

**DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**DIRECTOR'S OFFICE**

**OSTEOPATHIC MEDICINE AND SURGERY - GENERAL RULES**

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 16145, 16148, 16174, 16201, 16204, 16215, 16287, 17531, 17533, and 17548 of the public health code, 1978 PA 368, MCL 333.16145, 333.16148, 333.16174, 333.16201, 333.16204, 333.16215, 333.16287, 333.17531, 333.17533, and 333.17548, and Executive Reorganization Order Nos. 1991-9, 1996-2, 2003-1, and 2011-4, MCL 338.3501, 445.2001, 445.2011, and 445.2030)

**PART 1. GENERAL PROVISIONS**

**R 338.111 Definitions.**

Rule 11. (1) As used in these rules:

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

(b) "Code" means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.

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

(2) A term defined in the code has the same meaning when used in these rules.

History: 2016 AACS; 2021 AACS.

**R 338.113 Rescinded.**

History: 2016 AACS; 2021 AACS.

**R 338.114 Telehealth.**

Rule 14. (1) A licensee shall obtain consent for treatment before providing a telehealth service under section 16284 of the code, MCL 333.16284.

(2) A licensee shall maintain proof of consent for telehealth treatment in the patient's up-to-date medical record and satisfy section 16213 of the code, MCL 333.16213.

(3) A licensee providing a telehealth service may prescribe a drug if the licensee is a prescriber acting within the scope of the licensee's practice and in compliance with section 16285 of the code, MCL 333.16285, and if the licensee does both of the following:

(a) Refers the patient to a provider that is geographically accessible to the patient, if medically necessary.

(b) Makes himself or herself available to provide follow-up care services to the patient, or to refer the patient to another provider, for follow-up care.

(4) A licensee providing any telehealth service shall do both of the following:

(a) Act within the scope of his or her practice.

(b) Exercise the same standard of care applicable to a traditional, in-person health care service.

History: 2021 AACCS; 2023 MR 6, Eff. March 22, 2023.

### **R 338.115 Code of ethics.**

Rule 15. (1) The standards of the American Osteopathic Association, 142 E. Ontario Street, Chicago, IL 60611-2864 set forth in the “Code of Ethics,” dated July 24, 2016, which are available at no cost on the association’s website at <https://osteopathic.org>, are approved and adopted by reference.

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

(3) Copies of the adopted standards referenced in subrule (1) of this rule are available for inspection and distribution at a cost of 10 cents per page from the Board of Osteopathic Medicine and Surgery, Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan 48909.

History: 2016 AACCS; 2021 AACCS; 2023 MR 6, Eff. March 22, 2023.

### **R 338.117 Prescribing of drugs by physician’s assistants; procedures and protocols.**

Rule 17. (1) Under section 17548(3) and (4) of the code, MCL 333.17548, and under the terms of a practice agreement, a physician’s assistant may prescribe a drug, including a controlled substance that is included in schedules 2 to 5 of part 72 of the code, MCL 333.7201 to 333.7231, subject to both of the following requirements:

(a) If a physician’s assistant prescribes a drug, the physician’s assistant’s name must be used, recorded, or otherwise indicated in connection with that prescription.

(b) If a physician’s assistant prescribes a drug that is included in schedules 2 to 5, the physician’s assistant’s DEA registration number must be used, recorded, or otherwise indicated in connection with that prescription.

(2) Under section 17548(3) and (5) of the code, MCL 333.17548, and under the terms of a practice agreement, a physician’s assistant may order, receive, and dispense complimentary starter dose drugs, including controlled substances that are included in schedules 2 to 5 of part 72 of the code, MCL 333.7201 to MCL 333.7231, subject to both of the following requirements:

(a) If a physician’s assistant orders, receives, or dispenses a complimentary starter dose drug, the physician’s assistant’s name must be used, recorded, or otherwise indicated in connection with that order, receipt, or dispensing.

(b) If a physician’s assistant orders, receives, or dispenses a complimentary starter dose drug that is included in schedules 2 to 5, the physician’s assistant’s DEA registration

number must be used, recorded, or otherwise indicated in connection with that order, receipt, or dispensing.

