; Amended at 37 Ok Reg 2006, eff 9-11-20]

SUBCHAPTER 3. LICENSURE OF ATHLETIC TRAINERS

435:25-3-1. Licensure by examination

Requirements for Athletic Trainer licensure by examination are as follows:

(1) **Statutory requirements.** All applicants for licensure by examination must meet the statutory requirements set forth in the Oklahoma Athletic Trainers Act, hereinafter referred to as Act.

(2) **Required examination.** The State Board of Medical Licensure and Supervision, hereinafter referred to as Board, recognizes and adopts the Certification Examination of BOC as the examination required for licensure of an Athletic Trainer.

(3) **Proof of Certification.** Submission of documentation of certification as awarded by the BOC shall constitute satisfactory evidence of an applicant's educational qualifications for licensure. Applicants must have the documentation submitted to this Board through the Interstate Reporting Service.

(4) **Team or consulting physician application and written protocol.** An Athletic Trainer's License shall only be issued by the Board upon application filed by both the Athletic Trainer-applicants and the team physician or consulting physician with a written protocol approved by said physician.

[Source: Amended at 37 Ok Reg 2006, eff 9-11-20]

435:25-3-2. Licensure by endorsement

Requirements for Athletic Trainer licensure by endorsement are as follows:

(1) **Statutory requirements.** Applicants for licensure by endorsement must meet all statutory requirements required of applicants for licensure by examination, as set forth in the Act.

(2) **Examination standard; personal interview.** Any person who is currently licensed by examination as an athletic trainer in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided the written examination and grade standard were that of the BOC. Scores must be submitted through the Interstate Reporting Service or other recognized reporting service. If the applicant has not been employed as an athletic trainer during the year prior to application, such applicant may be requested to present herself/himself for a personal interview with the members of the Advisory Committee or the Board.

(3) **Fees.** The application shall be accompanied by a fee as set in 435:1-1-7.

[Source: Amended at 37 Ok Reg 2006, eff 9-11-20]

435:25-3-3. Duplicate licenses

Upon presentation of an affidavit and satisfactory proof that an Athletic Trainer's license has been lost, stolen or destroyed, the Secretary of the Board may issue a duplicate license upon the instruction of the Board. Such license shall carry the notation that it is a duplicate to replace the original license. A fee set by the Board will be collected.

SUBCHAPTER 5. REGULATION OF ATHLETIC TRAINER PRACTICE

435:25-5-1. Supervision

The work of the Athletic Trainer shall be done under the supervision of the team physician or consulting physician, although the physician need not be physically present at each activity of the athletic trainer nor be specifically consulted before each delegated task performed.

435:25-5-2. Initial licensure; renewal; reinstatement

(a) Initial licensure of an Athletic Trainer shall be for one year, shall be renewed annually, and shall require documentation of current good standing with the BOC.

(b) Athletic Trainers with licenses lapsed twelve months or less wishing to apply for reinstatement of licensure will be required to file an application on forms

provided by the Board. Athletic Trainers may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee;
- (2) Practice under the direct supervision of a licensed Athletic Trainer and/or licensed physician for up to ninety (90) days. The supervising Athletic Trainer and/or supervising Physician will provide to the Committee a report on the applicant's performance prior to licensure; or
- (3) Provide proof of current BOC certification.

(c) Athletic Trainers with licenses lapsed more than twelve months wishing to re-enter the practice of Athletic Trainer will be required to file a new application on forms provided by the Board. Athletic Trainers may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee;
- (2) Practice under the direct supervision of a licensed Athletic Trainer and/or licensed Physician for one month (at least 22 days) for each year the license was lapsed. The supervising Athletic Trainer and/or supervising Physician will provide to the Committee a report on the applicant's performance prior to licensure;
- (3) Provide proof of up to 25 continuing education units for each year the license was lapsed;
- (4) Provide proof of current good standing with the BOC; or
- (5) Retake and pass the BOC examination or a Committee-determined equivalent thereof.

[Source: Amended at 19 Ok Reg 1195, eff 5-13-02; Amended at 37 Ok Reg 2006, eff 9-11-20]

435:25-5-3. Renewal fee

The Athletic Trainer licensure renewal fee shall be as set in 435:1-1-7.

435:25-5-4. Documentation and use of drugs in practice

- (a) The athletic trainer under the supervision of a physician, shall document the specific condition/injury of the athlete being treated and indicate the non-drug treatment regimen being proposed; and,
- (b) If drugs are being considered, the athletic trainer shall not prescribe, but may administer or dispense onsite, any legend drug or scheduled drug excluding Schedule II and opiates, benzodiazepines or Carisporodol to be noted and signed by the supervising physician within 72 hours; and,
- (c) The athlete shall be directed/documentated to make contact with the supervising physician or with their personal physician for follow up care.

[Source: Amended at 37 Ok Reg 2006, eff 9-11-20]

435:25-5-5. Disclosure of examination contents by licensee prohibited

[REVOKED]

[Source: Revoked at 37 Ok Reg 2006, eff 9-11-20]

435:25-5-6. Code of ethics

(a) **Rights, welfare and dignity.** Licensees shall respect the rights, welfare and dignity of all individuals.

- (1) Licensees shall not practice discrimination on the basis of race, creed, national origin, sex, age, handicap, disease entity, social status, financial status or religious affiliation.

(2) Licensees shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.

(3) Licensees shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care unless the person consents to such release or release is permitted or required by law.

(b) **Compliance with laws and regulations.** Licensees shall comply with the laws and regulations governing the practice of athletic training.

(1) Licensees shall comply with applicable local, state, and federal laws and institutional guidelines.

(2) Licensees shall not engage in the use of illegal drugs or other substances that impair the ability to practice.

(c) **Sound judgment.** Licensees shall accept responsibility for the exercise of sound judgment.

(1) Licensees shall not misrepresent in any manner, directly or indirectly, their skills, training, professional credentials, identity or services.

(2) Licensees shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.

(3) Licensees shall provide services, make referrals, and seek compensation only for those services that are necessary.

(d) **High Standards.** Licensees shall maintain and promote high standards in the provision of services.

(1) Licensees shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.

(2) Licensees who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

(e) **Conflict of interest.** Licensees shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

(1) The private conduct of the licensee is a personal matter to the same degree as is any other person's except when such conduct compromises the fulfillment of professional responsibilities.

(2) Licensees shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

[Source: Added at 13 Ok Reg 1709, eff 5-25-96]

SUBCHAPTER 7. LICENSURE OF APPRENTICE ATHLETIC TRAINERS

435:25-7-1. Definitions [REVOKED]

[Source: Amended at 17 Ok Reg 1357, eff 5-11-00; Revoked at 37 Ok Reg 2006, eff 9-11-20]

435:25-7-2. Supervision

An Apprentice Athletic Trainer is a person who assists in the duties usually performed by an athletic trainer under the direct supervision of a licensed athletic trainer.

435:25-7-3. Examination

The Board hereby waives any examination for licensure as an apprentice athletic trainer.

435:25-7-4. Licensure fee

The fee for licensure as an apprentice athletic trainer upon initial application shall be as set in 435:1-1-7.

435:25-7-5. Renewal fee

The annual renewal fee for licensure as an apprentice athletic trainer shall be as set in 435:1-1-7.

435:25-7-6. Duplicate licenses

Upon presentation of an affidavit and satisfactory proof that an Athletic Trainer's license has been lost, stolen or destroyed, the Secretary of the Board may issue a duplicate license upon the instruction of the Board. Such license shall carry the notation that it is a duplicate to replace the original license. A fee of \$15.00 shall be collected.

SUBCHAPTER 9. ADVISORY COMMITTEE

435:25-9-1. Review of applications

The Athletic Trainers Advisory Committee hereinafter referred to as Advisory Committee, will review all applications by individuals for licensure and submit recommendations to the Board for action.

435:25-9-2. Review of complaints

The Advisory Committee will review all complaints and/or investigations wherein there is a possible violation of the Act or the rules of the Board promulgated pursuant thereto and make recommendations to the Board for action.

435:25-9-3. Compliance with Administrative Procedures Act

The Advisory Committee shall follow all provisions of the Administrative Procedures act in conducting all official duties, including investigative hearings, licensure of applicants, etc.

SUBCHAPTER 11. DISCIPLINARY ACTION

435:25-11-1. Grounds for disciplinary action

The Board may reprimand or place on probation any holder of an Athletic Trainers License or Apprentice Athletic Trainers License or revoke or suspend any license issued to an Athletic Trainer or Apprentice Athletic Trainer who:

- (1) Has been convicted of a felony crime that substantially relates to the occupation of athletic trainers or poses a reasonable threat to the public safety or a misdemeanor involving moral turpitude;
- (2) Habitually uses intoxicating liquor or a habit-forming drug;
- (3) Secured the license by fraud or deceit;
- (4) Has been grossly negligent while in the practice as an athletic trainer or apprentice athletic trainer;
- (5) Has failed to timely make application for renewal;

- (6) Has conducted herself/himself in a manner considered improper by recognized acceptable standards of moral and ethical conduct;
- (7) Violated or conspired to violate the provisions of this Act or Rules and Regulations issued pursuant to the Act.
- (8) Aides or abets, directly or indirectly, the practice of Athletic Training by any person not duly authorized under the Laws of Oklahoma.

[Source: Amended at 33 Ok Reg 1752, eff 9-12-16]

435:25-11-2. Investigatory hearings [REVOKED]

[Source: Revoked at 37 Ok Reg 2006, eff 9-11-20]

CHAPTER 30. OCCUPATIONAL THERAPISTS AND ASSISTANTS

[Authority: 59 O.S., § 888.14]

[Source: Codified 12-30-91]

435:30-1-1. Purpose

The rules of this Chapter have been adopted to establish the licensure procedure for occupational therapists and occupational therapy assistants; as well as establishing the regulation of practice.

435:30-1-2. Definitions

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

"Alternate supervisor" means an Oklahoma licensed Occupational Therapist who has signed a Form #5, Verification of Supervision, agreeing to provide supervision to the Occupational Therapy Assistant or applicant for licensure in the absence of the supervising Occupational Therapist. The alternate supervisor assumes all duties and responsibilities of the primary supervisor during that absence.

"Consultation" means periodic meetings to review and to provide recommendations and resource information regarding methods of implementation of the occupational therapy programs.

"Direct supervision" means personal supervision and specific delineation of tasks and responsibilities by an Oklahoma licensed occupational therapist who has signed a Form #5, Verification of Supervision, agreeing to supervise the Occupational Therapy Assistant or applicant for licensure. Direct supervision shall include the responsibility for personally reviewing and interpreting the results of any habilitative or rehabilitative procedures conducted by the supervisee. It is the responsibility of the supervising occupational therapist to be onsite during treatment to ensure that the supervisee does not perform duties for which he is not trained.

"Distant site" means the location of the Occupational Therapist via telecommunications systems.

"General supervision" means responsible supervision and control by an Oklahoma licensed occupational therapist who has signed a Form #5, Verification of Supervision, agreeing to supervise the Occupational Therapy Assistant or applicant for licensure. The supervising occupational therapist provides both initial direction in developing a plan of treatment and periodic inspection of the actual implementation of the plan. Such plan of treatment shall not be altered by the supervised individual without prior consultation with and approval of the

supervising occupational therapist. The supervising occupational therapist need not always be physically present or on the premises when the assistant is performing services; however, except in cases of emergency, supervision shall require the availability of the supervising occupational therapist for consultation with and direction of the supervised individual. Supervision is an interactive process, more than a paper review or a co-signature, and requires direct in-person contact.

"In association with" means a formal working relationship in which there is regular consultation.

"Occupational therapist of record" means the occupational therapist who assumes responsibility for the provision and /or supervision of occupational therapy services for a client, and is held accountable for the coordination, continuation and progression of the plan of care.

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

"Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

"Primary supervisor" means the Oklahoma licensed Occupational Therapist who has signed a Form #5, Verification of Supervision, agreeing to provide supervision to the Occupational Therapy Assistant or applicant for licensure. The Primary Supervisor must have access to the client's plan of care.

"Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation.

"Telehealth" means, and shall have, the same meaning as it does under 59 O.S. § 888.3(8).

"Telemedicine" means, and includes, the practice of healthcare delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of conditions appropriate to treatment by telehealth management, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine.

"Telerehabilitation" means, and shall have, the same meaning as it does under 59 O.S. § 888.3(9).

[Source: Amended at 14 Ok Reg 1416, eff 5-12-97; Amended at 18 Ok Reg 2643, eff 7-12-01; Amended at 29 Ok Reg 1613, eff 7-12-12; Amended at 33 Ok Reg 1753, eff 9-12-16; Amended at 37 Ok Reg 2010, eff 9-11-20]

435:30-1-3. Licensure by examination

Requirements for licensure by examination for Occupational Therapists or Occupational Therapy Assistants are as follows:

- (1) All applicants for licensure by examination must meet the statutory requirements set forth in the Oklahoma Occupational Therapy Practice Act, hereinafter referred to as Act.
- (2) The State Board of Medical Licensure and Supervision, hereinafter referred to as Board, recognizes and approves the Examination of the National Board for Certification in Occupational Therapy (NBCOT) as an examination acceptable for licensure of an occupational therapist or occupational therapy assistant.
- (3) In the event the Board administers the examination set forth in (2) of this section or any other examination approved by them, the application for

licensure by examination must be on file at the office of the Board at least 30 days prior to the examination. No person shall be admitted to the examination until satisfactory evidence is submitted to the Board of his/her qualifications to be admitted to such examination.

(4) Submission of proof of scores of a passing grade, as determined by the (NBCOT), shall constitute satisfactory evidence of applicant's qualifications for licensure. Applicants must have the scores submitted to this Board through a reporting service approved by this Board.

(5) An applicant who meets academic, clinical and educational requirements for licensure as an Occupational Therapist or Occupational Therapy Assistant may practice under the direct, on-sight supervision of a licensed Occupational Therapist in the status of a graduate Occupational Therapy student or a graduate Occupational Therapy Assistant.

(A) Said status will be communicated to the applicant by informal letter from the Board staff. Such status is not tantamount to licensure and does not constitute licensure in any form. A person in this temporary status must identify himself/herself as such and may not hold himself or herself out as a licensed Occupational Therapist or Occupational Therapy Assistant.

(B) This temporary status may be valid for up to one year. After one year, the graduate Occupational Therapist student or graduate Occupational Therapy Assistant student may not practice in Oklahoma until a passing score on the exam is received.

(6) Upon failure of examination by any applicant for Occupational Therapist or Occupational Therapy Assistant licensure, said applicant may still function as a graduate Occupational Therapist student or a graduate Occupational Therapy Assistant student. The status of said applicant will be reviewed at each meeting of the Occupational Therapy Advisory Committee.

(7) The Committee may in its discretion require any applicant to appear in person before the Committee in connection with consideration of said initial licensure.

(8) Applicants who have not taken and passed the approved licensure examination within the past five years may be required to provide proof of continued competence as evidenced by one or more of the following:

(A) Professional practice of at least 1000 hours per year for the past three years;

(B) Continuing education consisting of up to two hours for each month out of practice, obtained within the last two years and approved by the Committee;

(C) Re-examination by the (NBCOT).

[Source: Amended at 13 Ok Reg 3377, eff 6-18-96 (emergency); Amended at 14 Ok Reg 1416, eff 5-12-97; Amended at 19 Ok Reg 1196, eff 5-13-02; Amended at 22 Ok Reg 952, eff 5-12-05]

435:30-1-4. Licensure by endorsement

Requirements for licensure by endorsement for Occupational Therapists or Occupational Therapy Assistants are as follows:

(1) Applicants for licensure by endorsement must meet all statutory requirements required of applicants for licensure by examination, as set forth in the Act.

- (2) Any person who is currently licensed by examination as an occupational therapist or occupational therapy assistant in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided the written examination and grade standard were that of the National Board for Certification in Occupational Therapy or any other group approved by the Board. Submission of proof of having passed the licensure examination shall be required. If the applicant has not been employed as an occupational therapist or occupational therapy assistant during the year prior to application, such applicant may be requested to present himself/herself for a personal interview with the members of the Advisory Committee or the Board.
- (3) Applicants who have not taken and passed the approved licensure examination within the past five years may be required to provide proof of continued competence as evidenced by one or more of the following:
 - (A) Continuing education consisting of up to two hours for each month out of practice, obtained with the last two years and approved by the Committee;
 - (B) Practice under the direct supervision of a licensed Occupational Therapist for one to three months. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure;
 - (C) Retake the approved licensure examination.
- (4) The completed application form must be submitted to the Board office accompanied by fees as set by the Board.
- (5) The Board may issue a temporary license to any applicant for licensure by endorsement for no more than ninety (90) days upon the Board's receipt of an application for licensure together with a completed Verification of Supervision form issued pursuant to 59 O.S. § 888.5(5)

[Source: Amended at 24 Ok Reg 1104, eff 5-11-07; Amended at 37 Ok Reg 2010, eff 9-11-20]

435:30-1-5. License renewal; late fees; continuing education; re-entry guidelines

(a) **Yearly license renewal.** The occupational therapist and occupational therapy assistant license is required to be renewed yearly on October 31 upon forms provided by the Board and shall be accompanied by fees set by the Board. In addition, late fees shall be assessed as set by the Board.

(b) **Continuing education for renewal.**

(1) Continuing education for renewal of licensure has been established to require therapists' involvement in activities which keep their skills and knowledge of current practice up to date. A point is the equivalent of 1 contact hour. Twenty contact hours every 2 years will be required. Penalties for failure to comply with continuing education requirements may be assessed after notice and hearing as required by law. Penalties may include imposition of additional continuing education contact hours, probation of license, suspension of license, or revocation of license. Failure to produce records of continuing education rebuts the presumption that continuing education requirements have been completed. The willful and intentional misrepresentation of compliance with continuing education requirements shall constitute prima facie evidence of a fraudulent application for licensure renewal.

(2) A Sub-Committee, composed of Occupational Therapists and Occupational Therapy Assistants, may review all points submitted. The Sub-Committee will forward recommendations to the Occupational Therapy Advisory Committee for approval or denial. Reasons for denial will be given to each therapist. Should any individual therapist have questions as to the appropriateness of a program, the therapist could consult the Committee. The Committee would have the authority to decide on any type of program not listed and assign appropriate hours. The responsibility for showing how a particular activity is relevant to maintaining skills as an Occupational Therapist or Occupational Therapy Assistant will be with the therapist applying for approval. The Committee will automatically accept programs offered or approved by the American Occupational Therapy Association or the Oklahoma Occupational Therapy Association as proved courses.

(3) The Committee recognizes the role that ongoing practice plays in maintaining competence as an Occupational Therapist or Occupational Therapy Assistant. Continuing education requirements are designed to update knowledge and skills. Synthesis takes place when the therapist has the opportunity to apply this knowledge and these skills to their practice. Therefore, therapists will be asked to provide information about their practice of occupational therapy at the time of renewal.

(4) Traditional method of points/value/documentation:

(A) Traditional methods of points:

(i) Workshops

(ii) Inservices (6 point maximum per compliance period)

(iii) Seminars

(iv) Conferences

(v) Programs offered by or approved by the American Occupational Therapy Association or the Oklahoma Occupational Therapy Association or the National Board for Certification in Occupational Therapy

(vi) Programs at Special Interest Section meetings

(vii) Occupational Therapy Education Council of Oklahoma workshops (points as assigned on request from Committee)

(B) Assigned Value: 1 point per hour of participation.

(C) Documentation: Verification of attendance and copies of supporting documentation such as program brochure, syllabus, etc.

If unable to verify attendance, use Form B **Verification of Conference Attendance**, attach a copy of receipt for conference fee and statement of relevancy to practice of Occupational Therapy if not obvious from the program materials.

(5) Alternative methods of points:

(A) Presentations of occupational therapy programs

(i) Presentations at workshops, seminars, conferences

(ii) Presentations as guest lecturer at accredited occupational therapy curriculum

(iii) Presentations as guest lecturer at other programs on topics related to occupational therapy department inservices

(iv) Assigned Value: 2 points per hour for first presentation of original material. No additional points for subsequent presentations.

- (v) Documentation: Copies of supporting documentation such as brochures, programs, or syllabus and a statement of objectives of presentation.
- (B) Clinical Instruction of Occupational Therapist students or Occupational Therapy Assistant students.
 - (i) Assigned Value: 1 point per week of continuous direct supervision.
 - (ii) Documentation: Copy of letter of verification of fieldwork from educational program.
- (C) Publications (published or accepted for publication)
 - (i) Authorship or co-authorship of a book relating to occupational therapy:
 - (I) Maximum of 20 points.
 - (II) Documentation: Copy of Title page.
 - (ii) Authorship of a chapter in a book or journal article appearing in a professional journal:
 - (I) Maximum of 10 points.
 - (II) Documentation: Copy of table of contents and first page of chapter or article.
 - (iii) Authorship of an article, book review or abstract in a newsletter (such as OOTA Newsletter, OT Newsweek, SIS Newsletter, or other related newsletters):
 - (I) Maximum of 10 points per compliance period.
 - (II) Documentation: Copy of article, book review or abstract evidencing title of newsletter and date of publication.
 - (iv) Alternative media such as video tapes, slide/tape presentations, etc., that would be available for general viewing. Media or description of media to be submitted to Committee for approval and assignment of points as appropriate.
 - (I) Assigned Value: 10-20 points per publication or finished product
 - (II) Documentation: Copy of approval letter from Committee.
- (D) Research
 - (i) Principal or co-investigator, project director or research assistant. Research proposal and final results submitted to Committee for approval:
 - (I) 10 points
 - (II) Documentation: Statement of participation and abstract of proposal and results.
 - (ii) Quality assurance studies completed and published in journal or newsletter:
 - (I) 5 points Assigned Value: 5-10 points per project
 - (II) Documentation: Manuscript acknowledgment or copy of article.
- (E) Formal Coursework
 - (i) College and university coursework courses directly relating to improvement, advancement, or extension of one's skills as an Occupational Therapist. One credit course

would be 10 points, 2-credit course 20 points, and 3-credit course would be 30 points. Assigned Value: 10-30 points as approved.

(ii) College or university courses which are indirectly related, yet support skills and knowledge will be evaluated individually and assigned value accordingly.

(iii) Documentation: Course description with statement of relevance to Occupational Therapy and transcript or other documentation of passing grade.

(F) Self-Study: (Independent Learning Projects). A combination of activities which may include, but are not limited to a combination of reading, observing other therapists, viewing video tapes and quality assurance studies and related professional activities which enhance knowledge and skill in a specific area. A Report of Professional Self-Study should be submitted to Committee for approval (Form C). Points will be assigned by the Committee based on the relevance to practice and complexity. Documentation: Copy of approval letter from OT Advisory Committee.

(G) Specialty Certification. Achievement of a specialty certification by a recognized body such as Neuro Developmental Techniques, Sensory Integration, American Society of Hand Therapists will be awarded 20 points one time only. Credit will be granted for Certification obtained within the compliance period in which certification was granted or the next subsequent compliance period only.

(H) Professional Activities

(i) American Occupational Therapy Association membership: 2 points Documentation: Copy of current AOTA membership card.

(ii) Oklahoma Occupational Therapy Association or American Occupational Therapy Association elected office (up to 8 points per year). Documentation: Copy of annual report submitted to OOTA or AOTA listing activities of office.

(iii) AOTA or OOTA Committee chair - points awarded based on the extent to which activities are relative to maintaining involvement in the profession as evidenced by their annual report (up to 8 points per year).

Documentation: Copy of approval letter from OT Advisory Committee.

(iv) Member of Committee - based on evidence of involvement in appropriate activities (up to 4 points per year). Documentation: Copy of approval letter from OT Advisory Committee.

(v) Active involvement in related organizations and committee upon approval by the Committee (up to 4 points per year). Documentation: List of dates of activities and types of activities, signed by committee chair, with a statement of relevance of the organization or committee to the practice of occupational therapy.

(6) Guidelines for the audit process.

- (A) The Occupational Therapy Committee will, ninety (90) days before expiration date of each compliance period, randomly or for cause, select licensees for audit to ensure that all continuing education requirements have been met.
- (B) Licensees being audited have thirty (30) calendar days from the date of the letter of notification to submit proof of continuing education to the Committee.
- (C) The Occupational Therapy Committee or its appointed sub-committee shall review the documentation of each individual for compliance with established continuing education standards.
- (D) Licensees found to be in compliance shall be notified of such and that no further action regarding the audit is required.
- (E) Licensees found not to be in compliance shall be notified within (5) working days following the determination of non-compliance. The Board shall provide to the licensee specific information concerning areas of deficiency and what further information, if any, is needed to bring them into compliance. The licensee shall be given the opportunity to submit additional documentation for the Committee to consider, or he or she may elect to personally appear at the next Occupational Therapy Committee meeting. Provided, nothing in this provision shall prevent the Committee from requiring the licensee to personally appear for the purposes of ensuring compliance with the continuing education requirements.
- (F) A summarized report shall be submitted to the Occupational Therapy Committee listing the names of those audited who are in compliance with continuing education requirements. Those not in compliance shall be listed with notation of deficiencies found and/or recommendation.

- (c) **Renewal license identification card.** The Board shall issue to a licensee who has met all requirements for renewal a renewal license identification card.
- (d) **Re-entry guidelines.** Therapists with licenses lapsed more than twelve months wishing to re-enter the practice of Occupational Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:
 - (1) Personal appearance before the Advisory Committee.
 - (2) At least 2 Continuing Education Units for each month license was lapsed.
 - (3) Practice under the direct supervision of a licensed Occupational Therapist for one month (at least 22 days) for each year license was lapsed up to three months. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
 - (4) NBCOT certification examination.
- (e) **Personal appearance requirement.** Therapists with licenses lapsed more than sixty months wishing to re-enter practice will be required to make a personal appearance before the Committee and meet any of the above guidelines as directed by the Committee.

[Source: Amended at 10 Ok Reg 1531, eff 4-26-93; Amended at 10 Ok Reg 2457, eff 6-11-93; Amended at 15 Ok Reg 2031, eff 5-26-98; Amended at 17 Ok Reg 1359, eff 5-11-00; Amended at 18 Ok Reg 1316, eff 5-11-01; Amended at 18 Ok Reg 2643, eff 7-12-01; Amended at 24 Ok Reg 1104, eff 5-11-07; Amended at 37 Ok Reg 2010, eff 9-11-20]

435:30-1-6. Prescribing drugs

The occupational therapist or occupational therapy assistant shall not administer or dispense any scheduled or legend drug, except as directed by an authorized person.

435:30-1-7. Disclosure of examination contents by licensee prohibited

An occupational therapist or occupational therapy assistant shall not reproduce in written form, or reveal in any other manner, any part of the written or oral/practical examination for the purpose of aiding licensure of candidates.

435:30-1-8. Licensure requirements specific to occupational therapy assistant

(a) An occupational therapy assistant is a person who assists in the duties usually performed by an occupational therapist under the general supervision of a licensed occupational therapist.

(b) The fee for licensure as an occupational therapy assistant upon initial application shall be set by the Board.

(c) The Committee may in its discretion require any applicant to appear in person before the Committee in connection with consideration of said initial licensure.

435:30-1-9. Occupational Therapy Advisory Committee

(a) **Purpose.** The rules in this section shall set out the organization and administration and other general procedures and policies governing the operation of the Occupational Therapy Advisory Committee.

(b) **Meetings.**

(1) The advisory committee shall hold a meeting not less than 7 days prior to any regularly scheduled meeting set by the Board at such designated date and time as may be determined by the Chairperson.

(2) Special meetings may be called by the chairperson at such times and dates as become necessary for the transaction of advisory committee business.

(3) Meetings shall be announced and conducted under the provisions of the Oklahoma Open Meeting Law.

(c) **Quorum.** A quorum of the advisory committee necessary to conduct official business is three (3) members.

(d) **Transaction of official business.**

(1) The advisory committee may transact official business only when in a legally constituted meeting with a quorum present.

(2) The advisory committee shall not be bound in any way by any statement or action on the part of any advisory committee member except when a statement or action is in pursuance of specific instructions of the advisory committee.

(3) Advisory committee action shall require a majority vote of those members present and voting.

(e) **Policy against discrimination.** The advisory committee shall make decisions in the discharge of its statutory authority without discrimination based on any person's race, creed, sex, religion, national origin, geographical distribution, age, physical condition or economic status.

(f) **Impartiality.** Any advisory committee member who is unable to be impartial in any proceeding before the advisory committee such as that pertaining to an applicant's eligibility for licensure or a complaint against or a violation by a licensee, shall so declare this to the advisory committee and shall not participate in any advisory committee proceedings involving that individual.

- (g) **Attendance.** The policy of the advisory committee is that members will attend regular committee meetings as scheduled, except that absence from 3 regular meetings, without acceptable reasons, constitutes self-removal from the committee.
- (h) **Rules of order.** Roberts Rules of Order Revised shall be the basis of parliamentary decisions except where otherwise provided by this section.
- (i) **Agendas.** The executive secretary shall prepare and submit to each member of the advisory committee prior to each meeting an agenda which includes items requested by the State Board of Medical Licensure and Supervision or by members of the advisory committee, items required by law, old business, and other matters of Board business which have been approved by any committee members.
- (j) **Minutes.**
- (1) Drafts of the minutes of each meeting shall be forwarded to each member of the advisory committee for review and approval.
 - (2) The official minutes of advisory committee meetings shall be kept in the office of the executive secretary and shall be available to any person desiring to examine them during regular office hours of the Board.
- (k) **Official records.**
- (1) All official records of the advisory committee including application materials, except files containing investigative information shall be open for inspection during regular office hours of the Board.
 - (2) A person desiring to examine official records shall be required to identify himself/herself and sign statements listing the records requested and examined.
 - (3) Official records may not be taken from the Board offices, however, persons may obtain photocopies of files upon written request and by paying the cost per page set by the Board. Payment shall be made prior to release of the records and may be made by personal check.
- (l) **Elections.**
- (1) At the meeting held nearest after July 1 of each year, the advisory committee shall elect by a majority vote of those members present a chairperson and vice-chairperson providing that no person shall, following one full year of service in any specific office, succeed himself/herself in the same office.
 - (2) A vacancy which occurs in the offices of chairperson and vice-chairperson may be filled by a majority vote of those members present and voting at the next advisory committee meeting.
- (m) **Committees.**
- (1) The advisory committee with the approval of the Board may establish sub-committees as deemed necessary to assist the advisory committee in carrying out its duties and responsibilities.
 - (2) The chairperson may appoint the members of the advisory committee to serve on sub-committees and may designate the sub-committee chairperson.
 - (3) The chairperson of the advisory committee may appoint non-advisory committee members to serve as sub-committee members on a consultant or voluntary basis subject to Board approval.
 - (4) Sub-committee chairperson shall make regular reports to the advisory committee in interim written reports and/or at regular meetings, as needed.
 - (5) Committees and sub-committees shall direct all reports or other materials to the executive secretary for distribution.

(6) Sub-committees shall meet when called by the chairperson of the sub-committee or when so directed by the advisory committee.

435:30-1-10. Grounds for disciplinary action

(a) The Board may reprimand or place on probation any holder of an Occupational Therapist License or Occupational Therapy Assistant License or revoke or suspend any license issued to an Occupational Therapist or Occupational Therapy Assistant who is found in violation of the Act. Violations include but shall not be limited to the following:

- (1) Conviction of a felony crime that substantially relates to the occupation of occupational therapy or poses a reasonable threat to public safety.
- (2) Dishonorable or immoral conduct that is likely to deceive, defraud, or harm the public.
- (3) Aiding, abetting or assisting any other person to violate or circumvent any law, rule or regulation intended to guide the conduct of a occupational therapist or occupational therapy assistant.
- (4) Procuring, aiding or abetting a criminal operation.
- (5) Participation in fraud, abuse and/or violation of state or federal laws.
- (6) Fraudulent billing practices and/or violation of Medicare and Medicaid laws or abusive billing practices.
- (7) Improper management of medical records, inaccurate recording, falsifying or altering of patient records.
- (8) Falsely manipulating patient's records or forging a prescription for medication/drugs, or presenting a forged prescription.
- (9) Habitual intemperance or the habitual use of habit-forming drugs.
- (10) Habitual intemperance or addicted use of any drug, chemical or substance that could result in behavior that interferes with the practice of occupational therapy and the responsibilities of the licensee.
- (11) Unauthorized possession or use of illegal or controlled substances or pharmacological agents without lawful authority or prescription by an authorized and licensed independent practitioner of the State of Oklahoma.
- (12) Engaging in physical conduct with a patient that is sexual in nature, or in any verbal behavior that is seductive or sexually demeaning to a patient.
- (13) While engaged in the care of a patient, engaging in conduct with a patient, patient family member, or significant other that is seductive or sexually demeaning/exploitive in nature.
- (14) Verbally or physically abusing patients.
- (15) Discriminating in the rendering of patient care.
- (16) Leaving a patient care assignment without properly advising the appropriate personnel.
- (17) Violating the confidentiality of information or knowledge concerning a patient.
- (18) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.
- (19) Negligence while in practice of occupational therapy or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.
- (20) Being judged mentally incompetent by a court of competent jurisdiction.
- (21) Failing to timely make application for license renewal.
- (22) Falsifying documents submitted to the Occupational Therapy Committee or the Oklahoma State Board of Medical Licensure and

Supervision.

(23) Obtaining or attempting to obtain a license, certificate or documents of any form as an occupational therapist or occupational therapy assistant by fraud or deception.

(24) Cheating on or attempting to subvert the national occupational therapy examination or skills assessment tests.

(25) Failure to report through proper channels the unsafe, unethical or illegal practice of any person who is providing care.

(26) Failure to furnish to the Board, its investigators or representatives, information lawfully requested by the Board.

(27) Failure to cooperate with a lawful investigation conducted by the Board.

(28) Violation of any provision(s) of the Occupational Therapy Practice Act or the rules and regulations of the board or of an action, stipulation, agreement or order of the Board.

