

Dear Senators MARTIN, Souza, Jordan, and
Representatives WOOD, Wagoner, Chew:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of
the Board of Medicine:

IDAPA 22.00.00 - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking
(Docket No. 22-0000-1900F).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the
cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research
and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative
Services. The final date to call a meeting on the enclosed rules is no later than 07/17/2019. If a meeting is
called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis
from Legislative Services. The final date to hold a meeting on the enclosed rules is 08/14/2019.

The germane joint subcommittee may request a statement of economic impact with respect to a
proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement,
and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has
been held.

To notify Research and Legislation, call 334-4854, or send a written request to the address on the
memorandum attached below.



Eric Milstead
Director

Legislative Services Office

Idaho State Legislature

Serving Idaho's Citizen Legislature

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee
FROM: Legislative Drafting Attorney - Matt Drake
DATE: June 27, 2019
SUBJECT: Board of Medicine

IDAPA 22.00.00 - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking (Docket No. 22-0000-1900F)

The Idaho Board of Medicine submits notice of temporary and proposed rules at:

IDAPA 22.01.01, Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho
IDAPA 22.01.03, Rules for the Licensure of Physician Assistants
IDAPA 22.01.10, Rules for the Licensure of Athletic Trainers to Practice in Idaho
IDAPA 22.01.11, Rules for Licensure of Respiratory Therapists and Permitting of Polysomnographers in Idaho
IDAPA 22.01.13, Rules for the Licensure of Dietitians

The rulemaking adopts and re-publishes existing and previously approved chapters, but with slight modification in the nature of clean-up. **No substantive changes are noted.**

This is a fee rule. **No new fees or charges are imposed by this rule reauthorization and republication.**

These rules were previously analyzed and reviewed by the Legislative Services Office upon their initial promulgation.

cc: Board of Medicine
Anne Lawler

***** PLEASE NOTE *****

Per the Idaho Constitution, all administrative rules may be reviewed by the Legislature during the next legislative session. The Legislature has 3 options with this rulemaking docket: **1)** Approve the docket in its entirety; **2)** Reject the docket in its entirety; or **3)** Reject the docket in part.

IDAPA 22 – BOARD OF MEDICINE

DOCKET NO. 22-0000-1900F

NOTICE OF OMNIBUS RULEMAKING – TEMPORARY AND PROPOSED FEE RULEMAKING

EFFECTIVE DATE: The effective date of the temporary rules listed in the descriptive summary of this notice is June 30, 2019.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Section 54-1806(2), Idaho Code.

PUBLIC HEARING SCHEDULE: Oral comment concerning this rulemaking will be scheduled in accordance with Section 67-5222, Idaho Code.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

This temporary and proposed rulemaking adopts and re-publishes the following existing and previously approved and codified chapters under IDAPA 22, rules of the Board of Medicine:

IDAPA 22

- 22.01.01, *Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho*
- 22.01.03, *Rules for the Licensure of Physician Assistants*
- 22.01.10, *Rules for the Licensure of Athletic Trainers to Practice in Idaho*
- 22.01.11, *Rules for Licensure of Respiratory Therapists and Permitting of Polysomnographers in Idaho*
- 22.01.13, *Rules for the Licensure of Dietitians*

TEMPORARY RULE JUSTIFICATION: Pursuant to Sections 67-5226(1) and 67-5226(2), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

These temporary rules are necessary to protect the public health, safety, and welfare of the citizens of Idaho and confer a benefit on its citizens. These previously approved and codified rules implement the duly enacted laws of the state of Idaho, provide citizens with the detailed rules and standards for complying with those laws, and assist in the orderly execution and enforcement of those laws. The expiration of these rules without due consideration and processes would undermine the public health, safety and welfare of the citizens of Idaho and deprive them of the benefit intended by these rules. The Board of Medicine regulates medical professionals, including physicians, osteopathic physicians, physician assistants, dietitians, athletic trainers and respiratory therapists, all of whom have direct contact with the citizens of Idaho. These professional licensees under the Board of Medicine are all charged with providing safe health care that conforms to the community standard of care. These previously approved and codified rules set forth the detailed requirements for licensure and practice of these medical professionals to the standards necessary to maintain the health, safety, and welfare of the citizens of Idaho.

The fee or charge imposed by the rules is necessary to avoid immediate danger. The fees or charges reauthorized in this rulemaking are currently existing and have been previously promulgated by the agency and reviewed and approved by the Legislature. These fees and charges are part of the dedicated fund portion of the state budget, which makes up a material portion of the FY2020 budget. The FY2020 budget has already been set by the Legislature and passed into law. That budget relies upon the existence of these fees and charges to meet the state's obligations and provide necessary state services. Failing to reauthorize these fee rules would create immediate danger to the state budget, immediate danger to necessary state functions and services, and immediate danger of a violation of Idaho's constitutional requirement that it balance its budget. The Board of Medicine and its Allied Health Boards charge licensure and renewal fees to offset the costs of administering each Board. These costs include processing each licensure or renewal application, managing disciplinary cases, managing pre-litigation panels as required by Title 6, Chapter 10 Idaho Code, public outreach, and all other Board functions.

