

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) "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 MR 8, Eff. Apr. 26, 2021.

R 338.2403 Rescinded.

History: 2016 AACS; 2021 MR 8, Eff. Apr. 26, 2021.

R 338.2405 Rescinded.

History: 2016 AACS; 2021 MR 8, Eff. Apr. 26, 2021.

R 338.2407 Telehealth.

Rule 107. (1) Consent for treatment must be obtained before providing a telehealth service under section 16284 of the code, MCL 333.16284.

(2) Proof of consent must be maintained in the patient's up-to-date medical record and retained in compliance with section 16213 of the code, MCL 333.16213.

(3) A physician providing a telehealth service may prescribe a drug if the physician is a prescriber acting within the scope of his or her practice and in compliance with section 16285 of the code, MCL 333.16285, and if he or she does both of the following:

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

(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 physician 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 MR 8, Eff. Apr. 26, 2021.

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 AACs; 2021 MR 8, Eff. Apr. 26, 2021.

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, with the exception of a nurse anesthetist, if the delegating physician establishes a written authorization that contains all of the following information:

- (a) The name, license number, and signature of the delegating physician.
 - (b) The name, license number, and signature of the nurse practitioner, 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 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 is in compliance with 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 a 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 MR 8, Eff. Apr. 26, 2021.

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 licensed shall complete training in identifying victims of human trafficking that satisfies the following standards:

- (a) Training content must cover all of the following:
 - (i) Understanding the types and venues of human trafficking in this state or the United States.
 - (ii) Identifying victims of human trafficking in health care settings.
 - (iii) Identifying the warning signs of human trafficking in health care settings for adults and minors.
 - (iv) Resources for reporting the suspected victims of human trafficking.
- (b) Acceptable providers or methods of training include any of the following:
 - (i) Training offered by a nationally recognized or state-recognized, health-related organization.
 - (ii) Training offered by, or in conjunction with, a state or federal agency.
 - (iii) Training obtained in an educational program that has been approved by the board for initial licensure, or by a college or university.
 - (iv) Reading an article related to the identification of victims of human trafficking that 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 MR 8, Eff. Apr. 26, 2021.

PART 2. LICENSES

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

Rule 121. (1) The board approves and adopts by reference the standards for accrediting medical schools developed and adopted by the Liaison Committee on Medical Education, 655 K Street, NW, Suite 100, Washington, District of Columbia 20001-2399, set forth in the publication entitled "Functions and Structures of a Medical School", March 2018 edition, which is available at no cost on the committee's website at: www.lcme.org. The board considers any medical school accredited by the Liaison Committee on Medical Education approved by the board.

(2) The board approves and adopts by reference the standards for approval of a postgraduate training program developed and adopted by the Accreditation Council for Graduate Medical Education, 401 N. Michigan Avenue, Suite 2000, Chicago, Illinois 60611, effective July 1, 2016, and are available at no cost on the council's website at: www.acgme.org. The board considers any medical postgraduate training program accredited by the Accreditation Council for Graduate Medical Education approved by the board.

(3) The board approves and adopts by reference the standards for approval of a resident training program by the College of Family Physicians of Canada, 2630 Skymark Avenue, Mississauga, Ontario, Canada L4W 5A4, set forth in the publication entitled "Specific Standards for Family Medicine Training Programs Accredited by the College of Family Physicians of Canada," 2016 edition available at no cost from the college's website at:

[http://www.cfpc.ca/Residency Program Accreditation](http://www.cfpc.ca/Residency_Program_Accreditation). The board considers any residency program accredited by the College of Family Physicians of Canada approved by the board.

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

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

(6) Copies of the standards and criteria adopted by reference in subrules (1), (2), (3), (4), and (5) of this rule are available for inspection and distribution at 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 MR 8, Eff. Apr. 26, 2021.

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

Rule 123. An applicant for a medical license who graduated from a medical school located inside the United States, its territories, or the Dominion of Canada, in addition to satisfying the requirements of the code, shall satisfy all of the following requirements:

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

(b) Possess a degree from a medical school that satisfies the standards set forth in R 338.2421(1).

(c) Have passed all parts of the United States Medical Licensing Examination (USMLE) adopted under R 338.2431.

(d) Have completed a minimum of 2 years of postgraduate clinical training in a program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).

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

History: 2016 AACCS; 2021 MR 8, Eff. Apr. 26, 2021.

R 338.2425 Medical doctor; license requirements; foreign graduates.

Rule 125. An applicant for a medical license who graduated from a medical school located outside the United States, its territories, or the Dominion of Canada, in addition to satisfying the requirements of the code, shall satisfy all of the following requirements:

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

(b) Have certification provided directly to the department from the Educational Commission for Foreign Medical Graduates (ECFMG) verifying 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) Passed all parts of the USMLE adopted under R 338.2431.