(29) Failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction (United States or foreign), by any governmental agency, by any law enforcement agency, or by a court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.

(b) An occupational therapist or occupational therapy assistant who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervising other occupational therapy practitioners for so long as the Board deems appropriate, and may themselves be subject to disciplinary action pursuant to their conduct.

(c) All Occupational Therapists and Occupational Therapy Assistants are responsible for maintaining and promoting the ethical practice of occupational therapy. Occupational therapy personnel shall act in the best interest of the patient/client at every level of practice. This Code of Ethics modeled in principal and the spirit of the Code of Ethics of the American Occupational Therapy Association, sets forth principles for the ethical practice of occupational therapy for occupational therapy personnel. This Code of Ethics shall be binding on all Occupational Therapists and Occupational Therapy Assistants. All Occupational Therapy Personnel shall:

(1) Demonstrate a concern for the well-being of the recipients of their services. (Beneficence).

(2) Take reasonable precautions to avoid imposing or inflicting harm upon the recipient of services or to his/her property. (Nonmaleficence).

(3) Respect the recipient and/or their surrogate(s) as well as the recipient's rights. (Autonomy, privacy, confidentiality).

(4) Achieve and continually maintain high standards of competence. (Duties)

(5) Comply with laws and policies guiding the profession of occupational therapy. (Justice).

(6) Provide accurate information about occupational therapy services. (Veracity)

(7) Treat colleagues and other professionals with fairness, discretion and integrity.

[Source: Amended at 22 Ok Reg 952, eff 5-12-05; Amended at 33 Ok Reg 1753, eff 9-12-16]

435:30-1-11. Disciplinary hearings

Investigatory hearings may be conducted by the Occupational Therapy Advisory Committee to ascertain facts, make conclusions and recommendations to the Board.

- (1) All notices or other papers requiring service in an individual proceeding shall be served in the manner set forth in 435:1-1-4 (c).
- (2) The time set for a hearing shall not be less than thirty days after the date the notice is completed.
- (3) All parties to said hearing are authorized to use discovery techniques available to parties in a civil action in the state courts of Oklahoma.
- (4) The hearing shall be conducted in an orderly manner by the Chairperson of the Advisory Committee. The order of procedure will follow that which applies in civil proceedings of law.
- (5) All hearings shall be conducted in accordance with and be governed by the provisions of the Oklahoma Administrative Procedures Act, 75 O.S. 1981, Sections 301 through 327, as now or hereinafter may be amended.
- (6) The hearing will be tape recorded and a record preserved by the office of the State Board of Medical Licensure and Supervision. If the respondent desires a certified court reporter to be present, that party shall be responsible for securing the attendance of the same. Neither the Advisory Committee nor the Board shall be responsible for the cost for the attendance of the reporter or a transcription of the hearing.
- (7) If a transcript of the hearing is desired, the requesting party must deposit sufficient funds to cover the transcription cost. The fees previously adopted by this Board for such transcription shall be applicable.
- (8) Requests for continuances received prior to the hearing date may be granted by the Chairperson of the Advisory Committee for good cause shown.
- (9) The Advisory Committee shall conduct the hearing, receive all evidence and shall thereafter make its recommendations to the Board for an appropriate order. Such recommendations shall be made within 15 days after the hearing. An aggrieved party may appeal such finding to the Board within thirty (30) days of the issuance of the Advisory Committee's Recommendations.
- (10) Appeals to the Board must be made by written request of the appellee. Parties will be afforded an opportunity to make oral arguments to the Board.

435:30-1-12. Duplicate licenses

Upon presentation of an affidavit and satisfactory proof that an Occupational Therapy or Occupational Therapy Assistant license has been lost, stolen or destroyed, the Secretary of the Board may issue a duplicate license. Such license shall carry the notation that it is a duplicate to replace the original license. A fee approved by the Board shall be collected.

435:30-1-13. Fees

All fees regarding Occupational Therapists and assistants must be approved by the Board. The most recently approved fee schedule is set out in 435:1-1-7.

435:30-1-14. Federal employment

A person employed by the Federal Government of the United States of America in the capacity of occupational therapist or occupational therapy assistant

shall not be required to be licensed by the state, providing all of his/her professional activity within the state is conducted within a federal facility.

435:30-1-15. Supervision of students, new graduates, techs and aides

The Occupational Therapist is responsible and accountable for the overall use and actions of unlicensed personnel under his/her supervision and control during a therapy session or service delivery whether in person or by telehealth.

(1) **Students.** Supervision of the student must occur by one of the following methods:

(A) Direct, on-site supervision will be provided by the Oklahoma licensed Occupational Therapist for the Occupational Therapy student in models of healthcare or educational systems. Supervision of the Occupational Therapy Assistant student may be provided by an Oklahoma licensed Occupational Therapy Assistant working under supervision of an Oklahoma licensed Occupational Therapist.

(B) In emerging occupational therapy models, areas of innovative community-based and social systems-based occupational therapy practice where there is no occupational therapy practitioner on site, the occupational therapy practitioner must provide a minimum of six hours of weekly supervision. Supervision must include role modeling for the student, direct observation of client interaction, meeting with the student, review of student paperwork, and availability for communication and consultation. The supervisor must be readily available during all working hours. It is understood that supervision begins with more direct supervision and gradually decreases to a minimum of six hours weekly as the student demonstrates competence. The supervisor must be cognizant of the individual student's needs and must use judgment in determining when an individual student may need more of the supervisor's time.

(2) **New graduates.** Direct on-site supervision will be provided by the Occupational Therapist for new Occupational Therapist and Occupational Therapist Assistant graduates practicing under a letter authorizing practice temporarily.

(3) **Techs and aides.** Direct on-site supervision will be provided by the Occupational Therapist or Occupational Therapy Assistant for aides/technicians providing patient care. Occupational Therapists and Occupational Therapy Assistants will delegate only those tasks that are of a routine nature and do not require interpretation or professional judgment. The occupational therapy practitioner must ensure the aide/technician has demonstrated competency in the delegated tasks.

[Source: Amended at 17 Ok Reg 1359, eff 5-11-00; Amended at 19 Ok Reg 2779, eff 6-24-02 (emergency); Amended at 20 Ok Reg 982, eff 5-21-03; Amended at 37 Ok Reg 2010, eff 9-11-20]

435:30-1-16. Responsible supervision

(a) An occupational therapist will not sign the Form #5, Verification of Supervision, to be the direct clinical supervisor for more than a total of four occupational therapy assistants or applicants for licensure regardless of the type of professional licensure or level of training.

(b) It shall be the responsibility of the occupational therapist to monitor the number of persons under his/her direct clinical supervision. It shall be the responsibility of the occupational therapy assistant to inquire of the occupational therapist in regards

to the number of persons being directly supervised.

(c) On a case-by-case basis, an occupational therapist may petition the Committee to receive permission to supervise additional occupational therapy assistants or applicants.

(d) If responsible supervision is not practiced, both the occupational therapist and occupational therapy assistant are in violation of this rule.

(e) If the licensed occupational therapist agrees to supervise an occupational therapy assistant, the occupational therapist shall:

(1) determine the frequency and manner of consultations, taking into consideration the treatment settings being used, client rehabilitation status, and the competency of the occupational therapy assistant being supervised;

(2) maintain a record of all consultations provided;

(3) document in the client treatment record each time the occupational therapist supervising the occupational therapy assistant is physically present and directly supervises the treatment of a client by the occupational therapy assistant being supervised.

(4) make herself/himself available to the occupational therapy assistant in person or via telecommunication for consultation prior to implementation of any treatment program revisions; and

(5) review with the occupational therapy assistant in person or via telecommunication the diagnosis of the condition to be treated, the authorization of the procedure, dismissal of the client, and evaluation of the performance of the treatment given.

(f) The licensed occupational therapy assistant shall:

(1) consult with the supervising occupational therapist in person or via telecommunication prior to any treatment program revision; and

(2) notify the supervising occupational therapist of any significant changes in the physical, cognitive and/or psychological status of the client. Contact, or attempts to contact the supervising occupational therapist will be documented in the record.

(g) Occupational therapy assistants with more than one employer must have a primary supervisor at each job who has completed a Form #5, Verification of Supervision.

(h) The evaluating occupational therapist will document transfer of care to the occupational therapist of record.

[Source: Added at 18 Ok Reg 2643, eff 7-12-01; Amended at 29 Ok Reg 1613, eff 7-12-12]

435:30-1-17. Role of Occupational Therapy Assistants in evaluations

An Occupational Therapy Assistant's participation in evaluations is not independent. The Occupational Therapy Assistant works in collaboration with and under the supervision of an Occupational Therapist. It is the Occupational Therapist's responsibility to give appropriate supervision and the Occupational Therapy Assistant's responsibility to seek appropriate supervision. The Occupational Therapy Assistant may have a role in the evaluation process and in the administration of assessment tools and instruments under the supervision of an Occupational Therapist after competency has been established. It is the Occupational Therapist who initiates the evaluation process and delegates the appropriate assessment to be carried out by the Occupational Therapy Assistant. The Occupational Therapy Assistant may administer and score these assessments. The Occupational Therapist interprets the results with input from the Occupational Therapy Assistant to establish a treatment plan.

435:30-1-18. Telehealth regulations

(a) In order to provide occupational therapy services via telehealth defined in 435:30-1-2 of the Code, an occupational therapist or occupational therapy assistant providing services to a patient or client in this State must have a valid and current Occupational Therapy or Occupational Therapy Assistant license issued by State of Oklahoma.

(b) An occupational therapist shall determine whether an in-person evaluation or in-person interventions are necessary in lieu of telehealth provision, considering: the complexity of the patient's/client's condition; the provider's own knowledge, skills and abilities; the nature and complexity of the intervention; the requirements of the practice setting; and the patient's/client's context and environment. Clinical reasoning for providing occupational therapy via teletherapy must be documented at the onset of treatment in the patient's/client's record.

(c) All legal, regulatory, and ethical rules applicable to the delivery of in-person occupational therapy shall also apply to the delivery of occupational therapy via telehealth technology.

(d) Audio and video equipment must allow for interactive, real-time communications which permit the occupational therapist or occupational therapy assistant and the patient to see and hear each other. Any telehealth technology used by any occupational therapist or occupational therapy assistant must comply with confidentiality requirements imposed by federal or state law concerning network connection security in place for video and non-video connections, specifically including requirements under HIPAA.

(e) An occupational therapist or occupational therapy assistant providing occupational therapy services via telehealth shall:

(1) Exercise the same standard of care when providing occupational therapy services via telehealth as with any other mode of delivery of occupational therapy services;

(2) Provide occupational therapy in a manner consistent with the standards of practice, ethical principles, rules and regulations for Oklahoma occupational therapy practitioners. Therefore, it is the occupational therapy practitioner's responsibility to determine when a telehealth encounter is not the appropriate treatment model;

(3) Determine if it is medically and clinically necessary for a licensed healthcare provider or technician trained in the use of the equipment to be utilized at the originating site to "present" the patient, manage the cameras, and perform any physical activities to successfully complete the initial patient evaluation; and

(4) Be proficient in the use of the telehealth and/or telemedicine technology.

(f) An occupational therapist or occupational therapy assistant that is providing therapy services via telehealth as a mode of service delivery will be required to have two (2) continuing education units in the area of telehealth practice each reporting period.

(g) An occupational therapist may utilize telehealth methods for routine and general supervision of Form 5-registered supervisees, but not when direct on-site supervision is required under 435: 30-1-2.

(h) Fieldwork students must follow the Accreditation Council for Occupational Therapy Education ("ACOTE") standards, academic program rules, and practice

setting policies regarding the use of telehealth service delivery as well as follow all applicable supervision rules under 435:30-1-15 and 435:30-1-16.

(i) Failure to comply with telehealth regulations shall be considered unprofessional conduct as set forth in Section 9 of the Occupational Therapy Practice Act.

[Source: Added at 37 Ok Reg 2010, eff 9-11-20]

CHAPTER 35. LICENSED DIETITIANS AND PROVISIONAL DIETITIANS

[Authority: 59 O.S., § 1727]

[Source: Codified 12-30-91]

435:35-1-1. Purpose

The rules of this Chapter have been adopted to establish licensing procedures for licensed dietitians and provisional licensed dietitians as well as establish rules for the regulation of practice.

435:35-1-2. Definitions

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

"**Academy**" means the Academy of Nutrition and Dietetics and is the national professional association for registered dietitians.

"**ACEND**" means the Accreditation Council for Education in Nutrition and Dietetics which accredits educational and pre-professional training programs in dietetics.

"**Act**" means the Licensed Dietitian Act, 59 O.S. Supp. 1984, Section 1721 et seq.

"**Autonomy**" means a patient, client, or professional has the capacity and self-determination to engage in individual decision-making specific to personal health or practice.

"**Beneficence**" means taking positive steps to benefit others, which includes balancing benefit and risk.

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

"**Competence**" means a principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis.

"**Conflict(s) of Interest(s)**" means a personal or financial interest or a duty to another party which may prevent a person from acting in the best interests of the intended beneficiary, including simultaneous membership on boards with potentially conflicting interests related to the profession, members or the public.

"**Commission**" means the Commission on Dietetic Registration and is the agency which evaluates credentials, administers proficiency examinations and issues certificates of registration to qualifying dietitians and is a member of the National Commission on Health Certifying Agencies.

"**Customer**" means any client, patient, resident, participant, student, consumer, individual/person, group, population, or organization to which the nutrition and dietetics practitioner provides service.

"**Diversity**" means actively identifying and offering opportunities to individuals with varied skills, talents, abilities, ideas, disabilities, backgrounds and practice expertise. The Academy values and respects the diverse viewpoints and individual differences of all people. The Academy's mission and vision are most

effectively realized through the promotion of a diverse membership that reflects cultural, ethnic, gender, racial, religious, sexual orientation, socioeconomic, geographical, political, educational, experiential and philosophical characteristics of the public it services. The Academy actively identifies and offers opportunities to individuals with varied skills, talents, abilities, ideas, disabilities, backgrounds and practice expertise.

"Evidence-based Practice" means an approach to health care wherein health practitioners use the best evidence possible, i.e., the most appropriate information available, to make decisions for individuals, groups and populations. Evidence-based practice values, enhances and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision-making based not only on the available evidence but also on client characteristics, situations, and preferences. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities. Evidence-based practice incorporates successful strategies that improve client outcomes and are derived from various sources of evidence including research, national guidelines, policies, consensus statements, systematic analysis of clinical experience, quality improvement data, specialized knowledge and skills of experts.

"Justice" means (social justice): supporting fair, equitable, and appropriate treatment for individuals and fair allocation of resources.

"LD" means a person duly licensed as a licensed dietitian under the Licensed Dietitian Act.

"Non-Maleficence" means the intent to not inflict harm.

"PLD" means a person duly licensed as a provisional licensed dietitian under the Licensed Dietitian Act.

"RD" means registered dietitian.

"RDN" means registered dietitian nutritionist. This represents an accepted abbreviation for a registered dietitian according to the Commission.

[Source: Amended at 37 Ok Reg 2014, eff 9-11-20; Amended at 38 Ok Reg 1201, eff 8-26-21]

435:35-1-3. Advisory committee

(a) **Purpose.** The rules in this section shall set out the organization and administration and other general procedures and policies governing the operation of the advisory committee.

(b) **Meetings.**

(1) The advisory committee shall hold a meeting prior to any regularly scheduled meeting set by the Board at such designated date and time as may be determined by the chairman.

(2) Special meetings may be called by the chairman at such times and dates as become necessary for the transaction of advisory committee business.

(3) Meetings shall be announced and conducted under the provisions of the Oklahoma Open Meeting Law.

(c) **Quorum.** A quorum of the advisory committee necessary to conduct official business is three (3) members.

(d) **Transaction of official business.**

(1) The advisory committee may transact official business only when in a legally constituted meeting with a quorum present.

(2) The advisory committee shall not be bound in any way by any statement or action on the part of any advisory committee member except when a statement or action is in pursuance of specific instructions of the advisory committee.

(3) Advisory committee action shall require a majority vote of those members present and voting.

(e) **Policy against discrimination.** The advisory committee shall make decisions in the discharge of its statutory authority without discrimination based on any person's race, creed, sex, religion, national origin, geographical distribution, age, physical condition or economic status.

(f) **Impartiality.** Any advisory committee member who is unable to be impartial in any proceeding before the advisory committee such as that pertaining to an applicant's eligibility for licensure or a complaint against or a violation by a licensee, shall so declare this to the advisory committee and shall not participate in any advisory committee proceedings involving that individual.

(g) **Attendance.** The policy of the advisory committee is that members will attend regular and committee meetings as scheduled.

(h) **Rules of Order.** Roberts Rules of Order Revised shall be the basis of parliamentary decisions except where otherwise provided in this Chapter.

(i) **Agendas.** The executive secretary shall prepare and submit to each member of the advisory committee prior to each meeting an agenda which includes items requested by the State Board of Medical Licensure and Supervision or by members of the advisory committee, items required by law, old business, and other matters of Board business which have been approved by any committee members.

(j) **Minutes.**

(1) Drafts of the minutes of each meeting shall be forwarded to each member of the advisory committee for review and approval.

(2) The official minutes of advisory committee meetings shall be kept in the office of the executive secretary and shall be available to any person desiring to examine them during regular office hours of the Board.

(k) **Official records.**

(1) All official records of the advisory committee including application materials, except files containing investigative information shall be open for inspection during regular office hours of the Board.

(2) A person desiring to examine official records shall be required to identify himself/herself and sign statements listing the records requested and examined.

(3) Official records may not be taken from the Board offices, however, persons may obtain photocopies of files upon written request and by paying the cost per page set by the Board. Payment shall be made prior to release of the records and may be made by personal check.

(l) **Elections.**

(1) At the meeting held nearest after July 1 of each year, the advisory committee shall elect by a majority vote of those members present a chairman and vice-chairman.

(2) A vacancy which occurs in the offices of chairman and vice-chairman may be filled by a majority vote of those members present and voting at the next advisory committee meeting.

(3) Following one full year of service in a specific office no one may succeed himself/herself in the same office.

(4) Absence from three regular meetings, without an acceptable reason, constitutes self-removal from the committee.

(m) **Committees.**

(1) The advisory committee with the approval of the Board may establish sub-committees as deemed necessary to assist the advisory committee in

carrying out its duties and responsibilities.

- (2) The chairman may appoint the members of the advisory committee to serve on sub-committees and may designate the sub-committee chairman.
- (3) The chairman of the advisory committee may appoint non-advisory committee members to serve as sub-committee members on a consultant or voluntary basis subject to Board approval.
- (4) Sub-committee chairman shall make regular reports to the advisory committee in interim written reports and/or at regular meetings, as needed.
- (5) Committees and sub-committees shall direct all reports or other materials to the executive secretary for distribution.
- (6) Sub-committees shall meet when called by the chairman of the sub-committee or when so directed by the advisory committee.

435:35-1-4. Standards of professional conduct

(a) **Purpose.** The rules in this section on the profession of dietetics shall be to establish the standards of professional conduct required of a licensee.

(b) **Statutory standards.** Examples of activities included in the statutory definition of dietetics are as follows:

- (1) Planning, developing, controlling and evaluation of food service systems.
- (2) Coordinating and integrating clinical and administrative aspects of dietetics to provide quality nutritional care.
- (3) Establishing and maintaining standards of food production, service, sanitation, safety and security.
- (4) Planning, conducting and evaluating educational programs relating to nutritional care.
- (5) Developing menu patterns and evaluating them for nutritional adequacy.
- (6) Planning layout designs and determining equipment requirements for food service facilities.
- (7) Developing specifications for the procurement of food and food service equipment and supplies.
- (8) Developing and implementing plans of nutritional care for individuals, both enteral and parenteral, based on assessment of nutritional needs.
- (9) Counseling and educating individuals, families and groups in nutritional principles, meal patterns and plans, insulin administration, food selection, food and drug interactions, and economics, as appropriate.
- (10) Communicating appropriate diet history and nutritional care data through written and electronic record systems.
- (11) Participating with physicians and allied health personnel as the provider of nutritional care using tools and procedures such as, but not limited to, diet histories, calipers, BMI tables, finger stick blood sugar measurements, blood pressure and vital sign measurement, oral cavity assessment, and nutrition-focused physical exam.
- (12) Planning, conducting or participating in and interpreting, evaluating and utilizing pertinent current research related to nutritional care.
- (13) Providing consultation and nutritional care to community groups and identifying and evaluating needs to establish priorities for community nutrition programs.
- (14) Publishing and evaluating technical and lay food and nutrition publications for all age, socioeconomic and ethnic groups.

(15) Planning, conducting and evaluating dietary studies and participating in nutritional epidemiologic studies with a nutritional component.

(c) **Code of Ethics.** The following shall constitute a code of ethics in dietetics:

(1) Professional representation and responsibilities.

(A) A licensee shall not misrepresent any professional qualifications or credentials.

(B) A licensee shall not make any false or misleading claims about the efficacy of any services or methods of treatment.

(C) A licensee shall not permit the use of his/her name for the purpose of certifying that dietetic services have been rendered unless he/she has provided or supervised the provision of those services.

(D) A licensee shall not promote or endorse products in a manner that is false or misleading.

(E) A licensee shall maintain knowledge and skills required for continuing professional competence.

(F) A licensee shall not abuse alcohol or drugs in any manner which detrimentally affects the provision of nutritional services.

(G) A licensee shall comply with the provisions of the Oklahoma Controlled Substances Act, 63 O.S. 1981, Sections 2-101 et seq.

(H) A licensee shall have the responsibility of reporting alleged misrepresentations or violations of Board rules to the office of the Board.

(I) A licensee shall keep his/her Board file updated by notifying the executive secretary of changes in preferred mailing address.

(J) A licensee shall not make any false, misleading or deceptive claims in any advertisement, announcement, or in competitive bidding.

(K) A licensee shall not aid or abet, directly or indirectly, the practice of dietetics by any person not duly authorized under the laws of Oklahoma.

(L) A licensee shall not violate any provision of the Academy's Code of Ethics for the Profession.

(2) Professional relationships with clients.

(A) A licensee shall make known to a prospective client the important aspects of the professional relationship including fees and arrangement for payment which might affect the client's decision to enter into the relationship.

(B) A licensee shall not receive or give a commission or rebate or any other form of remuneration for the referral of clients for professional services.

(C) A licensee shall disclose to clients any interest in commercial enterprises which the licensee promotes for the purpose of personal gain or profit.

(D) A licensee shall take reasonable action to inform a client's physician and any appropriate allied health care provider in cases where a client's nutritional status indicates a change in medical status.

(E) A licensee shall provide nutritional services without discrimination based on race, creed, sex, religion, national origin or age.

(F) A licensee shall not violate any provision of any federal or state statute relating to confidentiality of client communication and/or records.

(3) Academy's Code of Ethics - Principles and Standards.

(A) Competence and professional development in practice (Non-maleficence) Nutrition and dietetics practitioners shall:

(i) Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.

(ii) Demonstrate in depth scientific knowledge of food, human nutrition and behavior.

(iii) Assess the validity and applicability of scientific evidence without personal bias.

(iv) Interpret, apply, participate in and/or generate research to enhance practice, innovation, and discovery.

(v) Make evidence-based practice decisions, taking into account the unique values and circumstances of the patient/client and community, in combination with the practitioner's expertise and judgment.

(vi) Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.

(vii) Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.

(viii) Practice within the limits of their scope and collaborate with the inter-professional team.

(B) Integrity in personal and organizational behaviors and practices (Autonomy) Nutrition and dietetics practitioners shall:

(i) Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence or which may give the appearance of influencing professional judgment.

(ii) Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.

(iii) Maintain and appropriately use credentials.

(iv) Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium (e.g. written, oral, electronic).

(v) Provide accurate and truthful information in all communications.

(vi) Report inappropriate behavior or treatment of a patient/client by another nutrition and dietetics practitioner or other professionals.

(vii) Document, code and bill to most accurately reflect the character and extent of delivered services.

(viii) Respect patient/client's autonomy. Safeguard patient/client confidentiality according to current regulations and laws.

(ix) Implement appropriate measures to protect personal health information using appropriate techniques (e.g., encryption).

(C) Professionalism (Beneficence) - Nutrition and dietetics practitioners shall:

(i) Participate in and contribute to decisions that affect the well-being of patients/clients.

(ii) Respect the values, rights, knowledge, and skills of colleagues and other professionals.

(iii) Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.

(iv) Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims.

(v) Uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisees, or students.

(vi) Refrain from verbal/physical/emotional/sexual harassment.

(vii) Provide objective evaluations of performance for employees, coworkers, and students and candidates for employment, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.

(viii) Communicate at an appropriate level to promote health literacy.

(ix) Contribute to the advancement and competence of others, including colleagues, students, and the public.

(D) Social responsibility for local, regional, national, global nutrition and well-being (Justice) - Nutrition and dietetics practitioners shall:

(i) Collaborate with others to reduce health disparities and protect human rights.

(ii) Promote fairness and objectivity with fair and equitable treatment.

(iii) Contribute time and expertise to activities that promote respect, integrity, and competence of the profession.

(iv) Promote the unique role of nutrition and dietetics practitioners.

(v) Engage in service that benefits the community and to enhance the public's trust in the profession.

(vi) Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public.

[Source: Amended at 17 Ok Reg 1833, eff 4-18-00 (emergency); Amended at 18 Ok Reg 1319, eff 5-11-01; Amended at 37 Ok Reg 2014, eff 9-11-20]

435:35-1-5. Academic requirements for examination and licensure

The purpose of this section is to set out the academic requirements for examination and licensure as a dietitian or provisional licensed dietitian.

- (1) The Board shall accept as meeting licensure requirements baccalaureate and post-baccalaureate degrees received from American colleges or universities which held accreditation, at the time the degree was conferred, from accepted regional educational accrediting associations as reported by the American Association of Collegiate Registrars and Admissions Officers.
- (2) Degrees and course work received at foreign colleges and universities shall be acceptable only if such course work could be counted as transfer credit from accredited colleges or universities as reported by the American Association of Collegiate Registrars and Admissions Officers.
- (3) The relevance to the licensure requirements of academic courses, the titles of which are not self-explanatory, must be substantiated through course descriptions in official school catalogs or bulletins or by other means acceptable to the Board.
- (4) The Board shall accept no course which an applicant's transcript indicates was not completed with a passing grade or for credit.
- (5) In the event that an academic deficiency is present, an applicant may re-apply by submitting proof that the deficiency has been corrected and payment of appropriate fees.
- (6) Persons applying for licensure must possess a baccalaureate or post-baccalaureate degree from the fields of human nutrition, food and nutrition, dietetics, or food systems management, or an equivalent major course of study as may be approved by the Board.
 - (A) and have completed a didactic program in dietetics (DPD) accredited by ACEND and earned a verification statement
 - (B) or have a bachelor's or post-baccalaureate degree in another field of study and also have completed a didactic program in dietetics (DPD) accredited by ACEND and earned a verification statement.
- (7) Persons applying for licensure must be registered or registry eligible with the Commission by having satisfactorily completed a supervised practice program accredited by ACEND.

[Source: Amended at 11 Ok Reg 2347, eff 5-26-94; Amended at 3 Ok Reg 2014, eff 9-11-20]

435:35-1-6. Supervision of provisional licensed dietitians

The purpose of this section is to set out the nature and scope of the supervision provided for provisional licensed dietitians.

- (1) To meet licensure and licensure renewal requirements, a provisional licensed dietitian shall be under the supervision and direction of a licensed dietitian. "Supervision and Direction" shall be defined as the authoritative procedural guidance provided by a licensed dietitian and need not be routinely on site.
- (2) Written reports of the provisional licensed dietitian's activities shall be provided to the supervising licensed dietitian at least quarterly and to the Board at its request. The supervising licensed dietitian shall submit to the Oklahoma State Board of Medical Licensure and Supervision, at six month intervals, a progress report on the provisionally licensed dietitian's progress toward full licensure.
- (3) The supervising licensed dietitian must sign the application for a provisional license and the application for renewal of the provisional license on and after November 1, 1984.

(4) Applications for licensure as a provisional licensed dietitian received on or before November 1, 1984, must be signed by a supervising licensed dietitian, or by a dietitian who qualifies for licensure as a licensed dietitian by the Board.

435:35-1-7. Application procedures

The purpose of this section is to set out the application procedures for examination and licensure of dietitians and provisional dietitians.

- (1) Unless otherwise indicated, an applicant must submit all required information and documentation of credentials on forms provided by the office of the Board.
- (2) The Board will not consider an application as officially submitted until the applicant pays appropriate fees established by the Board.
- (3) The Board must receive all required application materials and fees at least 30 days prior to the date of the next advisory committee meeting.
- (4) Incomplete applications will not be accepted but will be returned for completion.
- (5) The Board will consider a person who files a completed application form and fee postmarked on or before November 1, 1984, as meeting the deadline for licensure without examination and may complete the processing of the person's materials after that date. A person wishing to meet requirements for licensure without examination must have completed all academic and experience requirements by November 1, 1984.

435:35-1-8. Examination for dietitian licensure

- (a) **Purpose.** The section on licensure examination sets out the Board's rules governing the administration, content, grading and other procedures for examination for dietitian licensure.
- (b) **Frequency.** The Board may administer licensure examinations when deemed necessary and according to rules established by the Board.
- (c) **Forms of examination.** The examination for licensure may be any of the following as prescribed by the Board:
 - (1) a written examination prepared by the Board or its designee;
 - (2) an examination given by the Commission; or
 - (3) any other form of examination prescribed by the Board.
- (d) **Applications for examination.**
 - (1) The Board shall notify an applicant whose application has been approved at least 30 days prior to the next scheduled examination.
 - (2) An examination registration form for a scheduled Board prepared examination must be completed and returned to the Board by the applicant with the required fee (unless otherwise instructed by the Board) at least 15 days prior to the date of examination.
- (e) **Locations.**
 - (1) Written examinations administered by the Board will be in Oklahoma City, unless otherwise announced.

435:35-1-9. Duplicate and endorsement licenses

- (a) **Purpose.** The purpose of this section is to set out the dietitian licensing procedures of the Board.
- (b) **Replacement of license.** The Board will replace a lost, damaged or destroyed license certificate or license identification card upon application by the licensee and

payment of the duplicate license fee. Applications must include an affidavit detailing the loss or destruction of the licensee's original license or license identification card, or be accompanied by the damaged certificate or card.

(c) Endorsement.

(1) The Board shall waive the examination requirement for an applicant who:

- (A) holds at the time of application a valid license or certificate as a dietitian issued by another state whose minimum requirements for licensure are equivalent to or exceed the licensing requirements of the Board which are in effect at the time of application; or
- (B) is registered at the time of application by the Commission as a registered dietitian.

(2) All application materials must be completed and application fees must be paid by the applicant.

(3) An applicant applying for licensing by endorsement must submit a copy of the license or certificate issued by the state they wish endorsement from and a form provided by the Board which has been completed by the licensing or certifying agency.

(4) The Board may contact the issuing agency to verify the applicant's status with that agency at the time of application.

435:35-1-10. License renewal

(a) **Purpose.** The purpose of this section is to set out the rules governing dietitian license renewal.

(b) General requirements.

(1) A licensee must renew the license annually.

(2) The renewal date of a license shall be the last day of October.

(3) Each licensee is responsible for renewing the license before the expiration date and shall not be excused from paying additional fees or penalties.

(4) The Board will not renew the license of the licensee who is in violation of the Act or Board rules at the time of application for renewal.

(c) Renewal procedure.

(1) At least 30 days prior to the expiration date of a person's license, the Board will send notice to the licensee of the expiration date of the license, the amount of the renewal fee due and a license renewal form which the licensee must complete and return to the Board with the required fee. The timely return of the completed renewal form shall be considered confirmation of the receipt of renewal notification.

(2) The license renewal form for all licensees shall require in addition to other information, the preferred mailing address, primary employment address and category of employment. The license renewal form for the provisional licensed dietitian must include the signature of the supervising licensed dietitian.

(3) The Board shall not consider a license to be renewed until it receives both the completed license renewal form and the required fees as set by the Board.

(4) The Board shall issue to a licensee who has met all requirements for renewal a renewal license identification card. An applicant for renewal must submit proof of completion of continuing education in the field of dietetics by submitting a current Commission on Dietetic Registration card

or evidence of equivalent continuing education.

(d) Late renewal.

(1) The executive secretary, shall notify a person who has not renewed a license after a period of more than 30 days that their license has expired.

(2) A person whose license has expired for not more than 90 days may renew the license by paying to the Board the required renewal fee and a penalty fee that is one-half of the renewal fee in the form of a certified check or money order.

(3) A person whose license has been expired for more than 90 days but less than one (1) year of the expiration date may renew the license by paying to the Board the unpaid licensure renewal fees, plus a late penalty fee that is equal to the renewal fees, in the form of a certified check or money order.

(4) A person whose license has been expired one (1) year or more may not renew the license. The person may obtain a new license by submitting to re-examination or complying with the current requirements and procedures for obtaining a license.

[Source: Amended at 14 Ok Reg 1417, eff 5-12-97]

435:35-1-11. Disciplinary hearings [REVOKED]

[Source: Revoked at 37 Ok Reg 2014, eff 9-11-20]

435:35-1-12. Fees

All fees pertaining to dietitians and provisional dietitians must be approved by the Board. The most recently approved fee schedule is set out in 435:1-1-7.

435:35-1-13. Federal employment

A person employed by the Federal Government of the United States of America in the capacity of dietitian shall not be required to be licensed by the state, providing all of his/her professional activity within the state is conducted within a federal facility.

CHAPTER 40. REGISTERED ELECTROLOGISTS

[Authority: 59 O.S., § 536.4]

[Source: Codified 12-30-91]

435:40-1-1. Purpose

The rules of this Chapter have been adopted to establish procedures for examinations and licensure as a registered electrologist and the regulation of practice.