FEE SUMMARY: The preceding section and the attached rules provide a specific description of the fee or charge imposed or increased by this rulemaking. This rulemaking does not impose a fee or charge, or increase a fee or charge, beyond what was previously approved and codified in the prior rules. The Board of Medicine charges the following fees:

Physician applicants pay a fee not to exceed \$600 for initial licensure and a license renewal fee not to exceed \$300; Physician Assistant applicants pay a fee not to exceed \$250 and a license renewal fee not to exceed \$150; Dietitian applicants pay a fee not to exceed \$150 and a license renewal fee not to exceed \$100; Athletic Trainers applicants pay a fee not to exceed \$240 and a license renewal fee not to exceed \$160; and Respiratory Therapist applicants pay a fee not to exceed \$180 and a license renewal fee not to exceed \$140.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: This rulemaking is not anticipated to have any fiscal impact on the state general fund because the FY2020 budget has already been set by the Legislature, and approved by the Governor, anticipating the existence of the rules and fees being reauthorized by this rulemaking.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was not feasible because of the need to adopt the rules as temporary, and because these existing chapters of IDAPA are being re-published and re-authorized. Negotiated rulemaking also is not feasible because of the need to implement these rules before they expire; the rules form the regulatory framework of the laws of this state and have been previously promulgated and reviewed by the legislature pursuant to the Idaho Administrative Procedures Act, Chapter 52, Title 67, Idaho Code; and because engaging in negotiated rulemaking for all previously existing rules will inhibit the agency from carrying out its ability to serve the citizens of Idaho and to protect their health, safety, and welfare.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, incorporated material may be obtained or electronically accessed as provided in the text of the temporary and proposed rules attached hereto.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rules, contact Anne K. Lawler, Executive Director, at (208) 327-7000.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered within twenty-one (21) days after publication of this Notice in the Idaho Administrative Bulletin. Oral presentation of comments may be requested pursuant to Section 67-5222(2), Idaho Code, and must be delivered to the undersigned within fourteen (14) days of the date of publication of this Notice in the Idaho Administrative Bulletin.

Dated this 19th day of June, 2019.

Anne K. Lawler, JD, RN, Executive Director
Idaho State Board of Medicine
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Boise, Idaho 83706
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**IDAPA 22
TITLE 01
CHAPTER 01**

IDAPA 22 – BOARD OF MEDICINE

**22.01.01 – RULES OF THE BOARD OF MEDICINE FOR THE LICENSURE TO PRACTICE
MEDICINE AND OSTEOPATHIC MEDICINE IN IDAHO**

000. LEGAL AUTHORITY.

Pursuant to Sections 54-1806(2), 54-1806(4), 54-1806(11), 54-1806A, 52-1807, 54-1812, 54-1813, 54-1814 and 54-1841, Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules to govern the practice of Medicine in Idaho. (4-11-19)

001. TITLE AND SCOPE.

These rules are titled IDAPA 22.01.01, “Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho.” (4-11-19)

002. WRITTEN INTERPRETATIONS.

In accordance with Title 67, Chapter 52, Idaho Code, this agency may have written statements that pertain to the interpretation of, or to compliance with the rules of this chapter. Any such documents are available for public inspection and copying at cost at the Board of Medicine office. (4-11-19)

003. ADMINISTRATIVE APPEAL.

All contested cases will be governed by the provisions of IDAPA 04.11.01, “Idaho Rules of Administrative Procedures of the Attorney General.” (4-11-19)

004. PUBLIC RECORD ACT COMPLIANCE.

These rules have been promulgated according to the provisions of Title 67, Chapter 52, Idaho Code, and are public records. Pursuant to Sections 74-106(9) and 74-106(11), Idaho Code, the Board may discuss, exchange and share complaints and the details of investigations with other Idaho state agencies or with other state boards in investigation and enforcement concerning violations of the Idaho Medical Practice Act and Board rules and comparable practice acts of other states. (4-11-19)

005. INCORPORATION BY REFERENCE.

There are no documents incorporated by reference into these rules. (3-26-08)

006. OFFICE – OFFICE HOURS – MAILING ADDRESS AND STREET ADDRESS.

The central office of the Board of Medicine is in Boise, Idaho. The Board's mailing address, unless otherwise indicated, will be Idaho State Board of Medicine, P.O. Box 83720, Boise, Idaho 83720-0058. The Board’s street address is 345 W. Bobwhite Court, Suite 150, Boise, Idaho 83706. The telephone number of the Board is (208) 327-7000. The Board's facsimile (FAX) number is (208) 327-7005. The Board’s web site is www.bom.idaho.gov. The Board’s office hours for filing documents are 8 a.m. to 5 p.m. (4-4-13)

007. FILING OF DOCUMENTS - NUMBER OF COPIES.

All original documents and one (1) electronic copy in rulemaking or contested case proceedings must be filed with the office of the Board. (4-4-13)

008. -- 009. (RESERVED)

010. DEFINITIONS.

01. Acceptable School of Medicine. A medical school or college of osteopathic medicine located within the United States accredited by the Liaison Committee on Medical Education (LCME), Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), or the Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic Association (AOA). A

medical school or college of osteopathic medicine located within Canada accredited by the LCME and by the Committee on Accreditation of Canadian Medical Schools (CACMS). (4-11-19)

02. Acceptable International School of Medicine. An international medical school located outside the United States or Canada that meets the standards for medical educational facilities set forth in Subsection 051.02, is accredited by the Educational Commission for Foreign Medical Graduates (ECFMG) and provides the scope and content of the education and coursework that are equivalent to acceptable schools of medicine located within the United States or Canada. (3-26-08)

03. Accreditation Council for Graduate Medical Education (ACGME). A nationally recognized accrediting authority responsible for accreditation of post-Medical Doctor medical training programs within the United States. (3-26-08)

04. Applicant. Any human person seeking a license to practice medicine from the Board. (3-26-08)

05. Board. The Idaho State Board of Medicine. (7-1-93)

06. Educational Commission for Foreign Medical Graduates (ECFMG). A nationally recognized non-profit organization that certifies international medical graduates who seek to enter United States residency and fellowship programs. (4-11-19)

07. Federation of State Medical Boards of the United States (FSMB). A nationally recognized non-profit organization representing the seventy (70) medical and osteopathic boards of the United States and its territories. (4-11-19)

08. Liaison Committee on Medical Education (LCME). An internationally recognized accrediting authority, sponsored by the Association of American Medical Colleges and the American Medical Association, for medical education programs leading to a Medical Doctor (MD) degree in United States and Canadian medical schools. (3-26-08)