History: 2016 AACCS; 2021 AACCS.

**R 338.119 Delegation of prescribing controlled substances to an advanced practice registered nurse; limitation.**

Rule 19. (1) A physician may delegate the prescription of controlled substances listed in schedules 2 to 5 of part 72 of the code, MCL 333.7201 to MCL 333.7231, to a registered nurse who holds specialty certification under section 17210 of the code, MCL 333.17210, except for a nurse anesthetist, if the delegating physician establishes a written authorization that has all the following information:

(a) The name, license number, and signature of the delegating physician.

(b) The name, license number, and signature of the nurse practitioner, nurse midwife, or clinical nurse specialist.

(c) The limitations or exceptions to the delegation.

(d) The effective date of the delegation.

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

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

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

(5) The delegating physician shall ensure that an amendment to the written authorization satisfies subrules (1) to (4) of this rule.

(6) A delegating physician may authorize a nurse practitioner, a nurse midwife, or a clinical nurse specialist to issue multiple prescriptions allowing the patient to receive a total of up to a 90-day supply of a schedule 2 controlled substance.

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

History: 2016 AACCS; 2021 AACCS; 2023 MR 6, Eff. March 22, 2023.

**R 338.120 Training standards for identifying victims of human trafficking; requirements.**

Rule 20. (1) Under section 16148 of the code, MCL 333.16148, an individual seeking licensure or that is licensed shall complete training in identifying victims of human trafficking that satisfies the following standards:

(a) Training content must cover all the following:

(i) Understanding the types and venues of human trafficking in the United States.

(ii) Identifying victims of human trafficking in health care settings.

(iii) Identifying the warning signs of human trafficking in health care settings for adults and minors.

- (iv) Identifying resources for reporting the suspected victims of human trafficking.
- (b) Acceptable providers or methods of training include any of the following:
  - (i) Training offered by a nationally recognized or state recognized health-related organization.
  - (ii) Training offered by, or in conjunction with, a state or federal agency.
  - (iii) Training obtained in an educational program that has been approved under these rules for initial licensure, or by a college or university.
  - (iv) Reading an article related to the identification of victims of human trafficking that satisfies the requirements of subdivision (a) of this subrule and is published in a peer-reviewed journal, health care journal, or professional or scientific journal.
- (c) Acceptable modalities of training include any of the following:
  - (i) Teleconference or webinar.
  - (ii) Online presentation.
  - (iii) Live presentation.
  - (iv) Printed or electronic media.
- (2) The department may select and audit an individual and request documentation of proof of completion of training. If audited by the department, the individual shall provide an acceptable proof of completion of training, including either of the following:
  - (a) Proof of completion certificate issued by the training provider that includes the date, provider name, name of training, and individual's name.
  - (b) A self-certification statement by the individual. The certification statement must include the individual's name and either of the following:
    - (i) For training completed under subrule (1)(b)(i) to (iii) of this rule, the date, training provider name, and name of training.
    - (ii) For training completed under subrule (1)(b)(iv) of this rule, the title of the article, author, publication name of the peer-review journal, health care journal, or professional or scientific journal, and the date, volume, and issue of publication, as applicable.
- (3) Under section 16148 of the code, MCL 333.16148, the requirements specified in subrule (1) of this rule apply for license renewals beginning with the 2017 renewal cycle and for initial licenses beginning December 20, 2021.

History: 2016 AACs; 2021 AACs; 2023 MR 6, Eff. March 22, 2023.

## PART 2. LICENSES

### **R 338.121 Accreditation standards for approval of osteopathic medical schools, postgraduate training programs, and institutions; adoption by reference.**

Rule 21. (1) The standards for accrediting osteopathic medical schools developed and adopted by the American Osteopathic Association Commission on Osteopathic College Accreditation, 142 E. Ontario Street, Chicago, Illinois 60611-2864, set forth in the publication entitled "Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards," effective July 1, 2019, which are available at no cost on the association's website at <https://osteopathic.org>, are approved and adopted by reference.

Any osteopathic school of medicine accredited by the Commission on Osteopathic College Accreditation is approved.