(c) Completed a minimum of 2 years of postgraduate clinical training in a program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).

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

History: 2016 AACCS; 2021 MR 8, Eff. Apr. 26, 2021.

R 338.2427 Licensure by endorsement.

Rule 127. (1) An applicant for a Michigan medical license by endorsement shall submit the required fee and a completed application on a form provided by the department.

(2) An applicant shall satisfy 1 of the following requirements:

(a) Has first been licensed in good standing in another state and actively engaged in the practice of medicine for at least 10 years prior to the date of filing the application.

(b) Has first been licensed in good standing in another state and actively engaged in the practice of medicine less than 10 years prior to the date of filing the application and satisfies both of the following requirements:

(i) Passed all parts of the USMLE adopted under R 338.2431.

(ii) Completed a minimum of 2 years of postgraduate clinical training in a program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).

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

History: 2016 AACCS; 2021 MR 8, Eff. Apr. 26, 2021.

R 338.2429 Educational limited license.

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

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

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

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

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

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

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

(b) Have certification provided directly from the ECFMG to the department verifying 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) Passed parts 1 and 2 of the USMLE adopted under R 338.2431.

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

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

History: 2016 AACs; 2021 MR 8, Eff. Apr. 26, 2021.

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

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

(a) USMLE – part 1.

(b) USMLE – part 2.

(c) USMLE – part 3.

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

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

(4) An applicant shall successfully pass all parts of the USMLE within 7 years from the date that he or she first passed any part of the USMLE. An applicant may request consideration of a variance of the 7-year requirement by providing, at a minimum, proof of both of the following requirements to the board:

(a) That the applicant has already passed all parts of the USMLE, but that the time taken to pass all parts 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 AACCS; 2021 MR 8, Eff. Apr. 26, 2021.

R 338.2433 Rescinded.

History: 2016 AACCS; 2021 MR 8, Eff. Apr. 26, 2021.

R 338.2435 Clinical academic limited license.

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

- (a) Have documentation provided directly to the department verifying that he or she has been appointed to a position in an academic institution as defined in section 17001(1)(a) of the code, MCL 333.17001.

- (b) Provide documentation from either of the following entities:

- (i) Verification provided directly to the department from a medical school that satisfies the requirements of R 338.2421(1), indicating that the applicant has graduated or is expected to graduate within 3 months of the date of the application.

- (ii) Certification provided directly to the department from the ECFMG indicating 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) Passed parts 1 and 2 of the USMLE adopted under R 338.2431.

History: 2016 AACCS; 2021 MR 8, Eff. Apr. 26, 2021.

R 338.2437 Relicensure.

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

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

- (b) Submits proof to the department of completing 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 that he or she is of good moral character as defined 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 of 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 at the time of application.

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

(2) An applicant whose Michigan medical 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 submits 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) Presents proof to the department that he or she is actively licensed and in good standing as a medical doctor in another state.

(b) Completes 1 of the following during the 3 years immediately preceding the date of the application for relicensure:

(i) Takes and passes the Special Purpose Examination (SPEX) offered by the FSMB. The passing score is the passing score established by the FSMB.

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

(iii) Successfully completes a physician re-entry program accredited by the Coalition for Physician Enhancement (CPE).

(iv) Successfully completes a physician re-entry program affiliated with a medical school that satisfies the requirements of R 338.2421(1).

(3) An applicant whose Michigan medical license has been lapsed for 5 years or more may be relicensed under section 16201(4) of the code, MCL 333.16201, if the applicant submits 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) Presents proof to the department that he or she is actively licensed and in good standing as a medical doctor in another state.

(b) Completes both of the following during the 3 years immediately preceding the date of the application for relicensure:

(i) Takes and passes the SPEX offered by the FSMB. The passing score is the passing score established by the FSMB.

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

(A) A postgraduate training program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).

(B) A physician re-entry program that is accredited by the CPE.

(C) A physician re-entry program affiliated with a medical school that satisfies the requirements of 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(3) or (4), if he or she complies with subrule (1) of this rule and R 338.2429.

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

History: 2016 AACCS; 2021 MR 8, Eff. Apr. 26, 2021.

PART 3. CONTINUING EDUCATION

R 338.2441 License renewals.

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

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

(3) Submission of an application for renewal constitutes the applicant's certification of compliance with the requirements of this rule. The licensee shall retain documentation of satisfying the requirements of this rule for 4 years from 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 submit documentation as specified in R 338.2443.

History: 2016 AACCS; 2021 MR 8, Eff. Apr. 26, 2021.

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 identical 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 the area of medical ethics.