09. License to Practice Medicine. A license issued by the Board to practice medicine or a license to practice osteopathic medicine in Idaho. (4-11-19)

10. Medical Practice Act. Title 54, Chapter 18, Idaho Code. (3-30-06)

11. Certified Original Documentation. The original document or certificate or a certified copy thereof issued by an agency or institution and delivered directly from the source to the Board or a Board approved credential verification service. (4-11-19)

011. ABBREVIATIONS.

01. AAMC. Association of American Medical Colleges. (3-26-08)

02. ACGME. Accreditation Council for Graduate Medical Education. (3-26-08)

03. AMA. American Medical Association. (3-26-08)

04. AOA. American Osteopathic Association. (3-26-08)

05. CACMS. Committee on Accreditation of Canadian Medical Schools. (4-11-19)

06. COCA. Commission on Osteopathic College Accreditation. (4-11-19)

07. ECFMG. Educational Commission for Foreign Medical Graduates. (3-26-08)

08. FAIMER. Foundation for Advancement of International Medical Education. (4-11-19)

- 09. FSMB. Federation of State Medical Boards. (3-26-08)
- 10. LCME. Liaison Committee on Medical Education. (3-26-08)
- 11. USMLE. United States Medical Licensing Exam. (3-26-08)
- 12. WFME. World Federation for Medical Education. (4-11-19)

012. -- 049. (RESERVED)

050. GENERAL QUALIFICATIONS FOR LICENSURE AND RENEWAL.

01. Residence. No period of residence in Idaho shall be required of any applicant, however, each applicant for licensure must be legally able to work and live in the United States. Original documentation of lawful presence in the United States must be provided upon request only. The Board shall refuse licensure or renew a license if the applicant is not lawfully present in the United States. (3-26-08)

02. Character. The Board may refuse licensure if it finds that the applicant has engaged in conduct prohibited by Section 54-1814, Idaho Code; provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances. (7-1-93)

03. English Language. Each applicant shall speak, write, read, understand and be understood in the English language. Evidence of proficiency in the English language must be provided upon request only. (3-26-08)

04. Application. Each applicant must have graduated from an acceptable school of medicine, passed an examination acceptable to the Board that demonstrates qualification for licensure or successfully completed the United States Medical Licensing Exam (USMLE) and completed one (1) year of postgraduate training approved by the ACGME, AOA or Royal College of Physicians and Surgeons of Canada or its successor organization, and shall submit a completed written application to the Board on forms prescribed by the Board with the nonrefundable application fee. Any certificate or document required to be submitted to the Board that is not in the English language must be accompanied by a certified translation thereof into English. The application form shall be verified and shall require the following: (4-11-19)

a. Personal identification information and education background of the applicant including medical school education and postgraduate training; (4-11-19)

b. Original documentation of graduation from an acceptable school of medicine, and evidence of satisfactory completion of postgraduate training of one (1) year at one (1) training program accredited for internship, residency or fellowship training by the ACGME, AOA or Royal College of Physicians and Surgeons of Canada or its successor organization; (4-11-19)

c. The disclosure of any criminal charges, convictions or guilty pleas against the applicant other than minor traffic offenses; (7-1-93)

d. The current mental and physical condition of the applicant, including any issue that may impact the applicant's ability to practice medicine; (4-11-19)

e. The disclosure of any past or pending medical malpractice actions against the applicant, and the judgments or settlements, if any, of such claims exceeding two-hundred fifty thousand dollars (\$250,000); (4-11-19)

f. The disclosure of any disciplinary action by any board of medicine, licensing authority, medical society, professional society, hospital, medical school, or institution staff in any state or country; (3-26-08)

g. The disclosure of the refusal to issue or renew a license to practice medicine by any state, Canadian or international licensing authority; (3-26-08)

h. References to include two (2) letters of recommendation signed by licensed physicians who have

known the applicant professionally for at least one (1) year; (3-30-06)

i. An unmounted photograph of the applicant, of adequate size and clarity to identify the applicant and no larger than four inches tall by three inches wide (4" x 3"), taken not more than one (1) year prior to the date of the application; (3-30-06)

j. A certified copy of a full set of the applicant's fingerprints on forms supplied by the Board that shall be forwarded to the Idaho Department of Law Enforcement and to the FBI Identification Division for the purpose of a fingerprint-based criminal history check of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database; (5-3-03)

k. The employment history and relevant practice locations of the applicant; (3-30-06)

l. Each state, country and jurisdiction wherein the applicant is licensed to practice medicine; (4-4-13)

m. A copy of the applicant's birth certificate or current passport; and (4-4-13)

n. Such other information or examinations as the Board deems necessary to identify and evaluate the applicant's credentials and competency. (4-4-13)

05. Examination. Each applicant must pass an examination acceptable to the Board, within the time period recommended by the examination authority, that shall thoroughly test the applicant's fitness to practice medicine or successfully completed the United States Medical Licensing Exam (USMLE). If an applicant fails to pass any step of the examination on two (2) separate occasions the applicant may be required to be interviewed or evaluated by the Board. (4-11-19)

06. Interview. Each applicant may be personally interviewed by the Board, a Board member or a designated committee of the Board. The interview shall include a review of the applicant's qualifications and professional credentials. (4-11-19)

07. Applicants. All applicants must complete their license application within one (1) year unless extended by the Board after filing an application for extension. Unless extended, applications that remain on file for more than one (1) year will be considered null and void and a new application and new fees will be required as if filing for the first time. (3-30-06)