(2) The standards of the American Osteopathic Association Council on Postdoctoral Training, 142 E. Ontario Street, Chicago, Illinois 60611-2864, set forth in the publication entitled “The Basic Documents for Postdoctoral Training,” effective July 1, 2020, which are available at no cost on the association’s website at <https://osteopathic.org>, are approved and adopted by reference. Any osteopathic postgraduate training program accredited by the American Osteopathic Association Council on Postdoctoral Training is approved.

(3) The standards of the American Osteopathic Association Council on Osteopathic Postdoctoral Training Institutions, 142 E. Ontario Street, Chicago, Illinois 60611-2864, set forth in the publication entitled “OPTI Accreditation Handbook,” effective March 2014, which are available at no cost on the association’s website at <https://osteopathic.org>, are approved and adopted by reference. Any osteopathic institution accredited by the American Osteopathic Association Council on Osteopathic Postdoctoral Training Institutions is approved.

(4) The standards for approval of a postgraduate training program developed and adopted by the Accreditation Council for Graduate Medical Education, 401 North Michigan Avenue, Suite 2000, Chicago, Illinois 60611, set forth in the publication entitled “ACGME Common Program Requirements,” effective July 1, 2021, which are available at no cost on the council’s website at <https://www.acgme.org>, are approved and adopted by reference. Any medical postgraduate training program accredited by the Accreditation Council for Graduate Medical Education is approved.

(5) Copies of the standards adopted by reference in this rule are available for inspection and distribution at a cost of 10 cents per page from the Board of Osteopathic Medicine and Surgery, Bureau of Professional Licensing, Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30670, Lansing, Michigan 48909.

History: 2016 AACCS; 2021 AACCS; 2023 MR 6, Eff. March 22, 2023.

### **R 338.123 Licensure by examination.**

Rule 23. An applicant for a doctor of osteopathic medicine and surgery license shall satisfy the requirements of the code and the rules promulgated under the code, as well as all the following requirements:

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

(b) Provide proof verifying completion of a degree from a school of osteopathic medicine that satisfies the standards under R 338.121(1).

(c) Provide proof verifying passing scores on all levels of the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) adopted under R 338.129 and provide proof verifying satisfaction of all the requirements under R 338.129.

(d) Provide proof verifying completion of a minimum of 1 year of postgraduate clinical training in a program that satisfies either of the following requirements:

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

(ii) A postgraduate training program approved under R 338.121(4).

(e) Provide a certificate of completion of the postgraduate training required under subdivision (d) of this rule to the department no more than 15 days before the scheduled date of completion.

History: 2016 AACCS; 2021 AACCS; 2023 MR 6, Eff. March 22, 2023.

### **R 338.125 Licensure by endorsement.**

Rule 25. (1) An applicant for a doctor of osteopathic medicine and surgery license by endorsement shall satisfy the requirements of the code and the rules promulgated under the code, as well as all the following requirements:

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

(b) Provide proof verifying the holding of a current and full doctor of osteopathic medicine and surgery license in another state or in a province of Canada.

(c) If the applicant is licensed as a doctor of osteopathic medicine and surgery in a province in Canada, provide proof verifying that the applicant completed the educational requirements in Canada or in the United States at a school of osteopathic medicine that satisfies the standards under R 338.121(1) for licensure as a doctor of osteopathic medicine and surgery in Canada or in the United States.

(d) Provide proof verifying passing scores on all levels of the COMLEX-USA adopted under R 338.129 and provide proof verifying satisfaction of all the requirements under R 338.129 for a doctor of osteopathic medicine and surgery license in another state or in a province of Canada to obtain licensure as a doctor of osteopathic medicine and surgery in another state or in a province of Canada.

(e) Provide proof verifying completion of a minimum of 1 year of postgraduate clinical training in a program that satisfies either of the following requirements:

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

(ii) A postgraduate training program approved under R 338.121(4).

(2) An applicant who provides proof verifying a current and full license in good standing as a doctor of osteopathic medicine and surgery in another state or in a province of Canada for not less than the last 5 years before the date of filing the application for a doctor of osteopathic medicine and surgery license by endorsement, and who provides proof verifying completion of the educational requirements in Canada or in the United States at a school of osteopathic medicine that satisfies the standards under R 338.121(1), is presumed to satisfy the requirements of subrule (1)(d) and (e) of this rule.