(c) For license renewals filed December 6, 2017, or later, a minimum of 3 hours of continuing education must be earned in the area of pain and symptom management under section 17033(2) of the code, MCL 333.17033(2). 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 board considers any of the following activities as acceptable category 1 continuing education:

	Activity and Proof of Completion	Number of Continuing Education Hours granted/permitted for the activity
(a)	<p>Attendance at or participation in a continuing education program or activity related to the practice of medicine, which includes, but is not limited to, live, in-person programs, interactive or monitored teleconference, audio-conference, or web-based programs, online programs, and journal articles with a self-study component or other self-study programs approved or offered by any of the following organizations:</p> <p>American Medical Association Michigan State Medical Society Accreditation Council for Continuing Medical Education American Osteopathic Association Michigan Osteopathic Association</p> <p>If audited, the licensee must submit a copy of the letter or certificate of completion showing the licensee's name, number of continuing education hours earned, sponsor name or the name of the organization that approved</p>	<p>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.</p>

	the program or activity for continuing education credit, and the date on which the program was held or the activity completed.	
(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>	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 may be earned for this activity in each renewal period.
(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>	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.
(d)	Participation in a clinical training program that satisfies any of the requirements of R 338.2421(2), (3), (4), or (5) or is accredited by a board recognized by the American Board of Medical Specialties, 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.	Fifty hours of continuing education credit per year may be granted for this activity. A maximum of 150 hours of continuing education credit may be earned per renewal period.

	If audited, the licensee shall submit a letter from the program director verifying the licensee participated in the program.	
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(3) The board considers any of the following activities as 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), (4), or (5).</p> <p>To receive credit, the clinical instructorship must not be the licensee's primary employment function.</p> <p>If audited, the licensee shall submit proof of scheduled instructional hours and a letter from the program director verifying the licensee's role.</p>	Two hours of continuing education 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.
(b)	<p>Initial presentation of a scientific exhibit, poster, or paper to a professional medical organization.</p> <p>If audited, the licensee shall submit a copy of the document presented with proof of presentation or a letter from the program sponsor verifying the date of the presentation.</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.
(c)	<p>Publication of a scientific article relating to the practice of medicine in a peer-reviewed journal or periodical.</p> <p>If audited, the licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter and documentation of the peer-review process.</p>	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. 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.
(d)	Initial publication of a chapter or a portion of a chapter related to the practice of medicine in either of the following textbooks:	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.

	<ul style="list-style-type: none"> • A professional health care textbook. • A peer-reviewed textbook. <p>If audited, the licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter.</p>	<p>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"> • A peer review committee dealing with quality of patient care as it relates to the practice of medicine. • A committee dealing with utilization review as it relates to the practice of medicine. • A health care organization committee dealing with patient care issues related to the practice of medicine. • A national or state committee, board, council, or association related to the practice of medicine. <p>Participation in a committee, board, council, or association is considered acceptable by the board if it enhances the participant's knowledge and understanding of the field of medicine. If audited, the licensee shall submit a letter from an organization official verifying the licensee's participation in at least 50% of the regularly scheduled meetings of the committee, board, council, or association.</p>	<p>Eighteen hours of continuing education is granted for participating on a committee. A maximum of 18 hours of continuing education may be earned for this activity in each renewal period.</p>
(f)	<p>Until December 6, 2019, attendance at or participation in a continuing education activity that had been approved by the board prior to the effective date of this rule but does not satisfy the requirements of subrule (2)(a) of this rule.</p> <p>If audited, the licensee shall submit a</p>	<p>The number of continuing education hours for a specific program or activity is the number of hours approved by the board. A maximum of 36 hours of continuing education may be earned for this activity.</p>

	copy of the letter or certificate of completion showing the licensee's name, number of continuing education hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or the activity was completed.	
(g)	Independently reading a peer-reviewed journal that does not satisfy the requirements of subrule (2)(a) of this rule. The reading must have been completed prior to the effective date of this rule. If audited, a licensee shall submit a bibliography listing the journal, article, authors, publication date, and date read.	Two hours of continuing education credit is granted for each article read. A maximum of 18 hours of continuing education may be earned for this activity.
(h)	Prior to December 6, 2016, completing a multi-media self-assessment program that does not satisfy the requirements of subrule (2)(a) of this rule. The self-assessment program must improve the licensee's knowledge and understanding of the practice of medicine. If audited, the licensee shall submit a certificate of self-assessment provided by the program sponsor.	The number of continuing education hours is the number of hours approved by the activity sponsor. A maximum of 18 hours of continuing education credit may be earned for this activity.

History: 2016 AACCS; 2021 MR 8, Eff. Apr. 26, 2021.