08. Health Care Standards. In reviewing the application or conducting the applicant's interview, the Board shall determine whether the applicant possesses the requisite qualifications to provide the same standard of health care as provided by licensed physicians in this state. If the Board is unable to reach such a conclusion through the application and interview, it shall conduct further inquiry, to establish such qualifications. (3-30-06)

a. Upon inquiry, if further examination is required, the Board may require passage of the Special Purpose Examination (SPEX) administered by the FSMB, a post licensure assessment conducted by the FSMB, or an evaluation by an independent agency accepted by the Board to evaluate physician competence. (5-8-09)

b. The Board will require further inquiry when in its judgment the need is apparent, including but not limited to the following circumstances: (3-30-06)

i. Graduate of an international medical school located outside the United States and Canada and not accredited by the LCME; (5-8-09)

ii. Applicant whose background investigation reveals evidence of impairment, competency deficit, or disciplinary action by any licensing or regulatory agency; (3-26-08)

iii. An applicant has not been in active medical practice for a period exceeding one (1) year, or when practice has been significantly interrupted; (3-30-06)

iv. An applicant has not written a recognized examination intended to determine ability to practice

medicine within a period of five (5) years preceding application; (3-30-06)

v. An applicant whose initial licensure was issued on the basis of an examination not recognized by the Board; or (3-30-06)

vi. When there is any reason whatsoever to question the identity of the applicant. (3-30-06)

c. Recommendations of the assessment and or evaluation acceptable to the Board related to the ability of the applicant to practice medicine and surgery will be considered by the Board in its decision whether to issue a license and the Board may limit, condition, or restrict a license based on the Board's determination and the recommendation of the assessment or evaluation. (3-30-06)

051. LICENSURE FOR GRADUATES OF INTERNATIONAL MEDICAL SCHOOLS LOCATED OUTSIDE OF THE UNITED STATES AND CANADA.

01. International Medical Graduate. In addition to meeting the requirements of Section 050, graduates of international medical schools located outside of the United States and Canada must submit to the Board: (3-26-08)

a. Original certificate from the ECFMG or original documentation that the applicant has passed the examination either administered or recognized by the ECFMG and passed an examination acceptable to the Board that demonstrates qualification for licensure or successfully completed the United States Medical Licensing Exam (USMLE). (5-8-09)

b. Original documentation directly from the international medical school that establishes to the satisfaction of the Board that the international medical school meets the standards for medical educational facilities set forth in Subsection 051.02, and that both the scope and content of the applicant's coursework and performance were equivalent to those required of students of medical schools accredited by the LCME; (3-26-08)

c. Original documentation directly from the international medical school that it has not been disapproved or has its authorization, accreditation, certification or approval denied or removed by any state, country or territorial jurisdiction and that to its knowledge no state of the United States or any country or territorial jurisdiction has refused to license its graduates on the grounds that the school fails to meet reasonable standards for medical education facilities; (3-26-08)

d. A transcript from the international medical school showing successful completion of all the courses taken and grades received and original documentation of successful completion of all clinical coursework; and (4-11-19)

e. Original documentation of successful completion of three (3) years of progressive postgraduate training at one (1) training program accredited for internship, residency, or fellowship training by the ACGME, AOA or the Royal College of Physicians and Surgeons of Canada or its successor organization, provided however, a resident who is attending an Idaho based residency program may be licensed after successful completion of two (2) years of progressive post graduate training, if the following conditions are met: (4-11-19)

i. The resident must have the written approval of the residency program director; (3-25-16)

ii. The resident must have a signed written contract with the Idaho residency program to complete the entire residency program; (3-25-16)

iii. The resident must remain in good standing at the Idaho-based residency program; (3-25-16)

iv. The residency program must notify the Board within thirty (30) days if there is a change in circumstances or affiliation with the program (for example, if the resident resigns or does not demonstrate continued satisfactory clinical progress); and (3-25-16)

v. The Idaho residency program and the Idaho Board have prescreened the applicant to ensure that

the applicant has received an MD or DO degree from an approved school that is eligible for Idaho licensure after graduation. (3-25-16)

02. International Medical School Requirements. An international medical school must be listed in the World Directory of Medical Schools, a joint venture of World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER). (4-11-19)

052. GRADUATES OF UNAPPROVED INTERNATIONAL MEDICAL SCHOOLS LOCATED OUTSIDE OF THE UNITED STATES OR CANADA.

In addition to meeting the requirements of Section 050 of these rules, graduates of unapproved international medical schools located outside the United States or Canada that do not meet the requirements of Section 051.02 of these rules, shall submit to the Board an original certificate or document of three (3) of the four (4) following requirements. (4-11-19)

01. Valid ECFMG Certificate. Hold a valid certificate issued by ECFMG. (3-26-08)

02. Three Years of Completed Post Graduate Training. Successful completion of three (3) years of progressive post graduate training at one (1) training program accredited for internship, residency or fellowship training in an ACGME or AOA or Royal College of Physicians and Surgeons of Canada or its successor organization's approved program. (4-11-19)

03. Board Certification. Hold current board certification by a specialty board approved by the American Board of Medical Specialties or the AOA. (3-26-08)

04. Five Years Unrestricted Practice. Evidence of five (5) years of unrestricted practice as a licensee of any United States or Canadian jurisdiction. (3-26-08)

053. LICENSURE BY ENDORSEMENT.

An applicant, in good standing with no restrictions upon or actions taken against his license to practice medicine and surgery in a state, territory or district of the United States or Canada is eligible for licensure by endorsement to practice medicine in Idaho. An applicant with any disciplinary action, including past, pending, or confidential, by any board of medicine, licensing authority, medical society, professional society, hospital, medical school or institution staff in any state, territory, district or country is not eligible for licensure by endorsement. An applicant ineligible for licensure by endorsement may make a full and complete application pursuant to the requirements of Sections 050, 051, or 052 of these rules. (4-11-19)

01. Character. An applicant is not eligible for licensure by endorsement if the Board finds the applicant has engaged in conduct prohibited by Section 54-1814, Idaho Code. (5-8-09)

02. Residence. No period of residence in Idaho shall be required of any applicant, however, each applicant for licensure must be legally able to work and live in the United States. Original documentation of lawful presence in the United States must be provided upon request. The Board shall refuse licensure or renew a license if the applicant is not lawfully present in the United States. (4-11-19)