(3) An applicant that is or has been licensed, registered, or certified in a health profession or specialty by another state, the United States military, the federal government, or another country shall disclose that fact on the application form. The applicant shall satisfy the requirements of section 16174(2) of the code, MCL 333.16174, including verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and, except as otherwise provided under section 17511(2) of the code, MCL 333.17511, sanctions are not in force at the time of application. If licensure is granted and it is determined that sanctions have been imposed,



the disciplinary subcommittee may impose appropriate sanctions under section 16174(5) of the code, MCL 333.16174.

History: 2016 AACCS; 2021 AACCS; 2023 MR 6, Eff. March 22, 2023.

**R 338.127 Educational limited license.**

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

(2) An applicant for an educational limited license shall satisfy the requirements of the code and the rules promulgated under the code, as well as all the following requirements:

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

(b) Provide proof verifying that the applicant has graduated or is expected to graduate within 3 months after the date of the application from an osteopathic medical school that satisfies the requirements under R 338.121(1).

(c) Provide proof verifying that the applicant has been accepted into a postgraduate training program that satisfies the requirements under R 338.121(2) or (4).

(3) Under section 17512(2) of the code, MCL 333.17512, an educational limited license may be renewed not more than 5 years.

History: 2016 AACCS; 2021 AACCS; 2023 MR 6, Eff. March 22, 2023.

**R 338.129 Examination; adoption; passing scores; limitation on attempts; time limitations.**

Rule 29. (1) The COMLEX-USA, developed and administered by the National Board of Osteopathic Medical Examiners (NBOME), is approved and adopted, and consists of the following levels:

(a) COMLEX-USA Level 1.

(b) COMLEX-USA Level 2-Cognitive Evaluation (Level 2-CE).

(c) COMLEX-USA Level 2-Performance Evaluation (Level 2-PE) or a temporary eligibility pathway approved by the NBOME.

(d) COMLEX-USA Level 3.

(2) The passing score for each level of the COMLEX-USA accepted for licensure is the passing score established by the NBOME.

(3) An applicant cannot make more than 6 attempts to pass any level of the COMLEX-USA.

(4) An applicant shall successfully pass all levels of the COMLEX-USA within 7 years after the date that the applicant first passed any level of the COMLEX-USA. An applicant may request consideration of a variance of the 7-year requirement by providing, at a minimum, proof verifying both of the following requirements to the board:

(a) That the applicant passed all levels of the COMLEX-USA, but that the time taken to pass all levels is more than 7 years.

(b) That the applicant has completed either of the following activities:

(i) Graduation from an accredited graduate degree program in addition to osteopathic medical school.

(ii) Completion of a residency or fellowship program with demonstrated consistent participation in the program.

History: 2016 AACCS; 2021 AACCS; 2023 MR 6, Eff. March 22, 2023.

### **R 338.131 Rescinded.**

History: 2016 AACCS; 2021 AACCS.

### **R 338.133 Relicensure.**

Rule 33. (1) An applicant whose doctor of osteopathic medicine and surgery license has lapsed for less than 3 years preceding the date of application for relicensure may be relicensed under section 16201(3) of the code, MCL 333.16201, if the applicant satisfies the requirements of the code and the rules promulgated under the code, as well as all the following requirements:

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

(b) Provides proof verifying the completion of not less than 150 hours of continuing education that satisfies the requirements under R 338.141 during the 3 years immediately preceding the date of the application for relicensure.

(c) Establishes good moral character as that term is defined in, and determined under, 1974 PA 381, MCL 338.41 to 338.47.

(d) An applicant who holds or has ever held a license to practice osteopathic medicine and surgery shall establish all the following requirements:

(i) Disciplinary proceedings are not pending against the applicant.

(ii) If sanctions have been imposed against the applicant, the sanctions are not in force when applying.

(iii) A previously held license was not surrendered or allowed to lapse to avoid discipline.