435:40-1-2. Definitions

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

"Act" means the Registered Electrologist Act, 59 O.S. 1985, Section 536 et. seq.

"Association" or "OSEA" means the Oklahoma State Electrologists Association.

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

"Committee" means the Advisory Committee of Registered Electrologists.

435:40-1-3. Advisory committee

(a) **Purpose.** The rules in this section shall set out the organization and administration and other general procedures governing the operation of the advisory committee.

(b) **Meetings.**

(1) The advisory committee shall hold a meeting at such designated date and time as may be determined by the chairman.

(2) Special meetings may be called by the chairman at such times and dates as become necessary for the transaction of advisory committee business.

(3) Meetings shall be announced and conducted under the provisions of the Oklahoma Open Meeting Law.

(c) **Quorum.** A quorum of the advisory committee necessary to conduct official business is two (2) members.

(d) **Transaction of official business.**

(1) The advisory committee may transact official business only when in a legally constituted meeting with a quorum present.

(2) The advisory committee shall not be bound in any way by any statement or action on the part of any advisory committee member except when a statement or action is in pursuance of specific instructions of the advisory committee.

(3) Advisory committee action shall require a majority vote of those members present and voting.

(e) **Impartiality.** Any advisory committee member who is unable to be impartial in any proceeding before the advisory committee such as that pertaining to an applicant's eligibility for licensure or a complaint against or a violation by a licensee, shall so declare his/her lack of impartiality to the advisory committee for the record and shall not participate in any advisory committee proceedings involving that individual.

(f) **Attendance.** The policy of the advisory committee is that members will attend regular committee meetings as scheduled.

(g) **Rules of order.** Roberts Rules of Order Revised shall be the basis of parliamentary decisions except where otherwise provided by these rules.

(h) **Agendas.** The chairman shall prepare and submit to each member of the advisory committee prior to each meeting an agenda which includes items requested by the Board or by members of the advisory committee, items required by law, old business, and other matters of Board business which have been approved by any committee member.

(i) **Minutes.**

(j) **Official records.**

(1) All official records of the advisory committee including application materials, except files containing investigative information and examinations shall be open for inspection during regular office hours of the Board.

(2) A person desiring to examine official records shall be required to identify himself/herself and sign statements listing the records requested and examined.

(3) Official records may not be taken from the Board offices, however, persons may obtain photocopies of files upon written request and by paying the fees established by the Board. Payment shall be made prior to release of

the records and may be made by personal check.

(k) Elections.

(1) At the first meeting of each fiscal year, the advisory committee shall elect by a majority vote of those members present, a chairman and vice-chairman.

(2) A vacancy which occurs in the office of chairman and vice-chairman may be filled by a majority vote of those members present and voting at the next advisory committee meeting.

(3) Absence from three regular meetings, without an acceptable reason, constitutes self-removal from the committee.

(l) Committees.

(1) The advisory committee with the approval of the Board may establish sub-committees as deemed necessary to assist the advisory committee in carrying out its duties and responsibilities.

(2) The chairman may appoint the members of the advisory committee to serve on sub-committees and may designate the sub-committee chairman.

(3) The chairman of the advisory committee may appoint non-advisory committee members to serve as sub-committee members on a consultant or voluntary basis subject to Board approval.

(4) Sub-committee chairman shall make regular reports to the advisory committee in interim written reports and/or at regular meetings, as needed.

(5) Committees and sub-committees shall direct all reports or other materials to the chairman for distribution.

(6) Sub-committees shall meet when called by the chairman of the sub-committee or when directed by the advisory committee.

[Source: Amended at 31 Ok Reg 1979, eff 9-12-14]

435:40-1-4. Standards of practice; code of ethics

The rules on the profession of electrologists shall be to establish standards of practice and code of ethics for electrologists.

(1) A licensee shall not misrepresent any professional qualifications or credentials.

(2) A licensee shall not make any false or misleading claims about the efficacy of any services or methods of treatment.

(3) A licensee shall not promote or endorse products and/or services through the press, circulation of advertising matter, radio, television, display signs or otherwise in a manner that is false or misleading or which is likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.

(4) A licensee shall maintain knowledge and skills required for continuing professional competence.

(5) A licensee shall not abuse alcohol or drugs in any manner which detrimentally affects the provision of electrolysis services.

(6) A licensee shall keep his/her Board file updated by notifying the Board of changes in preferred mailing address and practice address.

(7) A licensee shall make known to a prospective client the important aspects of the professional relationship including fees and arrangement for payment which might affect the client's decision to enter into the relationship.

(8) A licensee shall not receive or give a commission or rebate or any other form of remuneration for the referral of clients for professional services.

- (9) A licensee shall not violate any provision of any federal or state statute relating to confidentiality of client communication and/or records.
- (10) A licensee shall give the highest quality professional service of which he or she is capable at all times.
- (11) A licensee shall use only medically approved equipment and techniques for epilation. Electrosurgical apparatuses shall be defined as needle type epilators that accomplish permanent hair removal, or any other devices that may be developed as proven to accomplish permanent hair removal.
- (12) A licensee shall maintain high standards of personal conduct, honesty, integrity and dedication to service.
- (13) No guaranty or warranty or anything beyond the professional competence of a licensee shall be offered a patient.
- (14) All epilation devices or equipment must be approved by the Federal Communications Commission (F.C.C.) and bear the F.C.C. number assigned thereto.
- (15) A licensee's office, including instruments and equipment contained therein, shall at all times be kept clean and free from any condition or surroundings that will make or tend to make the office unsanitary or unhygienic.
- (16) A licensee shall conduct himself or herself as a medical ancillary in the allied health profession.
- (17) A licensee shall not aid or abet, directly or indirectly, the practice of electrology by any person not duly authorized under the laws of Oklahoma.

[Source: Amended at 31 Ok Reg 1979, eff 9-12-14]

435:40-1-4.1. Infection control standards

(a) **Purpose.** These standards have been developed for electrology students, licensed practicing electrologists, and approved electrology instructors in Oklahoma. These standards emphasize the need to consider all patient/clients as potentially infectious, minimize the risk of exposure to blood or body fluids, reduce the risk of transmitting infection or disease from patient/client to patient/client, practitioner to patient/client, and patient/client to practitioner.

(b) **Description.** Electrology is a superficially invasive procedure, which does not generate splashes or sprays of blood and body fluids. It is NOT necessary to wear masks, eye protection, a face shield, or gowns while practicing electrolysis. Electrolysis needles can become contaminated with blood, serum, or other material because of the insertion of the needles into the hair follicle and skin. All needles must be either single-use, pre-sterilized, disposable needles OR be properly sterilized in an autoclave or dry heat sterilizer according to the standards that follow. Any critical instrument re-used between patient/clients must be sterilized and monitored, for effectiveness, according to these standards. Each instrument or piece of equipment must be properly disposed of, disinfected, or sterilized depending on its use and contamination. Cleaning of surfaces, instruments, and equipment must precede appropriate disinfection or sterilization. During the treatment, a new pair of non-sterile, medical grade, disposable exam gloves must be worn by the electrologist to reduce the risk of transmitting disease or infection between the practitioner and the patient/client.

(c) **Blood-borne pathogens.**

- (1) The three blood-borne pathogens of great concern to healthcare workers who could be at risk to blood and body fluids containing visible blood are

Hepatitis B virus (HBV), Hepatitis C virus (HCV), and HIV/AIDS.

(2) HIV/AIDS is a threat to healthcare workers, but not as much as Hepatitis B.

(3) Practitioners and electrology students should be vaccinated against HBV.

(4) Risks among health care professionals vary during the training and working career, but are often highest during the training period. For this reason, vaccination should begin before starting training and be completed during training. If the student refuses to be vaccinated, they must sign a waiver before beginning training.

(5) The immunization regimen consists of three doses of vaccine. The first dose is provided initially, followed at one month and six months.

(6) Students and non-immunized practicing electrologists should contact their personal physician or the City/County Health Department for appropriate immunization against hepatitis B.

(d) **Standards for hand washing.** Hand washing is one of the most important procedures for preventing the transmission of infections. Hand washing accomplishes a physical removal of microorganisms and a chemical inactivation of residual microorganisms on the surface of the skin. Fingers are thought to be the most important part of the hand in terms of the transfer and spread of pathogenic micro flora. Hand washing products can become contaminated or support the growth of microorganisms. Liquid products should be stored in closed containers and dispensed from either disposable containers or containers that are washed and dried thoroughly before refilling.

(1) A sink with hot and cold running water is located in each treatment room

(2) Hands are cleansed with use of plain liquid soap and water or degermed by hand sanitizers using 60% - 70 % alcohol-based hand rubs (if hands are not visibly soiled):

(A) Before and after treatment of each patient/client

(B) Before donning gloves and immediately after gloves are removed

(3) Hands are thoroughly washed with liquid soap and water:

(A) When visibly soiled

(B) Immediately if accidental bare-handed contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated equipment occurs.

(4) Hand washing technique with liquid soap and water includes:

(A) Use of plain soap and water

(B) A vigorous rubbing together of all surfaces of lathered hands, especially between fingers and fingernail areas, for 15 to 30 seconds

(C) A thorough rinsing under a stream of water

(D) Hands are dried thoroughly with a clean disposable paper towel

(E) Faucets are turned off with the paper towel

(F) Paper towel is disposed of in the appropriate covered receptacle in the treatment room.

(5) Hand washing technique using 60% to 70% alcohol-based antiseptic hand rubs includes:

(A) Apply product label-recommended amount of alcohol gel or rinse to the palm of one hand

(B) Vigorously rub hands together covering all surfaces of hands, especially between fingers and fingernail areas, between 15 to 25 seconds until the alcohol dries.

(e) Standards for use of gloves.

(1) Each patient/client must be treated with fresh unused gloves. Determine patient/client allergies before wearing latex gloves. Several conditions have been connected to latex sensitivity, including such allergic reactions as asthma, eczema, hay fever, allergies to cosmetic powders or foods, and frequency or duration of glove use/exposure. Non-sterile gloves are appropriate for electrology procedures and should be worn when hands are likely to become contaminated with potentially infective material such as blood, all body fluids, secretions, excretions, non-intact skin, and mucous membranes.

(2) The consistent wearing of gloves will decrease the risk of potential exposure. Wearing gloves will also protect the patient/client from potential exposure to the microbial flora of the electrologist, including blood-borne organisms should there be cuts, scrapes, or micro-lesions on the electrologist's hands. When gloves are worn, hand washing is recommended after removal because gloves may become perforated during use and bacteria can multiply rapidly on gloved hands. Gloves that are torn or knowingly perforated during a treatment should be removed immediately and hands washed before donning fresh gloves.

(3) Wearing latex powder-free, reduced protein content gloves will reduce the risk of a latex allergy. When wearing latex gloves, do not use oil-based hand creams or lotions, which causes glove deterioration, unless they have been shown to reduce latex-related problems and maintain glove barrier protection. If the electrologist or patient/client is allergic to latex, there are other non-latex glove materials available such as vinyl.

(4) Washing gloves while treating the same patient/client is not recommended. This can cause "wicking", the enhanced penetration of liquids through microscopic holes in the gloves. Deterioration of the glove material can also occur with the use of disinfecting agents or oils. Wearing gloves will not guarantee protection as gloves may have micro tears.

(5) Use a fresh pair of non-sterile, medical grade, disposable exam gloves during the treatment of each patient/client. Gloves are disposed of in an appropriate receptacle in the treatment room.

(6) Wash hands in accordance with the above hand washing standards before putting on gloves and immediately after gloves are removed.

(f) Standards for patient/client health history. A complete past and current health history is obtained from each patient/client before treatment. The general health status of the patient/client may be a factor in susceptibility to infection and normal healing. It will also have an affect on the outcome of the treatment plan due to any hormonal disorders or disease states. Professional interpretations require careful observation and good judgment. The patient/client's health status should be updated and evaluated on an on-going basis and referred to an appropriate physician as indicated.

(g) Standards for patient/client skin preparation.

(1) Treatment should be delayed if actual or potential signs or symptoms of infection are present. The practitioner should refer to the appropriate physician when the health history or skin assessment indicates

- (2) Before treatment, the treatment area should be thoroughly cleansed to remove makeup or grime if present and reduce the bacterial count on the skin.
- (3) Wipe the treatment area with an antiseptic skin preparation.
- (4) After treatment, the treatment area should be wiped with an appropriate product, taking into consideration the patient/client's skin type and any skin allergies.
- (5) Patient/clients are instructed on appropriate post-treatment care to promote healing.

(h) Standards for cleaning and sterilization of instruments/items.

- (1) Coordinating the cleaning, sterilization, and disinfection of instruments/items to maintain asepsis technique is required. Precautions should be taken to avoid puncture injuries from instruments.
- (2) All instruments that will penetrate tissue should be either pre-sterilized disposable or thoroughly cleaned and then sterilized before reuse to reduce the risk of transmission of infection and disease.
- (3) The endodontic dry heat sterilizer (glass bead sterilizer) is no longer cleared to market by the Food and Drug Administration (FDA). The endodontic dry heat sterilizer should not be used in the practice of electrology.
- (4) Some high-level disinfectants, including glutaraldehyde-based germicides, are not recommended as an applicable method of sterilization of instruments and items, based on their toxicity level, instability, and impracticality. Sterilization with liquid chemical germicides is not capable of being biologically monitored. If a medical device is heat-stable, the proper method of reprocessing is by using a heat-based method such as a steam autoclave or dry heat oven.
- (5) Carbon rollers are porous and cannot be sterilized or disinfected, therefore, they should not be used.
- (6) Cleaning is the basic first step for all decontamination. Cleaning physically removes debris and reduces the number of microorganisms present. Cleaning is the removal of organic material or soil from objects and is usually done by using protein-dissolving enzyme detergent and water. Generally, cleaning is designed to remove rather than kill microorganisms. Technology has provided cleaning products and devices that are especially appropriate for the cleaning of instruments used in electrology. A meticulous physical cleaning is always done before sterilization or disinfection. For sterilization or disinfection, refer to the manufacturers' instructions for exposure times and conditions as well as recommendations for rinsing and subsequent handling of processed items.
- (7) Low-level and intermediate-level disinfectants used in the practice of electrology should be registered with the Environmental Protection Agency (EPA), whereas high-level disinfectants/liquid chemical sterilants are cleared by the FDA for use in sterilizing or disinfecting medical and dental instruments. Disinfectants are to be used according to the manufacturer's instructions.
- (8) An intermediate-level disinfectant is capable of killing *M. tuberculosis* var. *bovis*, but not bacterial spores. It will also inactivate organisms such as most vegetative bacteria and fungi as well as viruses such as hepatitis B virus (HBV) and HIV. Examples of intermediate-level disinfectants include alcohols (70 to 90% ethanol or isopropanol), chlorine compounds, and

certain phenolic or iodophor preparations.

(9) A high-level disinfectant inactivates some, but not necessarily all, bacterial spores. It will kill *M. tuberculosis* var. *bovis*, bacteria, fungi, and viruses. High-level disinfection is the minimum treatment recommended by the CDC guidelines for reprocessing of semi-critical instruments or devices. Examples of high-level disinfectants include glutaraldehyde-, chlorine dioxide-, hydrogen-peroxide, orthophthaldehyde-, and peracetic acid-based formulations.

(10) Chlorine solutions in concentrations of 0.05 to 0.5% free chlorine are generally considered intermediate-level disinfectants for specific site disinfection. Solutions of 0.5% (household bleach contains approximately 5% sodium hypochlorite) have broad-spectrum germicidal activity, and exhibit sporicidal activity, are tuberculocidal, inactivate vegetative bacteria, and are fungicidal and virucidal. Klein and Deforest (1965) reported that all 25 viruses were inactivated in 10 minutes by as little as 0.02% available chlorine. Bleach solutions used to process tips for epilator needle holder are freshly made by mixing one tablespoon household bleach to one quart tap water. Discard bleach solution after each use.

(11) Critical items.

(A) Instruments

(i) Needles

(I) Single-use, pre-sterilized, disposable

(II) Pre-sterilized, re-useable

(ii) Forceps

(B) Processing

(i) Single-use and re-useable needles

(I) Stored in a manner that will maintain sterile condition, away from wetness or humidity extremes.

(II) Not to be recapped, bent, or manipulated by hand prior to disposal to avoid accidental puncture injury.

(III) Place in a sharps container immediately after use, or when opened and found damaged, or when not used before expiration date.

(IV) When the sharps container is full, it is to be sealed securely and disposed of properly as specified by state and local health regulations as an item of regulated medical waste. According to the Oklahoma Dept. of Labor's OSHA division, sharps containers can be disposed of in the regular trash only after being filled with cement. They recommend a more practical solution of taking them to a local hospital or clinic that will include it with their regular biohazard waste materials to be picked up by a biohazard waste company. They may charge a small fee for this service.

(ii) Forceps and re-useable needles

(I) Forceps are cleaned and then sterilized before their initial use.

(II) Used critical items are placed in an ultrasonic unit, empty covered container or a holding

container, which holds either a liquid detergent solution or protein-dissolving enzyme detergent, following manufacturer's instructions for dilution.

(III) The holding container is held under warm running water to rinse off detergent and debris, then drained.

(IV) Forceps and re-useable needles are then placed in the basket of an ultrasonic unit using transfer forceps. If a protein-dissolving enzyme detergent was not used in the holding container, it must be used now in the ultrasonic unit for proper cleaning, following manufacturer's instructions for dilution and immersion time.

(V) Basket is removed from ultrasonic unit, rinsed under running water and drained. Forceps are dried with disposable paper towels. Needles are drained and air-dried on disposable paper towels.

(VI) Forceps and needles are packaged individually or in small multiples for the sterilization process. If sterilized in multiples, any instruments not used whose package has been opened must be resterilized.

(VII) Place packaged instruments in an autoclave or dry heat sterilizer using a chemical indicator on each package or one with each individual load. This only indicates items have been exposed to a sterilization process, it does not guarantee sterility. Biological indicators are used no less than once a month (per sterilizer) according to manufacturer's instructions to ensure proper mechanical function. Lab reports are filed in a permanent Sterility Assurance file to be kept in your office records.

(VIII) Autoclaves and dry heat sterilizers are loaded, operated and maintained according to manufacturer's instructions. Sterilizers must have visible physical indicators (thermometers, timers).

(IX) Cleaned, dried and packaged instruments are sterilized by either dry heat at 340 degrees F (170 C) for 1 hour; 320 degrees F (160 C) for 2 hours or by following directions by the manufacturer of the unit or by autoclave (steam under pressure) for 15-20 minutes at 250 degrees F (121 C); 15 psi (pounds per square inch). The above temperature and exposure times for dry heat sterilizers and autoclaves relate only to the time of exposure after attainment of the specific temperature and do not include a penetration or heat-up lag time. Exposure time does not include drying and cool-down time. Follow the manufacturer's instructions for the unit you have if times and temperatures differ from those given above.

(12) Semi-critical items.

(A) Instruments

- (i) Tips for epilator needle holders
- (ii) Anaphoresis/cataphoresis rollers

(B) Processing

- (i) Tips for epilator needle holders

(I) Must be processed before initial use and after use between each patient/client. Tips that are contaminated (e.g. dropping or touching unsterile surface) must be reprocessed before use.

(II) Follow same processing directions described earlier for re-useable critical items concerning holding container and ultrasonic cleaning.

(III) Package tips individually or in small multiples for sterilization in an auto-clave or disinfect by submersing in a fresh solution of an intermediate-level disinfectant for 10 minutes or follow manufacturer's directions. Dry the tips with disposable paper towels.

(IV) Store tips in a clean, dry, covered container to prevent contamination.

- (ii) Anaphoresis/cataphoresis rollers.

(I) Must be processed before initial use and after use between each patient/ client.

(II) Rollers are cleaned, dried and disinfected in the same manner as tips.

(13) Non-critical Items.

(A) Instruments/Items

- (i) Indifferent electrodes
- (ii) Needle cords

(B) Processing

(i) These items are cleaned, dried and subjected to a low-level disinfection after each treatment.

(ii) Low-level disinfectants are capable of inactivating most bacteria, some Viruses and fungi, but not bacterial spores or *M. tuberculosis var. bovis*. Examples are quaternary ammonium compounds and certain iodophors or phenolics.

(i) Standards for environmental control and housekeeping.

(1) A variety of microorganisms are normal contaminants of environmental surfaces, most of which are non-pathogens. Conscientious sanitation and disinfection techniques control cross-infection.

(2) Hospital-grade disinfectants registered with the Environmental Protection Agency (EPA) should be used for environmental surface cleaning. Product labels give the EPA registration number and should give adequate safety and precautionary information. Manufacturer's instructions on the use of the product should be followed. Information on specific manufacturer label claims and the classification of disinfectants can be obtained by writing the Anti Microbial Division, EPA 751 OC, Office of Pesticides Programs, 401 M Street SW, Washington, DC 20460.
<http://www.epa.gov/>.

(3) Adequate levels of safety for surfaces of medical equipment (non-critical surfaces) may be achieved by simple washing or scrubbing with detergent and warm water or, depending on the equipment surface and the nature and degree of contamination, cleaning followed by an application of an intermediate- to low-level chemical germicide. Follow manufacturer's instructions for application and exposure times of disinfectant products.

(4) Cleaning schedules and methods vary according to the type of surface to be cleaned and the amount and type of soil present. Items on countertops should be maintained in a sanitary manner. Sinks and toilet facilities should be clean at all times. Environmental surfaces in the treatment room should be cleaned on a regular basis. Equipment surfaces, doorknobs, telephones, and treatment tables should be cleaned on a regular basis. Protective barrier film or appropriate disinfectants should be used on surfaces touched during the treatment. Treatment tables should be covered with either cloth or paper drapes and changed after each patient/client. Floors and carpets should be vacuumed and cleaned regularly. Walls, blinds and curtains should be cleaned when visibly soiled.

(j) Standards for potential exposures to blood-borne pathogens.

(1) Health care workers who have percutaneous or mucous membrane exposure to blood and other body fluids are at risk for infection, including HBV, HCV AND HIV infection. The Centers for Disease Control and Prevention (CDC) concludes in a continuing study that, while HIV infection is a real risk to health care workers, the risk is low and can be minimized by taking appropriate precautions.

(2) Identified risk factors for HIV and HCV transmission are almost identical to those for HBV transmission. Despite the similarities in modes of transmission, the risk of HBV infection in health care settings far exceeds that for HIV or HCV infection.

(3) The following steps are to be taken when a puncture injury has occurred:

(A) Remove and discard gloves.

(B) Milk the puncture site to expel blood. Clean the wound vigorously with one-half teaspoon of soap and water for 10 to 15 seconds, using friction.

(C) Immediate contact is made to practitioner's personal physician for appropriate consultation, and for necessary post-exposure strategies.

(D) Documentation of the exposure is made including: date, route of exposure, circumstance under which exposure occurred, name of source patient/client, HIV and/or hepatitis status of source patient/client, status of practitioner's testing, follow-up testing and any necessary post-exposure prophylaxis.

[Source: Added at 21 Ok Reg 1056, eff 5-14-04; Amended at 31 Ok Reg 1979, eff 9-12-14]

435:40-1-5. Academic requirements for examination and licensure

The purpose of this section is to set out the academic requirements for examination and licensure as a registered electrologist.

(1) The Board shall accept as meeting licensure requirements or course work received from American colleges or universities that held accreditation, at the time the courses were completed, from accepted regional educational accrediting associations as reported by the American

Association of Collegiate Registrars and Admissions Officers.

(2) course work received at foreign colleges and universities shall be acceptable only if such work could be counted as transfer credit from accredited colleges or universities as reported by the American Association of Collegiate Registrars and Admissions Officers.

(3) The relevance to the licensing requirements of academic courses, the titles of which are not self-explanatory, must be substantiated by the applicant through course descriptions in official school catalogs or bulletins or by other means acceptable to the Board.

(4) Persons applying for licensure must.

satisfactorily complete college courses in human anatomy, human physiology, microbiology and chemistry or equivalent courses as determined by the Board as recommended by the Committee. Medical terminology may be required at the discretion of the Board as recommended by the Committee.

(5) The college courses in Human Anatomy, Human Physiology, Microbiology, and Chemistry shall be comprehensive in content and designed for the allied health or biological-life science major. Satisfactory completion shall be defined as a grade of C or its equivalent, or above (grade of A or B).

[Source: Amended at 20 Ok Reg 983, eff 5-21-03; Amended at 27 Ok Reg 2686, eff 8-26-10; Amended at 31 Ok Reg 1988, eff 9-12-14]

435:40-1-6. Curriculum of study and internship requirements

(a) Preceptorship.

(1) Applicants for licensure as registered electrologists shall successfully complete a minimum of six months curriculum of study and internship established by the Board.

(2) The preceptorship shall include successful completion of a minimum of 600 hours of study and clinical practice under the direct supervision of a preceptor.

At least 300 hours of the training must be conducted on-site and in-person at the training facility.

(b) Preceptors. Except as provided in (c) below:

(1) Preceptors shall be registered electrologists approved by the Board.

(2) The preceptor must be licensed to practice electrolysis in the state of Oklahoma and must have actively practiced in the state for at least four years (at least two years immediately prior to beginning as a preceptor). The Board may reduce or waive this requirement at the recommendation of the Committee.

(3) Preceptors shall make training facilities available for inspection upon request by members of the Board, the Committee or their representative.

(4) Preceptors shall teach equipment in good working condition, as verified by submission of the equipment manufacturer's recommended maintenance schedule and proof of continued compliance with that schedule. Submittals shall be on forms approved by the Board and reviewed by the Committee for acceptability.

(5) Hygienic practices must conform to the Oklahoma Infection Control Standards for Electrologists.

(c) Out-of-State Applicants for Licensure. An applicant for licensure who holds a current license in good standing from another state, and who has received

electrolysis study and internship of at least 600 hours may receive credit for the preceptorship requirement by providing sufficient proof of training and apprenticeship or internship program from the licensing state, based on the Committee's recommendation to the Board of the program's equivalency to the requirements for licensure in Oklahoma and the Board's approval of the program. An out-of-state preceptorship, apprenticeship or internship program may be approved by the Board under the following conditions:

- (1) The applicant must provide a copy of the Curriculum of Study to the Board and the Curriculum of Study must be the equivalent of that required in Oklahoma, as recommended by the Committee and approved by the Board.
- (2) The preceptor must be licensed or registered in electrolysis in the State where the preceptorship was completed by applicant and have been actively practicing in the field for at least four years, with at least two of those years coming immediately prior to becoming the preceptor. Any exceptions to this requirement must be approved by the Board.
- (3) All other requirements for licensure must be met by the applicant.

[Source: Amended at 13 Ok Reg 2693, eff 6-27-96; Amended at 14 Ok Reg 2663, eff 6-26-97; Amended at 21 Ok Reg 1056, eff 5-14-04; Amended at 24 Ok Reg 2712, eff 7-26-07; Amended at 24 Ok Reg 1727, eff 5-4-07 through 7-14-08 (emergency)¹; Amended at 31 Ok Reg 1979, eff 9-12-14]

EDITOR'S NOTE: ¹This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency amendatory action, the last effective permanent text is reinstated. Therefore, on 7-15-08 (after the 7-14-08 expiration of the emergency action), the text of 435:40-1-6 reverted back to the permanent text that became effective 7-26-07, as was last published in the 2007 OAC Supplement, and remained as such until amended by permanent action on 9-12-14.

435:40-1-7. Application procedures

(a) The purpose of this section is to set out the application procedures for examination and licensure as a registered electrologist.

- (1) Unless otherwise indicated, the applicant shall submit all required information of credentials on forms provided by the office of the Board.
- (2) The Board will not consider an application as officially submitted until the applicant pays appropriate fees established by the Board. The Board assumes no responsibility for cash remittances which are not forwarded by registered mail. Application fees, processing fees and annual renewal fees are not refundable.
- (3) The applicant for licensure shall obtain and complete the application form providing evidence of age and academic requirements to be reviewed by the Committee and approved by the Board.
- (4) Approved applicants will fulfill the curriculum of study and internship requirements under the direct supervision of a registered electrologist, except as provided in 40-1-6(c) above.
- (5) Upon completion of the curriculum of study and internship requirements, the supervising registered electrologist shall submit to the Board a notarized completion report, except as provided in 40-1-7(b) below.
- (6) Upon completion of the curriculum and internship requirements, the applicant shall be eligible for the licensure examination in electrology. The applicant shall complete the remaining portions of the application and submit the application to the Board not later than forty-five (45) days before the date of the examination. Applications for the examination may be submitted prior to completion of the internship with verification from

the supervising registered electrologist that the applicant is expected to satisfactorily complete the remaining training. This does not waive the requirement for a notarized completion report as required in this section.

(7) The Board shall notify an applicant of his/her eligibility for examination at least 10 days prior to the next scheduled examination.

(b) Applicants currently licensed in another state.

(1) An applicant from another state who has met the requirements of the Registered Electrologists Act, may be issued a license by the Board under the following circumstances:

(A) The applicant must furnish an affidavit from the state regulatory agency verifying that the applicant holds a current license and is in good standing with that state;

(B) Any out-of-state preceptorship, apprenticeship or internship program must be approved by the Board. An out-of-state preceptor must provide a notarized affidavit on forms approved by the Board, attesting to the preceptor's credentials and the applicant's successful completion of the preceptorship, as described in 40-1-6(c). If the out-of-state preceptor is not available to provide these affidavits, notarized letters of recommendations from at least three (3) persons acceptable to the Board who can sufficiently attest to the proficiency of the applicant, as recommended by the Committee and approved by the Board, must be provided by the applicant.

Acceptable reference sources may include, but are not limited to:

- (i) Referring physicians
- (ii) Other licensed electrologists
- (iii) Professional electrology associations
- (iv) Electrology instructors
- (v) Electrology preceptors

(2) Applicants trained out-of-state must take and successfully complete the Oklahoma licensing examination.

(3) Applicants trained out-of-state may also be required to meet one or more of the following:

(A) Personal appearance.

(B) Additional continuing education units (CEUs).

(C) Practice under the direct supervision of a Registered Electrologist licensed in the state of Oklahoma, with the exact number of hours to be established by the Committee. The supervising Registered electrologist will provide reports to the Committee on the applicant's progress.

[Source: Amended at 13 Ok Reg 2693, eff 6-27-96; Amended at 24 Ok Reg 2712, eff 7-26-07; Amended at 24 Ok Reg 1727, eff 5-4-07 through 7-14-08 (emergency)¹; Amended at 31 Ok Reg 1979, eff 9-12-14]

EDITOR'S NOTE: ¹This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency amendatory action, the last effective permanent text is reinstated. Therefore, on 7-15-08 (after the 7-14-08 expiration of the emergency action), the text of 435:40-1-7 reverted back to the permanent text that became effective 7-26-07, as was last published in the 2007 OAC Supplement, and remained as such until amended by permanent action on 9-12-14.

435:40-1-8. Examination for electrology license

(a) **Purpose.** This section on licensure examination sets out the Board's rules governing the administration, content, grading, and other procedures for examination for licensure as a registered electrologist.

(b) **Frequency.** The Board shall set the dates the examination is to be administered. The licensure examination shall be administered at least every 6 months.

(c) **Content.**

(1) To qualify for a license, an applicant shall pass an examination in the English language which shall cover the following areas:

- (A) Human Anatomy
- (B) Human Physiology
- (C) Microbiology
- (D) Chemistry
- (E) Dermatology
- (F) Hygiene
- (G) Sterilization
- (H) Electricity
- (I) Electrolysis (theory and practice).

(2) The examination for licensure shall be prepared by the Committee and approved by the Board, or shall be any other form of examination prescribed by the Board.

(d) **Grading.**

(1) If in the judgment of the majority of the Board, the examinee obtains an average of seventy-five percent (75%) on the total examination and not less than sixty-five percent (65%) in each subject on the examination, he or she shall be entitled to receive from the Board a license to practice electrolysis for the remainder of that calendar year.

(2) Licensure examinations administered by the Board shall be graded by the Committee or by a designee of the Board.

(e) **Results.**

(1) The Board shall notify each examinee of the results of the examination within seven (7) days of the grade meeting held by the Committee to determine the pass/fail status of candidates.

(2) No matter what numerical or other scoring system the Board may use in arriving at examination results, the official notice of results to applicants shall be stated in terms of "pass" or "fail" in addition to numerical scores being provided.

(f) **Failures.** If an applicant fails to pass the examination a maximum of three (3) times, the individual shall not be permitted to re-apply for licensure. An examination fee must accompany each examination as set by the Board.

[Source: Amended at 20 Ok Reg 983, eff 5-21-03; Amended at 31 Ok Reg 1979, eff 9-12-14]

435:40-1-9. License renewal and replacement

(a) **Purpose.** The purpose of this section is to set out the rules governing electrologist license renewal and replacement.

(b) **Date required to renew.**

(1) A licensee must renew the license annually.

(2) The application and fee for the renewal of the license shall be postmarked or hand delivered to the Board office not later than December 31st.

(3) Each licensee is responsible for renewing the license on or before the required date and shall not be excused from paying additional fees or penalties.

(c) **Renewal procedure.**

- (1) At least thirty (30) days prior to December 31st, the Board will send an application for renewal of the license, and the amount of the renewal fee due. The licensee must complete the application and return it to the Board office with the required fee. The timely return of the completed renewal form shall be considered confirmation of the receipt of renewal notification.
- (2) The license renewal form for all licensees shall require in addition to other information, the preferred mailing address and primary practice address.
- (3) The Board shall not consider a license to be renewed until it receives both the completed license renewal form and the required fees set by the Board.
- (4) The Board shall issue to a licensee who has met all requirements for renewal a renewal of license identification card.

(d) Late renewal.