03 English Language. Each applicant shall speak, write, read, understand and be understood in the English language. Evidence of proficiency in the English language must be provided upon request. (4-11-19)

04. Application. The applicant shall submit a completed written application to the Board on forms furnished by the Board with the necessary nonrefundable application fee. Any certificate or document required to be submitted to the Board that is not in the English language must be accompanied by a certified translation thereof into English. The application form shall be verified and shall require the original document itself or a certified copy thereof issued by the agency or institution and mailed or delivered directly from the source to the Board or a Board approved credential verification service of the following: (5-8-09)

a. Current, valid, unrevoked, unsuspended, undisciplined license to practice medicine and surgery in a state, territory or district of the United States or Canada shall constitute prima facie evidence of graduation from an acceptable school of medicine, successful completion of the United States Medical Licensing Exam (USMLE) and

completion of one (1) year of postgraduate training approved by the ACGME, AOA or Royal College of Physicians and Surgeons of Canada or its successor organization; or current board certification by a specialty board approved by the American Board of Medical Specialties or AOA; (4-11-19)

b. Disclosure of any current mental and/or physical condition of the applicant that may impact the applicant's ability to practice medicine; (4-11-19)

c. Disclosure of past or pending medical malpractice actions against the applicant within the last ten (10) years and the judgments or settlements, if any, of such claims that exceed two-hundred fifty thousand dollars (\$250,000); (4-11-19)

d. An unmounted photograph of the applicant, of adequate size and clarity to identify the applicant and no larger than four inches tall by three inches wide (4" x 3"), taken not more than one (1) year prior to the date of the application; and (5-8-09)

e. A certified copy of a full set of the applicant's fingerprints on forms supplied by the Board that shall be forwarded to the Idaho Department of Law Enforcement and to the FBI Identification Division for the purpose of a fingerprint-based criminal history check of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database. (5-8-09)

05. Affidavit. An applicant shall provide the Board an Affidavit swearing that all the information he provides and all of his application answers are true and correct and that he is on notice that any false statement, omission, misrepresentation, or dishonest answer is a ground for denial of his application or revocation of his license. (5-8-09)

05. Affidavit. An applicant shall provide the Board an Affidavit swearing that all the information he provides and all of his application answers are true and correct and that he is on notice that any false statement, omission, misrepresentation, or dishonest answer is a ground for denial of his application or revocation of his license. (5-8-09)

054. -- 075. (RESERVED)

076. TEMPORARY LICENSE.

01. Application for Temporary Licensure. Any applicant eligible to be licensed without examination or inquiry pursuant to Section 050, except a volunteer license applicant, may apply for a temporary license to practice medicine provided he has met all requirements of Section 050 or Section 051 of these rules, submitted all required application forms and fees, has no history of disciplinary action, limitation, pending investigation or restriction on any license to practice and is only awaiting the criminal background check outcome. (3-30-06)

02. File Completed Application. All applicants for a temporary license shall file a completed written application in accordance with Section 050 and or Section 051 along with the required temporary license fee and regular license fee. (3-30-06)

03. Temporary License. The temporary license shall bear the word "temporary" and will show the date of issuance and the date of expiration. Temporary licenses shall expire in one hundred twenty (120) days unless extended by the Board or its designated representative upon a showing of good cause. (3-30-06)

077. INACTIVE LICENSE.

01. Issuance of Inactive License. Any applicant who is eligible to be issued a license to practice medicine, except a volunteer license, may be issued, upon request, an inactive license to practice medicine on the condition that he will not engage in the practice of medicine in this state. An inactive license fee shall be collected by the Board. (3-26-08)

02. Inactive License Renewal. Inactive licenses shall be issued for a period of not less than one (1) year or more than five (5) years and such licenses shall be renewed upon payment of an inactive license renewal fee.

The inactive license certificate shall set forth its date of expiration. (3-30-06)

03. Inactive to Active License. An inactive license may be converted to an active license to practice medicine by application to the Board and payment of required fees. Before the license will be converted the applicant must account for the time during which an inactive license was held. The Board may, in its discretion, require a personal interview. (7-1-93)

078. LICENSES.

01. Licensure Expiration. Each license to practice medicine shall be issued for a period of not less than one (1) year or more than five (5) years. Each license shall set forth its expiration date on the face of the certificate. Prorated fees may be assessed by the Board to bring the expiration date of the license within the next occurring license renewal period. The Board may condition the issuance of such a license for the full term upon the occurrence of events specified by the Board and the Board may extend a license for an intermediate period of time. (3-30-06)

02. Renewal. Each license to practice medicine may be renewed prior to its expiration date by the payment of a renewal fee to the Board and by completion of a renewal form provided by the Board. In order to be eligible for renewal, a licensee must provide a current address to the Board and must notify the Board of any change of address prior to the renewal period. Licenses not renewed by their expiration date shall be canceled. (3-30-06)

03. Reactivation. Licenses canceled for nonpayment of renewal fees may be reactivated by filing a reactivation application on forms prescribed by the Board and upon payment of a reactivation fee and applicable renewal fees for the period the license was lapsed. (4-11-19)

04. Relicensure. Physicians whose licenses have been canceled for a period of more than five (5) years, shall be required to make application to the Board as new applicants for licensure. (3-26-08)

079. CONTINUING MEDICAL EDUCATION (CME) REQUIRED.

01. Purpose. The purpose of practice relevant CME is to enhance competence, performance, understanding of current standards of care, and patient outcomes. (5-3-03)

02. Renewal. Each person licensed to practice medicine and surgery or osteopathic medicine or surgery in Idaho shall complete no less than forty (40) hours of practice relevant, Category 1, CME every two (2) years. (5-3-03)

03. Approved Programs. All education offered by institutions or organizations accredited by the ACCME and reciprocating organizations or the AMA or AOA are considered approved. (4-11-19)