(2) An applicant whose doctor of osteopathic medicine and surgery license has been lapsed for 3 years but less than 5 years may be relicensed under section 16201(4) of the code, MCL 333.16201, if the applicant provides fingerprints as set forth in section 16174(3) of the code, MCL 333.16174, and satisfies the requirements of subrule (1) of this rule and 1 of the following requirements:

(a) Provides proof verifying that the applicant is currently licensed and in good standing as a doctor of osteopathic medicine and surgery in another state or in a province of Canada.

(b) Provides proof verifying completion of 1 of the following during the 3 years immediately preceding the date of the application for relicensure:

(i) Successfully passed the Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX) offered by the NBOME. The passing score is the passing score established by the NBOME.



(ii) Successfully completed a postgraduate training program that satisfies the requirements under R 338.121(2) or (4).

(iii) Successfully completed a physician re-entry program that is an organizational member of the Coalition for Physician Enhancement (CPE).

(iv) Successfully completed a physician re-entry program affiliated with an osteopathic medical school that satisfies the requirements under R 338.121(1).

(3) An applicant whose doctor of osteopathic medicine and surgery license has been lapsed for 5 years or more may be relicensed under section 16201(4) of the code, MCL 333.16201, if the applicant provides fingerprints as set forth in section 16174(3) of the code, MCL 333.16174, and satisfies the requirements of subrule (1) of this rule and 1 of the following requirements:

(a) Provides proof verifying that the applicant is currently licensed and in good standing as a doctor of osteopathic medicine and surgery in another state or in a province of Canada.

(b) Provides proof verifying completion of both of the following during the 3 years immediately preceding the date of the application for relicensure:

(i) Successfully passed the COMVEX offered by the NBOME. The passing score is the passing score established by the NBOME.

(ii) Successfully completed 1 of the following training options:

(A) A postgraduate training program that satisfies the requirements under R 338.121(2) or (4).

(B) A physician re-entry program that is an organizational member of the CPE.

(C) A physician re-entry program affiliated with an osteopathic medical school that satisfies the requirements under R 338.121(1).

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

(5) An applicant with an educational limited license may be relicensed under section 16201(3) or (4) of the code, MCL 333.16201, if the applicant satisfies subrule (1) of this rule and R 338.127.

(6) An applicant that is or has been licensed, registered, or certified in a health profession or specialty by another state, the United States military, the federal government, or another country shall disclose that fact on the application form. The applicant shall satisfy the requirements of section 16174(2) of the code, MCL 333.16174, including verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application. If licensure is granted and it is determined that sanctions have been imposed, the disciplinary subcommittee may impose appropriate sanctions under section 16174(5) of the code, MCL 333.16174.

History: 2016 AACCS; 2021 AACCS; 2023 MR 6, Eff. March 22, 2023.

### **PART 3. CONTINUING EDUCATION**

#### **R 338.141 License renewals.**

Rule 41. (1) An applicant for renewal shall satisfy the requirements of the code and the rules promulgated under the code.

(2) An applicant for license renewal who has been licensed in the 3-year period immediately preceding the application for renewal shall accumulate a minimum of 150 hours of continuing education credit in activities approved under R 338.143 during the 3 years immediately preceding the application for renewal.

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

(4) The department may select and audit a sample of licensees who have renewed their license and request proof of compliance with subrule (2) of this rule. If audited, a licensee shall provide documentation as specified in R 338.143.

History: 2016 AACCS; 2021 AACCS; 2023 MR 6, Eff. March 22, 2023.

**R 338.143 Acceptable continuing education; requirements; limitations.**

Rule 43. (1) The 150 hours of continuing education credits required under R 338.141 must satisfy the following requirements, as applicable:

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

(b) A minimum of 1 hour of continuing education credit must be earned in medical ethics.

(c) For license renewals filed December 20, 2017 or later, a minimum of 3 hours of continuing education credit must be earned in pain and symptom management under section 17533(2) of the code, MCL 333.17533. At least 1 of the 3 hours must include controlled substances prescribing. Continuing education hours in pain and symptom management may include, but are not limited to, any of the following areas:

(i) Public health burden of pain.

(ii) Ethics and health policy related to pain.