- (1) The Board shall notify a person who has not renewed a license after a period of more than thirty (30) days that their license is inactive.
- (2) A person whose license is inactive for not more than thirty (30) days may renew the license by paying to the Board the required renewal fee and a penalty fee that is one-half of the renewal fee in the form of a certified check or money order.
- (3) A person whose license has been inactive for more than thirty (30) days but less than one (1) year of the last day for renewal of the license may renew the license by paying to the Board the unpaid licensure renewal fees, plus a late penalty that is equal to the renewal fee, in the form of a certified check or money order.
- (4) A person whose license has been lapsed more than twelve months wishing to re-enter the practice of Electrology will be required to file an application on forms provided by the Board of Medical Licensure and Supervision and pay fees as set by the Board of Medical Licensure and Supervision. Electrologists may be required to meet one or more of the following:
 - (A) Personal appearance.
 - (B) One (1) continuing education unit (CEU) for each three (3) years out of practice, not to exceed six (6) CEU's, prorated based on the number of years license expired.
 - (C) Practice under the direct supervision of a Registered Electrologist licensed in the state of Oklahoma for up to forty (40) hours for each year license lapsed, with the exact number of hours to be established by the Committee. The supervising Registered Electrologist will provide reports to the Committee on the applicant's progress prior to each Advisory Committee meeting.
 - (D) Retake licensing examination.
- (5) **Surrender of a license certificate.** A person who fails to renew a license after one (1) year is required to surrender the license certificate and license identification card to the Board.

(e) Replacement of license. The Board will replace a lost, damaged or destroyed license certificate or license identification card upon application by the licensee and payment of fees established by the Board. Applications must include an affidavit detailing the loss or destruction of the licensee's original license or license identification card, or be accompanied by the damaged certificate or card.

(f) Continuing education.

(1) Requirements. Applicants for renewal of their certificate as a Registered Electrologist must provide evidence to show successful completion of continuing education and compliance with the following requirements:

- (A) A continuing education unit (CEU) is the equivalent of ten contact hours.
- (B) The Advisory Committee of Registered Electrologists will oversee the program. CEUs will be awarded by the Committee or the Committee chairperson with ratification by the Committee at the next meeting.
- (C) CEUs will be approved according to the established guidelines and accepted proposal or at the discretion of the Committee when the aforementioned are inadequate or inapplicable.
- (D) CEUs must be obtained over the designated accounting period for licensure.
- (E) CEUs acquired beyond the requirement cannot be credited to the next accounting period.
- (F) The accounting period shall be three (3) years and 1.5 CEUs will be required during that period. Licensees shall report to the Committee earned CEUs no later than October 31 of the third year of the accounting period prior. The final two months of the accounting period shall be used by the Committee to review the reported CEUs earned by licensees prior to the renewal date to which the reported CEUs apply.
- (G) Submittals must be made on standardized submittal cards signed by the sponsor of the program or activity being submitted for credit.
- (H) Submittal cards may be obtained through the Oklahoma State Board of Medical Licensure and Supervision or the O.S.E.A.
- (I) Submittals must be made to the Committee through the Board.
- (J) The Board will account for acquired CEUs and yearly notify each Registered Electrologist of the number acquired and the number lacking.
- (K) New licentiates will be required to obtain CEUs on a pro rata basis depending upon when they are licensed during the accounting period. Furthermore, no CEUs will be required during the full calendar year in which one is just licensed.

(2) Traditional methods of CEUs.

- (A) Workshops
- (B) Seminars
- (C) Conferences

The above are given by National, Regional or State electrolysis organizations.

- (D) Programs attended at OSEA quarterly meetings
- (E) Electrolysis related workshop, seminar or conference given by Committee approved school or other Assigned value = 0.1 CEU per hour of program attended.
- (F) Journal of Electrology articles and other courses approved by the American Electrology Association.

(3) Alternative Methods of CEUs.

- (A) Presentation of electrolysis programs

- (i) Presentation at National, Regional or State electrolysis organizational workshops, seminar or conference.
 - (ii) Other presentation as approved by the Committee
Assigned value = .05 to 0.2 CEUs per presentation.
- (B) Publications (published or accepted for publication)
- (i) Authorship or co-authorship of a book relating to electrolysis. 0.3 CEUs
 - (ii) Authorship of a chapter in a book or journal article that appears in a professional electrolysis or health journal. 0.2 CEUs
 - (iii) Authorship of an article, book review or abstract in a National, Regional or State electrolysis or health newsletter or magazine. 0.5 CEUs
 - (iv) Production of other media such as videotape, slide/ tape presentation, etc. that is available for general viewing as approved by the Committee. Assigned value = 0.05 to 0.3 CEUs per publication or finished product.
- (C) Research
- (i) Principal or co-investigator, project director or research assistant. Research proposal and final results submitted to Committee for approval.
 - (ii) Quality assurance studies completed and published in a journal, newsletter or professional magazine. Assigned value = up to 0.4 CEUs per project.
- (D) Formal course work
- (i) College and university course work directly relating to improvement and advancement in the allied health field.
 - (ii) College and university courses that are indirectly related, yet support skills and knowledge will be evaluated individually and assigned value accordingly by the Committee (i.e. business, improving human relations, etc.).
Assigned value = 0.1 to 0.3 CEUs as approved.
- (E) Independent study
- (i) Independent reading of articles, books, or journals followed by written or oral review.
 - (ii) Watching relevant videotapes or programs followed by a written or oral review.
 - (iii) Listening to electrolysis or other health related seminar tapes followed by a written or oral review.
 - (iv) Other self-study relevant to the practice of Electrology.
 - (v) Values will be assigned for each submittal based on relevance to one's practice and the complexity of the material. Assigned value = .05 to 0.1 as approved, not to exceed 0.2 CEUs in one accounting period.
- (F) National certification - C.C.E. or C.P.E. Achievement of a National certification by a recognized body such as AEA or SCME will be awarded 0.2 CEUs one time only. Assigned value = 0.2 CEUs one time only.
- (G) Cardiopulmonary resuscitation certification or recertification.
Assigned value = up to 0.4 CEUs per accounting period.

[Source: Amended at 10 Ok Reg 1533, eff 4-26-93; Amended at 11 Ok Reg 1869, eff 5-12-94; Amended at 13 Ok Reg 1711, eff 5-25-96; Amended at 15 Ok Reg 272, eff 10-1-97 (emergency); Amended at 15 Ok Reg 3948, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1231, eff 5-14-99; Amended at 22 Ok Reg 955, eff 5-12-05; Amended at 24 Ok Reg 2712, eff 7-26-07; Amended at 31 Ok Reg 1979, eff 9-12-14]

435:40-1-10. Disciplinary hearings

Investigatory hearings may be conducted by the Advisory Committee to ascertain facts, make conclusions and recommendations to the Board.

(1) All notices or other papers requiring service in an individual proceeding shall be served in the manner set forth in 435:1-1-4 (c).

(2) The time set for a hearing shall not be less than thirty days after the date the notice is completed.

(3) All parties to said hearing are authorized to use discovery techniques available to parties in a civil action in the state courts of Oklahoma.

(4) The hearing shall be conducted in an orderly manner by the Chairman of the Advisory Committee. The order of procedure will follow that which applies in civil proceedings of law.

(5) All hearings shall be conducted in accordance with and be governed by the provisions of the Oklahoma Administrative Procedures Act 75 O.S. 1981, Sections 301 through 327, as now or hereinafter may be amended.

(6) The hearing will be tape recorded and a record preserved at the Board office. If the respondent desires a certified court reporter to be present, that party shall be responsible for securing the attendance of the same. Neither the Advisory Committee nor the Board shall be responsible for the cost of the reporter or a transcription of the hearing.

(7) If a transcript of the hearing is desired, the requesting party must deposit sufficient funds to cover the transcription cost. The fees previously adopted by this Board for such transcription shall be applicable.

(8) Requests for continuances received prior to the hearing date may be granted by the Chairman of the Advisory Committee for good cause shown or held by the chairman for action by the committee.

(9) The Advisory Committee shall conduct the hearing, receive all evidence and shall thereafter make its recommendations to the Board for an appropriate order. Such recommendations shall be made within 5 days after the hearing. An aggrieved party may appeal such finding to the Board within thirty (30) days of the issuance of the Advisory Committee's Recommendations.

(10) Appeals to the Board must be made by written request of the appellee. Parties will be afforded an opportunity to make oral arguments to the Board.

435:40-1-11. Fees

All fees regarding electrologist licensure, renewal must be approved by the Board.

435:40-1-12. Investigation and inspection

(a) The purpose of this section is to set out the rules governing inspection and investigation of an electrologist licensee.

(b) The Board or its designee shall have the authority to inspect a licensee's office(s) where electrolysis services are performed or to investigate a licensee suspected of violating the Registered Electrologist Act or the rules of this Chapter,

according to the rules established by the Board.

435:40-1-13. Amendments

The rules of this Chapter may be amended in accordance with the rules and procedures established by the Board in Chapter 1 of this Title.

CHAPTER 45. RESPIRATORY CARE PRACTITIONER

[Authority: 59 O.S., § 2031]

[Source: Codified 6-27-96]

SUBCHAPTER 1. ADMINISTRATION AND ORGANIZATION

435:45-1-1. Purpose

The rules of this Chapter have been adopted to implement the provisions of the Respiratory Care Practice Act and to establish the organization and procedural framework of the agency, the Advisory Committee and the Board of Medical Licensure and Supervision; to establish procedures for examination, credential review, licensure, regulation and discipline of the profession of respiratory care.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96]

435:45-1-2. Definitions

In addition to terms defined in §2027 of Title 59 of the Oklahoma Statutes, the following words and terms when used in this Chapter shall have the following meaning, unless the context clearly indicates otherwise:

"Accredited training and education program" means a respiratory technician or respiratory therapist program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization.

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

"Committee" means the Respiratory Care Advisory Committee.

"Direct supervision" means direct clinical on-site supervision that is personal management and control of the clinical practice of the student or provisional/special provisional license holder. Supervision begins when an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician signs the Form #5, Verification of Supervision, and remains in effect during the licensure application process or until the Board receives written notice of termination of supervision from the supervisor or upon the Board's approval of a new supervisor. The Form #5 supervisor delineates the specific tasks and duties to be performed and is on the premises, readily available to respond and provide direct clinical supervision sufficient to assure that the provisional license holder is practicing under the direction of an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician.

"Formally trained/licensed" means a person who has documented evidence of professional education/training in respiratory care modalities, theory, and clinical application which shall be conducted via an accredited educational program recognized by the Respiratory Therapy Advisory Committee and the Board of Medical Licensure and Supervision as providing expertise in respiratory care training. Those individuals requesting practice privileges pursuant to the provisions of the Respiratory Care Practice Act shall have evidence by written examination of their competency and the scope of their privileges shall be

determined by the evidence of their competency testing.

"Full time practice" means greater than 1,000 hours a year.

"General supervision" means the responsible supervision and control of the practice of the student or provisional/special provisional license holder. Supervision begins when an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician signs the Form #5, Verification of Supervision, and remains in effect until the Board receives written notice of termination of supervision from the supervisor or upon the Board's approval of a new supervisor. The Form #5 supervisor is regularly and routinely on-site. When not on-site, the Form #5 supervisor is on call and readily available physically or through direct telecommunication for consultation. The student or provisional/special provisional license holder will respond to acute changes in the patient's physiological state and report these findings promptly to the supervisor on duty.

"Graduate" means a non-licensed person who has completed a respiratory technician or respiratory therapist education program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization, pursuant to a provisional license issued under the regulations of this Chapter.

"Licensing period" means the two-year period from the date of original issuance of a license to an applicant.

"Practice of respiratory care" shall include, but not be limited to, the direct and indirect respiratory care services including but not limited to the administration of medical gases, pharmacological, diagnostic, and therapeutic agents and services related to respiratory care procedures necessary to implement and administer treatment, ventilatory support, maintenance of the airway via natural or artificial means, specimen collection, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by orders of a physician; observing and monitoring signs and symptoms, physiologic measurements of the cardiopulmonary system, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; and implementation, based on clinical observations, of appropriate reporting, referral, respiratory care protocol, or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state, or the initiation of emergency procedures under the rules of the Board of Medical Licensure and Supervision or as otherwise permitted in the Respiratory Care Practice Act. The practice of respiratory care shall not include the delivery, set-up, installation, maintenance, monitoring and the providing of instructions on the use of home oxygen and durable medical equipment.

"Provisional license holder" means:

(A) a person who is engaged in the practice of respiratory care for remuneration while enrolled in an accredited respiratory technician or respiratory therapist training and education program, pursuant to a provisional license;

(B) a graduate of a respiratory technician or respiratory therapist education program, accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization, who has applied to take the license examination and otherwise meets the qualifications of the Board of Medical Licensure and Supervision;

(C) a person licensed in another state, territory or country who does not qualify for a license by endorsement but has applied to take the license examination and otherwise meets the qualifications of the Board of Medical Licensure and Supervision. Such applicant must show written evidence, verified by oath, that the applicant is currently practicing or has within the last six (6) months practiced respiratory care in another state, territory or country.

"Qualified medical director" means the licensed physician responsible for respiratory care services or the licensed physician designated as such by the clinic, hospital, or employing health care facility. The physician must be a medical staff member or medical director of a health care facility licensed by the Oklahoma State Department of Health.

"Respiratory care practitioner" means a person licensed by this state and employed in the practice of respiratory care.

"Respiratory care protocols" means a predetermined, written medical care plan approved by the physician and includes standing orders. Standing orders are defined responses to specific clinical situations.

"Respiratory therapist" means an individual who has graduated from a respiratory therapist program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization.

"Respiratory therapy technician" means an individual who has graduated from a respiratory therapy technician program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organizations.

"Special provisional license holder" means all other applicants who have not passed the examination for Certified Respiratory Therapy Technician (CRTT) or Registered Respiratory Therapist (RRT); have been in the full time practice of respiratory care for a period of less than twenty-four (24) months; and through written evidence verified by oath, demonstrate that they are currently functioning in the capacity of a respiratory care practitioner, may be given a special provisional license to practice respiratory care under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician for a period of no longer than thirty-six (36) months from the effective date of the Respiratory Care Practice Act, 59 O.S., Section 2026 et seq. Such applicants must pass an entry level examination administered by the National Board of Respiratory Care during the thirty-six-month period in order to be issued a license to practice respiratory care.

"Standing order" means a defined response to a specific clinical situation.

"Student" means a person enrolled in an accredited respiratory technician or respiratory therapist training and education program and who receives no remuneration for respiratory care services performed as part of an accredited respiratory technician or respiratory therapist program. This person needs no provisional/special provisional license.

"Supervision" means direction and control of students and provisional license holders in the practice of respiratory care. The supervisor(s) indicated on the Form #5, Verification of Supervision, remain(s) responsible for the respiratory care given and is on the premises and on duty during all hours worked by the student or provisional license holder.

"Supervision of student holding provisional licenses" means the supervision of each student holding a provisional license. The Board of Medical Licensure and Supervision will send each student holding a provisional license a letter which includes a task list of procedures the student may perform. Prior to

initially engaging in any clinical assignments and upon any modification of the task list, a student provisional license holder must present the letter to his or her employer. The individual(s) who sign(s) as the supervisor of the student provisional license holder on Form #5 will also receive a copy of the letter indicating the tasks the student is able to perform when working as an employee.

"Supervisor" means an Oklahoma licensed respiratory care practitioner or an Oklahoma licensed physician who is on the premises and on duty at any time the student or provisional license holder is on duty. The Supervisor is responsible for respiratory care given by the student or provisional license holder.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 1221, eff 2-26-96 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 15 Ok Reg 3950, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1234, eff 5-14-99; Amended at 20 Ok Reg 984, eff 5-21-03]

435:45-1-3. Terms of members - removal from Committee

(a) The Respiratory Care Advisory Committee shall consist of nine (9) members, appointed as follows:

- (1) one member shall be a physician appointed by the State Board of Medical Licensure and Supervision from its membership;
- (2) one member shall be a physician appointed by the State Board of Medical Licensure and Supervision from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board;
- (3) one member shall be a physician appointed by the State Board of Osteopathic Examiners from its membership;
- (4) one member shall be a physician appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of the State Board of Osteopathic Examiners; and
- (5) five members shall be licensed respiratory care practitioners appointed by the State Board of Medical Licensure and Supervision from a list of respiratory care practitioners submitted by the Oklahoma Society for Respiratory Care (OSRC).

(b) Other than the physicians appointed from the membership of the State Board of Medical Licensure and Supervision and of the State Board of Osteopathic Examiners, the physician members shall have special qualifications in the diagnosis and treatment of respiratory problems and, wherever possible, be qualified in the management of acute and chronic respiratory disorders.

(c) The respiratory care practitioner members shall have been engaged in rendering respiratory care services to the public, teaching or research in respiratory care for at least five (5) years immediately preceding their appointments. These members shall at all times be holders of valid licenses for the practice of respiratory care in this state, except for the members first appointed by the Committee. These initial members shall, at the time of appointment, be credentialed as a Certified Respiratory Therapy Technician (CRTT) or a Registered Respiratory Therapist (RRT), conferred by the National Board for Respiratory Care (NBRC) or its successor organization, and all shall fulfill the requirements for licensure pursuant to 59 O.S., Sections 2026 et seq.

(d) Members of the Committee shall be appointed for terms of four (4) years. Provided, the terms of office of the members first appointed shall begin November 1, 1995 and shall continue for the following periods:

- (1) two physicians and two respiratory care practitioners for a period of three (3) years;
- (2) two physicians and three respiratory care practitioners for a period of four (4) years.

(e) Upon the expiration of a member's term of office, the appointing authority for that member shall appoint a successor pursuant to the provisions of this section. Vacancies on the Committee shall be filled in like manner for the balance of an unexpired term. No member shall serve more than three consecutive terms. Each member shall serve until a successor is appointed and qualified.

(f) Upon expiration or vacancy of the term of a member, the respective nominating authority may, as appropriate, submit to the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, a list of three persons qualified to serve on the Committee to fill the expired term of their respective member. Appointments may be made from these lists by the appointing authority, and additional lists may be provided by the respective organizations if requested by the State Board of Medical Licensure and Supervision or State Board of Osteopathic Examiners

(g) The State Board of Medical Licensure and Supervision may remove any member from the Committee for neglect of any duty required by law, for failure to attend at least 50% of the regularly scheduled meetings in a calendar year, for incompetency, or for unethical or dishonorable conduct.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 15 Ok Reg 2033, eff 5-26-98]

435:45-1-4. Method of operations

(a) Committee meetings - quorum - advise Board.

(1) The Respiratory Care Advisory Committee shall meet at least twice each year and shall elect biennially during odd-numbered years a chair and vice-chair from among its members. The Committee may convene at the request of the chair, or a majority of the Committee, or as the Committee may determine for such other meetings as may be deemed necessary to transact its business.

(2) A majority of the members of the Committee, including the chair and vice-chair, shall constitute a quorum at any meeting, and a majority of the required quorum shall be sufficient for the Committee to take action by vote.

(3) The Committee shall advise the Board in developing policy and rules pertaining to the Respiratory Care Practice Act, 59 O.S., Section 2026 et seq.

(b) Transaction of official business. The State Board of Medical Licensure and Supervision shall:

(1) Examine, license and renew the licenses of duly qualified applicants. To assist in the process the Board shall:

(A) Contract with the National Board of Respiratory Care for the use of the "entry-level" respiratory care examination. The fees for examination shall be determined by the National Board of Respiratory Care.

(B) Consider recommendations of the Respiratory Care Advisory Committee who will review applications and submit recommendations to the Board.

(C) Renew licenses biennially from the date of issuance.

- (2) Maintain an up-to-date list of every person licensed to practice respiratory care pursuant to the Respiratory Care Practice Act. The list shall show the licensee's last-known place of employment, last-known place of residence and the date and number of the license.
- (3) Cause the prosecution of all persons violating 59 O.S., Section 2026 et seq. and incur necessary expenses thereof. The Respiratory Care Advisory Committee shall assist the Board as directed.
- (4) Keep a record of all proceedings of the Board and make such record available to the public for inspection during reasonable hours.
- (5) Conduct hearings upon charges calling for discipline of a licensee, or denial, revocation or suspension of a license. The Respiratory Care Advisory Committee shall assist the Board as directed in conducting necessary hearings and investigations.
- (6) Share information on a case-by-case basis of any person whose license has been suspended, revoked or denied. This information shall include the name, social security number, type and cause of action, date and penalty incurred and the length of penalty. This information shall be available for public inspection during reasonable business hours and shall be supplied to similar boards in other states upon request.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96]

SUBCHAPTER 3. APPLICATION FOR LICENSURE

435:45-3-1. Application procedures

- (a) Every person seeking licensure as a respiratory care practitioner shall meet all requirements established by the Respiratory Care Practice Act and the rules of this Chapter.
- (b) Any incomplete or missing information, documentation or fees shall render the application incomplete. The issuance of a license shall be suspended pending completion of all application requirements. Applicants with incomplete applications shall be notified in writing by the Board as to their application status. Incomplete applications will be considered abandoned after sixty (60) days. Any applicable fees paid shall not be refunded.
- (c) Applications and forms shall be provided by the Board upon a written request.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96]

435:45-3-2. Required documentation

- (a) Applicants holding credentials conferred by the National Board of Respiratory Care (NBRC) as a certified respiratory therapy technician (CRTT) or as a registered respiratory therapist (RRT) must submit the following:
 - (1) "Allied Health" application form and appropriate fee(s);
 - (2) National Board of Respiratory Care credential verification, to be submitted directly from the National Board of Respiratory Care;
 - (3) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (b) Applicants who have not passed the CRTT or RRT examination and who have been practicing respiratory care in the full time capacity for a period of more than twenty-four (24) months prior to November 1, 1995 must submit the following:
 - (1) "Allied Health" application form and appropriate fee(s);

- (2) Verification of clinical experience certified to by the employing health care facility;
 - (3) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (c) Applicants who have successfully completed an accredited respiratory technician or respiratory therapist training and education program as provided by the Respiratory Care Act must submit the following:
- (1) "Allied Health" application form and appropriate fee(s);
 - (2) Verification of professional education to be completed by the educational organization and submitted directly to the Board;
 - (3) Verification of supervision;
 - (4) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (d) Students receiving remuneration as a result of their employment by a health care facility or organization and working in the capacity of a respiratory care practitioner must make application for "Provisional License" which shall include:
- (1) "Allied Health" application form and appropriate fee(s);
 - (2) Verification of supervision;
 - (3) List of competency evaluations to determine scope of practice verified and submitted directly to the Board from the educational facility. A provisional license holder can perform only those tasks verified. The list of competency evaluations may be updated on an ongoing basis by the educational facility.
- (e) Applicants who are licensed in another state, territory or country who do not qualify for a license by endorsement but have applied to take the license examination and who otherwise meet the qualifications of the Board must submit:
- (1) "Allied Health" application form and appropriate fee(s);
 - (2) Verification of clinical experience documenting either current practice or practice within the last six months of respiratory care within another state, territory or country;
 - (3) Verification of supervision;
 - (4) Verification of acceptance to sit for the National Board of Respiratory Care Certification Examination for Entry Level Respiratory Therapy Practitioners (CRTT) or verification of acceptance to sit for all examinations deemed necessary for the National Board of Respiratory Care Registry Examination for Advanced Respiratory Therapy Practitioners (RRT); and
 - (5) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (f) Applicants who have not passed the CRTT or RRT examinations and who have been in the full time practice of Respiratory care for a period of less than twenty-four (24) months, who, through written evidence verified by oath, demonstrate that they are currently functioning in the capacity of a respiratory care practitioner, may be given a "Special Provisional License" to practice respiratory care under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician for a period of no longer than thirty-six (36) months from November 1, 1995. Applicants must submit:
- (1) "Allied Health" application form and appropriate fee(s);
 - (2) Verification of supervision;
 - (3) Verification of clinical experience;

- (4) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (g) Foreign-educated therapists whose native language is not English shall submit evidence of having passed the Test of English as a Foreign Language (TOEFL) with a score of at least 560; the Test of Spoken English (TSE) with a score of at least 50; and the Test of Written English (TWE) with a score of at least 4.5.
- (h) Applicants who have never held an Oklahoma license and who have not practiced within the previous twelve months wishing to obtain a license may be required to meet one or more of the following guidelines:
 - (1) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety(90) days.
 - (A) The supervising Therapist(s) shall provide to the Committee a report on the applicant's performance prior to licensure.
 - (B) Upon a personal appearance by the applicant the Committee has the discretion to change the level of supervision to general supervision.
 - (2) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
 - (3) Personal appearance before the Advisory Committee.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 15 Ok Reg 3952, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1234, eff 5-14-99; Amended at 18 Ok Reg 2646, eff 7-12-01]

435:45-3-3. Authorization to practice temporarily

For the purpose of safeguarding the health, safety and welfare of the public, the Secretary of the Board may authorize the temporary practice, under the supervision of a licensed respiratory care practitioner, in the interim between acceptance of completed application and issuance of a license.

[Source: Added at 13 Ok Reg 2695, eff 6-27-96]

435:45-3-4. Reinstatement guidelines

Respiratory Therapists with licenses lapsed twelve months or less wishing to apply for reinstatement of licensure will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) At least 12 continuing respiratory care education units.
- (3) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety (90) days. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (4) Pass the National Board for Respiratory Care (NBRC) entry-level examination.

[Source: Added at 15 Ok Reg 784, eff 12-15-97 (emergency); Added at 15 Ok Reg 2034, eff 5-26-98]

435:45-3-5. Re-entry guidelines.

Respiratory Therapists with licenses lapsed more than twelve months wishing to re-enter the practice of Respiratory Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.

- (2) Practice under the direct supervision of a licensed Respiratory Therapist for one month (at least 22 days) for each year the license was lapsed. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (3) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (4) Obtain continuing education as determined by the Committee.

[Source: Added at 15 Ok Reg 784, eff 12-15-97 (emergency); Added at 15 Ok Reg 2034, eff 5-26-98; Amended at 23 Ok Reg 1102, eff 5-11-06]

SUBCHAPTER 5. REGULATION OF PRACTICE

435:45-5-1. Continuing education.

- (a) The purpose of continuing education is to aid in maintaining competency in the advancing art and science of respiratory care. Continuing education is a variety of forms of learning experiences including, but not limited to, lectures, conferences, academic studies, in-services education, institutes, seminars, home study, Internet courses, and workshops taken by Respiratory Care Practitioners for licensure renewal. These learning experiences are meant to enhance the knowledge of the Respiratory Care Practitioner in direct and indirect patient care. Continuing education does not include basic education or training needed to become a licensed RCP.
- (b) All program objectives, curricular content, presenter qualifications, and outcomes shall be subject to review. Contact hours will be determined based on program content, outcomes, and participant involvement.
- (c) Respiratory Care Practitioner licenses shall be renewed every two years on or before the last day of the month in which initial licensure was granted.
- (d) Regardless of the source, continuing education hours must be in clinical respiratory care or related areas of health care. The Board may consult with the Committee to resolve questions as to appropriate continuing education hours. The Board of Medical Licensure and Supervision shall be the final authority on acceptance of any educational activity requirements submitted by a licensee to meet the continuing education requirements.
- (e) Licensees shall be responsible for submitting documentation of their continuing education unit activities to the Board upon request.
- (f) Respiratory Care Practitioners must accrue twelve (12) CRCE (Continuing Respiratory Care Education) credits in each successive two year period (biennium) to maintain a license to practice in the state of Oklahoma. At least half of the required Continuing Respiratory Care Education hours must be directly related to clinical practice. Unless otherwise specified, one clock hour of direct instruction/training class time is equivalent to one continuing education unit.
- (g) The Board shall accept American Medical Association (AMA) and American Osteopathic Association (AOA) credits. Other acceptable continuing education credits include all programs approved by, or where applicable the affiliates of, the American Association for Respiratory Care (AARC); the American Thoracic Society (ATS); the American College of Chest Physicians (ACCP); the American Society of Anesthesiology (ASA); the American Lung Association (ALA); the American College of Cardiology (ACC); the American Heart Association (AHA); the American Nursing Association (ANA), American Red Cross and the American Council for Continuing Medical Education (ACCME).

(h) Other agencies and professional organizations may be considered and approved for eligible continuing education credits upon review by the Chairman of the Committee with final approval by the Secretary of the Board. Those wishing to sponsor a program/meeting/class and receive approval for awarding CRCE credits must contact the Board and receive approval in advance. To apply toward satisfaction of the continuing education requirements, the following shall be submitted:

- (1) The request shall be submitted in writing to the Board office at least thirty (30) days prior to the program. The Board shall give written notification of the approval or disapproval of the educational program or seminar.
- (2) A request to be an eligible continuing education seminar or course shall include:
 - (A) Name of the seminar or course;
 - (B) Sponsoring party;
 - (C) Objective of the seminar or format and subjects of seminar or course;
 - (D) Number of hours resulting in CRCEs;
 - (E) Method for certification of attendance;
 - (F) Name and qualifications of the faculty; and
 - (G) Evaluation mechanism.

(i) RCPs who submit proof of successful completion of the National Board for Respiratory Care (NBRC) entry or the advanced practitioner credentialing examination or recertification examination may be granted continuing education credit as awarded by the American Association for Respiratory Care.

(j) Credits may be awarded for completion of continuing education processes in accordance with the following guidelines:

- (1) Direct conference/lecture/classroom attendance - 1.0 CRCE per hour.
- (2) Teleconference (audio only) - 0.5 CRCE per hour.
- (3) Teleconference (audio with handouts or slides) - 1.0 CRCE per hour.
- (4) Videoconference (live video) - 1.0 CRCE per hour.
- (5) Video tape instruction/programs - 0.2 CRCE per hour.
- (6) Correspondence journal/workbooks with test - 0.2 CRCE per subject.
- (7) Interactive video instruction (computer) with test - 1.0 CRCE per subject.
- (8) NBRC recertification examination (passing) - 6.0 CRCE per biennium.
- (9) Resuscitation and life support courses - limit one of the following courses per compliance period:
 - (A) Advanced Cardiac Life Support - 6 CRCE;
 - (B) Neonatal Resuscitation Program - 6 CRCE;
 - (C) Pediatric Advanced Life Support - 6 CRCE;
 - (D) Advanced Trauma Life Support - 6 CRCE;
 - (E) Basic Life Support - 6 for initial certification; 3 for recertification.

(k) **Audit/Verification.** The Board staff will, each year, randomly or for cause select licensees to be audited for verification that continuing education requirements have been met.

(l) **Compliance.**

- (1) Licensees selected for audit must submit verification of meeting the continuing education requirement.

- (2) Failure to submit such records shall constitute an incomplete application and shall result in the application being returned to the licensee and the licensee being unable to practice.
- (3) A license obtained through misrepresentation shall result in Board action.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 15 Ok Reg 274, eff 10-1-97 (emergency); Amended at 15 Ok Reg 3954, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1234, eff 5-14-99; Amended at 18 Ok Reg 1321, eff 5-11-01; Amended at 23 Ok Reg 822, eff 3-16-06 (emergency); Amended at 24 Ok Reg 1107, eff 5-11-07; Amended at 27 Ok Reg 2687, eff 8-26-10]

435:45-5-2. Renewal of provisional license

(a) A provisional respiratory care practitioner license may be renewed every six months on or before the last day of the month in which the license expires. The application and fee for renewal of licensure shall be postmarked or hand delivered to the Board office on or before the required date. A provisional license may be renewed up to four times except that the license may not be renewed after elapse of one year from the date of graduation from a respiratory technician or respiratory therapist training and education program. To renew the license, the licensee must present evidence of:

- (1) current enrollment in a respiratory technician or respiratory therapist training and education program; or
- (2) verification of acceptance to sit for the National Board of Respiratory Care examination or submission of proof of having sat for the exam but awaiting results, provided that the license may not be renewed after elapse of one year from the date of graduation.

(b) Provisional licensees with licenses lapsed more than thirty days may be required to make a personal appearance before the Committee in addition to meeting requirements set out above.

[Source: Added at 18 Ok Reg 1321, eff 5-11-01]

435:45-5-3. Grounds for disciplinary action

(a) The Respiratory Care Advisory Committee may recommend to the Board to reprimand or place on probation any holder of a respiratory care practitioner (RCP) license, or may limit, suspend or revoke privileges, or may revoke or suspend any license issued to an RCP or deny a license to an applicant for unprofessional conduct. Acts which constitute unprofessional conduct include, but are not limited to:

- (1) Habitually intemperate or addicted use of any drug, chemical or substance which could result in behavior that interferes with the practice of respiratory care and the responsibilities of the licensee.
- (2) Unauthorized possession and use of illegal or controlled substances or pharmacologic agents without lawful authority or prescription by an authorized and licensed independent practitioner of the state of Oklahoma.
- (3) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.
- (4) Falsely manipulating drug supplies, narcotics or patient records, or forging a prescription for medication/drugs, or presenting a forged prescription.
- (5) Conviction of, or confession or plea of no contest to, a felony or of a crime involving moral turpitude.

- (6) Conviction of, or confession or plea of no contest to, a drug related offense.
- (7) Falsifying documents submitted to the Respiratory Care Advisory Committee or the Oklahoma State Board of Medical Licensure and Supervision.
- (8) Obtaining or attempting to obtain a license, certificate or documents of any form as a respiratory care practitioner by fraud or deception.
- (9) Aiding, abetting or assisting any other person to violate or circumvent any law or rule or regulation intended to guide the conduct of a respiratory care practitioner.
- (10) Failure to report through proper channels the unsafe or illegal practice of any person who is providing patient care.
- (11) Negligence while in practice as a respiratory care practitioner or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.
- (12) Engaging in fraudulent billing practices and/or violation of federal Medicare and Medicaid laws or state medical assistance laws.
- (13) Being adjudged mentally incompetent by a court of competent jurisdiction.
- (14) Failing to timely make application for license renewal.
- (15) Verbally or physically abusing patients.
- (16) Discriminating in the rendering of patient care and respiratory care assignment(s).
- (17) Inaccurate recording, falsifying or altering of patient records.
- (18) Leaving a patient care assignment or patient without properly advising appropriate personnel.
- (19) Violating the confidentiality of information or knowledge concerning a patient(s).
- (20) While engaged in the care of a patient, engaging in conduct with a patient, patient family member or significant other which is seductive or sexually demeaning/exploitive in nature.
- (21) Violating any provision of the Respiratory Care Practice Act or the rules promulgated by the Board.
- (22) Failure to furnish the Board, its investigators or representatives, information lawfully requested by the Board.
- (23) Failure to cooperate with a lawful investigation conducted by the Board.
- (24) Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of an action, stipulation, agreement or order of the Board.
- (25) Participating in the competency validations for Advanced Unlicensed Assistive Personnel as relates to respiratory therapy techniques or treatments.