04. Verification of Compliance. Licensees shall, at license renewal, provide a signed statement to the Board indicating compliance. The Board, in its discretion, may require such additional evidence as is necessary to verify compliance. (5-3-03)

05. Alternate Compliance. The Board may accept certification or recertification by a member of the American Board of Medical Specialties, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada or its successor organization in lieu of compliance with continuing education requirements during the cycle in which the certification or recertification is granted. The Board may also grant an exemption for full time participation in a residency or fellowship training at a professionally accredited institution. (4-11-19)

06. Penalties for Noncompliance. The Board may condition, limit, suspend, or refuse to renew the license of any person whom the Board determines has failed to comply with the continuing education requirements of this chapter. (5-3-03)

080. VOLUNTEER LICENSE.

01. License. Upon completion of an application and verification of qualifications, the Board may issue

a volunteer license to a physician who is retired from active practice for the purpose of providing medical service to people who, due to age, infirmity, handicap, indigence or disability, are unable to receive regular medical treatment. (3-30-06)

02. Retired Defined. A physician previously holding a license to practice medicine and surgery and osteopathic medicine and surgery in Idaho or another state shall be considered retired if, prior to the date of the application for a volunteer's license, he has: (3-30-06)

a. Surrendered or allowed his license with active status to expire with the intent of ceasing active practice for remuneration or; (3-30-06)

b. Converted his active license to an inactive status with the intention of ceasing to actively practice for remuneration or; (3-30-06)

c. Converted his license with active or inactive status to a license with retirement or similar status that proscribed the active practice of medicine. (3-30-06)

03. Eligibility. A physician whose license has been restricted, suspended, revoked surrendered, resigned, converted, allowed to lapse or expire as the result of disciplinary action or in lieu of disciplinary action shall not be eligible for a volunteer license. The volunteer license cannot be converted to a license with active, inactive or temporary status. (3-30-06)

04. Application. The application for a volunteer license shall include the requirements listed in Section 050 of these rules and: (3-30-06)

a. Verification that the applicant held an active license in good standing in Idaho or another state within five (5) years of the date of application for a volunteer license. (3-30-06)

b. The Board may at its discretion issue a volunteer license to a physician who has not held an active license in good standing for greater than five (5) years if the applicant has completed an examination acceptable to the Board that demonstrates the applicant possesses the knowledge and skills required to practice. (3-30-06)

c. A notarized statement from the applicant on a form prescribed by the Board, that the applicant will not provide any physician services to any person other than those permitted by the license and that the applicant will not accept any amount or form of remuneration, other than as reimbursement for the amount of actual expenses incurred as a volunteer physician, for any physician services provided under the authority of a volunteer's license. (3-30-06)

d. A completed query of the applicant from the National Practitioner Databank. (4-11-19)

05. Expiration. The volunteer license shall be valid until the expiration date printed on the license and may be renewed in accordance with these rules. (3-30-06)

06. Discipline. The volunteer license is subject to discipline in accordance with Section 54-1814, Idaho Code, and these rules. (3-30-06)

081. PHYSICIAN PANELIST FOR PRELITIGATION CONSIDERATION OF MEDICAL MALPRACTICE CLAIMS.

01. Purpose. The purpose of serving as a physician panelist for prelitigation consideration of medical malpractice claims against physicians and surgeons practicing in the state of Idaho or against licensed acute care general hospitals operating in the state of Idaho is to: (4-4-13)

a. Cooperate in the prelitigation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide hospital or medical care in Idaho; and (4-4-13)

b. Accept and hear complaints of such negligence and damages, made by or on behalf of any patient

who is an alleged victim of such negligence. (4-4-13)

02. Eligibility. A physician licensed to practice medicine and surgery or osteopathic medicine or surgery in Idaho shall be available to serve in any two (2) year period, or a longer period not to exceed five (5) years, as determined by the panel chairman, as a physician panelist for prelitigation consideration of a medical malpractice claim. (5-8-09)

03. Excusing Physicians from Serving. A physician panelist so selected shall serve unless he had served on a prelitigation panel during any previous two (2) year period, or a longer period not to exceed five (5) years, as determined by the panel chairman or for good cause shown, is excused by the panel chairman. To show good cause for relief from serving, the selected physician panelist shall present an affidavit to the panel chairman which shall set out the facts showing that service would constitute an unreasonable burden or undue hardship. The panel chairman shall have the sole authority to excuse a selected physician from serving on a prelitigation panel. (5-8-09)

04. Penalties for Noncompliance. The Board may condition, limit, suspend, or refuse to renew the license of any physician whom the Board determines has failed to serve as a physician panelist for the prelitigation consideration of a medical malpractice claim. (5-8-09)

082. -- 099. (RESERVED)

100. FEES -- TABLE.

01. Fees -- Table. Nonrefundable fees are as follows:

Fees -- Table	
Licensure Fee	Not more than \$600
Temporary License	Not more than \$300
Reactivation License Fee plus total of renewal fees not paid by applicant	Not more than \$300
Inactive License Renewal Fee	Not more than \$100
Renewal of License to Practice Medicine Fee	Not more than \$300
Duplicate Wallet License	Not more than \$20
Duplicate Wall License	Not more than \$50
Volunteer License Application Fee	\$0
Volunteer License Renewal Fee	\$0

(4-11-19)

02. Administrative Fees for Services. Administrative fees for services shall be billed on the basis of time and cost. (7-1-93)

101. ADDITIONAL GROUNDS FOR SUSPENSION, REVOCATION OR DISCIPLINARY SANCTIONS.

01. Discipline. In addition to the statutory grounds for medical discipline set forth in Idaho Code, Section 54-1814, every person licensed to practice medicine or registered as an intern, resident or physician assistant is subject to discipline by the Board upon any of the following grounds: (4-11-19)

02. Unethical Advertising. Advertising the practice of medicine in any unethical or unprofessional manner, includes but is not limited to: (7-1-93)