(iii) Michigan pain and controlled substance laws.

(iv) Pain definitions.

(v) Basic sciences related to pain including pharmacology.

(vi) Clinical sciences related to pain.

(vii) Specific pain conditions.

(viii) Clinical physician communication related to pain.

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

(x) Ensuring quality pain care and controlled substances prescribing.

(xi) Michigan programs and resources relevant to pain.

(d) A minimum of 60 continuing education credits must be obtained through category 1 programs listed in subrule (2) of this rule.

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

	Activity and Proof of Completion	Number of Continuing Education Hours Granted/Allowed for the Activity
(a)	<p>Attendance at or participating in a continuing education program or activity related to the practice of osteopathic medicine, including, but is not limited to, live, in-person programs, journal articles with a self-study component, interactive or monitored teleconferences, audio conferences, web-based programs, or online programs approved or offered by any of the following organizations:</p> <ul style="list-style-type: none"> <li>- American Osteopathic Association.</li> <li>- Michigan Osteopathic Association.</li> </ul> <p>If audited, a licensee shall provide a copy of a letter or certificate of completion showing the licensee's name, number of credits earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date or dates on which the program or activity was completed.</p>	<p>The number of continuing education hours for a specific program or activity is the number of hours assigned by the sponsoring organization for the specific program or activity. A minimum of 40 hours of continuing education credit must be earned in this activity. A maximum of 150 hours of continuing education credit may be earned for this activity in each renewal period.</p>
(b)	<p>Attendance at or participating in a continuing education program or activity related to the practice of osteopathic medicine including, but not limited to, live, in-person programs, journal articles with a self-study component, interactive or monitored teleconferences, audio conferences, web-based programs, or online programs approved or offered by any of the following organizations:</p> <ul style="list-style-type: none"> <li>- American Medical Association.</li> <li>- Accreditation Council for Continuing Medical Education.</li> <li>- Michigan State Medical Society.</li> </ul>	<p>The number of continuing education hours for a specific program or activity is the number of hours assigned by the sponsoring organization for the specific program or activity. A maximum of 110 hours of continuing education credit may be earned for this activity in a renewal period.</p>

	<p>If audited, the licensee shall provide a copy of a letter or certificate of completion showing the licensee's name, number of credits earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date or dates on which the program or activity was completed.</p>	
(c)	<p>Taking and passing a specialty board certification or recertification examination for a specialty board recognized by the American Osteopathic Association, the American Board of Medical Specialties, or the American Board of Physician Specialties.</p> <p>If audited, the licensee shall provide proof from the specialty board of the successful passing of the examination.</p>	<p>A specialty board certification or recertification examination successfully passed during the renewal period is granted 50 hours of continuing education credit. A maximum of 50 hours of continuing education credit may be earned for this activity in each renewal period.</p>
(d)	<p>Successfully completing an activity that is required for maintenance of a specialty certification for a specialty board recognized by the American Osteopathic Association, the American Board of Medical Specialties, or the American Board of Physician Specialties that does not satisfy the requirements of subdivision (a) or (b) of this subrule.</p> <p>If audited, the licensee shall provide proof from the specialty board that the activity was required for maintenance of certification, that the activity was successfully completed, and the date of completion.</p>	<p>One hour of continuing education credit is granted for every 60 minutes spent on the activity. A maximum of 30 hours of continuing education credit may be earned for this activity in each renewal period.</p>
(e)	<p>Serving as a teacher, lecturer, preceptor, or moderator-participant in a medical education or training program that satisfies the standards adopted under R 338.121.</p> <p>If audited, the licensee shall</p>	<p>Two hours of continuing education credit is granted for each scheduled lecture or clinical consultation. Additional credit for preparation of the lecture cannot be granted. A maximum of 90 hours of continuing education credit may be</p>