(b) A respiratory care practitioner who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervision of other respiratory care practitioners for so long as the Board deems appropriate; and may themselves be subject to disciplinary action pursuant to their conduct.

[Source: Added at 18 Ok Reg 2646, eff 7-12-01]

435:45-5-4. Standards of ethics and professional conduct

(a) **Purpose.** The rules in this section on the profession of respiratory care practitioners shall be to establish the standards of professional conduct and code of ethics required of a licensee.

(b) **Ethical and professional principles.** In the conduct of their professional activities the respiratory care practitioner shall be bound by the following ethical and professional principles. Respiratory care practitioners shall:

- (1) Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the professional and its professionals.
- (2) Actively maintain and continually improve their professional competence, and represent it accurately.
- (3) Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.
- (4) Respect and protect the legal and personal rights of patients they treat, including the right to informed consent and refusal of treatment.
- (5) Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty, or required by law.
- (6) Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- (7) Promote disease prevention and wellness.
- (8) Refuse to participate in illegal or unethical acts, and shall refuse to conceal illegal, unethical or incompetent acts of others.
- (9) Follow sound scientific procedures and ethical principles in research.
- (10) Comply with state or federal laws that govern and relate to their practice.
- (11) Avoid any form of conduct that creates a conflict of interest, and shall follow the principles of ethical business behavior.
- (12) Promote the positive evolution of the professional, and health care in general, through improvement of the access, efficacy, and cost of patient care.
- (13) Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.

[Source: Added at 18 Ok Reg 2646, eff 7-12-01]

CHAPTER 50. LICENSED PEDORTHISTS

[Authority: 59 O.S., § 2304]

[Source: Codified 6-28-02]

SUBCHAPTER 1. GENERAL PROVISIONS

435:50-1-1. Purpose

The rules of this Chapter have been adopted to assist in the implementation and enforcement of the Oklahoma Licensed Pedorthists Act.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

435:50-1-2. Interpretation of rules and regulations

If any section, sentence, clause, or phrase of this Chapter shall be held, for any reason, to be inoperative or unconstitutional, void, or invalid, the validity of the remaining portion of the rules shall not be affected thereby, it being the intention of

the Oklahoma State Board of Medical Licensure and Supervision in adopting the rules that no portion or provision herein shall become inoperative or fail by reason of the unconstitutionality or invalidity of any portion or provision, and the Oklahoma State Board of Medical Licensure and Supervision does hereby declare it would have severally passed and adopted the provisions contained in this Chapter separately and apart one from another.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

435:50-1-3. License required

Effective January 1, 2002, any person who holds him or herself out to be a pedorthists or uses the title pedorthists or common variants of that title must possess a valid license issued by the Board.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

435:50-1-4. Definitions

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

"**ABC**" means the American Board for Certification in Orthotics, Prosthetics & Pedorthics.

"**Accommodative device**" means a device designed with a primary goal of conforming to the individual's anatomy. [59 O.S. ss. 2302]

"**BCP**" means the Board for Certification in Pedorthics.

"**BOC**" means the Board for Orthotist/Prosthetist Certification.

"**Board**" means the State Board of Medical Licensure and Supervision. [59 O.S. ss. 2302]

"**Certified Pedorthist (C.Ped.)**" means a professional whose competence in the practice of pedorthics is attested to by issuance of a credential by the American Board for Certification in Orthotics, Prosthetics & Pedorthics or the Board for Orthotist/Prosthetist Certification. [59 O.S. ss. 2302]

"**Committee**" means the Advisory Committee on Pedorthics.

"**Department**" means the State Department of Health. [59 O.S. ss. 2302]

"**Direct supervision**" means personal supervision and specific delineation of tasks and responsibilities by an Oklahoma licensed pedorthist and shall include the responsibility for personally reviewing the work by the supervisee. It is the responsibility of the Oklahoma licensed pedorthist to be on site during treatment to ensure that the supervisee does not perform duties for which he is not trained.

"**Full-time**" means greater than 2,000 hours a year.

"**General supervision**" means responsible supervision and control, with the Oklahoma licensed pedorthist providing both initial direction and periodic inspection of the supervisee's work. Such plan of treatment shall not be altered by the supervised individual without prior consultation with and approval of the supervising pedorthist. The supervising pedorthist need not always be physically present or on the premises when the supervisee is performing services; however, except in cases of emergency, supervision shall require the availability of the supervising pedorthist for consultation with and direction of the supervised individual.

"**Licensed Pedorthist**" or "**L.Ped.**" means a person who is licensed as required by the Oklahoma Licensed Pedorthists Act, who regularly practices pedorthics, and who is therefore entitled to represent himself or herself to the public by a title or description of services that includes the term "pedorthist".

"Pedorthic device" means therapeutic shoes, shoe modifications made for therapeutic purposes, partial foot prostheses and custom made orthoses, inserts, inlays or variants thereof for use from the ankle and below, but does not include nontherapeutic accommodative inlays or nontherapeutic accommodative footwear, regardless of method of manufacture, unmodified over-the-counter shoes, or prefabricated foot care products. [59 O.S. ss. 2302]

"Pedorthist" means a person who measures, designs, fabricates, fits or services pedorthic devices and assists in the formulation of the order of pedorthic devices as prescribed by a licensed physician, licensed podiatrist, or chiropractor for the support or correction of disabilities caused by diseases, injuries or deformities.

"Practice of pedorthics" means the practice, pursuant to a written prescription from a physician when addressing a medical condition, of evaluating, planning treatment, measuring, designing, fabricating, assembling, fitting, adjusting, managing of the patient, or servicing of painful and/or disabling conditions of the foot and ankle.

"Subtalar - Control Foot Orthosis (SCFO)" means a lower extremity orthosis designed to manage the function of the anatomy distal to the ankle joint by controlling the range of motion of the subtalar joint. The proximal length of a SCFO does not extend beyond the musculotendonis junction of the gastrocnemius and calcaneal (Achilles) tendon. A SCFO is an improved method of treatment of conditions related to the foot demanding additional surface area to control forces. A SCFO does not include a supramalleoli orthosis.

(A) Ankle joint as used in this definition includes the following:

(i) Ankle joint articulations

(I) Talus - Talar trochlea

(II) Tibia - Inferior articular surface; Articular surface of the medial malleolus

(III) Fibula

(IV) Articular surface of the inferior lateral malleolus

(ii) Ankle joint function. The ankle joint is a single plane joint consisting of the sagittal motions of plantar flexion and dorsiflexion.

(B) Subtalar joint as used in this definition includes the following:

(i) Subtalar joint articulations

(I) Calcaneous - Middle articular surface; Posterior articular surface

(II) Talus - Talo-calcaneal; Talo-navicular

(ii) Subtalar Joint Function. The subtalar joint is a multi-plane or tri-plane motion joint consisting of the frontal plane motion of inversion/eversion, the transverse plane motion of abduction/adduction, and the sagittal plane motion of flexion/extension.

"Therapeutic device" means a device that addresses a medical condition.
[59 O.S. ss. 2302]

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02; Amended at 20 Ok Reg 2461, eff 7-11-03; Amended at 26 Ok Reg 1083, eff 5-11-09]

435:50-1-5. Advisory Committee on Pedorthics

(a) **Purpose.** The rules in this section shall set out the organization and administration and other general procedures and policies governing the operation of the Advisory Committee on Pedorthics.

(b) **Meetings.**

(1) The Committee may convene at the request of the chair, or a majority of the Committee, or as the Committee may determine for such other meetings as may be deemed necessary to transact its business.

(2) The chairperson may call special meetings at such times and dates as become necessary for the transaction of advisory committee business.

(3) Meetings shall be announced and conducted under the provisions of the Oklahoma Open Meeting Law.

(c) **Quorum.** A quorum of the advisory committee necessary to conduct official business is three (3) members.

(d) **Attendance.** The policy of the advisory committee is that members will attend regular committee meetings as scheduled, except that absence from two regular meetings, without acceptable reasons, constitutes self-removal from the committee.

(e) **Transaction of official business.**

(1) The advisory committee may transact official business only when in a legally constituted meeting with a quorum present.

(2) The advisory committee shall not be bound in any way by any statement or action on the part of any advisory committee member except when a statement or action is in pursuance of specific instructions of the advisory committee.

(3) Advisory committee action shall require a majority vote of those members present and voting.

(f) **Policy against discrimination.** The advisory committee shall make decisions in the discharge of its statutory authority without discrimination based on any person's race, creed, sex, religion, national origin, geographical distribution, age, physical condition or economic status.

(g) **Impartiality.** Any advisory committee member who is unable to be impartial in any proceeding before the advisory committee such as that pertaining to an applicant's eligibility for licensure or a complaint against or a violation by a licensee, shall so declare this to the advisory committee and shall not participate in any advisory committee proceedings involving that individual.

(h) **Rules of order.** Roberts Rules of Order Revised shall be the basis of parliamentary decisions except where otherwise provided by this section.

(i) **Agendas.** The executive secretary shall prepare and submit to each member of the advisory committee prior to each meeting an agenda which includes items requested by the State Board of Medical Licensure and Supervision or by members of the advisory committee, items required by law, old business, and other matters of Board business which have been approved by any committee members.

(j) **Minutes.**

(1) Drafts of the minutes of each meeting shall be forwarded to each member of the advisory committee for review and approval.

(2) The official minutes of advisory committee meetings shall be kept in the office of the Board and shall be available to any person desiring to examine them during regular office hours of the Board.

(k) **Official records.**

(1) All official records of the advisory committee including application materials, except files containing investigative information shall be open for inspection during regular office hours of the Board.

(2) A person desiring to examine official records shall be required to identify himself/herself and sign statements listing the records requested and examined.

(3) Official records may not be taken from the Board offices; however, persons may obtain photocopies of files upon written request and by paying the cost per page set by the Board. Payment shall be made prior to release of the records.

(l) Elections.

(1) At the meeting held nearest after January 1 of each year, the advisory committee shall elect by a majority vote of those members present a chairperson and vice-chairperson.

(2) A vacancy which occurs in the offices of chairperson and vice-chairperson may be filled by a majority vote of those members present and voting at the next advisory committee meeting.

(m) Committees.

(1) The advisory committee with the approval of the Board may establish sub-committees as deemed necessary to assist the advisory committee in carrying out its duties and responsibilities.

(2) The chairperson may appoint the members of the advisory committee to serve on sub-committees and may designate the sub-committee chairperson.

(3) The chairperson of the advisory committee may appoint non-advisory committee members to serve as sub-committee members on a consultant or voluntary basis subject to Board approval.

(4) Sub-committee chairperson shall make regular reports to the advisory committee in interim written reports and/or at regular meetings, as needed.

(5) Committees and sub-committees shall direct all reports or other materials to the executive secretary for distribution.

(6) Sub-committees shall meet when called by the chairperson of the sub-committee or when so directed by the advisory committee.

(n) Vacancies. Upon expiration or vacancy of the term of a member, the Oklahoma State Podiatric Association or the Oklahoma Podiatric Association, as appropriate, may submit to the State Board of Medical Licensure and Supervision, a list of three persons qualified to serve on the Committee to fill the expired term of the member. Appointments may be made from these lists by the Board and additional lists may be provided by the respective organizations if requested by the State Board of Medical Licensure and Supervision.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

435:50-1-6. Hearings

The Advisory Committee on Podiatry will assist and advise the Board as directed in conducting necessary hearings and investigations.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

435:50-1-7. Fees

All fees pertaining to podiatrists must be approved by the Board as set forth in 435:1-1-7 adopted pursuant to the Administrative Procedures Act except that the fee for initial licensure is \$150.00.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

SUBCHAPTER 3. LICENSURE/REGISTRATION/ REINSTATEMENT

435:50-3-1. General licensure provisions

- (a) No person shall perform any act prohibited by the Oklahoma Licensed Pedorthist Act for any fee or other compensation, or hold himself or herself out as a pedorthist under the Act, unless first licensed by the Board to do so. The Board directs staff to undertake affirmative action to seek the prosecution of any person suspected by the staff to be in criminal violation of any provision of the Act.
- (b) No person shall be licensed by the Board unless and until that person first fully complies with all licensure provisions of the Act and this Subchapter and has satisfied the Board of the ability of that person to practice pedorthics with reasonable skill and safety.
- (c) The Board shall not engage in any application process with any agent or representative of any applicant except as is specifically approved by the Board at a meeting of the Board and by majority vote. The Board shall entertain a request for authority for an agent or representative to represent an applicant only upon written motion by the applicant and after a personal interview with the applicant by the Secretary of the Board or the Board en banc. It is the purpose of the Board in this regard to prevent any subterfuge in the application process and so requires any person who wishes to employ an agent or representative to meet personally with the Board or Secretary.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

435:50-3-2. Board jurisdiction

The jurisdiction of the Board extends, for the purposed of 59 O.S. 2301 et seq, to pedorthics practices. It is the duty of the Board to enforce licensure requirements for persons who perform any act contemplated by 59 O.S. 2301 et seq.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

435:50-3-3. Application forms

- (a) The Board directs staff to prepare and create new forms, or modify existing forms, to be used in the application process for licensure, registration and temporary licensure or registration. Application forms shall require applicants to submit all information required by the Act.
- (b) Application forms may be obtained upon written request from the Board office.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

435:50-3-4. Application procedure

- (a) An applicant for licensure by the Board, whether by standard qualifications, alternative qualifications, Grandfather Clause or by endorsement, shall provide the Board with all information required pursuant to the Oklahoma Licensed Pedorthist Act on forms created for that purpose by staff. In addition, an applicant shall provide either original documents required or notarized or certified duplicates.
- (b) The application and forms shall be submitted to the Board accompanied by fees as set by the Board. Any incomplete or missing information, documentation or fees shall render the application incomplete. No license shall be issued unless all application requirements have been met. Incomplete applications will be considered abandoned after one year. Any applicable fees paid shall not be

refunded.

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

(d) Any Board or Committee member, based on any response to any question or request for information on the application form, may request an applicant to provide any additional information that the Board or Committee member feels is necessary or useful to determine the applicant's ability to practice pedorthics.

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

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

(g) The applicant shall pay all necessary fees related to the application.

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

(i) The Board must be in receipt of correspondence from the Board of Certification in Pedorthics prior to issuance of any pedorthic license according to standard qualifications. The Board may also contact other sources as necessary. Should information be found through correspondence with the ABC, BOC or other sources that was previously unknown to the Board, the application will be held until such time as the Secretary of the Board is satisfied that the information has been validated by the staff.

(j) An applicant may withdraw an application for licensure at any time prior to the submission of the application for consideration by members of the Committee. No application may be withdrawn by an applicant after it has been submitted to members of the Committee.

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

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02; Amended at 26 Ok Reg 1083, eff 5-11-09]

435:50-3-5. Standard requirements for licensure

(a) Every person seeking licensure as a pedorthist shall meet all requirements established by the Oklahoma Licensed Pedorthist Act and the rules of this Chapter.

(b) Applicants holding pedorthic credentials conferred by the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC) or the Board for Orthotist/Prosthetist Certification (BOC) shall submit to the Board verification of Certification directly from the ABC or BOC (proof of ABC or BOC certification in pedorthics shall constitute satisfactory evidence of applicant meeting educational requirements for licensure).

(c) Applicants who have never held an Oklahoma license and who have not practiced within the previous twelve months wishing to obtain a license, in addition to meeting requirements set out in 435:50-3-5(a), may be required to meet one or more of the following guidelines:

(1) Practice under the direct supervision of a licensed Pedorthist for up to ninety (90) days.

(A) The supervising pedorthist(s) shall provide to the Committee a report on the applicant's performance prior to licensure.

(B) Upon a personal appearance by the applicant the Committee has the discretion to change the level of supervision to general supervision.

(2) Provide proof of at least two (2) continuing education points for each month out of practice.

(3) Retake and pass the American Board for Certification in Orthotics, Prosthetics & Pedorthics or the Board for Orthotist/Prosthetist Certification pedorthic examination.

(4) Personal appearance before the Advisory Committee.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02; Amended at 26 Ok Reg 1083, eff 5-11-09]

435:50-3-6. Alternative requirements for licensure

A person who is unable to meet standard qualifications for licensure as set out in 435:50-3-5 of this subsection may file an application for licensure based upon successful completion of the terms of a contract as provided in Title 59 O.S., Section 2306. The application shall include the "Allied Health" application form and appropriate fee(s), verification of licensure from each state from which a license is currently or has been held to practice in a medically related field, and information regarding the applicant's work history and scope of practice. The Board upon recommendation of the Committee shall establish the terms of the contract after review of the applicant's experience or other qualifications. Terms of the contract may include additional experience, education or other requirements to be achieved within a specified period of time not to exceed ten (10) years.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

435:50-3-7. Grandfather clause [requirements for registration]

Any person practicing full time during the period of November 1, 1998 through October 31, 2001 in a pedorthic facility as a pedorthist may file an application for licensure prior to January 30, 2002 for permission to continue practice at his or her identified level of practice as set out in Title 59 O.S., Section 2306 (F). The application shall include the "Allied Health" application form and appropriate fee(s), verification of licensure from each state from which a license is currently or has been held to practice in a medically related field, and information regarding the applicant's work history and scope of practice. Verification of work history will be completed by the Board within six months of the date the application is received by the Board.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

435:50-3-8. Licensure by endorsement

Requirements for licensure by endorsement for Pedorthists are as follows:

(1) Applicants for licensure by endorsement must meet all Standard requirements for licensure as set forth in the Act and rules.

(2) Any person who is currently licensed by examination as a pedorthist in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided the written examination and grade standard were that of the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC) or the Board for

Orthotist/Prosthetist Certification (BOC) or any other group approved by the Board.

(3) The application shall include the "Allied Health" application form and appropriate fee(s), verification of licensure from each state from which a license is currently or has been held to practice in a medically related field, and information regarding the applicant's work history and scope of practice.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02; Amended at 26 Ok Reg 1083, eff 5-11-09]

435:50-3-9. Requirements for temporary licensure

For the purpose of safeguarding the health, safety and welfare of the public, the Secretary of the Board may authorize the temporary practice, under the supervision of a licensed pedorthist, in the interim between acceptance of completed application and issuance of a license. The applicant will practice under the direct supervision of a licensed pedorthist unless proof of current certification by the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC) or the Board for Orthotist/Prosthetist Certification (BOC) is presented. If proof of current ABC or BOC certification is presented, the applicant may practice under the general supervision of a licensed pedorthist.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02; Amended at 26 Ok Reg 1083, eff 5-11-09]

SUBCHAPTER 5. ANNUAL RENEWAL/CONTINUING EDUCATION

435:50-5-1. Definitions

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

"Compliance period" means the initial compliance period from January 1, 2003 through December 31, 2003 and each successive calendar year.

"Continuing education" means those appropriate learning experiences pedorthists undertake to expand their scope of knowledge beyond the basic preparation for the profession of pedorthics and should be related to pedorthic technique and application, pedorthic assessment, patient management, practice management and professional responsibility.

"One (1) contact hour" means one 60 minute instructional period.

"One (1) Continuing Education Point or CEP" means one contact hour.

"Pre-approval" means the continuing education experience has received approval prior to the end of the compliance period by the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC), the Board for Orthotist/Prosthetist Certification (BOC) or the Advisory Committee on Pedorthics.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02; Amended at 26 Ok Reg 1083, eff 5-11-09]

435:50-5-2. Requirements for renewal of license

(a) **Purpose.** The purpose of this section is to set out the rules governing pedorthist license renewal and replacement.

(b) **Date required to renew.**

(1) A licensee must renew the license annually.

(2) The application and fee for the renewal of the license shall be postmarked or hand delivered to the Board office not later than January

31st.

(3) Each licensee is responsible for renewing the license on or before the required date and shall not be excused from paying additional fees or penalties.

(c) Renewal procedure.

(1) At least thirty (30) days prior to January 31st, the Board will send an application for renewal of the license, and the amount of the renewal fee due. The licensee must complete the application and return it to the Board office with the required fee. The timely return of the completed renewal form shall be considered confirmation of the receipt of renewal notification.

(2) The license renewal form for all licensees shall require in addition to other information, the preferred mailing address and primary practice address.

(3) The Board shall not consider a license to be renewed until it receives the completed license renewal form, the required fees set by the Board and proof of eleven continuing education points.

(4) The Board shall issue to a licensee who has met all requirements for renewal a renewal of license identification card.

(d) Late renewal.

(1) The Board shall notify a person who has not renewed a license after a period of more than thirty (30) days that their license is inactive.

(2) A person whose license is inactive for not more than thirty (30) days may renew the license by paying to the Board the required renewal fee and a penalty fee as established by the Board in **OAC 435:1-1-7. Fees.**

(3) A person whose license has been inactive for more than thirty (30) days but less than one (1) year from the last day for renewal of the license may renew the license by paying to the Board the unpaid licensure renewal fees, plus a late penalty as established by the Board in **OAC 435:1-1-7. Fees.**

(4) A person whose license has been lapsed more than twelve months wishing to re-enter the practice of pedorthics shall meet all application requirements in effect at the time reinstatement is requested. In addition, the pedorthists may be required to meet one or more of the following:

(A) Practice under the direct supervision of a licensed Pedorthist for up to ninety (90) days.

(i) The supervising pedorthist(s) shall provide to the Committee a report on the applicant's performance prior to licensure.

(ii) Upon a personal appearance by the applicant the Committee has the discretion to change the level of supervision to general supervision.

(B) Provide proof of at least two (2) continuing education points for each month out of practice.

(C) Retake and pass the Board for Certification in Pedorthists examination.

(D) Personal appearance before the Advisory Committee.

(e) Replacement of license. The Board will replace a lost, damaged or destroyed license certificate or license identification card upon application by the licensee and payment of fees established by the Board. Applications must include an affidavit detailing the loss or destruction of the licensee's original license or license identification card, or be accompanied by the damaged certificate or card.

435:50-5-3. Continuing education requirements for renewal

(a) Every year pedorthists seeking to renew licensure must show proof of current certification by the American Board for Certification in Orthotics, Prosthetics and Pedorthics or obtain 11 continuing education points as set out in 435:50-5-4 and 435:50-5-5 of this subsection. No continuing education hours may be carried over from one compliance period to another.

(b) Any applicant for renewal who cannot meet the requirements for continuing education may make a written request for an extension from the Board. The request shall include a plan for completion of the continuing education requirements within the requested extension period. An extension with a temporary license for a period of up to one calendar year may be granted if circumstances make it impossible or extremely difficult for the applicant to obtain the required continuing education hours. Such circumstances may include, but are not limited to, extended illness, family emergency, etc.

(c) Each licensee is responsible for maintaining evidence/proof/record of participation in a continuing education experience for a minimum of six years. Such proof shall include:

- (1) date, place, course title, schedule, presenter(s), etc.,
- (2) number of contact hours for activity,
- (3) proof of completion, such as abstracts, certificates of attendance, or other certification of completion.

(d) Individuals licensed between June 1 and January 31 will not be required to obtain continuing education points for their first renewal period.

(e) The Advisory Committee on Pedorthics shall conduct random audits of the continuing education records of the number of licensees that time and resources permit. The Committee may appoint a sub-committee to review audits and requests for approval of continuing education experiences and make recommendations to the Committee for disposition.

(f) Penalties for failure to comply with continuing education requirements may be assessed after notice and hearing as required by law. Penalties may include imposition of additional continuing education contact hours, probation of license, suspension of license, or revocation of license.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02; Amended at 28 Ok Reg 658, eff 5-12-11]

435:50-5-4. Approval of continuing education

(a) Pedorthic-related continuing education that is offered or approved by the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC), Board for Orthotist/Prosthetist Certification (BOC) or Pedorthic Footwear Association or that has been approved by other U.S. pedorthics licensing bodies which also require continuing education is automatically accepted by the Committee as approved continuing education points.

(b) Pre-approval by the ABC, BOC or by the Committee is required for guaranteed credit. Workshops or seminars not pre-approved may or may not be accepted for credit if submitted at the time of audit. To receive approval for CEPs from the Committee, the licensee must provide the following materials regarding the program or course for which credit is sought:

- (1) A program agenda showing a breakdown of time spent in instruction periods, break time, meals, etc., in the case of film or tape presentation, duration, title, and a brief summary of presentation, or in the case of

- academic course work, a copy of the course syllabus;
- (2) A statement of the course or program's goals and objectives sufficient to provide information for evaluation of relevancy and practical application to the field of pedorthics;
- (3) Documentation of instructor background/expertise;
- (4) location of the program, include the location city, state, and zip, name and phone number of contact person.
- (5) method of certifying attendance
- (6) copy of published material (if applicable).

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02; Amended at 26 Ok Reg 1083, eff 5-11-09]

435:50-5-5. Methods for obtaining continuing education

(a) **Traditional methods.** Traditional methods for obtaining continuing education are listed below. One sixty (60) minute session equals one CEP:

- (1) Workshops
- (2) Seminars
- (3) Conferences

(b) **Presentation of pedorthics programs.** One sixty (60) minute presentation of original material equals two CEPs. No additional points for subsequent presentations will be granted. Reiteration of information obtained from attendance at a continuing education program will not qualify.

(c) **Publication.** Writing for professional publication or production of other media such as videotape, slide/tape presentation, etc. that is available for general viewing may be awarded continuing education credit. Actual number of points granted will be determined by the Committee.

- (1) Each published paper and/or chapter may receive a maximum of fifteen CEPs.
- (2) Each published abstract and/or book review may receive a maximum of ten CEPs.
- (3) Each published case study/report may receive a maximum of ten CEPs.
- (4) Each published production may receive a maximum of fifteen CEPs.

(d) **Research.**

- (1) Principal or co-investigator, project director or research assistant. Research proposal and final results submitted to Committee for approval. Maximum of ten CEPs.
- (2) Quality assurance studies completed and published in a journal, newsletter or professional magazine. Maximum of five CEPs.

(e) **Formal course work.**

- (1) College and university course work directly relating to improvement, advancement or extension of one's skills as a pedorthist. Maximum of eleven CEPs.
- (2) College and university courses that are indirectly related, yet support skills and knowledge will be evaluated individually and assigned value accordingly by the Committee (i.e. business, improving human relations, etc.). Maximum of ten CEPs.

(f) **Study groups.** Study groups are defined as a series of meetings designed for intense study in a pedorthics related topic. A minimum of four participants and four hours of participation are required for continuing education eligibility. Those seeking approval for a group study project shall submit a full description including an outline of the topics and subtopics, bibliographical citations or copies of the

printed materials, a time and place of study, the methods to be used, the number of hours of credit sought, and any other information relevant to the evaluation of the proposed projects. A sixty (60) minute instructional period will equal one contact hour.

(g) **Self-instruction.** Self-instruction may include but not be limited to activities such as reading professional literature, reviewing video programs and listening to audio programs relating to pedorthics. Video and audio programs - 60 minutes of running time equals one contact hour. One professional article or each chapter in a book will equal one contact hour. Limit two (2) contact hours per compliance period.

(h) **In-service training.** In-service training is an educational presentation pertaining to pedorthics in evaluation, assessment or treatment of patients, provided by a practice setting. Job required training sessions such as HIV, safety, CPR, etc. will not qualify. One sixty (60) minute instructional period equals one contact hour.

(i) **Correspondence courses and Computer Based Instruction.** Correspondence courses and computer based instruction is defined as organized course content in a text or computer-generated format. Hours awarded to be determined by the Committee after review.

(j) **Activities not accepted.** Learning opportunities not listed above may be considered for continuing education credit, but will require preapproval. However, the following are some examples of activities that will not be accepted:

- (1) Regularly scheduled education opportunities provided within an institution, such as rounds.
- (2) Staff meetings.
- (3) Meetings, workshops or seminars held by personnel with less medical training than licensed pedorthists.
- (4) Teaching personnel, students or staff within one's job requirement.
- (5) Non-educational meetings, entertainment or recreational activities at professional meetings.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

SUBCHAPTER 7. REGULATION OF PRACTICE

435:50-7-1. Grounds for disciplinary action

(a) The Advisory Committee on Pedorthics may recommend to the Board to reprimand or place on probation any holder of a Pedorthics license (L. Ped.), or to limit, suspend or revoke privileges, or to revoke or suspend any license issued to an L.Ped. or to deny a license to an applicant for unprofessional conduct. Acts which constitute unprofessional conduct include, but are not limited to:

- (1) Habitual intemperance or habitual use of any habit forming drug, chemical or substance that could result in behavior that interferes with the practice of pedorthics and the responsibilities of the licensee.
- (2) Unauthorized possession or use of illegal or controlled substances or pharmacologic agents without lawful authority or prescription by an authorized and licensed practitioner of the healing arts.
- (3) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.
- (4) Falsely manipulating patient records, or forging a prescription for a pedorthic device, or presenting a forged prescription.
- (5) Conviction of, or confession, plea of guilty or plea of no contest to a felony or a crime involving moral turpitude.

- (6) Conviction of, or confession or plea of guilty or plea of no contest to, a drug related offense.
- (7) Falsifying documents submitted to the Advisory Committee on Podiatry or the Oklahoma State Board of Medical Licensure and Supervision.
- (8) Obtaining or attempting to obtain a license, certificate or documents of any form by fraud or deception.
- (9) Aiding, abetting or assisting any other person to violate or circumvent any law or rule or regulation.
- (10) Failure to report the unsafe or illegal practice of any person who is licensed under this act.
- (11) Negligence while in practice as a podiatrist or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.
- (12) Engaging in fraudulent billing practices and/or violation of federal Medicare and Medicaid laws or state medical assistance laws.
- (13) Being adjudged mentally incompetent by a court of competent jurisdiction.
- (14) Failing to timely make application for license renewal.
- (15) Verbally or physically abusing patients.
- (16) Discriminating in the rendering of patient care and podiatric assignment(s).
- (17) Inaccurate recording, falsifying or altering of patient records.
- (18) Leaving a patient care assignment or patient without properly advising appropriate personnel.
- (19) Violating the confidentiality of information or knowledge concerning a patient.
- (20) While engaged in the care of a patient, engaging in conduct with a patient, patient family member or significant other which is seductive or sexually demeaning/exploitive in nature.
- (21) Violating any provision of the Oklahoma Licensed Podiatrists Act or the rules promulgated by the Board.
- (22) Failure to furnish the Board, its investigators or representatives, information lawfully requested by the Board.
- (23) Failure to cooperate with a lawful investigation conducted by the Board. Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of an action, stipulation, agreement or order of the Board.

(b) A podiatrist on probation with the Board will be prohibited from supervision of other podiatrists or temporary license holders for so long as the Board deems appropriate.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02]

435:50-7-1.1. Administrative fines

The Advisory Committee on Podiatry shall recommend to the Board an appropriate administrative fine to be levied upon anyone who is in violation of any provision of the Oklahoma Licensed Podiatrists Act or who holds himself or herself out to be a podiatrist without being duly licensed. In accordance with 59 O.S., Section 2307, a fine of up to Five Hundred Dollars (\$500.00) per day may be assessed based upon the severity of the offense.

[Source: Added at 22 Ok Reg 952, eff 5-12-05]

435:50-7-2. Standards of ethics and professional conduct

(a) **Purpose.** The rules in this section on the profession of pedorthics shall be to establish the standards of professional conduct and code of ethics required of a licensee.

(b) In the conduct of their professional activities the pedorthist shall be bound by the following ethical and professional principles.

(1) **Responsibilities to the patient.**

(A) **Services.** The pedorthist shall provide the initial evaluation and recommendation for pedorthic devices in an effective, dignified and efficient manner in accordance with the direction of patient's physician.

(B) **Recognition of foot problems.** The pedorthist shall assist lay people to recognize foot health problems and the need for appropriate medical care only out of a desire to protect one who would not otherwise seek or obtain proper medical attention. Such assistance should recommend that the patient have a physician diagnose any foot pathology.

(C) **Confidential information.**

(i) The pedorthist shall keep all information relating to a patient's background, condition, treatment, management plan or other areas relating to the pedorthist-patient relationship confidential unless prior written consent of the patient or the patient's legal guardian is received.

(ii) The pedorthist shall keep patient information that may be derived as a result of any pedorthist's peer review process confidential by all participants unless written permission to release the information is obtain from the patient or the patient's legal guardian.

(iii) The pedorthist shall keep all patient information that is derived in a workplace from a working relationship among pedorthists relating to any patient confidential.

(iv) The pedorthist shall strictly adhere to the confidentiality requirements set forth in the subsection unless the release is ordered by a court of law or release is necessary to protect the welfare of the patient and/or the community in accordance with applicable legal requirements.

(D) **Competency.**

(i) The pedorthist shall provide services that reflect the best practices in the profession and use best efforts to meet the patient's pedorthic requirements.

(ii) Upon accepting an individual for pedorthic services, the pedorthist shall assume the responsibility for evaluating that individual; planning, implementing and supervising the patient's care; reevaluating and changing the pedorthic program; and maintaining adequate records of the case, including progress reports.

(iii) The pedorthist shall not fill a prescription that is beyond his/her degree of expertise.

(E) **Research.** The pedorthist shall ensure that all research projects or studies are done in accordance with standards of the American

Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC) or the Board for Orthotist/Prosthetist Certification (BOC).

(F) **Trust and honesty.** The pedorthist shall always be truthful and honest in pedorthic matters to the patient, physician, Board and the public in general.