- a. Using advertising or representations likely to deceive, defraud or harm the public. (7-1-93)
 - b. Making a false or misleading statement regarding his or her skill or the efficacy or value of the medicine, treatment or remedy prescribed by him or her at his or her direction in the treatment of any disease or other condition of the body or mind. (7-1-93)
- 03. Standard of Care.** Providing health care that fails to meet the standard of health care provided by other qualified physicians in the same community or similar communities, includes but is not limited to: (7-1-93)
- a. Being found mentally incompetent or insane by any court of competent jurisdiction. (7-1-93)
 - b. Engaging in practice or behavior that demonstrates a manifest incapacity or incompetence to practice medicine. (7-1-93)
 - c. Allowing another person or organization to use his or her license to practice medicine. (7-1-93)
 - d. Prescribing, selling, administering, distributing or giving any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug to himself or herself or to a spouse, child or stepchild. (3-19-99)
 - e. Violating any state or federal law or regulation relating to controlled substances. (7-1-93)
 - f. Directly promoting surgical procedures or laboratory tests that are unnecessary and not medically indicated. (7-1-93)
 - g. Failure to transfer pertinent and necessary medical records to another physician when requested to do so by the subject patient or by his or her legally designated representative. (7-1-93)
 - h. Failing to maintain adequate records. Adequate patient records means legible records that contain, at a minimum, subjective information, an evaluation and report of objective findings, assessment or diagnosis, and the plan of care. (3-30-06)
 - i. Engaging in a pattern of unprofessional or disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; provided that such behavior does not have to cause actual patient harm to be considered unprofessional or disruptive. (4-11-19)
- 04. Conduct.** Engaging in any conduct that constitutes an abuse or exploitation of a patient arising out of the trust and confidence placed in the physician by the patient, includes but is not limited to: (7-1-93)
- a. Obtaining any fee by fraud, deceit or misrepresentation. (7-1-93)
 - b. Employing abusive billing practices. (7-1-93)
 - c. Failure to transfer pertinent and necessary medical records to another physician when requested to do so by the subject patient or by his or her legally designated representative. (7-1-93)
 - d. Commission of any act of sexual contact, misconduct, exploitation or intercourse with a patient or former patient or related to the licensee's practice of medicine. (7-1-93)
 - i. Consent of the patient shall not be a defense. (3-19-99)
 - ii. Section 101 does not apply to sexual contact between a medical care provider and the provider's spouse or a person in a domestic relationship who is also a patient. (3-19-99)
 - iii. A former patient includes a patient for whom the physician has provided medical services or prescriptions within the last twelve (12) months. (3-19-99)

- iv. Sexual or romantic relationships with former patients beyond that period of time may also be a violation if the physician uses or exploits the trust, knowledge, emotions or influence derived from the prior professional relationship with the patient. (3-19-99)
- e. Accepting any reimbursement for service, beyond actual expenses, while providing physician services under a volunteer license. (3-30-06)
- f. Interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts or by use of threats or harassment against any patient, Board or Committee on Professional Discipline member, Board staff, hearing officer or witness in an attempt to influence the outcome of a disciplinary proceeding, investigation or other legal action. (3-30-06)
- g. Failure to obey state and local laws and rules governing the practice of medicine. (3-26-08)
- h. Failure to be lawfully present in the United States. (3-26-08)

102. -- 150. (RESERVED)

151. DEFINITIONS RELATING TO SUPERVISING AND DIRECTING PHYSICIANS.

- 01. Alternate Directing Physician.** A designated Idaho licensed physician, registered with the Board pursuant to this chapter and Title 54, Chapter 39, Idaho Code, who oversees the practice of athletic training and is responsible for the athletic training services provided by the athletic trainer in the temporary absence of the directing physician. (4-11-19)
- 02. Alternate Supervising Physician.** An Idaho licensed physician who is registered with the Board pursuant to this chapter and who has full responsibility for the medical acts and practice of a physician assistant or graduate physician assistant in the temporary absence of the supervising physician. (4-11-19)
- 03. Alternate Supervising Physician for Interns and Residents.** A physician licensed to practice medicine or licensed to practice osteopathic medicine in Idaho who has been designated by the supervising physician and approved by and registered by the Board to supervise the intern or resident in the temporary absence of the supervising physician. (4-11-19)
- 04. Alternate Supervising Physician of Medical Personnel.** An Idaho licensed physician who is registered with the Board pursuant to this chapter, who supervises and has full responsibility for cosmetic treatments using prescriptive medical/cosmetic devices and/or products provided by medical personnel in the temporary absence of the supervising physician. (4-11-19)
- 05. Athletic Trainer.** A person who has met the qualifications for licensure as set forth in Title 54, Chapter 39, Idaho Code, is licensed under that chapter, and carries out the practice of athletic training under the direction of a designated Idaho licensed physician, registered with the Board. (4-11-19)
- 06. Board.** The Idaho State Board of Medicine established pursuant to Section 54-1805, Idaho Code. (4-11-19)
- 07. Directing Physician.** A designated Idaho licensed physician, registered with the Board pursuant to this chapter and Title 54, Chapter 39, Idaho Code, who oversees the practice of athletic training and is responsible for the athletic training services provided by the athletic trainer. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. (4-11-19)
- 08. Graduate Physician Assistant.** A person who is a graduate of an approved program for the education and training of physician assistants and who meets all the requirements in IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants" for Idaho licensure but has not yet taken and passed the certification examination, and who has been authorized by the Board, as defined in IDAPA 22.01.03, Subsection 036.01, of these rules to render patient services under the direction of a supervising physician for a period of six (6) months or has passed the

certification examination but who has not yet obtained a college baccalaureate degree, and who has been authorized by the Board, as defined in IDAPA 22.01.03, Subsection 036.02, to render patient services under the direction of a supervising physician for a period of not more than five (5) years. (4-11-19)