	provide a letter from the program director verifying the licensee's role, length of lecture or lectures, and the date on which the lecture or lectures were held.	earned for this activity in each renewal period.
(f)	<p>Conducting a formal inspection of an osteopathic medical education or training program that satisfies the standards adopted under R 338.121 or conducting clinical examinations of osteopathic specialty boards recognized by the American Osteopathic Association.</p> <p>If audited, the licensee shall provide documentation from the accrediting organization verifying the licensee's role and participation in the inspection.</p>	Five hours of continuing education credit is granted per inspection. A maximum of 90 hours of continuing education credit may be earned for this activity in each renewal period.
(g)	<p>Participating in any of the following committees:</p> <ul style="list-style-type: none"> <li>- A peer-review committee dealing with quality patient care as it relates to the practice of osteopathic medicine and surgery.</li> <li>- A committee dealing with utilization review as it relates to the practice of osteopathic medicine.</li> <li>- A health care organization committee with patient care issues related to the practice of osteopathic medicine.</li> <li>- A national or state committee, board, council, or association related to the practice of osteopathic medicine.</li> </ul> <p>A committee, board, council, or association is considered acceptable under these rules if it enhances the participant's knowledge and understanding of the practice of osteopathic medicine. If audited, the licensee shall provide a letter from an organization official verifying the licensee's participation in not less than</p>	Fifteen hours for each committee per year is granted. A maximum of 90 hours of continuing education credit may be earned for this activity in each renewal period.

	50% of the regularly scheduled meetings.	
(h)	<p>Providing individual supervision for a disciplinary limited doctor of osteopathic medicine and surgery.</p> <p>If audited, the licensee shall provide an affidavit from the disciplinary limited doctor of osteopathic medicine and surgery who received the supervision. The affidavit must attest to the licensee's role as supervisor and the number of hours spent providing supervision to the disciplinary limited doctor of osteopathic medicine and surgery.</p>	<p>One hour of continuing education credit is granted for each 60 minutes spent consulting or reviewing the disciplined licensee's work. A maximum of 50 hours of continuing education credit may be earned for this activity per renewal period.</p>
(i)	<p>Participating in a postgraduate training program that satisfies the requirements under R 338.121(2) or (4). To receive credit the licensee shall enroll in the program a minimum of 5 months per year.</p> <p>If audited, the licensee shall provide a letter from the program director verifying the dates that the licensee was enrolled in the program.</p>	<p>Fifty continuing education credits per year are granted. A maximum of 150 credits per renewal period may be earned for this activity in each renewal period.</p>
(j)	<p>Publication of a scientific article relating to the practice of osteopathic medicine in a peer-reviewed journal or periodical.</p> <p>If audited, the licensee shall provide a copy of the publication that identifies the licensee as the author or a publication acceptance letter and documentation</p>	<p>Ten hours of continuing education credit is granted for serving as the primary author. Five hours of continuing education credit is granted for serving as a secondary author. Under subrule (1)(a) of this rule, credit for an article is granted only once per renewal period. A maximum of 90 hours of continuing education credit may be earned for this activity in a renewal period.</p>
(k)	<p>Initial publication of a chapter or a portion of a chapter related to the practice of osteopathic medicine in either of the following textbooks:</p> <ul style="list-style-type: none"> <li>- A professional health care textbook.</li> <li>- A peer-reviewed textbook.</li> </ul>	<p>Ten hours of continuing education credit is granted for serving as the primary author. Five hours of continuing education credit is granted for serving as a secondary author. A maximum of 90 hours of continuing education credit may be earned for this activity in each renewal period.</p>

	<p>If audited, the licensee shall provide a copy of the publication that identifies the licensee as the author or a publication acceptance letter.</p>	<p>Under subrule (1)(a) of this rule, credit for publication is granted once per renewal period.</p>
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(3) The board considers initial presentation of a scientific exhibit, poster, or paper to a professional osteopathic medicine organization as acceptable category 2 continuing education. Ten hours of continuing education credit is granted for each presentation. No additional credit is granted for preparation of the presentation. A maximum of 90 hours of continuing education credit may be earned for this activity in each renewal period. Under subrule (1)(a) of this rule, credit for a presentation is granted once per renewal period. If audited, the licensee shall provide a copy of the document presented with proof of the presentation or a letter from the program sponsor verifying the date of presentation.

History: 2016 AACCS; 2021 AACCS; 2023 MR 6, Eff. March 22, 2023.