

**DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**DIRECTOR'S OFFICE**

**MEDICINE - GENERAL RULES**

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 16145, 16148, 16174, 16204, 16215, 16287, 17031, 17033, 17048, and 17076 of the public health code, 1978 PA 368, MCL 333.16145, 333.16148, 333.16174, 333.16204, 333.16215, 333.16287, 333.17031, 333.17033, 333.17048, and 333.17076, 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 338.2401 Definitions.**

Rule 101. (1) As used in these rules:

(a) "Board" means the Michigan board of medicine created under section 17021 of the code, MCL 333.17021.

(b) "CK" means clinical knowledge.

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

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

(e) "ECFMG" means the Educational Commission for Foreign Medical Graduates.

(f) "FSMB" means the Federation of State Medical Boards.

(g) "USMLE" means the United States Medical Licensing Examination.

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

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

**R 338.2403 Rescinded.**

History: 2016 AACCS; 2021 AACCS.

**R 338.2405 Rescinded.**

History: 2016 AACCS; 2021 AACCS.

**R 338.2407 Telehealth.**

Rule 107. (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 keep 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) If medically necessary, refers the patient to a provider who is geographically accessible to the patient.

(b) Makes the licensee 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 a telehealth service shall do both of the following:

(a) Act within the scope of the licensee's 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 338.2409 Prescribing of drugs by physician's assistants; procedures and protocols.**

Rule 109. (1) Under sections 17048(2) and 17076(2) of the code, MCL 333.17048 and 333.17076, 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 Drug Enforcement Agency (DEA) registration number must be used, recorded, or otherwise indicated in connection with that prescription.

(2) Under sections 17048(2) and 17076(3) of the code, MCL 333.17048 and 333.17076, 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 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 338.2411 Delegation of prescribing controlled substances to an advanced practice registered nurse; limitation.**

Rule 111. (1) A physician may delegate the prescription of controlled substances listed in schedules 2 to 5 to a registered nurse who holds a specialty certification under section 17210 of the code, MCL 333.17210, 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 from 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 keep 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), (2), (3), and (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 338.2413 Training standards for identifying victims of human trafficking; requirements.**

Rule 113. (1) Under section 16148 of the code, MCL 333.16148, an individual seeking licensure or who 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 this state or the United States.

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

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

(iv) 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 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 review journal, health care journal, or professional or scientific journal.

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

- (i) Teleconference or webinar.
- (ii) Online presentation.
- (iii) Live presentation.
- (iv) Printed or electronic media.

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

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

(b) A self-certification statement by an individual. The certification statement 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 article, author, publication name of peer review journal, health care journal, or professional or scientific journal, and date, volume, and issue of publication, as applicable.

(3) 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 licensure beginning December 6, 2021.

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

## PART 2. LICENSES

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

Rule 121. (1) The standards for accrediting medical schools developed and adopted by the Liaison Committee on Medical Education, 655 K Street NW, Suite 100, Washington, District of Columbia 20001-2399, set forth in the publication entitled "Functions and Structure of a Medical School," March 2021 edition, which are available at no cost on the committee's website at <https://lcme.org> are approved and adopted by reference. A medical school accredited by the Liaison Committee on Medical Education is approved.

(2) The standards for approval of a postgraduate training program developed and adopted by the Accreditation Council for Graduate Medical Education, 401 N. 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. A medical postgraduate training program accredited by the Accreditation Council for Graduate Medical Education is approved.

(3) The standards for approval of a resident training program by the College of Family Physicians of Canada, 2630 Skymark Avenue, Mississauga, Ontario, Canada L4W 5A4, set forth in the publication entitled “Standards of Accreditation for Residency Programs in Family Medicine,” July 2020 version, which are available at no cost on the college’s website at <https://www.cfpc.ca/en/home> are approved and adopted by reference. A residency program accredited by the College of Family Physicians of Canada is approved.

(4) The standards for approval of a resident training program by the Royal College of Physicians and Surgeons of Canada, 774 Echo Drive, Ottawa, Ontario, Canada K1S 5N8, set forth in the publication entitled “General Standards of Accreditation for Residency Programs,” July 2020 edition, which are available at no cost on the college’s website at <https://www.royalcollege.ca/rcsite/home-e> are approved and adopted by reference. A residency program accredited by the Royal College of Physicians and Surgeons is approved.