(G) **Fees and compensation.**

(i) The pedorthist shall not engage in false, misleading or deceptive representations in relation to the cost of the services undertaken or furnished.

(ii) The pedorthist shall not recommend or provide continued pedorthics services to a patient when the pedorthist is aware that the services are being recommended or provided more frequently than necessary, or that pedorthic service has already progressed beyond the point at which further benefit to the patient is possible.

(iii) The pedorthist shall not submit false or misleading information in requesting reimbursement from third-party payers, including Medicare and private insurers.

(H) **Practice arrangements.**

(i) Except for fees earned for services performed for the patient, the pedorthist shall not give or receive valuable consideration solely because of referrals.

(ii) Participation in the business, partnership, corporation or other entity does not exempt the pedorthist, whether employer, partner or stockholder, either individually or collectively, from the obligation of complying with this Code of Ethics and the rules of the Board.

(iii) The pedorthist shall advise the Board of any employer or employee practice that is in contradiction with this Code of Ethics.

(I) **Delay in services.** The pedorthist shall not accept any prescription when the pedorthist knows or believes the pedorthic device cannot be furnished within a reasonable period of time unless the pedorthist has advised the patient in advance the approximate length of time it will take to fill the prescription. In such instances, the pedorthist must discuss the situation with the patient and prescribing health care practitioner.

(J) **Compliance with laws and regulations.** The pedorthist shall provide consultation, evaluation, treatment, business practices, and preventive care, in accordance with the laws and regulations of the State of Oklahoma.

(K) **Consumer protection.** The pedorthist shall report to the Board any conduct that appears to be unethical, incompetent or illegal. Failure to report any such behavior that is known to the pedorthist shall be unethical.

(L) **Maintenance of patient records.** The pedorthist shall initiate and maintain appropriate records about his/her service with each patient. The pedorthist has the duty to maintain patient files in a safe manner and ensure the confidentiality of the patient's records.

(M) **Delegation of responsibility.** The pedorthist shall exercise adequate supervision over persons to whom the pedorthist has

delegated certain responsibilities requiring unique skills, knowledge or judgment. The pedorthist is responsible for pedorthic care performed by support personnel under his/her supervision. The pedorthist is responsible for assuring that adequate supervision of support personnel occurs to ensure the patient receives the necessary and appropriate care.

(N) **Illegal discrimination.** The pedorthist shall not decline to accept a patient on the basis of race, gender, color, religion or national origin or on any basis that would constitute illegal discrimination.

(O) **Discontinuing service.**

(i) The pedorthist has a duty to inform the physician if the patient fails to follow the physician's plan for pedorthic treatment or discontinues the physician's plan for pedorthic treatment prematurely.

(ii) The pedorthist may at his/her discretion discontinue or refuse pedorthic service to any patient or customer only if the laws and regulations of the State of Oklahoma are not violated.

(2) **Practitioner responsibilities to the physician.**

(A) **Diagnosis and prescription.** The pedorthist must receive a prescription from a physician before providing any pedorthic device to a patient.

(B) **Pedorthic evaluation and recommendation.**

(i) The pedorthist shall recognize that each individual patient is different and deserves specific and responsible guidance from the pedorthist.

(ii) The pedorthist, after evaluating a patient, may recommend to the physician specific pedorthic device designs along with the reasoning for such recommendation.

(iii) The pedorthist has the responsibility for the final design for the pedorthic device.

(iv) The pedorthist should only dispense pedorthic devices that are in accordance with the prescription and that meet the needs of the patient.

(v) The pedorthist shall be guided at all times by concern for the physical, emotional, social and economic welfare of the patient.

(C) **Changes in patient's condition.**

(i) When requested by the patient and/or the patient's physician, the pedorthist shall monitor and observe the patient's physical condition in connection with the pedorthic care and the prescribed pedorthic device.

(ii) The pedorthist must notify the referring physician and the patient as soon as possible of any change in the patient's condition related to the pedorthic management plan.

(D) **Altering pedorthic devices.** The pedorthist may repair or adjust a pedorthic device without notifying the prescribing physician. However, such repairs or adjustments must conform to the original prescription. Any repairs, adjustments, modifications and/or replacements that alter the original prescription must be

authorized by the physician.

(3) **Responsibilities to colleagues and the profession.**

(A) **Dignity and stature.**

(i) The pedorthist has the personal responsibility to conduct his or herself in a manner that will assure the dignity and stature of the profession of pedorthics.

(ii) The pedorthist should discharge his/her responsibilities with honor and integrity, making the greatest possible effort to satisfy the patient's pedorthic requirements.

(iii) Examples of unacceptable behavior include, but are not limited to, the misuse of the license and misrepresentation of capacity as a provider of services.

(B) **Commercialization.** The pedorthist primary professional function is to develop the pedorthic device as part of a medical treatment team. However, the pedorthist is not prohibited from providing other commercial services, such as furnishing non-therapeutic footwear, non-therapeutic custom-comfort or prefabricated foot care products, as long as each patient and the public in general are made aware of the differences between the pedorthist's professional and commercial services.

(C) **Solicitation.**

(i) It is unethical for a pedorthist to either directly or indirectly solicit the patronage of individual patients by way of intimidation, threats, harassing conduct, undue influence, coercion, duress, or solicitation of a patient who is apparently in a mental condition that impairs his/her personal judgment to make decisions concerning the products or services being offered.

(ii) The pedorthist shall abide by current Medicare or comparable government regulations regarding patient solicitations.

(D) **Board review.** The Advisory Committee on Pedorthics will determine whether the pedorthist is practicing in accordance with the laws and rules of the Board. In the event that the Committee determines that there are violations of these laws or rules, the Committee will refer the matter to the Board who shall handle the matter as a complaint and proceed in accordance with the Oklahoma Administrative Procedures Act.

(E) **Education.**

(i) The pedorthist is encouraged to support quality educational programs.

(ii) It is unethical for the pedorthist to participate in any programs, educational or otherwise, that falsely or deceptively represent the rights and privileges of the profession.

(iii) It is unethical for the pedorthist to falsify his/her continuing education units.

(iv) A pedorthist shall teach only in areas of service within his/her credentials.

(F) **Standards of practice.** The pedorthist should adhere to a standard of practice as outlined in the Act and rules and as guided

by the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC) and the Board for Orthotist/Prosthetist Certification (BOC). The pedorthist can engage in practice beyond the standards of practice if the pedorthist is directly supervised by a practitioner certified to perform those services or if the pedorthist holds credentials in that profession.

(4) Patient care by other professionals.

(A) The pedorthist should conduct himself/herself in a professional manner.

(B) Concerns regarding patient care provided by physicians or other medical professionals should be addressed directly to the professional rather than to the patient. In the event that such concerns rise to the level of criminal violation, incompetency, malpractice or a violation of the Oklahoma law or the rules of the Board, then the pedorthist must immediately notify the Board or other appropriate regulatory agency.

(C) It is unethical for a pedorthist to indulge in action or statements that can be construed by the patient or another as critical of the patient's case.

(5) Licensure. The pedorthist shall use the fact that they are licensed only as evidence of meeting the requisite standard of knowledge and competency in the profession as defined by the Board. It is unethical for a non-licensed pedorthist to represent, directly or indirectly, that he or she is licensed.

[Source: Added at 19 Ok Reg 540, eff 12-28-01 (emergency); Added at 19 Ok Reg 2314, eff 6-28-02; Amended at 26 Ok Reg 1083, eff 5-11-09]

CHAPTER 55. LICENSED ORTHOTISTS AND PROSTHETISTS AND REGISTERED TECHNICIANS AND ASSISTANTS

[Authority: 59 O.S., § 3004]

[Source: Codified 6-28-02]

SUBCHAPTER 1. GENERAL PROVISIONS

435:55-1-1. Purpose

The rules of this Chapter have been adopted to assist in the implementation and enforcement of the Oklahoma Licensed Orthotists and/or Prosthetists Act.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-1-2. Interpretation of rules and regulations

If any section, sentence, clause, or phrase of this Chapter shall be held, for any reason, to be inoperative or unconstitutional, void, or invalid, the validity of the remaining portion of the rules shall not be affected thereby, it being the intention of the Oklahoma State Board of Medical Licensure and Supervision in adopting the rules that no portion or provision herein shall become inoperative or fail by reason of the unconstitutionality or invalidity of any portion or provision, and the Oklahoma State Board of Medical Licensure and Supervision does hereby declare it would have severally passed and adopted the provisions contained in this Chapter separately and apart one from another.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-1-3. License required

Effective July 1, 2002, any person who holds him or herself out to be a Licensed Orthotist and/or Prosthetist or uses the title Orthotist and/or Prosthetist or common variants of that title or Registered Orthotist and/or Prosthetist Technician or Assistant must possess a valid license issued by the Board.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-1-4. Definitions

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

"Accommodative device" means a device designed with a primary goal of conforming to the individual's anatomy.

"Board" means the State Board of Medical Licensure and Supervision. [59 O.S., ss 3002]

"Committee" means the Advisory Committee of Orthotists and/or Prosthetists [59 O.S., ss 3002]

"Department" means the State Department of Health.

"Fitter" means a person who, under direct supervision of a licensed Orthotist and/or Prosthetist provides prefabricated fittings in accordance with a scope of practice and credential documented by a licensed Orthotist and/or Prosthetist.

"Full-time" means greater than 2,000 hours a year.

"Licensed Orthotist" means a person licensed under the Orthotics and Prosthetics Practice Act to practice orthotics (provision of orthoses) and who is entitled to represent himself or herself to the public by a title or description of services that includes the term "orthotic" or "orthotist" whom evaluates, measures, designs, fabricates, assembles, fits, adjusts, or services an orthosis as prescribed by a licensed physician for the support or correction of disabilities caused by neuromusculoskeletal diseases, injuries, or deformities.

"Licensed Prosthetist" means a person licensed under the Orthotics and Prosthetics Practice Act to practice prosthetics (provision of prostheses) and who is entitled to represent himself or herself to the public by a title or description of services that includes the term "prosthetic" or "prosthetist" who evaluates, measures, designs, fabricates, fits, or services a prosthesis as prescribed by a licensed physician for the replacement of external parts of the human body lost due to amputation or congenital deformities or absences.

"Orthosis" means a custom-fabricated or custom-fitted brace or support designed to provide for alignment, correction, or prevention of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity, not excluding those of the foot; provided, however, "orthosis" does not include soft goods such as fabric or elastic supports, corsets, arch supports, low-temperature plastic splints, trusses, elastic hose, canes, crutches, soft cervical collars, dental appliances, or essentially equivalent devices commonly sold as over-the-counter items requiring no professional advice or judgment in either size selection or use. [59 O.S., ss 3002]

"Orthotics" means the science and practice of evaluating, measuring, designing, fabricating, assembling, fitting, adjusting, or servicing an orthosis under a prescription from a licensed physician for the correction or alleviation of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity. [59 O.S., ss 3002]

"Prosthesis" means an artificial medical device that is not surgically implanted and that is used to replace a missing limb, appendage, or another external human body part including an artificial limb, hand, or foot and/or any part thereof; provided, however, "prosthesis" does not include artificial eyes, ears, fingers, toes, dental appliances, cosmetic devices such as artificial breasts, eyelashes, or wigs, or other devices that do not have a significant impact on the musculoskeletal functions of the body.

"Prosthetics" means the science and practice of evaluating, measuring, designing, fabricating, assembling, fitting, adjusting, or servicing prostheses under a prescription from a licensed physician. [59 O.S., ss 3002]

"Registered Orthotic and/or Prosthetic Assistant" means a person registered under the Orthotics and Prosthetics Practice Act who, under direct supervision of a licensed orthotist and/or prosthetist, assists with patient care services or the fabrication of orthoses and/or prostheses.

"Registered Prosthetic and/or Orthotic Technician" means a person registered under the Orthotics and/or Prosthetics Practice Act who, under the direct supervision of a licensed Orthotist and/or Prosthetist, assists with the fabrication of orthoses or prostheses but who does not provide director patient care.

"Resident" means a person who has completed an education program in either orthotics and/or prosthetics recognized by the Board and is continuing clinical education in a residency recognized by the Board and accredited by the National Commission on Orthotic and Prosthetic Education or other accrediting organization recognized by the Board.

"Student" means a person currently engaged in an education program in either orthotics and/or prosthetics, or directly related to such, recognized by the Board and accredited by the National Commission on Orthotic and Prosthetic Education or other accrediting organization recognized by the Board.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-1-5. Advisory Committee on Orthotics and/or Prosthetics

(a) **Purpose.** The rules in this section shall set out the organization and administration and other general procedures and policies governing the operation of the Advisory Committee on Orthotics and/or Prosthetics.

(b) **Meetings.**

(1) The Committee may convene at the request of the chair, or a majority of the Committee, or as the Committee may determine for such other meetings as may be deemed necessary to transact its business.

(2) The chairperson may call special meetings at such times and dates as become necessary for the transaction of advisory committee business.

(3) Meetings shall be announced and conducted under the provisions of the Oklahoma Open Meeting Law.

(c) **Quorum.** A quorum of the advisory committee necessary to conduct official business is four (4) members.

(d) **Transaction of official business.**

(1) The advisory committee may transact official business only when in a legally constituted meeting with a quorum present.

(2) The advisory committee shall not be bound in any way by any statement or action on the part of any advisory committee member except when a statement or action is in pursuance of specific instructions of the advisory committee.

(3) Advisory committee action shall require a majority vote of those members present and voting.

(e) **Policy against discrimination.** The advisory committee shall make decisions in the discharge of its statutory authority without discrimination based on any person's race, creed, sex, religion, national origin, geographical distribution, age, physical condition or economic status.

(f) **Impartiality.** Any advisory committee member who is unable to be impartial in any proceeding before the advisory committee such as that pertaining to an applicant's eligibility for licensure or a complaint against or a violation by a licensee, shall so declare this to the advisory committee and shall not participate in any advisory committee proceedings involving that individual.

(g) **Rules of order.** Roberts Rules of Order Revised shall be the basis of parliamentary decisions except where otherwise provided by this section.

(h) **Agendas.** The executive secretary shall prepare and submit to each member of the advisory committee prior to each meeting an agenda which includes items requested by the State Board of Medical Licensure and Supervision or by members of the advisory committee, items required by law, old business, and other matters of Board business which have been approved by any committee members.

(i) **Minutes.**

(1) Drafts of the minutes of each meeting shall be forwarded to each member of the advisory committee for review and approval.

(2) The official minutes of advisory committee meetings shall be kept in the office of the Board and shall be available to any person desiring to examine them during regular office hours of the Board.

(j) **Official records.**

(1) All official records of the advisory committee including application materials, except files containing investigative information shall be open for inspection during regular office hours of the Board.

(2) A person desiring to examine official records shall be required to identify himself/herself and sign statements listing the records requested and examined.

(3) Official records may not be taken from the Board offices; however, persons may obtain photocopies of files upon written request and by paying the cost per page set by the Board. Payment shall be made prior to release of the records.

(k) **Elections.**

(1) At the meeting held nearest after January 1 of each year, the advisory committee shall elect by a majority vote of those members present a chairperson and vice-chairperson. Following one's term of office on the Advisory committee, if one is reappointed to the committee, he/she may not run for specific office previously held.

(2) A vacancy which occurs in the offices of chairperson and vice-chairperson may be filled by a majority vote of those members present and voting at the next advisory committee meeting.

(l) **Committees.**

(1) The advisory committee with the approval of the Board may establish sub-committees, members of which may be recommended by the Oklahoma Association of Orthotists and Prosthetists (OAOP) as deemed necessary to assist the advisory committee in carrying out its duties and responsibilities.

- (2) The chairperson may appoint a member of the advisory committee to serve as the sub-committee chairperson and thus act as liaison with advisory committee.
- (3) The chairperson of the advisory committee may appoint non-advisory committee members to serve as sub-committee members from the active OAOP membership.
- (4) Sub-committee chairperson shall make regular reports to the advisory committee in interim written reports and/or at regular meetings, as needed.
- (5) Committees and sub-committees shall direct all reports or other materials to the executive secretary for distribution.
- (6) Sub-committees shall meet when called by the chairperson of the sub-committee or when so directed by the advisory committee.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-1-6. Hearings

The Advisory Committee on Orthotics and Prosthetics will assist and advise the Board as directed in conducting necessary hearings and investigations.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-1-7. Fees

All fees pertaining to persons licensed under the Orthotics and Prosthetics Practice Act must be approved by the Board as set forth in 435:1-1-7 adopted pursuant to the Administrative Procedures Act, except that fees for initial licensure and registration are as follows:

- (1) Licensed Orthotist/Prosthetist - \$250.00.
- (2) Registered Orthotist/Prosthetist Assistant - \$75.00.
- (3) Registered Orthotist/Prosthetist Technician - \$50.00.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

SUBCHAPTER 3. LICENSURE/REGISTRATION/REINSTATEMENT

435:55-3-1. General licensure provisions

- (a) No person shall perform any act prohibited by the Orthotics and Prosthetics Practice Act for any fee or other compensation, or hold himself or herself out as an Orthotist and/or Prosthetist under the Act, unless first licensed by the Board to do so. The Board directs staff to undertake affirmative action to seek the prosecution of any person suspected by the staff to be in criminal violation of any provision of the Act.
- (b) No person shall be licensed by the Board unless and until that person first fully complies with all licensure provisions of the Act and this Subchapter and has satisfied the Board of the ability of that person to practice orthotics and/or prosthetics with reasonable skill and safety.
- (c) The Board shall not engage in any application process with any agent or representative of any applicant except as is specifically approved by the Board at a meeting of the Board and by majority vote. The Board shall entertain a request for authority for an agent or representative to represent an applicant only upon written motion by the applicant and after a personal interview with the applicant by the Secretary of the Board or the Board en banc. It is the purpose of the Board in this regard to prevent any subterfuge in the application process and so requires any person who wishes to employ an agent or representative to meet personally with the

Board or Secretary.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-3-2. Board jurisdiction

The jurisdiction of the Board extends, for the purposes of 59 O.S. 3001 et seq, to orthotic prosthetic practices. It is the duty of the Board to enforce licensure and registration requirements for persons who perform any act contemplated by 59 O.S. 3001 et seq.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-3-3. Application forms

- (a) The Board directs staff to prepare and create new forms, or modify existing forms, to be used in the application process for licensure, registration and temporary licensure or registration. Application forms shall require applicants to submit all information required by the Orthotics and Prosthetics Practice Act.
- (b) Application forms may be obtained upon written request from the Board office.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-3-4. Application procedure

- (a) An applicant for licensure by the Board, whether by standard qualifications, alternative qualifications, Grandfather Clause or by endorsement, shall provide the Board with all information required pursuant to the Orthotics and Prosthetics Practice Act on forms created for that purpose by staff. In addition, an applicant shall provide either original documents or notarized or certified duplicates.
- (b) The application and forms shall be submitted to the Board accompanied by fees as set by the Board. Any incomplete or missing information, documentation or fees shall render the application incomplete. No license or registration shall be issued unless all application requirements have been met. Incomplete applications will be considered abandoned after one year. Any applicable fees paid shall not be refunded.
- (c) The applicant shall be forthright and open in the provision of information to the Board in the application process. No applicant shall be awarded a license or registration who does not provide the Board with complete, open and honest responses to all requests for information.
- (d) Any Board or Committee member, based on any response to any question or request for information on the application form, may request an applicant to provide any additional information that the Board or Committee member feels is necessary or useful to determine the applicant's ability to practice orthotics and/or prosthetics.
- (e) The applicant shall be candid in regard to the provision of information related to any academic misconduct or disciplinary action.
- (f) The applicant shall be provided a copy of the Act and Board rules on unprofessional conduct. The applicant shall review such rules and state candidly and honestly whether the applicant has committed any act which would constitute grounds for disciplinary action by the Board under the Act and rules of the Board.
- (g) The applicant shall pay all necessary fees related to the application.
- (h) It is the responsibility of the applicant to verify the applicant's identity and the validity of all documents or information submitted to the Board in the licensure process.

(i) The Board may contact other sources as necessary to verify information provided during the application process. Should information be found through correspondence that was previously unknown to the Board, the application will be held until such time as the Secretary of the Board is satisfied that the information has been validated by the staff.

(j) An applicant may withdraw an application for licensure at any time prior to the submission of the application for consideration by members of the Committee. No application may be withdrawn by an applicant after it has been submitted to members of the Committee.

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

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-3-5. Standard requirements for orthotic/prosthetic licensure

(a) Every person seeking licensure as an orthotist and/or prosthetist shall meet all requirements established by the Oklahoma Licensed Orthotist and/or Prosthetist Act and the rules of this Chapter.

(b) The Board must be in receipt of correspondence/documentation from the American Board for Certification and/or the Board for Orthotist Prosthetist Certification.

(c) The applicant must provide proof of current certification by the American Board for Certification in Orthotics and Prosthetics or the Board for Orthotist/Prosthetist Certification.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02; Amended at 28 Ok Reg 1753, eff 6-25-11]

435:55-3-6. Alternative requirements for licensure

(a) Pursuant to 59 O.S. ss3006, the Board may issue a provisional license to practice as an orthotist and/or prosthetist under alternative qualifications.

(b) Every person seeking licensure as an orthotist and/or prosthetist under alternative qualifications must comply with the following:

- (1) achieve a passing score on a licensure exam approved by the Board; and
- (2) execute an alternative qualification contract with the Board. The terms and length of the contract will be set by the Board upon recommendation of the Committee after review of the applicant's experience and the determination of further experience needed or other requirements to be met.

(c) During the length of the contract the Board may renew the provisional license pursuant to the provisions in section 435:55-5-2 and verification that the licensee is making satisfactory progress as required by the contract.

(d) No person shall be permitted to enter into an alternative qualification contract after October 31, 2004. A person who has not done so by October 31, 2004 shall not be issued a license to practice orthotics or prosthetics without meeting standard qualifications.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02; Amended at 22 Ok Reg 555, eff 2-8-05 (emergency); Amended at 23 Ok Reg 1103, eff 5-11-06]

435:55-3-7. Grandfather clause

Any person practicing full time during the period of November 1, 1998 through October 31, 2001 in an orthotic prosthetic facility as an orthotist and/or prosthetist may file an application for licensure prior to January 30, 2002 for

permission to continue practice at his or her identified level of practice as set out in Title 59 O.S., Section 3006 (F). The applicant must provide:

- (1) a detailed description of work history and proof of a high school diploma or equivalent; or
- (2) verifiable proof of active certification as an Orthotist and/or Prosthetist by the American Board for Certification in Orthotics and Prosthetics or by the Board for Orthotist Prosthetist Certification.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-3-8. Licensure by endorsement

Requirements for licensure by endorsement for Orthotists and/or Prosthetists are as follows:

- (1) Applicants for licensure by endorsement must meet all Standard requirements for licensure as set forth in the Act and rules. Acknowledging that each individual situation may be diverse, the Board reserves the right to evaluate each candidate's qualifications on a "case by case" basis.
- (2) Any person who is currently licensed in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided the weight of requirements for licensure are equal or greater than that of the Oklahoma Orthotics and Prosthetics Practice Act and rules of the Board.
- (3) The application shall include the "Allied Health" application form and appropriate fee(s), verification of licensure from each state from which a license is currently or has been held to practice as an Orthotist and/or Prosthetist and information regarding the applicant's work history and scope of practice.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-3-9. Requirements for Registered Orthotic/Prosthetic Assistant

- (a) Applicants who have practiced as an Orthotic and/or Prosthetic Assistant from November 1, 1998 through October 31, 2001 may file an application on forms provided by the Board for permission to continue to practice at his/her identified level of practice. The applicant must provide a detailed description of work history.
- (b) Applicants who are currently certified by the American Board for Certification in Orthotics and Prosthetics or by the Board for Orthotist Prosthetist Certification as an Orthotic and/or Prosthetic Assistant may apply by completing an application provided by the Board and submitting proof of current Certification.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-3-10. Requirements for Registered Orthotic/Prosthetic Technician

- (a) Applicants who have practiced as an Orthotic and/or Prosthetic Technician from November 1, 1998 through October 31, 2001 may file an application on forms provided by the Board for permission to continue to practice at his/her identified level of practice. The applicant must provide a detailed description of work history.
- (b) Applicants who are currently certified by the American Board for Certification in Orthotics and Prosthetics or by the Board for Orthotist Prosthetist Certification as an Orthotic and/or Prosthetic Technician may apply by completing an application provided by the Board and submitting proof of current Certification.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-3-11. Requirements for temporary licensure

For the purpose of safeguarding the health, safety and welfare of the public, the Secretary of the Board may authorize the temporary practice, under the indirect supervision of a licensed Orthotist and/or Prosthetist, in the interim between acceptance of completed application and issuance of a license.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

SUBCHAPTER 5. ANNUAL RENEWAL/CONTINUING EDUCATION

435:55-5-1. Definitions

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

"Compliance period" means the initial compliance period from November 1, 2001 through October 31, 2003 and each successive two year period.

"Continuing education" means those appropriate learning experiences Orthotists and/or Prosthetists undertake to expand their scope of knowledge beyond the basic preparation for the profession of Orthotics and Prosthetics and should be related to one of four areas: administration, education, patient care, or research with focus on the health, safety and welfare of the public. And must meet continuing education requirements accepted by the American Board for Certification.

"One (1) continuing education hour" means one 60-minute instructional period.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-5-2. Requirements for renewal of license or registration

(a) **Purpose.** The purpose of this section is to set out the rules governing requirements for the renewal and replacement of license or registration.

(b) **Date required to renew.**

(1) A licensee or registrant must renew the license or registration every two years.

(2) The application and fee for the renewal shall be postmarked or hand delivered to the Board office not later than December 31st.

(3) Each applicant for renewal is responsible for renewing on or before the required date and shall not be excused from paying additional fees or penalties.

(c) **Renewal procedure.**

(1) At least thirty (30) days prior to December 31st, the Board will send an application for renewal and the amount of the renewal fee due. The applicant must complete the application and return it to the Board office with the required fee. The timely return of the completed renewal form shall be considered confirmation of the receipt of renewal notification.

(2) The renewal form for all applicants shall require in addition to other information, the preferred mailing address and primary practice address.

(3) The Board shall not consider the applicant to be renewed until it receives both the completed renewal form and the required fees set by the Board.

(4) The Board shall issue to a licensee or registrant who has met all requirements for renewal a renewal identification card.

(d) **Late renewal.**

- (1) The Board shall notify a person who has not renewed after a period of more than thirty (30) days that their license or registration is inactive.
- (2) A person whose license or registration is inactive for not more than thirty (30) days may renew by paying to the Board the required renewal fee and a penalty fee as established by the Board in OAC 435:1-1-7. Fees.
- (3) A person whose license or registration has been inactive for more than thirty (30) days but less than one (1) year from the last day for renewal may renew by paying to the Board the unpaid renewal fees, plus a late penalty as established by the Board in OAC 435:1-1-7. Fees.
- (4) A person whose license or registration has been lapsed more than twelve months wishing to re-enter the practice of Orthotics and Prosthetics must submit an application in accordance with OAC 435:55-3-4 and may be required to meet one or more of the following:

(A) Practice under the direct supervision of a licensed Orthotist and/or Prosthetist for up to ninety (90) days.

(i) The supervising Orthotists and/or Prosthetist(s) shall provide to the Committee a report on the applicant's performance prior to licensure.

(ii) Upon a personal appearance by the applicant, the Committee has the discretion to change the level of supervision to indirect supervision.

(B) Provide proof of continued education as required or obtain such before reinstatement.

(C) Retake and pass the Oklahoma Orthotic/Prosthetic state approved licensure exam.

(D) Make personal appearance before the Advisory Committee.

(e) **Replacement of license or registration.** The Board will replace a lost, damaged or destroyed certificate or identification card upon application and payment of fees established by the Board. Applications must include an affidavit detailing the loss or destruction of the original certificate or identification card, or be accompanied by the damaged certificate or card.

(f) **Dual license holders.** A person who holds both an Orthotist license and a Prosthetist license will be required to pay one renewal fee in order to renew both licenses.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02; Amended at 20 Ok Reg 986, eff 5-21-03; Amended at 24 Ok Reg 2250, eff 6-25-07]

435:55-5-3. Continuing education requirements for renewal

(a) Every two years individuals seeking to renew licensure/registration must show proof of current certification by the American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC) or the Board for Orthotist/Prosthetist Certification (BOC), or obtain continuing education hours as follows:

(1) Orthotists and/or prosthetists must obtain thirty (30) continuing education hours. Dual disciplined licensees must obtain at least fifteen (15) hours in each discipline.

(2) Registered assistants must obtain ten (10) continuing education hours.

(3) Registered technicians must obtain six (6) continuing education hours.

(4) No continuing education hours may be carried over from one compliance period to another.

(b) Any applicant for renewal who cannot meet the requirements for continuing education may make a written request for an extension from the Board. The request

shall include a plan for completion of the continuing education requirements within the requested extension period. An extension for a period of up to one calendar year may be granted if circumstances make it impossible or extremely difficult for the applicant to obtain the required continuing education hours. Such circumstances may include, but are not limited to, extended illness, family emergency, etc.

(c) Each applicant is responsible for maintaining evidence/proof/record of participation in a continuing education experience for a minimum of six years. Such proof shall include documented evidence as provided by the American Board for Certification or Board for Orthotist Prosthetist Certification or evidence submitted by the applicant including:

- (1) date, place, course title, schedule, presenter(s), etc.,
- (2) number of contact hours for activity,
- (3) proof of completion, such as abstracts, certificates of attendance, or other certification of completion.

(d) New licentiates or registrants will be required to obtain continuing education hours on a pro rata basis based upon when the license or registration was issued during the accounting period. Furthermore, no continuing education hours will be required during the full calendar year of initial licensure or registration.

(e) The Advisory Committee on Orthotics and Prosthetics shall conduct random audits of the continuing education records of the number of licensees or registrants that time and resources permit. The Committee may appoint a sub-committee to review audits and requests for approval of continuing education experiences and make recommendations to the Committee for disposition.

(f) Penalties for failure to comply with continuing education requirements may be assessed after notice and hearing as required by law. Penalties may include imposition of additional continuing education hours, probation, suspension, or revocation of license or registration.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02; Amended at 20 Ok Reg 986, eff 5-21-03; Amended at 26 Ok Reg 2577, eff 7-11-09]

435:55-5-4. Approval of continuing education

(a) Pre-approval by the Committee is not required for guaranteed credit.

Continuing education that is offered or approved by the American Board for Certification in Orthotics and Prosthetics will automatically be accepted for credit.

(b) Pre-approval by the Committee is required for guaranteed credit.

Workshops or seminars not pre-approved may or may not be accepted for credit if submitted at the time of audit. To receive approval for continuing education hours from the Committee, the licensee must provide the following materials regarding the program or course for which credit is sought:

- (1) A program agenda showing a breakdown of time spent in instruction periods, break time, meals, etc., in the case of film or tape presentation, duration, title, and a brief summary of presentation, or in the case of academic course work, a copy of the course syllabus;
- (2) A statement of the course or program's goals and objectives sufficient to provide information for evaluation of relevancy and practical application to the field of orthotics and/or prosthetics;
- (3) Documentation of instructor background/expertise;
- (4) location of the program, including the location city, state, and zip, name and phone number of contact person.
- (5) method of certifying attendance
- (6) copy of published material (if applicable).

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-5-5. Methods for obtaining continuing education

- (a) **Traditional methods** - as accepted and outlined by the American Board for Certification or other committee approved organizations.
- (b) **Publication** - Writing for professional publication or production of other media such as videotape, slide/tape presentation, etc. that is available for general viewing may be awarded continuing education credit. Actual number of points granted will be determined by the Committee. Limited to four hours annually.
- (c) **Research**
- (1) Principal or co-investigator, project director or research assistant. Research proposal and final results submitted to Committee for approval.
 - (2) Quality assurance studies completed and published in a journal, newsletter or professional magazine.
- (d) **Formal course work**
- (1) College and university course work directly relating to improvement, advancement or extension of one's skills as an Orthotist and/or Prosthetist. (ie, kinesiology, anatomy, physiology) Each credit hour earned equals six continuing education hours.
 - (2) College and university courses that are indirectly related yet support skills and knowledge will be evaluated individually by the committee.
- (e) **Correspondence courses and Computer Based Instruction** - organized course content in a test or computer-generated format related to orthotics and/or prosthetics at college/university level.
- (f) **Activities not accepted** - Learning opportunities not listed above may be considered for continuing education credit, but will require preapproval. However, the following are some examples of activities that will not be accepted:
- (1) Regularly scheduled education opportunities provided within an institution, such as rounds.
 - (2) Staff meetings.
 - (3) Teaching personnel, students or staff within one's job requirement.
 - (4) Non-educational meetings, entertainment or recreational activities at professional meetings.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

SUBCHAPTER 7. REGULATION OF PRACTICE

435:55-7-1. Supervision

Unlicensed personnel (assistants, technicians, residents, or students) may provide orthotic and/or prosthetic services only under the supervision of an Oklahoma licensed orthotist and/or prosthetist. The licensed orthotist and/or prosthetist is responsible for personally reviewing the work by the supervisee. It is the responsibility of the Oklahoma licensed orthotist and/or prosthetist to be available to ensure that the supervisee does not perform duties for which he is not trained, educated and registered.

- (1) **Registered Orthotic/Prosthetic Assistants** are qualified to provide patient care under the direct supervision of an Oklahoma licensed orthotist and/or prosthetist; however, the licensed supervisor is responsible for determining the appropriate level of supervision based on the complexity of the item to be provided or serviced in direct relation to the Assistant's

current scope of practice. The Assistant's current scope of practice must be documented and kept on file by the supervising orthotist/prosthetist. At a minimum, the licensed supervisor must review and countersign all entries in the patient's clinical record within 15 working days following the delivery of care and the supervisor must be available for consultation within 24 hours of the delivery of care.