(5) Copies of the standards adopted by reference in subrules (1), (2), (3), and (4) of this rule are available for inspection and distribution at a cost of 10 cents per page from the Board of Medicine, Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, 611 W. Ottawa, P.O. Box 30670, Lansing, Michigan 48909.

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

### **R 338.2423 Doctor of medicine; license requirements; United States and Canadian graduates.**

Rule 123. An applicant for a doctor of medicine license who graduated from a medical school inside the United States or Canada shall satisfy the requirements of the code and the administrative 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 medical school that satisfies the standards under R 338.2421(1).

(c) Provide proof verifying passing scores on all steps of the USMLE adopted under R 338.2431 and proof verifying satisfaction of all the requirements under R 338.2431.

(d) Provide proof verifying completion of a minimum of 1 year of postgraduate clinical training in a program that satisfies the requirements under R 338.2421(2), (3), or (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 338.2425 Doctor of medicine; license requirements; foreign graduates.**

Rule 125. An applicant for a doctor of medicine license who graduated from a medical school outside the United States or Canada shall satisfy the requirements of the code and

the administrative 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 certification from the ECFMG that the applicant has graduated from a medical school listed in the World Directory of Medical Schools.

(c) Provide proof verifying passing scores on all steps of the USMLE adopted under R 338.2431 and proof verifying satisfaction of all the requirements under R 338.2431.

(d) Provide proof verifying completion of a minimum of 1 year of postgraduate clinical training in a program that satisfies the requirements under R 338.2421(2), (3), or (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 338.2427 Licensure by endorsement.**

Rule 127. (1) An applicant for a doctor of medicine license by endorsement shall satisfy the requirements of the code and the administrative 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 a current and full doctor of medicine license in another state or in a province of Canada.

(c) If the applicant is licensed as a doctor of medicine in a province in Canada, provide proof verifying that the applicant completed the educational requirements in Canada or in the United States for licensure as a doctor of medicine in Canada or in the United States.

(d) Provide proof verifying passing scores on either of the following examinations for a doctor of medicine license in another state or in a province of Canada to obtain licensure as a doctor of medicine in another state or in a province of Canada:

(i) All steps of the USMLE adopted under R 338.2431 and provide proof verifying satisfaction of all the requirements under R 338.2431.

(ii) Part I of the Medical Council of Canada Qualifying Examination (MCCQE).

(e) Provide proof verifying completion of a minimum of 1 year of postgraduate clinical training in a program that satisfies the requirements under R 338.2421(2), (3), or (4).

(2) An applicant who provides proof verifying a current and full license in good standing as a doctor of medicine in another state or in a province of Canada for not less than 10 years before the date of filing the application for a doctor of medicine license by endorsement is presumed to satisfy the requirements of subrule (1)(c), (d), and (e) of this rule.

(3) An applicant who 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

17011(4) of the code, MCL 333.17011, sanctions are not in force when the application is submitted. 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 338.2429 Educational limited license.**

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

(2) An applicant for an educational limited license who is from a medical school inside the United States or Canada shall satisfy the requirements of the code and the administrative 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 of the date of the application from a medical school that satisfies the requirements under R 338.2421(1).

(c) Provide proof verifying that the applicant has been accepted into a postgraduate training program that satisfies the requirements under R 338.2421(2).

(3) An applicant for an educational limited license who is from a medical school outside the United States or Canada shall satisfy the requirements of the code and the administrative 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 certification from the ECFMG and that the applicant has satisfied both of the following requirements:

(i) Graduated from a medical school listed in the World Directory of Medical Schools.

(ii) Received passing scores on step 1 and step 2 CK of the USMLE adopted under R 338.2431.

(c) Provide proof verifying that the applicant has been accepted into a postgraduate training program that satisfies the requirements under R 338.2421(2).

(4) Under section 17012(2) of the code, MCL 333.17012, an educational limited license is not renewable for more than 5 years.

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

**R 338.2431 Examination; adoption; passing scores; limitation on attempts; time limitations.**

Rule 131. (1) The USMLE, developed and administered by the FSMB, is approved and adopted, which consists of the following steps:

(a) USMLE Step 1.