(2) The **Registered Orthotic/Prosthetic Technician** must practice under the direct supervision of an Oklahoma Licensed Orthotist and/or Prosthetist. The technician must have tasks and responsibilities specifically delineated by an Oklahoma licensed orthotist and/or prosthetist and those tasks and responsibilities must be confined to fabrication duties. The supervisor is responsible for personally reviewing the work by the technician

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-7-2. Grounds for disciplinary action

(a) The Advisory Committee on Orthotics and Prosthetics may recommend to the Board to reprimand or place on probation any holder of an Orthotist and/or Prosthetist license (LO, LP, LPO), Registered Orthotist/Prosthetist Assistant, or Registered Orthotist/Prosthetist Technician or to limit, suspend or revoke privileges, or to revoke or suspend any license issued to an LO, LP, LPO, Registered Orthotist/Prosthetist Assistant, or Registered Orthotist/Prosthetist Technician or deny a license to an applicant for unprofessional conduct. Acts which constitute unprofessional conduct include, but are not limited to:

- (1) Habitual intemperance or the habitual use of any habit forming drug, chemical or substance that could result in behavior that interferes with the practice of orthotics and/or prosthetics and the responsibilities of the licensee.
- (2) Unauthorized possession or use of illegal or controlled substances or pharmacologic agents without lawful authority or prescription by an authorized and licensed practitioner of the healing arts.
- (3) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.
- (4) Falsely manipulating patient records, or forging a prescription for an orthotic and/or prosthetic device, or presenting a forged prescription
- (5) Violation of orthotic/prosthetic standards of ethical conduct as outlined in OAC 435:55-7-3.
- (6) Failing to adhere to Medicare supplier Standards.
- (7) Failing to adhere to a legitimate scope of practice within one's license and/or making false or misleading statements to patients or the public.
- (8) Failing to properly supervise assistants, technicians and fitters.
- (9) Conviction of, or confession, plea of guilty or no contest to a felony or a crime involving moral turpitude.
- (10) Conviction of, or confession or plea of no contest to, a drug related offense.
- (11) Falsifying documents submitted to the Advisory Committee on Orthotics and Prosthetics or the Oklahoma State Board of Medical Licensure and Supervision.
- (12) Obtaining or attempting to obtain a license, certificate or documents of any form by fraud or deception.

- (13) Aiding, abetting or assisting any other person to violate or circumvent any law or rule or regulation.
 - (14) Failure to report the unsafe or illegal practice of any person who is licensed under this act.
 - (15) Negligence while in practice.
 - (16) Engaging in fraudulent billing practices and/or violation of federal Medicare and Medicaid laws or state medical assistance laws.
 - (17) Being adjudged mentally incompetent by a court of competent jurisdiction.
 - (18) Failing to timely make application for license renewal.
 - (19) Verbally or physically abusing patients.
 - (20) Discriminating in the rendering of patient care and orthotic/prosthetic assignment(s).
 - (21) Inaccurate recording, falsifying or altering of patient records.
 - (22) Leaving a patient care assignment or patient without properly advising appropriate personnel.
 - (23) Violating the confidentiality of information or knowledge concerning a patient.
 - (24) While engaged in the care of a patient, engaging in conduct with a patient, patient family member or significant other which is seductive or sexually demeaning/exploitive in nature.
 - (25) Violating any provision of the Oklahoma Licensed Orthotist Prosthetist Act or the rules promulgated by the Board.
 - (26) Failure to furnish the Board, its investigators or representatives, information lawfully requested by the Board.
 - (27) Failure to cooperate with a lawful investigation conducted by the Board.
 - (28) Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of an action, stipulation, agreement or order of the Board.
 - (29) Lodging a false complaint.
- (b) An Orthotist and/or Prosthetist on probation with the Board will be prohibited from supervision of other temporary license holders, technicians and assistants.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

435:55-7-2.1. Administrative fines

The Advisory Committee on Orthotics and Prosthetics shall recommend to the Board an appropriate administrative fine to be levied upon anyone who is in violation of any provision of the Oklahoma Orthotics and Prosthetics Practice Act or who holds himself or herself out to be an orthotist or prosthetist without being duly licensed or who holds himself or herself out to be a prosthetic/orthotic technician, or prosthetist/orthotist assistant without being duly registered. In accordance with 59 O.S., Section 3007, a fine of up to Five Hundred Dollars (\$500.00) per day may be assessed based upon the severity of the offense.

[Source: Added at 22 Ok Reg 957, eff 5-12-05]

435:55-7-3. Standards of ethics and professional conduct

(a) Purpose. The rules in this section on the profession of Orthotics and Prosthetics shall be to establish the standards of professional conduct and code of ethics required of a licensee.

(b) In the conduct of their professional activities the Orthotist and/or Prosthetist shall be bound by the following ethical and professional principles in conjunction with the canons of ethical conduct as published by the American Board for Certification and the Board for Orthotist Prosthetist Certification.

(1) Responsibilities to the patient.

(A) **Services.** The Orthotist and/or Prosthetist shall provide orthotic and/or prosthetic devices in an effective, dignified and efficient manner in accordance with the direction of patient's physician.

(B) **Recognition of possible pathologies requiring orthotic and/or prosthetic intervention.** The Orthotist and/or Prosthetist shall assist lay people to recognize problems and the need for appropriate medical care only out of a desire to protect one who would not otherwise seek or obtain proper medical attention. Such assistance should recommend that the patient have a physician diagnose any orthopedic/vascular pathology.

(C) Confidential information.

(i) The Orthotist and/or Prosthetist shall keep all information relating to a patient's background, condition, treatment, management plan or other areas relating to the orthotist and/or prosthetist-patient relationship confidential unless prior written consent of the patient or the patient's legal guardian is received.

(ii) The Orthotist and/or Prosthetist shall keep patient information that may be derived as a result of any Orthotist and/or Prosthetist's peer review process confidential by all participants unless written permission to release the information is obtain from the patient or the patient's legal guardian.

(iii) The Orthotist and/or Prosthetist shall keep all patient information that is derived in a workplace from a working relationship among orthotists and/or prosthetists relating to any patient confidential.

(iv) The Orthotist and/or Prosthetist shall strictly adhere to the confidentiality requirements set forth in the subsection unless the release is ordered by a court of law or release is necessary to protect the welfare of the patient and/or the community in accordance with applicable legal requirements.

(D) Competency.

(i) The Orthotist and/or Prosthetist shall provide services that reflect the best practices in the profession and use best efforts to meet the patient's orthotic and/or prosthetic requirements.

(ii) Upon accepting an individual for orthotic and/or prosthetic services, the orthotist and/or prosthetist shall assume the responsibility for evaluating that individual; planning, implementing and supervising the patient's care; reevaluating and changing the orthotic and/or prosthetic program; and maintaining adequate records of the case, including progress reports.

(iii) The orthotist and/or prosthetist shall not fill a prescription that is beyond his/her degree of expertise.

(E) **Research.** The Orthotist and/or Prosthetist shall ensure that all research projects or studies are done in accordance with standards accepted by the Board.

(F) **Trust and honesty.** The orthotist and/or prosthetist shall always be truthful and honest in orthotic and/or prosthetic matters to the patient, physician, Board and the public in general.

(G) **Fees and compensation.**

(i) The orthotist and/or prosthetist shall not provide services solely for personal financial gain.

(ii) The orthotist and/or prosthetist shall not engage in false, misleading or deceptive representations in relation to the cost of the services undertaken or furnished.

(iii) The orthotist and/or prosthetist shall not recommend or provide continued orthotic and/or prosthetic services to a patient when the orthotist and/or prosthetist is aware that the services are being recommended or provided more frequently than necessary, or that orthotic and/or prosthetic service has already progressed beyond the point at which further benefit to the patient is possible.

(iv) The orthotist and/or prosthetist shall not submit false or misleading information in requesting reimbursement from third-party payers, including Medicare and private insurers.

(H) **Practice arrangements.**

(i) Except for fees earned for services performed for the patient, the orthotist and/or prosthetist shall not give or receive valuable consideration solely because of referrals.

(ii) Participation in the business, partnership, corporation or other entity does not exempt the orthotist and/or prosthetist, whether employer, partner or stockholder, either individually or collectively, from the obligation of complying with this Code of Ethics and the rules of the Board.

(iii) The orthotist and/or prosthetist shall advise the Board and/or the advisory council of any employer or employee practice that is in contradiction with this Code of Ethics.

(I) **Delay in services.** The orthotist and/or prosthetist shall not accept any prescription when the orthotist and/or prosthetist knows or believes the orthotic and/or prosthetic device cannot be furnished within a reasonable period of time unless the orthotist and/or prosthetist has advised the patient in advance the approximate length of time it will take to fill the prescription. In such instances, the orthotist and/or prosthetist must discuss the situation with the patient and prescribing health care practitioner.

(J) **Compliance with laws and regulations.** The orthotist and/or prosthetist shall provide consultation, evaluation, treatment, business practices, and preventive care, in accordance with the laws and regulations of the State of Oklahoma.

(K) **Consumer protection.** The orthotist and/or prosthetist shall report to the Board any conduct that appears to be unethical,

incompetent or illegal. Failure to report any such behavior that is known to the orthotist and/or prosthetist shall be unethical.

(L) **Maintenance of patient records.** The orthotist and/or prosthetist shall initiate and maintain appropriate records about his/her service with each patient. The orthotist and/or prosthetist has the duty to maintain patient files in a safe manner and ensure the confidentiality of the patient's records.

(M) **Delegation of responsibility.** The orthotist and/or prosthetist shall exercise adequate supervision over persons to whom the orthotist and/or prosthetist has delegated certain responsibilities requiring unique skills, knowledge or judgment. The orthotist and/or prosthetist is responsible for orthotic and/or prosthetic care performed by support personnel under his/her supervision. The orthotist and/or prosthetist is responsible for assuring that adequate supervision of support personnel (assistants, fitters, technicians) occurs to ensure the patient receives the necessary and appropriate care. Additionally, the orthotist and/or prosthetist is responsible in ensuring that said personnel receive annual continuing education in order to perform their responsibilities at the highest level of public protection.

(N) **Quality Assurance.** The Orthotist and/or Prosthetist will conduct and maintain a quality assurance program involving all treated patients.

(O) **Illegal discrimination.** The orthotist and/or prosthetist shall not decline to accept a patient on the basis of race, gender, color, religion or national origin or on any basis that would constitute illegal discrimination.

(P) **Discontinuing service.** The orthotist and/or prosthetist has a duty to inform the physician if the patient fails to follow the physician's plan for orthotic and/or prosthetic treatment or discontinues the physician's plan for orthotic and/or prosthetic treatment prematurely.

(2) **Practitioner responsibilities to the physician.**

(A) **Diagnosis and prescription.** The orthotist and/or prosthetist must receive a prescription from a physician before providing any orthotic and/or prosthetic device to a patient.

(B) **Orthotic and/or prosthetic evaluation and recommendation.**

(i) The orthotist and/or prosthetist shall recognize that each individual patient is different and deserves specific and responsible guidance from the orthotist and/or prosthetist.

(ii) The orthotist and/or prosthetist, after evaluating a patient, may recommend to the physician specific orthotic and/or prosthetic device designs along with the reasoning for such recommendation.

(iii) The orthotist and/or prosthetist has the responsibility for the final design for the orthotic and/or prosthetic device.

(iv) The orthotist and/or prosthetist should only dispense orthotic and/or prosthetic devices that are in accordance with the prescription and that meet the needs of the patient.

(v) The orthotist and/or prosthetist shall be guided at all times by concern for the physical, emotional, social and

economic welfare of the patient.

(C) Changes in patient's condition.

(i) When requested by the patient and/or the patient's physician, the orthotist and/or prosthetist shall monitor and observe the patient's physical condition in connection with the orthotic and/or prosthetic care and the prescribed device.

(ii) The orthotist and/or prosthetist must notify the referring physician and the patient as soon as possible of any change in the patient's condition related to the orthotic and/or prosthetic management plan.

(D) Altering orthotic and/or prosthetic devices. The orthotist and/or prosthetist may repair or adjust an orthotic and/or prosthetic device without notifying the prescribing physician. However, such repairs or adjustments must conform to the original prescription. Any repairs, adjustments, modifications and/or replacements that alter the original prescription must be authorized by the physician.

(3) Responsibilities to colleagues and the profession.

(A) Dignity and stature.

(i) The orthotist and/or prosthetist has the personal responsibility to conduct himself or herself in a manner that will assure the dignity and stature of the profession of orthotics and/or prosthetics.

(ii) The orthotist and/or prosthetist should discharge his/her responsibilities with honor and integrity, making the greatest possible effort to satisfy the patient's orthotic and/or prosthetic requirements.

(iii) Examples of unacceptable behavior include, but are not limited to, the misuse of the license and misrepresentation of capacity as a provider of services.

(B) Commercialization. The orthotist and/or prosthetist's primary professional function is to develop the orthotic and/or prosthetic device as part of a medical treatment team. However, the orthotist and/or prosthetist is not prohibited from providing non-custom, prefabricated orthosis' and prosthesis' as long as each patient and the public in general are made aware of the differences between the "off the shelf" and custom fitted and fabricated orthosis and prosthesis.

(C) Solicitation.

(i) It is unethical for an orthotist and/or prosthetist to either directly or indirectly solicit the patronage of individual patients by way of intimidation, threats, harassing conduct, undue influence, coercion, duress, or solicitation of a patient who is apparently in a mental condition that impairs his/her personal judgment to make decisions concerning the products or services being offered.

(ii) The orthotist and/or prosthetist shall abide by current Medicare or comparable government regulations regarding patient solicitations.

(D) Board review. The Advisory Committee on Orthotics and Prosthetics will determine whether the orthotist and/or prosthetist is practicing in accordance with the laws and rules of the Board. In the

event that the Committee determines that there are violations of these laws or rules, the Committee will refer the matter to the Board who shall handle the matter as a complaint and proceed in accordance with the Oklahoma Administrative Procedures Act.

(E) Education.

(i) The orthotist and/or prosthetist is encouraged to support quality educational programs.

(ii) It is unethical for the orthotist and/or prosthetist to participate in any programs, educational or otherwise, that falsely or deceptively represent the rights and privileges of the profession.

(iii) It is unethical for the orthotist and/or prosthetist to falsify his/her continuing education units and may lead to permanent license revocation.

(iv) An orthotist and/or prosthetist shall teach only in areas of service within his/her credential and scope of practice.

(F) Standards of practice. The orthotist and/or prosthetist should adhere to a standard of practice as outlined in the Act and rules and as recommended by the American Board for Certification and/or the Board for Orthotic Prosthetic Certification. The orthotist and/or prosthetist can engage in practice beyond the standards of practice if the orthotist and/or prosthetist's scope of practice includes such (i.e.: pedorthics, etc.) or if the Orthotist and/or Prosthetist holds credentials in that profession.

(4) Patient care by other professionals.

(A) The orthotist and/or prosthetist should conduct himself/herself in a professional manner.

(B) Concerns regarding patient care provided by physicians or other medical professionals should be addressed directly to the professional rather than to the patient. In the event that such concerns rise to the level of criminal violation, incompetency, malpractice or a violation of the Oklahoma law or the rules of the Board, then the orthotist and/or prosthetist must immediately notify the Board or other appropriate regulatory agency.

(5) Licensure. The orthotist and/or prosthetist shall use the fact that they are licensed only as evidence of meeting the requisite standard of knowledge and competency in the profession as defined by the Board. It is unethical for a non-licensed orthotist and/or prosthetist to represent, directly or indirectly, that he or she is licensed or equally qualified.

[Source: Added at 19 Ok Reg 549, eff 12-28-01 (emergency); Added at 19 Ok Reg 2323, eff 6-28-02]

CHAPTER 60. RADIOLOGIST ASSISTANTS

[Authority: 59 O.S., §§ 541.1 and 541.3(B)]

[Source: Codified 7-11-09]

SUBCHAPTER 1. ADMINISTRATION AND ORGANIZATION

435:60-1-1. Purpose

The rules of this Chapter have been adopted to assist in the implementation and enforcement of the Oklahoma Radiologist Assistant Licensure Act.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-1-2. Interpretation of rules and regulations

If any section, sentence, clause, or phrase of this Chapter shall be held, for any reason, to be inoperative or unconstitutional, void, or invalid, the validity of the remaining portion of the rules shall not be affected thereby, it being the intention of the Oklahoma State Board of Medical Licensure and Supervision in adopting the rules that no portion or provision herein shall become inoperative or fail by reasons of the unconstitutionality or invalidity of any portion or provision, and the Oklahoma State Board of Medical Licensure and Supervision does hereby declare it would have severally passed and adopted the provisions contained in this Chapter separately and apart one from another.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-1-3. Definitions

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

"A.C.R." means the American College of Radiology.

"Act" means the Radiologist Assistant Licensure Act.

"A.R.R.T." means the American Registry of Radiologic Technologists.

"A.S.R.T." means the American Society of Radiologic Technologists.

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

"Committee" means the Radiologist Assistant Committee.

"Direct Supervision" means the radiologist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. The radiologist is not required to be present in the room when the procedure is performed.

"General Supervision" means the procedure is furnished under the radiologist's overall direction and control, but the radiologist's presence is not required during the performance of the procedure.

"Personal Supervision" means the radiologist must be in attendance in the room during the performance of the procedure.

"Radiologist" is a physician licensed by the State Board of Medical Licensure and Supervision or by the State Board of Osteopathic Examiners and certified by the American Board of Radiology or the American Osteopathic Board of Radiology.

"Radiologist Assistant" means an advanced-level certified radiologic technologist, licensed by the Board, who works under the direct supervision of a radiologist to enhance patient care by assisting the radiologist in the diagnostic imaging environment and shall be certified and registered with the A.R.R.T. as a Registered Radiologist Assistant and credentialed to provide radiology services and have completed a radiologist assistant program approved by the A.R.R.T. and passed the A.R.R.T. certification examinations. A radiologist assistant shall not interpret images, make diagnoses, or prescribe medications or therapies or obtain informed consent.

"Registered Radiologist Assistant" or "R.R.A." means a Radiologist Assistant registered by the American Registry of Radiological Technologists (ARRT).

"Unprofessional Conduct" includes, but is not limited to, a departure from or failure to conform to the minimal standards of acceptable and prevailing radiologist assistant practice; any radiologist assistant practice that may create

unnecessary danger to a patient's life, health, or safety; or any practice that is contrary to the ethical conduct appropriate to the professional that results in the termination from employment. Actual injury to a patient or the public need not be established.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-1-4. Advisory Committee on Radiologist Assistants - terms of members - removal from Committee

(a) Except as provided in the Act for the initial Committee appointments, the Radiologist Assistant Advisory Committee shall consist of seven (7) members appointed as follows:

- (1) One member shall be a physician appointed by the Board from its membership;
- (2) One member shall be a radiologist appointed by the Board from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board;
- (3) One member shall be a physician appointed by the State Board of Osteopathic Examiners from its membership;
- (4) One member shall be a physician appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of the State Board of Osteopathic Examiners;
- (5) One member shall be a radiologist appointed by the Board from a list of qualified individuals submitted by the Oklahoma State Radiological Society and who is not a member of the Board; and
- (6) Two members shall be radiologist assistants appointed by the Board from a list of radiologist assistants submitted by the Oklahoma State Radiological Society, and shall have engaged in rendering radiologist assistant services to the public, teaching, or research for at least two (2) years immediately preceding their appointments. Except for members first appointed to the Committee, these members shall at all times be holders of valid licenses as radiologist assistants in Oklahoma.

(b) Members of the Committee shall be appointed for terms of four (4) years, except for the initial committee members whose terms shall begin either on September 1, 2008, or the date of their appointment, whichever is later, and shall continue for the following periods:

- (1) Two physicians and one radiologist assistant for a period of three (3) years; and
- (2) Three physicians and one radiologist assistant for a period of four (4) years.

(c) Upon expiration of a member's term of office, the appointing authority for that member shall appoint a successor pursuant to the provisions of this section.

Vacancies on the committee shall be filled in like manner for the balance of an expired term. No member shall serve more than three (3) consecutive terms. Each member shall serve until a successor is appointed and qualified.

(d) Upon expiration or vacancy of the term of a member, the respective nominating authority may, as appropriate, submit to the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, a list of three persons qualified to serve on the Committee to fill the expired term of their respective member. Appointments may be made from these lists of the appointing Board, and additional lists may be provided by the respective organizations if requested by the

State Board of Medical Licensure and Supervision.

(e) The Board may remove any member from the Committee for neglect of any duty required by law, for failure to attend at least 50% of the regularly scheduled meetings in a calendar year, for incompetency, or for unethical or dishonorable conduct.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-1-5. Method of operations - Committee meetings - quorum - advise Board

(a) The Committee shall meet at least twice each year and shall elect biennially during odd-numbered years a chair and vice-chair from among its members. The Committee may convene at the request of the chair, or as the Committee may determine for such other meetings as may be deemed necessary.

(b) A majority of the members of the Committee, including either the chair or vice-chair, shall constitute a quorum at any meeting, and a majority of the required quorum shall be sufficient for the committee to take action by vote.

(c) The Committee shall advise the Board in developing policy and rules pertaining to the Radiologist Assistant Licensure Act.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

SUBCHAPTER 3. APPLICATION FOR LICENSURE

435:60-3-1. License required

Effective April 1, 2009, any person who practices as radiologist assistant or holds himself/herself out to be a Licensed Radiologist Assistant or uses the title Radiologist Assistant, R.A., L.R.A., or R.R.A. must possess a valid license issued by the Board. Radiology Technologists and Technicians are not required to be licensed under this Act.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-3-2. Qualifications for licensure

Applicants for licensure must:

- (1) Be certified and registered as a R.R.A. with the American Registry of Radiologic Technologists and credentialed to provide radiology services;
- (2) Have completed a radiologist assistant program accredited by the American Registry of Radiologic Technologists;

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-3-3. Application for licensure/renewal of license - procedures

(a) The Board directs staff to prepare and create new forms or modify existing forms to be used in the application process for licensure and renewal of license. Application forms shall require applicants to submit all information required by the Act.

(b) The application and forms shall be submitted to the Board accompanied by fees as set by the Board. Any incomplete or missing information, documentation or fees shall render the application incomplete. No license shall be issued unless all application requirements have been met. Incomplete applications will be considered abandoned after one year.

(c) Any applicable fees paid shall not be refunded. The applicant shall be forthright and open in the provision of information to the Board in the application process.

The Board may deny a license to any applicant who does not provide the Board with complete, open and honest responses to all requests for information.

(d) A Committee member or Board member, based on any response to any question or request for information on the application form, may request an applicant to provide any additional information that the Board member feels is necessary or useful to determine the applicant's ability to practice as a radiologist assistant.

(e) The Board may require a criminal background check on all applicants for licensure. The fee shall be paid by the applicant.

(f) Fraud or misrepresentation in applying for or procuring a license or in connection with applying for or procuring renewal of a license may be grounds for denial or revocation by the Board.

(g) No person shall be licensed by the Board unless and until that person first fully complies with all licensure provisions of the Act and has satisfied the Board of the ability of that person to practice as a radiologist assistant with reasonable skill and safety.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-3-4. Required documentation

(a) Applicants must submit the following:

- (1) Application form and appropriate fee(s);
- (2) Verification of A.R.R.T. certification and registration to provide radiology services;
- (3) Verification of completion of a radiologist assistant program accredited by the
- (4) A.R.R.T. to be completed by the educational organization and submitted directly to the Board;
- (5) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (6) Background check.

(b) Applicants who have never held an Oklahoma license and who have not practiced as a Radiologist Assistant within the previous twelve (12) months wishing to obtain a license shall be required to make a personal appearance before the Committee and practice under the personal supervision of a licensed radiologist for up to ninety (90) days with an evaluation provided to the Committee at the end of the supervised period. The Committee also may require additional continuing education units.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-3-5. Authorization to practice temporarily

For the purpose of safeguarding the health, safety and welfare of the public, the Secretary of the Board may authorize the temporary practice, under the supervision of a licensed radiologist assistant, in the interim between acceptance of completed application and issuance of a license.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-3-6. Licensure by endorsement

The Board may issue a license to practice as a radiologist assistant by endorsement to:

- (1) Applicants for licensure by endorsement who are currently licensed to practice as a radiologist assistant under the laws of another state, territory,

or country if the qualifications of the applicant are deemed by the Board to be equivalent to those required in this state;

(2) Applicants who are certified and registered with the American Registry of Radiologic Technologists as an R.R. A. and have completed a RA program accredited by the American Registry of Radiologic Technologists, provided such certification and registration are not suspended or revoked;

(3) Applicants applying for licensure by endorsement must provide a complete application as set out in OAC 435:60-3-3 and OAC 435:60-3-4. In addition, applicants must certify under oath that their credentials have not been suspended or revoked.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

SUBCHAPTER 5. BIENNIAL RENEWAL

435:60-5-1. Requirements for renewal of license

(a) Licensees must renew their licenses biennially on or before March 31st.

(b) The application and fee for the renewal of the license shall be submitted, postmarked or hand delivered to the Board office no later than the expiration date. Licenses not renewed will be made inactive and the licensee may not practice.

(c) Each licensee is responsible for renewing the license on or before the required date and shall not be excused from paying additional fees or penalties.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-5-2. Renewal procedure

(a) Each licensee will be required to renew in a form required by the Board.

Licensees will be notified at least thirty (30) days prior to the expiration date of the process to renew and required fee.

(b) The license renewal application for all licensees shall require in addition to other information, the preferred mailing address and primary practice address.

(c) The board shall not consider a license to be renewed until it receives the completed license renewal application, the required fees set by the Board and proof of current ARRT registration.

(d) The Board shall issue a renewal of license identification card to a licensee who has met all requirements for renewal.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-5-3. Late renewal

(a) The Board shall notify a person who has not renewed a license after a period of more than thirty (30) days that their license is inactive.

(b) A person whose license is inactive for not more than thirty (30) days may renew the license by paying the required renewal fee and reinstatement fee of \$100, if received within thirty (30) days of the end of the renewal period.

(c) A person whose license has been lapsed more than thirty (30) days shall meet all application requirements in effect at the time reinstatement is requested. In addition, the applicant may be required to meet one or more of the following:

(1) Personal appearance before the Committee;

(2) Additional continuing education units;

(3) Practice under the personal supervision of a licensed radiologist for up to ninety (90) days with an evaluation provided to the Committee at the end of the supervised period.

(4) After a period of 12 months of continuous inactivity as a Radiologist Assistant, an applicant for reinstatement may be required to retake the test for initial licensure.

(d) A licensed radiologist assistant who does not intend to engage in the practice must notify the Board of intent not to practice.

(e) The Board will replace a lost, damaged or destroyed license certificate or license identification card upon application by the licensee and payment of fees established by the Board. Applications must include an affidavit detailing the loss or destruction of the licensee's original license or license identification card, or be accompanied by the damaged certificate or card.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-5-4. Fees.

(a) **Fee schedule.**

(1) Application for initial licensure - \$100.00

(2) Biennial renewal fee - \$200.00

(3) Late renewal fee - \$300.00

(4) Duplication or modification of license - \$60.00

(b) All fees assessed by the Board shall be received prior to processing an application for licensure or renewal of licensure.

(c) All fees are non-refundable.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

SUBCHAPTER 7. REGULATION OF PRACTICE

435:60-7-1. Supervision

A licensed radiologist may not be the general, direct or personal supervisor for more than two (2) radiologist assistants at any one time. A radiologist assistant working under personal supervision may assist a radiologist in any procedure for which the radiologist has full privileges and credentials.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-7-2. Supervision; physician responsibility; independent care prohibited

(a) The health care services performed by a radiologist assistant shall be done under the supervision of a radiologist who retains responsibility for patient care.

(b) A radiologist assistant must function only under the supervision of a licensed and board certified radiologist. Nothing in the Radiologist Assistant Act shall be construed to permit radiologist assistants to provide health care services independent of radiologist supervision. Radiologist supervision shall be conducted in accordance with the following standards:

(1) The supervising radiologist is responsible for the formulation or approval of all orders and protocols (whether standing orders, direct orders, or any other orders or protocols) that direct the delivery of health care services, and the supervising radiologist shall periodically review such orders and protocols.

(2) The supervising radiologist regularly reviews the health care services provided by the radiologist assistant and any problems or complications encountered.

(3) The radiologist assistant is an agent of the supervising radiologist and shall not be the employer of the supervising radiologist.

- (4) The supervising radiologist is available physically or through direct telecommunications for consultation, assistance with medical emergencies or patient referral.
- (5) The supervising radiologist routinely is present in the facility to provide radiologic services to patients.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

435:60-7-3. Health care services performed

(a) **Health care services allowed under general supervision.** A radiologist assistant may perform the following health care services under general supervision at the direction of the supervising radiologist. Such services are limited to the following, except as provided in (c) and (d) of this subsection:

- (1) Review the patient's medical record to verify the appropriateness of a specific exam or procedure.
- (2) Interview patient to obtain, verify, or update medical history.
- (3) Explain procedure to patient, significant others, and/or other health care providers including a description of risks, benefits, alternatives, and follow-up.
- (4) Determine patient compliance, if needed, with pre-examination/procedure preparations (diet, medications).
- (5) Assess risk factors that may effect the examination/procedure (medications, pregnancy, pre-existing diseases, etc).
- (6) Obtain and evaluate vital signs.
- (7) Perform history and physical examination with assessment of related laboratory results.
- (8) Evaluate electrocardiograms for the purpose of recognizing abnormalities that might impact the procedure/examination.
- (9) Performing urinary catheterization.
- (10) Perform venipuncture for phlebotomy or IV access.
- (11) Monitor IV for flow rate and complications.
- (12) Position and physically prepare patient for a procedure.
- (13) Observe and assess patients during conscious sedation.
- (14) Recognize and respond to medical emergencies (e.g., drug reactions, cardiac arrest, hypoglycemia), activate emergency response systems, and notify appropriate personnel.
- (15) Administer oxygen as required.
- (16) Operate a fluoroscopic unit and document fluoroscopy time.
- (17) Administer contrast media, radioactive materials, or other medication as directed by the supervising radiologist and monitor for any adverse effects.
- (18) Evaluate images for diagnostic quality and report clinical observations to the radiologist.
- (19) Communicate the radiologist's report to the referring physician consistent with American College of Radiology guidelines.
- (20) Provide physician prescribed post-examination/procedure instruction to the patient.
- (21) Perform follow-up patient evaluation and communicate findings to the radiologist
- (22) Document the appropriate records for review and co-signature by the supervising radiologist.

(23) Assist with data collection and review for clinical trials or other research.

(b) **Health care services allowed under direct supervision.** A radiologist assistant may perform the following health care services under direct supervision at the direction of the supervising radiologist. Such services are limited to the following, except as provided in (c) and (d) of this subsection:

- (1) Upper GI, esophagram, small bowel follow-through
- (2) Small bowel enteroclysis
- (3) Barium enema
- (4) Cystogram, nephrostogram via existing catheter, loopogram, and retrograde cystourethrogram
- (5) Fistulogram/sinogram
- (6) Swallowing study
- (7) Cholangiogram through existing catheter
- (8) Lumbar puncture under fluoroscopic guidance
- (9) Cervical, thoracic and/or lumbar myelogram via lumbar puncture
- (10) Imaging for hysterosalpingography
- (11) Arthrogram and joint aspiration
- (12) Paracentesis and thoracentesis with appropriate image guidance
- (13) Vascular access
 - (A) Central line placement
 - (B) Tunneled central line placement and removal
 - (C) Dialysis access catheter management
 - (D) Port access and injection
 - (E) Lower and upper extremity venography
 - (F) PICC placement
- (14) Nasoenteric and oroenteric feeding tube placement/manipulation

(c) **Other health care services allowed.**

(1) A radiologist assistant may perform the following procedures under direct supervision after documentation of ten cases with satisfactory outcomes and demonstrated competency performed under the personal supervision of the supervising radiologist who must have a full and unrestricted license in the state of Oklahoma:

- (A) Implantation of infusion ports
- (B) Explantation of infusion ports
- (C) Ultrasound guided random liver biopsy

(2) Other procedures not listed in this subsection may be approved to be performed by the Radiologist Assistant under the direct supervision of the supervising radiologist after review by the Committee for demonstrated competency and approval by the Board.

(d) **Review of health care services performed.** The Committee will, at least on an annual basis, review the structure and content of the list of health care services contained in this subsection and make recommendations for approval of revisions to the Board of Medical Licensure and Supervision.

[Source: Added at 26 Ok Reg 681, eff 2-19-09 (emergency); Added at 26 Ok Reg 2578, eff 7-11-09]

CHAPTER 65. ANESTHESIOLOGIST ASSISTANTS

[Authority: 59 O.S., § 3204]

[Source: Codified 7-11-09]

SUBCHAPTER 1. ADMINISTRATION AND ORGANIZATION

435:65-1-1. Purpose

The rules of this Chapter have been adopted to assist in the implementation and enforcement of the Oklahoma Anesthesiologist Assistant Act.

[Source: Added at 26 Ok Reg 200, eff 10-31-08 (emergency); Added at 26 Ok Reg 2583, eff 7-11-09]

435:65-1-2. Interpretation of rules and regulations

If any section, sentence, clause, or phrase of this Chapter shall be held, for any reason, to be inoperative or unconstitutional, void, or invalid, the validity of the remaining portion of the rules shall not be affected thereby, it being the intention of the Oklahoma State Board of Medical Licensure and Supervision in adopting the rules that no portion or provision herein shall become inoperative or fail by reasons of the unconstitutionality or invalidity of any portion or provision, and the Oklahoma State Board of Medical Licensure and Supervision does hereby declare it would have severally passed and adopted the provisions contained in this Chapter separately and apart one from another.