(b) USMLE Step 2 CK.

(c) USMLE Step 3.

(2) The passing score for each step of the USMLE accepted for licensure is the passing score established by the FSMB.

(3) An applicant shall not make more than 4 attempts to pass any step of the USMLE.

(4) An applicant shall successfully pass all steps of the USMLE within 7 years after the date that the applicant first passed a step of the USMLE. 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 has already passed all steps of the USMLE, but that the time taken to pass all steps 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 medical school.

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

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

### **R 338.2433 Rescinded.**

History: 2016 AACSB; 2021 AACSB.

### **R 338.2435 Clinical academic limited license.**

Rule 135. An applicant for a clinical academic limited license shall satisfy the requirements of the code and the administrative 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 been appointed to a position in an academic institution, as that term is defined in section 17001 of the code, MCL 333.17001.

(c) Provide proof verifying 1 of the following:

(i) The applicant has graduated from a medical school that satisfies the requirements under R 338.2421(1).

(ii) Certification from the ECFMG that the applicant has satisfied both of the following requirements:

(A) Graduated from a medical school listed in the World Directory of Medical Schools.

(B) Received passing scores on step 1 and step 2 CK of the USMLE adopted under R 338.2431.

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

### **R 338.2437 Relicensure.**



Rule 137. (1) An applicant whose doctor of medicine 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 administrative 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 of R 338.2443 during the 3 years immediately preceding the date of the application for relicensure.

(c) Establishes good moral character, as that term is defined 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 medicine 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 the application is submitted.

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

(2) An applicant whose doctor of medicine 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 either of the following requirements:

(a) Provides proof verifying that the applicant is currently licensed and in good standing as a doctor of medicine 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 Special Purpose Examination (SPEX) offered by the FSMB. The passing score is the passing score established by the FSMB.

(ii) Successfully completed a postgraduate training program that satisfies the requirements under R 338.2421(2), (3), 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 a medical school that satisfies the requirements under R 338.2421(1).

(3) An applicant whose doctor of medicine 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 either of the following requirements:

(a) Provides proof verifying that the applicant is currently licensed and in good standing as a doctor of medicine 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 SPEX offered by the FSMB. The passing score is the passing score established by the FSMB.

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

(A) A postgraduate training program that satisfies the requirements under R 338.2421(2), (3), or (4).

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

(C) A physician re-entry program affiliated with a medical school that satisfies the requirements under R 338.2421(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 338.2429.

(6) An applicant who 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, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force when the application is submitted. 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 AACS; 2021 AACS; 2023 MR 6, Eff. March 22, 2023.

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

#### **R 338.2441 License renewals.**

Rule 141. (1) An applicant for renewal shall satisfy the requirements of the code and the administrative 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 in activities approved under R 338.2443 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 keep 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 338.2443.

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

**R 338.2443 Acceptable continuing education; requirements; limitations.**

Rule 143. (1) The 150 hours of continuing education required under R 338.2441 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 must be earned in medical ethics.

(c) For license renewals filed on December 6, 2017, or later, a minimum of 3 hours of continuing education must be earned in pain and symptom management under section 17033(2) of the code, MCL 333.17033. 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 75 continuing education credits must be obtained through category 1 programs listed in subrule (2) of this rule.

(2) The following activities are acceptable category 1 continuing education:

	Activity and Proof of Completion	Number of Continuing Education Hours granted/permitted for the activity
(a)	Attendance at or participation in a continuing education program or activity related to the practice of medicine, which includes, but is not limited to, live, in-person programs, interactive or monitored teleconference, audio-conference, or web-based programs, online programs, and journal articles with a self-study component or other self-study programs approved or offered by any of the following organizations:  - American Medical Association - Michigan State Medical Society	The number of continuing education hours for a specific program or activity is the number of hours approved by the sponsor or the approving organization for the specific program. A maximum of 150 hours of continuing education may be earned for this activity during the renewal period.