[Source: Added at 26 Ok Reg 200, eff 10-31-08 (emergency); Added at 26 Ok Reg 2583, eff 7-11-09]

435:65-1-3. License required [RENUMBERED]

[Source: Added at 26 Ok Reg 200, eff 10-31-08 (emergency); Added at 26 Ok Reg 2583, eff 7-11-09; Renumbered to 435:65-3-1 at 27 Ok Reg 859, eff 4-25-10]

435:65-1-3.1. Definitions

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

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

"Anesthesiologist assistant" means a graduate of an approved program who is licensed to perform medical services delegated and directly supervised by a supervising anesthesiologist.

"Approved program" means a program for the education and training of anesthesiologist assistants approved by the State Board of Medical Licensure and Supervision.

"Direct supervision" means the on-site, personal supervision by an anesthesiologist who is present in the office when the procedure is being performed in that office, or is present in the surgical or obstetrical suite when the procedure is being performed in that surgical or obstetrical suite and who is in all instances immediately available to provide assistance and direction to the anesthesiologist assistant while anesthesia services are being performed.

"NCCAA" means the National Commission for Certification of Anesthesiologist Assistants;

"Supervising anesthesiologist" means a physician licensed by the State Board of Medical Licensure and Supervision or by the State Board of Osteopathic Examiners and certified or eligible for certification by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

"Surgical or obstetrical suite" means the grouping of operating rooms and/or areas where patients are prepared for surgery, undergo surgery, and recover from surgery, and where equipment and supplies for surgery or delivery are stored. The surgical or obstetrical suite is not limited to the sterile area of the operating

rooms.

[Source: Added at 27 Ok Reg 859, eff 4-25-10]

435:65-1-4. Application for initial licensure/renewal of license [RENUMBERED]

[Source: Added at 26 Ok Reg 200, eff 10-31-08 (emergency); Added at 26 Ok Reg 2583, eff 7-11-09; Renumbered to 435:65-3-2 at 27 Ok Reg 859, eff 4-25-10]

435:65-1-5. Supervision [RENUMBERED]

[Source: Added at 26 Ok Reg 200, eff 10-31-08 (emergency); Added at 26 Ok Reg 2583, eff 7-11-09; Renumbered to 435:65-7-1 at 27 Ok Reg 859, eff 4-25-10]

435:65-1-6. Disciplinary action

- (a) The Board may reprimand or place on probation any holder of an anesthesiologist assistant license, or may limit, suspend or revoke any license issued to an anesthesiologist assistant for unprofessional conduct as defined in the Medical Practice Act, Title 59 O.S., §509 and OAC 435:10-7-4.
- (b) 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.

[Source: Added at 26 Ok Reg 200, eff 10-31-08 (emergency); Added at 26 Ok Reg 2583, eff 7-11-09]

435:65-1-7. Student anesthesiologist assistants

- (a) A student in any anesthesiologist assistant training program shall be identified as a "Student Anesthesiologist Assistant" or as an "Anesthesiologist Assistant Student".
- (b) Student anesthesiologist assistants are authorized to clinically train under the supervision of an anesthesiologist licensed by the Board provided that the student anesthesiologist assistant is participating in a training program accredited by the Commission on Accreditation of Allied Health Education Programs or its successor organization.

[Source: Added at 26 Ok Reg 200, eff 10-31-08 (emergency); Added at 26 Ok Reg 2583, eff 7-11-09]

435:65-1-8. Fees [REVOKED]

[Source: Added at 26 Ok Reg 200, eff 10-31-08 (emergency); Added at 26 Ok Reg 2583, eff 7-11-09; Revoked at 27 Ok Reg 859, eff 4-25-10]

SUBCHAPTER 3. APPLICATION FOR LICENSURE

435:65-3-1. License required

Any person who practices as an anesthesiologist assistant or holds himself/herself out to be a Licensed Anesthesiologist Assistant or uses the title Anesthesiologist Assistant or common variants of that title must possess a valid license issued by the Board.

[Source: Added at 27 Ok Reg 859, eff 4-25-10]

435:65-3-2. Application for initial licensure/renewal of license - procedures

- (a) The Board directs staff to prepare and create new forms or modify existing forms to be used in the application process for licensure and renewal of license.

Application forms shall require applicants to submit all information required by the Oklahoma Anesthesiologist Assistant Act.

(b) The application and forms shall be submitted to the Board accompanied by fees as set by the Board. Any incomplete or missing information, documentation or fees shall render the application incomplete. No license shall be issued unless all application requirements have been met. Incomplete applications will be considered abandoned after one year. Any applicable fees paid shall not be refunded.

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

(d) Any Board member, based on any response to any question or request for information on the application form, may request an applicant to provide any additional information that the Board member feels is necessary or useful to determine the applicant's ability to practice as an anesthesiologist assistant.

(e) The Board may require a criminal background check on all applicants for licensure. The fee shall be paid by the applicant.

(f) Fraud or misrepresentation in applying for or procuring a license or in connection with applying for or procuring renewal of a license may be grounds for denial or revocation by the Board.

(g) No person shall be licensed by the Board unless and until that person first fully complies with all licensure provisions of the Act and has satisfied the Board of the ability of that person to practice as an anesthesiologist assistant with reasonable skill and safety.

[Source: Added at 27 Ok Reg 859, eff 4-25-10]

435:65-3-3. Required documentation

(a) Applicants must submit the following:

- (1) Application form and appropriate fee(s);
- (2) Two personalized and individualized letters of recommendations from anesthesiologists as set out in Title 59 O.S., § 3206 (A).
- (3) Passing scores on the examination administered through the NCCAA.
- (4) Notarized statements containing the following information of :
 - (A) Proof of completion of three (3) hours of Category I continuing education on the topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome as set out in Title 59 O.S., § 3206 (D) (1);
 - (B) Proof of completion of one (1) hour of continuing medical education on domestic violence as set out in Title 59 O.S., § 3206 (D) (2); and
 - (C) Proof of completion of two (2) hours of continuing medical education relating to prevention of medical errors as set out in Title 59 O.S., § 3206 (D) (3).
- (5) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (6) Background check.
- (7) Written Protocol as set out in Title 59 O.S., ss. 3207.
- (8) Proof of current ACLS certification
- (9) Proof of malpractice insurance or proof of financial responsibility.

(b) Applicants who have never held an Oklahoma license and who have not practiced as a Anesthesiologist Assistant within the previous twelve (12) months wishing to obtain a license shall be required to make a personal appearance before the Committee and practice under the personal supervision of a licensed anesthesiologist for up to ninety (90) days with an evaluation provided to the Committee at the end of the supervised period. The Committee also may require additional continuing education units.

[Source: Added at 27 Ok Reg 859, eff 4-25-10]

435:65-3-5. Licensure by endorsement

The Board may issue a license to practice as an anesthesiologist assistant by endorsement to:

- (1) Applicants for licensure by endorsement who are currently licensed to practice as a anesthesiologist assistant under the laws of another state, territory, or country if the qualifications of the applicant are deemed by the Board to be equivalent to those required in this state;
- (2) Applicants applying for licensure by endorsement must provide a complete application as set out in OAC 435:60-3-3 and OAC 435:60-3-4. In addition, applicants must certify under oath that their credentials have not been suspended or revoked.

[Source: Added at 27 Ok Reg 859, eff 4-25-10]

SUBCHAPTER 5. BIENNIAL RENEWAL

435:65-5-1. Requirements for renewal of license

- (a) Licensees must renew their licenses biennially on or before October 31st.
- (b) The application and fee for the renewal of the license shall be submitted, postmarked or hand delivered to the Board office no later than the expiration date. Licenses not renewed will be considered expired and the licensee may not practice.
- (c) Each licensee is responsible for renewing the license on or before the required date and shall not be excused from paying additional fees or penalties.

[Source: Added at 27 Ok Reg 859, eff 4-25-10]

435:65-5-2. Renewal procedure

- (a) Each licensee will be required to renew in a form required by the Board. Licensees will be notified at least thirty (30) days prior to the expiration date of the process to renew and required fee.
- (b) The license renewal application for all licensees shall require in addition to other information, the preferred mailing address and primary practice address.
- (c) The board shall not consider a license to be renewed until it receives the completed license renewal application, the required fees set by the Board, the protocol and proof of malpractice insurance or proof of financial responsibility
- (d) The Board shall issue a renewal of license identification card to a licensee who has met all requirements for renewal.

[Source: Added at 27 Ok Reg 859, eff 4-25-10]

435:65-5-3. Late renewal

- (a) The Board shall notify a person who has not renewed a license after a period of more than thirty (30) days that their license is expired.

(b) A person whose license is expired for not more than thirty (30) days may renew the license by paying a reinstatement fee of \$100 in addition to the required renewal fee, if received within thirty (30) days of the end of the renewal period.

(c) A person whose license has been lapsed more than thirty (30) days shall meet all application requirements in effect at the time reinstatement is requested. In addition, the applicant may be required to meet one or more of the following:

- (1) Personal appearance before the Committee;
- (2) Additional continuing education units;
- (3) Practice under the direct, personal supervision of a licensed anesthesiologist for up to ninety (90) days with an evaluation provided to the Committee at the end of the supervised period.
- (4) After a period of 12 months of continuous inactivity as an anesthesiologist assistant, an applicant for reinstatement may be required to retake the test for initial licensure.

(e) A licensed anesthesiologist assistant who does not intend to engage in the practice must notify the Board of intent not to practice.

(f) The Board will replace a lost, damaged or destroyed license certificate or license identification card upon application by the licensee and payment of fees established by the Board. Applications must include an affidavit detailing the loss or destruction of the licensee's original license or license identification card, or be accompanied by the damaged certificate or card.

[Source: Added at 27 Ok Reg 859, eff 4-25-10]

SUBCHAPTER 7. REGULATION OF PRACTICE

435:65-7-1. Supervision

(a) An anesthesiologist assistant may only perform medical services under the direct supervision of a licensed anesthesiologist.

- (1) Direct supervision requires at all times a continuing and close supervisory relationship between the anesthesiology assistant and the supervising anesthesiologist.
- (2) Direct supervision and being immediately available does not necessarily require the continuous physical presence of the supervising anesthesiologist in the procedural room. The supervising anesthesiologist may cover cases in more than one procedural room, provided that the anesthesiologist remains readily available in the facility for immediate diagnosis and treatment of emergencies.
- (3) Direct supervision does not prohibit the supervising anesthesiologist from addressing a life-threatening emergency in another location in the facility or office.

(b) Direct supervision requires the on-site, personal supervision by the supervising anesthesiologist who is at all instances immediately available to provide assistance and direction to the anesthesiologist assistant while anesthesia services are being performed.

(c) A licensed anesthesiologist may supervise up to four (4) anesthesiologist assistants concurrently. The limitation on the number of anesthesiologist assistants that an anesthesiologist may supervise in no way restricts the number of other qualified anesthesia providers that an anesthesiologist may concurrently supervise.

[Source: Added at 27 Ok Reg 859, eff 4-25-10]

435:65-7-2. Supervision; physician responsibility; independent care prohibited

(a) The health care services performed by an anesthesiologist assistant shall be done under the direct supervision of an anesthesiologist who retains responsibility for patient care.

(b) An anesthesiologist assistant must function only under the direct supervision of a licensed anesthesiologist. Nothing in the Anesthesiologist Assistant Act shall be construed to permit anesthesiologist assistants to provide health care services independent of anesthesiologist supervision.

[Source: Added at 27 Ok Reg 859, eff 4-25-10]

CHAPTER 70. THERAPEUTIC RECREATION

[Authority: 59 O.S., § 540.5]

[Source: Codified 6-25-11]

SUBCHAPTER 1. ADMINISTRATION AND ORGANIZATION

435:70-1-1. Purpose

The rules of this Chapter have been adopted to assist in the implementation and enforcement of the Oklahoma Therapeutic Recreation Practice Act.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-1-2. Interpretation of rules and regulations

If any section, sentence, clause, or phrase of this Chapter shall be held, for any reason, to be inoperative or unconstitutional, void, or invalid, the validity of the remaining portion of the rules shall not be affected thereby, it being the intention of the Oklahoma State Board of Medical Licensure and Supervision in adopting the rules that no portion or provision herein shall become inoperative or fail by reasons of the unconstitutionality or invalidity of any portion or provision, and the Oklahoma State Board of Medical Licensure and Supervision does hereby declare it would have severally passed and adopted the provisions contained in this Chapter separately and apart one from another.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-1-3. Definitions

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

"Act" means the Therapeutic Recreation Practice Act.

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

"Committee" means the Therapeutic Recreation Committee.

"CTRS" means a person who is credentialed by the National Council for Therapeutic Recreation Certification (NCTRC).

"CTRS/L" means a person licensed to practice Therapeutic Recreation who maintains the NCTRC credential.

"General supervision" means the responsible supervision and control by the supervising Licensed Therapeutic Recreation Specialist. The supervising TRS/L is regularly and routinely on-site and, when not on-site, the supervising TRS/L is on call and readily available physically or through direct telecommunication for consultation.

"NCTRC" means the National Council for Therapeutic Recreation Certification.

"On-site supervision" or "Direct supervision" means the supervising TRS/L is immediately available to the person being supervised and maintains continued involvement in appropriate aspects of each treatment session.

"Therapeutic recreation assistant" means a person who provides therapeutic recreation services under the direct supervision of a licensed therapeutic recreation specialist. Such an individual may not conduct assessments and/or develop treatment plans.

"Licensed therapeutic recreation specialist" or "TRS/L" means a person licensed to practice therapeutic recreation in the State of Oklahoma.

"Therapeutic recreation" or "recreation therapy" means the specialized application of recreation to assist with the treatment and/or maintenance of the health status, functional abilities, recreational and leisure activities and ultimately quality of life for individuals hospitalized and/or receiving treatment for various diagnoses and individuals with disabilities.

(A) For purposes of accomplishing therapeutic recreation goals, therapeutic recreation may include:

- (i) remediating or restoring an individual's participation levels in recreational and leisure activities that are limited due to impairment in physical, cognitive, social or emotional abilities,
- (ii) analyzing and evaluating recreational activities to determine the physical, social, and programmatic elements necessary for involvement and modifying those elements to promote full participation and maximization of functional independence in recreational and leisure activities, and
- (iii) using recreational modalities in designed intervention strategies to maximize physical, cognitive, social, or emotional abilities to promote participation in recreational and leisure activities.

(B) For purposes of accomplishing therapeutic recreation goals, therapeutic recreation services include, but are not limited to:

- (i) conducting an individualized assessment for the purpose of collecting systematic, comprehensive, and accurate data necessary to determine the course of action and subsequent individualized treatment plan,
- (ii) planning and developing the individualized therapeutic recreation treatment plan that identifies an individual's goals, objectives, and potential treatment intervention strategies for recreational and leisure activities,
- (iii) implementing the individualized therapeutic recreation treatment plan that is consistent with the overall treatment program,
- (iv) systematically evaluating and comparing the individual's response to the individualized therapeutic recreation treatment plan and suggesting modifications as appropriate,
- (v) developing a discharge plan in collaboration with the individual, the individual's family, treatment team, and other identified support networks where appropriate,

- (vi) identifying and training in the use of adaptive recreational equipment,
- (vii) identifying, providing, and educating individuals to use recreational and leisure resources that support a healthy, active and engaged life,
- (viii) minimizing the impact of environmental constraints as a barrier to participation in recreational and leisure activities,
- (ix) collaborating with and educating the individual, family, caregiver, and others to foster an environment that is responsive to the recreational and leisure needs of the individual, and
- (x) consulting with groups, programs, organizations, or communities to improve physical, social, and programmatic accessibility in recreational and leisure activities.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-1-4. Therapeutic Recreation Committee - terms of members - removal from Committee

(a) There is hereby established the Therapeutic Recreation Committee to assist the State Board of Medical Licensure and Supervision in conducting examinations for applicants and to advise the Board on all matters pertaining to the licensure, education, and continuing education of therapeutic recreation specialists and the practice of therapeutic recreation or recreation therapy.

(b) The Therapeutic Recreation Committee shall consist of five (5) members who shall be appointed by the State Board of Medical Licensure and Supervision as follows:

(1) three members shall, upon initial appointment, be qualified persons who have been actively practicing therapeutic recreation in this state for at least three (3) years, provided, their successors shall be licensed therapeutic recreation specialists, and

(2) two members shall be lay persons.

(3) The professional members of the Committee shall be appointed for staggered terms of one (1), two (2) and three (3) years, respectively. Terms of office of each appointed member shall expire July 1 of that year in which they expire regardless of the calendar date when such appointments were made. Subsequent appointments shall be made for a term of three (3) years or until successors are appointed and qualified.

(4) The lay members shall be appointed for staggered terms of office which will expire July 1, 2010, and July 1, 2011. Thereafter, members appointed to these positions shall serve for terms of three (3) years or until successors are appointed and qualified.

(5) Vacancies shall be filled by the Board in the same manner as the original appointment.

(c) Members of the Committee shall be reimbursed for all actual and necessary expenses incurred in the performance of duties required by the Therapeutic Recreation Practice Act in accordance with the provisions of the State Travel Reimbursement Act.

(d) Upon expiration of a member's term of office, the appointing authority for that member shall appoint a successor pursuant to the provisions of this section. Vacancies on the committee shall be filled in like manner for the balance of an

expired term. Each member shall serve until a successor is appointed and qualified.

(e) The Board may remove any member from the Committee for neglect of any duty required by law, for failure to attend at least 50% of the regularly scheduled meetings in a calendar year, for incompetency, or for unethical or dishonorable conduct.

(f) The Committee shall have the power and duty to:

- (1) Advise the Board on all matters pertaining to the licensure, education, and continuing education requirements for and practice of therapeutic recreation or recreation therapy in this state; and
- (2) Assist and advise the Board in all hearings involving therapeutic recreation specialists who are deemed to be in violation of the Therapeutic Recreation Practice Act.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11; Amended at 35 Ok Reg 1804, eff 9-14-18]

435:70-1-5. Method of operations - Committee meetings - quorum - advise Board

(a) The Committee shall meet at least quarterly. At the initial meeting of the Committee, members shall elect a chair. Three members of the Committee shall constitute a quorum for the purpose of conducting official business of the Committee.

(b) A majority of the members of the Committee, including either the chair or vice-chair, shall constitute a quorum at any meeting, and a majority of the required quorum shall be sufficient for the committee to take action by vote.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

SUBCHAPTER 3. APPLICATION FOR LICENSURE

435:70-3-1. License required

(a) Effective November 1, 2010, a licensed therapeutic recreation specialist may use the letters TRS/L or CTRS/L in connection with his or her name or place of business. CTRS/L is contingent upon maintenance of the National Council for Therapeutic Recreation Certification (NCTRC) credential.

(b) A person or business entity, its employees, agents, or representatives shall not use in conjunction with that person's name or the activity of the business the words therapeutic recreation specialist, therapeutic recreation, recreational therapy, recreational therapist, recreation therapist, the letters CTRS, TRS, or TR, or any other words, abbreviations or insignia indicating or implying directly or indirectly that therapeutic recreation is provided or supplied, including the billing of services labeled as therapeutic recreation, unless such services are provided under the direction of a therapeutic recreation specialist licensed pursuant to this act.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-3-2. Qualifications for licensure

(a) To be eligible for licensure as a therapeutic recreation specialist pursuant to the provisions of the Therapeutic Recreation Practice act, an applicant shall:

- (1) Be at least eighteen (18) years of age;
- (2) Be of good moral character;
- (3) Have successfully completed an academic program with a baccalaureate degree or higher from an accredited college or university with a major in

- therapeutic recreation or a major in recreation or leisure with an option and/or emphasis in therapeutic recreation;
- (4) Have successfully completed a period of field experience under the supervision of a Certified Therapeutic Recreation Specialist (CTRS) or a licensed therapeutic specialist approved by the educational institution where the applicant has met his or her academic requirements; and
- (5) Successfully completed the proctored examination approved by the State Board of Medical Licensure and Supervision within the past year.
- (b) The State Board of Medical Licensure and Supervision may, upon notice and opportunity for a hearing, deny an application for reinstatement of a license or reinstate the license with conditions. Conditions imposed may include a requirement for continuing education, practice under the supervision of a licensed therapeutic recreation specialist, or any other conditions deemed appropriate by the Board.
- (c) Notwithstanding subsection (a) of this section, the Board may grant initial licenses to therapeutic recreation specialists who are certified by the National Council for Therapeutic Recreation Certification (NCTRC) prior to July 1, 2009, and who hold an active CTRS credential.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-3-3. Application for licensure/renewal of license - procedures

- (a) The Board directs staff to prepare and create new forms or modify existing forms to be used in the application process for licensure and renewal of license. Application forms shall require applicants to submit all information required by the Act.
- (b) The application and forms shall be submitted to the Board accompanied by fees as set by the Board. Any incomplete or missing information, documentation or fees shall render the application incomplete. No license shall be issued unless all application requirements have been met. Incomplete applications will be considered abandoned after one year.
- (c) Any applicable fees paid shall not be refunded. The applicant shall be forthright and open in the provision of information to the Board in the application process. The Board may deny a license to any applicant who does not provide the Board with complete, open and honest responses to all requests for information.
- (d) A Committee member or Board member, based on any response to any question or request for information on the application form, may request an applicant to provide any additional information that the Board member feels is necessary or useful to determine the applicant's ability to practice as a therapeutic recreation specialist.
- (e) The Board may require a criminal background check on all applicants for licensure. The fee shall be paid by the applicant.
- (f) Fraud or misrepresentation in applying for or procuring a license or in connection with applying for or procuring renewal of a license may be grounds for denial or revocation by the Board.
- (g) No person shall be licensed by the Board unless and until that person first fully complies with all licensure provisions of the Act and has satisfied the Board of the ability of that person to practice therapeutic recreation with reasonable skill and safety.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-3-4. Required documentation

- (a) Applicants must submit the following:
- (1) Application form and appropriate fee(s);
 - (2) Verification of having passed the certification exam administered by the National Council for Therapeutic Recreation Certification (NCTRC) or its successor organization;
 - (3) If the examination date is more than one year old, the applicant must provide evidence of continued competence through active certification with NCTRC and/or continuing education units equivalent to ten (10) hours per year.
 - (4) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
 - (5) Background check.
- (b) Applicants who have not practiced as a Therapeutic Recreation Specialist within the previous twelve (12) months wishing to obtain a license may be required to make a personal appearance before the Committee and practice under the personal supervision of a licensed Therapeutic Recreation Specialist for up to ninety (90) days with an evaluation provided to the Committee at the end of the supervised period. The Committee also may require additional continuing education units.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-3-5. Temporary licenses - supervision

- (a) A temporary license authorizing practice under the direct supervision of a licensed Therapeutic Recreation Specialist may be issued to a person who has applied for a license and who is eligible to take the examination pursuant to the provision of the Act, Title 59 O.S., §540.11 (B). The temporary license may be valid for up to one year.
- (b) A temporary license authorizing practice under the general supervision of a licensed Therapeutic Recreation Specialist may be issued to a person who has applied for a license pursuant to the provision of the Act, Title 59 O.S., 493.3(E) provided all requirements for licensure have been met. Satisfactory completion of required coursework must be documented by either a diploma or an official letter from the registrar's office of the university granting the degree. The temporary license will permit legal practice during the interim from the time the application is complete and the time when the Board grants a license. Verification of supervision must be submitted in order for a temporary license to be issued.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-3-6. Licensure by endorsement

Upon payment to the State Board of Medical Licensure and Supervision of a fee as provided by the Therapeutic Recreation Practice Act and submission of a written application on forms provided by the Board, the Board may issue a license without examination to any person who is licensed or otherwise certified as a therapeutic recreation specialist by another state or national certifying body which has substantially the same standards for licensure as are required by this state pursuant to the provisions of the Therapeutic Recreation Practice Act.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

SUBCHAPTER 5. BIENNIAL RENEWAL

435:70-5-1. Requirements for renewal of license

- (a) Licensees must renew their licenses biennially on or before November 30th.
- (b) The application and fee for the renewal of the license shall be submitted, postmarked or hand delivered to the Board office no later than the expiration date. Licenses not renewed will be made inactive and the licensee may not practice.
- (c) Each licensee is responsible for renewing the license on or before the required date and shall not be excused from paying additional fees or penalties.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-5-2. Renewal procedure

- (a) Each licensee will be required to renew in a form required by the Board. Licensees will be notified at least thirty (30) days prior to the expiration date of the process to renew and required fee.
- (b) The license renewal application for all licensees shall require in addition to other information, the preferred mailing address and primary practice address.
- (c) The Board shall not consider a license to be renewed until it receives the completed license renewal application, the required fees set by the Board and proof of required continuing education hours.
- (d) The Board shall issue a renewal of license identification card to a licensee who has met all requirements for renewal.
- (e) The Board will replace a lost, damaged or destroyed license certificate or license identification card upon application by the licensee and payment of fees established by the Board. Applications must include an affidavit detailing the loss or destruction of the licensee's original license or license identification card, or be accompanied by the damaged certificate or card.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-5-3. Late renewal

- (a) The Board shall notify a person who has not renewed a license after a period of more than thirty (30) days that their license is inactive.
- (b) A person whose license is inactive for not more than thirty (30) days may renew the license by paying the required renewal fee and late fee, if received within thirty (30) days of the end of the renewal period.
- (c) A person whose license has been lapsed more than thirty (30) days shall meet all application requirements in effect at the time reinstatement is requested. In addition, the applicant may be required to meet one or more of the following:
 - (1) Personal appearance before the Committee;
 - (2) Additional continuing education units;
 - (3) Practice under the personal supervision of a licensed Therapeutic Recreation Specialist for up to ninety (90) days with an evaluation provided to the Committee at the end of the supervised period.
 - (4) After a period of 12 months of continuous inactivity as a Therapeutic Recreation Specialist, an applicant for reinstatement may be required to retake the test for initial licensure.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-5-4. Continuing education

- (a) Every two years individuals seeking to renew licensure/registration must show proof of current certification by the National Council for Therapeutic Recreation Certification, or provide proof of 20 continuing education hours.

(b) Any applicant for renewal who cannot meet the requirements for continuing education may make a written request for an extension from the Board. The request shall include a plan for completion of the continuing education requirements within the requested extension period. An extension for a period of up to one calendar year may be granted if circumstances make it impossible or extremely difficult for the applicant to obtain the required continuing education hours. Such circumstances may include, but are not limited to, extended illness, family emergency, etc.

(c) Each applicant is responsible for maintaining evidence/proof/record of participation in a continuing education experience for a minimum of two years. Such proof shall include documented evidence as provided by the National Council for Therapeutic Recreation Certification or evidence submitted by the applicant including:

- (1) date, place, course title, schedule, presenter(s), etc.,
- (2) number of contact hours for activity,
- (3) proof of completion, such as abstracts, certificates of attendance, or other certification of completion.

(d) New licensees will be required to obtain continuing education hours on a pro rata basis based upon when the license was issued during the accounting period or provide proof of current NCTRC certification.

(e) Penalties for failure to comply with continuing education requirements may be assessed after notice and hearing as required by law. Penalties may include imposition of additional continuing education hours, probation, suspension, or revocation of license or registration.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-5-5. Approval of continuing education

(a) Continuing education that is offered or approved by the National Council for Therapeutic Recreation Certification (NCTRC) or by the American Therapeutic Recreation Association (ATRA) will automatically be accepted for credit.

(b) Workshops or seminars not pre-approved may or may not be accepted for credit if submitted at the time of audit. To receive approval for continuing education hours from the Committee, the licensee must provide the following materials regarding the program or course for which credit is sought:

- (1) A program agenda showing a breakdown of time spent in instruction periods, break time, meals, etc., in the case of film or tape presentation, duration, title, and a brief summary of presentation, or in the case of academic course work, a copy of the course syllabus;
- (2) A statement of the course or program's goals and objectives sufficient to provide information for evaluation of relevancy and practical application to the field of therapeutic recreation;
- (3) Documentation of instructor background/expertise;
- (4) location of the program, including the location city, state, and zip, name and phone number of contact person.
- (5) method of certifying attendance
- (6) copy of published material (if applicable).

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-5-6. Methods for obtaining continuing education - activities not accepted

(a) **Accepted methods.** Acceptable methods for obtaining continuing education includes courses as accepted and outlined by the National Council for Therapeutic

Recreation Certification or other Committee-approved organizations. These include:

- (1) Academic courses for continuing education credit (one semester credit may be granted up to 15 continuing education hours).
- (2) Publications and presentation for continuing education credit (credit will not be given for repeat or multiple presentations of the same information or publications duplicated in different formats).
- (3) Research as principal or co-investigator, project director or research assistant, or quality assurance studies completed and published in a journal, newsletter or professional magazine. Research proposal and final results submitted to Committee for approval.
- (4) Correspondence courses and Computer Based Instruction - organized course content in a test or computer-generated format related to Therapeutic Recreation at college/university level.

(b) **Additional methods.** Learning opportunities not listed above may be considered for continuing education credit but will require preapproval by the Committee for guaranteed credit.

(c) **Activities not accepted** - The following are examples of activities not accepted: Cardiopulmonary Resuscitation (CPR) training, first aid, infectious disease control, or life saving.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

SUBCHAPTER 7. REGULATION OF PRACTICE

435:70-7-1. Supervision

A licensed Therapeutic Recreation Specialist may not be the general or direct supervisor for more than two (2) applicants for licensure at any one time.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-7-2. Referrals medically-related conditions

(a) Initiation of therapeutic recreation services to individuals with medically-related conditions shall be based on a referral from a physician who is either a medical doctor or a doctor of osteopathy.

(b) No freestanding clinic may be operated under this license.

(c) Prevention, wellness, education, adaptive sports, recreation and related services shall not require a referral.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]

435:70-7-3. Grounds for disciplinary action

(a) The Board may reprimand or place on probation any holder of a Therapeutic Recreation Specialist license or revoke or suspend any license issued to Therapeutic Recreation Specialist who is found in violation of the Act. Violations include but shall not be limited to the following:

- (1) Conviction of a felony or of any offense involving moral turpitude.
- (2) Conviction of, or admission of guilt, or plea of no contest to a felony or misdemeanor.
- (3) Dishonorable or immoral conduct that is likely to deceive, defraud, or harm the public.
- (4) Aiding, abetting or assisting any other person to violate or circumvent any law, rule or regulation intended to guide the conduct of a Therapeutic

Recreation Specialist .

- (5) Procuring, aiding or abetting a criminal operation.
- (6) Participation in fraud, abuse and/or violation of state or federal laws.
- (7) Fraudulent billing practices and/or violation of Medicare and Medicaid laws or abusive billing practices.
- (8) Improper management of medical records, inaccurate recording, falsifying or altering of client records.
- (9) Falsely manipulating client's records or forging a prescription for medication/drugs, or presenting a forged prescription.
- (10) Habitual intemperance or the habitual use of habit-forming drugs.
- (11) Habitual intemperance or addicted use of any drug, chemical or substance that could result in behavior that interferes with the practice of recreational therapy and the responsibilities of the licensee.
- (12) Unauthorized possession or use of illegal or controlled substances or pharmacological agents without lawful authority or prescription by an authorized and licensed independent practitioner of the State of Oklahoma.
- (13) Engaging in physical conduct with a client that is sexual in nature, or in any verbal behavior that is seductive or sexually demeaning to a client.
- (14) While engaged in the care of a client, engaging in conduct with a client, client family member, or significant other that is seductive or sexually demeaning/exploitive in nature.
- (15) Verbally or physically abusing clients.
- (16) Discriminating in the rendering of client care.
- (17) Leaving a client care assignment without properly advising the appropriate personnel.
- (18) Violating the confidentiality of information or knowledge concerning a client.
- (19) Any conduct which potentially or actually jeopardizes a client's life, health or safety.
- (20) Negligence while in practice of recreation therapy or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.
- (21) Being judged mentally incompetent by a court of competent jurisdiction.
- (22) Failing to timely make application for license renewal.
- (23) Falsifying documents submitted to the Therapeutic Recreation Committee or the Oklahoma State Board of Medical Licensure and Supervision.
- (24) Obtaining or attempting to obtain a license, certificate or documents of any form as a Therapeutic Recreation Specialist by fraud or deception.
- (25) Cheating on or attempting to subvert the examination or skills assessment tests offered by the National Council for Therapeutic Recreation Certification (NCTRC) or its successor organization.
- (26) Failure to report through proper channels the unsafe, unethical or illegal practice of any person who is providing care.
- (27) Failure to furnish to the Board, its investigators or representatives, information lawfully requested by the Board.
- (28) Failure to cooperate with a lawful investigation conducted by the Board.
- (29) Violation of any provision(s) of the Therapeutic Recreation Act or the rules and regulations of the board or of an action, stipulation, agreement or order of the Board.

(30) Failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction (United States or foreign), by any governmental agency, by any law enforcement agency, or by any court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.

(b) A Therapeutic Recreation Specialist who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervising other Therapeutic Recreation Specialist or Therapeutic Recreation Specialist Assistants for so long as the Board deems appropriate, and may themselves be subject to disciplinary action pursuant to their conduct.

(c) All Therapeutic Recreation Specialist are responsible for maintaining and promoting the ethical practice of Therapeutic Recreation. Therapeutic Recreation personnel shall act in the best interest of the client at every level of practice. This Code of Ethics shall be binding on all Therapeutic Recreation personnel. All Therapeutic Recreation Personnel shall:

- (1) Demonstrate a concern for the well-being of the recipients of their services. (Beneficence).
- (2) Take reasonable precautions to avoid imposing or inflicting harm upon the recipient of services or to his/her property. (Nonmaleficence).
- (3) Respect the recipient and/or their surrogate(s) as well as the recipient's rights. (Autonomy, privacy, confidentiality).
- (4) Achieve and continually maintain high standards of competence. (Duties)
- (5) Comply with laws and policies guiding the profession of Therapeutic Recreation. (Justice).
- (6) Provide accurate information about Therapeutic Recreation services. (Veracity)
- (7) Treat colleagues and other professionals with fairness, discretion and integrity.

[Source: Added at 28 Ok Reg 278, eff 11-3-10 (emergency); Added at 28 Ok Reg 1754, eff 6-25-11]