	<ul style="list-style-type: none"> <li>- Accreditation Council for Continuing Medical Education</li> <li>- American Osteopathic Association</li> <li>- Michigan Osteopathic Association</li> </ul> <p>If audited, the licensee must provide a copy of the letter or certificate of completion showing the licensee's name, number of continuing education hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or the activity completed.</p>	
(b)	<p>Taking and passing a specialty board certification or recertification examination for a specialty board recognized by the American Board of Medical Specialties, the American Board of Physician Specialties, or the National Board of Physicians and Surgeons.</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. A maximum of 50 hours of continuing education may be earned for this activity in each renewal period.</p>
(c)	<p>Successfully completing an activity that is required for maintenance of a specialty certification for a board recognized by the American Board of Medical Specialties, the American Board of Physician Specialties, or the National Board of Physicians and Surgeons that does not satisfy the requirements of subrule 2(a) or 2(b) of this rule.</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 is granted for every 60 minutes spent on the activity. A maximum of 30 hours may be earned for this activity in each renewal period.</p>
(d)	<p>Participation in a clinical training program that satisfies any of the</p>	<p>Fifty hours of continuing education per year may be granted for this activity. A</p>

<p>requirements of R 338.2421(2), (3), or (4) or is accredited by a board recognized by the American Board of Medical Specialties, the American Board of Physician Specialties, or the National Board of Physicians and Surgeons. To receive credit, the licensee shall be enrolled for a minimum of 5 months in a 12-month period.</p> <p>If audited, the licensee shall provide a letter from the program director verifying the licensee took part in the program.</p>	<p>maximum of 150 hours of continuing education may be earned per renewal period.</p>
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(3) The following activities are acceptable category 2 continuing education:

	Activity and Proof of Completion	Number of Continuing Education Hours granted/permitted for the activity
(a)	<p>Serving as a clinical instructor for medical students or residents engaged in a postgraduate training program that satisfies requirements of R 338.2421(2), (3), or (4).</p> <p>To receive credit, the clinical instructorship must not be the licensee's primary employment function.</p> <p>If audited, the licensee shall provide proof of scheduled instructional hours and a letter from the program director verifying the licensee's role.</p>	<p>Two hours of continuing education is granted for each 50 to 60 minutes of scheduled instruction. Additional credit for preparation of a lecture cannot be granted. A maximum of 48 hours of continuing education may be earned for this activity in each renewal period.</p>
(b)	<p>Initial presentation of a scientific exhibit, poster, or paper to a professional medical organization.</p> <p>If audited, the licensee shall provide a copy of the document presented with proof of presentation or a letter from the program sponsor verifying the date of the presentation.</p>	<p>Two hours of continuing education is granted for each presentation. No additional credit is granted for preparation of the presentation. A maximum of 24 hours of continuing education may be earned in this activity in each renewal period. Under R 338.2443(1)(a), credit for a presentation is granted only once per renewal period.</p>
(c)	<p>Publication of a scientific article relating to the practice of medicine in a peer-reviewed journal or periodical.</p>	<p>Six hours of continuing education is granted for serving as the primary author. Three hours of continuing education is granted for serving as a secondary author.</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 of the peer-review process.</p>	<p>A maximum of 24 hours of continuing education may be earned for this activity in each renewal period. Under R 338.2443(1)(a), credit for an article is granted once per renewal period.</p>
(d)	<p>Initial publication of a chapter or a part of a chapter related to the practice of 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>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>Five hours of continuing education is granted for serving as the primary author. Two hours of continuing education is granted for serving as a secondary author. A maximum of 24 hours of continuing education may be earned for this activity in each renewal period. Under R 338.2443(1)(a), credit for publication is granted once per renewal period.</p>
(e)	<p>Participating on any of the following committees:</p> <ul style="list-style-type: none"> <li>- A peer review committee dealing with quality of patient care as it relates to the practice of medicine.</li> <li>- A committee dealing with utilization review as it relates to the practice of medicine.</li> <li>- A health care organization committee dealing with patient care issues related to the practice of medicine.</li> <li>- A national or state committee, board, council, or association related to the practice of medicine.</li> </ul> <p>Participation in a committee, board, council, or association is considered acceptable if it enhances the participant's knowledge and understanding of the field of medicine. If audited, the licensee shall provide a letter from an organization official verifying the licensee's participation in not less than 50% of the regularly scheduled meetings of the committee, board, council, or association.</p>	<p>Eighteen hours of continuing education is granted for taking part on a committee. A maximum of 18 hours of continuing education may be earned for this activity in each renewal period.</p>

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