09. Intern. Any person who has completed a course of study at an acceptable school of medicine as defined in Subsection 010.01 or 010.02 of these rules, and who is enrolled in a postgraduate medical training program. (4-11-19)

10. Medical Personnel. An individual who provides cosmetic treatments using prescriptive medical/cosmetic devices and products that are exclusively non-incisive or non-ablative under the direction and supervision of a supervising physician registered with the Board, pursuant to the applicable Idaho statutes and the applicable rules promulgated by the Board. (4-11-19)

11. Physician. A physician who holds a current active license issued by the Board to practice medicine or osteopathic medicine in Idaho and is in good standing with no restrictions upon or actions taken against his license. (4-11-19)

12. Physician Assistant. Any person duly licensed with the Board as a physician assistant to render patient services under the direction of a supervising physician registered with the Board, pursuant to the applicable Idaho statutes and the applicable rules promulgated by the Board. (4-11-19)

13. Resident. Any person who has completed a course of study at an acceptable school of medicine as defined in Subsection 010.01 or 010.02 of these rules, and who is enrolled in a postgraduate medical training program. (4-11-19)

14. Supervising Physician. Any physician who is registered with the Board pursuant to this chapter and who supervises and has responsibility for the medical acts of and patient services provided by a physician assistant or graduate physician assistant. (4-11-19)

15. Supervising Physician of Interns or Residents. Any person approved by and registered with the Board who is licensed to practice medicine and surgery or osteopathic medicine and surgery in Idaho, who signs the application for registration of an intern or resident, and who is responsible for the direction and supervision of their activities. (4-11-19)

16. Supervising Physician of Medical Personnel. An Idaho licensed physician who is registered with the Board pursuant to this chapter, who supervises and has full responsibility for cosmetic treatments using prescriptive medical/cosmetic devices and products provided by medical personnel. (4-11-19)

152. – 160. (RESERVED)

161. DUTIES OF DIRECTING PHYSICIANS.

01. Responsibilities. The directing physician accepts full responsibility for the acts and athletic training services provided by the athletic trainer and oversees the practice of athletic training of the athletic trainer, and for the supervision of such acts which shall include, but are not limited to: (4-11-19)

a. An on-site visit at least semiannually to personally observe the quality of athletic training services provided; and (4-11-19)

b. Recording of a periodic review of a representative sample of the records, including, but not limited to, records made from the past six (6) months of the review to evaluate the athletic training services that were provided. (4-11-19)

02. Scope of Practice. The directing physician shall ensure the scope of practice of the athletic trainer, as set forth in IDAPA 22.01.10, “Rules for the Licensure of Athletic Trainers to Practice in Idaho,” and Section 54-3903, Idaho Code, shall be limited to and consistent with the scope of practice of the directing physician and exclude any independent practice of athletic training by an athletic trainer. (4-11-19)

03. Directing Responsibility. The responsibilities and duties of a directing physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician without prior notification and Board approval. (4-11-19)

04. Available Supervision. The directing physician shall oversee the activities of the athletic trainer and must be available either in person or by telephone to supervise, direct, and counsel the athletic trainer. The scope and nature of the direction of the athletic trainer shall be outlined in an athletic training service plan or protocol, as set forth in IDAPA 22.01.10, “Rules for the Licensure of Athletic Trainers to Practice in Idaho,” Section 013. (4-11-19)

05. Disclosure. It shall be the responsibility of each directing physician to ensure that each athlete who receives athletic training services is aware of the fact that said person is not a licensed physician. This disclosure requirement can be fulfilled by the use of name tags, correspondence, oral statements, office signs, or such other procedures that under the involved circumstances adequately advise the athlete of the education and training of the person rendering athletic training services. (4-11-19)

06. On-Site Review. The Board, by and through its designated agents, is authorized to conduct on-site reviews of the activities of the directing physicians at the locations and facilities in which the athletic trainer practices at such times as the Board deems necessary. (4-11-19)

162. DUTIES OF SUPERVISING PHYSICIANS.

01. Responsibilities. The supervising physician accepts full responsibility for the medical acts of and patient services provided by physician assistants and graduate physician assistants and for the supervision of such acts which shall include, but are not limited to: (4-11-19)

- a. An on-site visit at least monthly to personally observe the quality of care provided; (4-11-19)
- b. A periodic review of a representative sample of medical records to evaluate the medical services that are provided. When applicable, this review shall also include an evaluation of adherence to the delegation of services agreement between the physician and physician assistant or graduate physician assistant; and (4-11-19)
- c. Regularly scheduled conferences between the supervising physician and such licensees. (4-11-19)

02. Pre-Signed Prescriptions. The supervising physician shall not utilize or authorize the physician assistant to use any pre-signed prescriptions. (4-11-19)

03. Supervisory Responsibility. A supervising physician or alternate supervising physician shall not supervise more than four (4) physician assistants or graduate physician assistants contemporaneously. The Board, however, may authorize a supervising physician or alternate supervising physician to supervise a total of six (6) such licensees contemporaneously if necessary to provide adequate medical care and upon prior petition documenting adequate safeguards to protect the public health and safety. The responsibilities and duties of a supervising physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician without prior notification and Board approval. (4-11-19)

04. Available Supervision. The supervising physician shall oversee the activities of the physician assistant or graduate physician assistant, and must always be available either in person or by telephone to supervise, direct, and counsel such licensees. The scope and nature of the supervision of the physician assistant and graduate physician assistant shall be outlined in a delegation of services agreement, as set forth in IDAPA 22.01.03, “Rules for the Licensure of Physician Assistants,” Subsection 030.04. (4-11-19)

05. Disclosure. It shall be the responsibility of each supervising physician to ensure that each patient who receives the services of a physician assistant or graduate physician assistant is aware of the fact that said person is not a licensed physician. This disclosure requirement can be fulfilled by the use of nametags, correspondence, oral statements, office signs, or such other procedures that under the involved circumstances adequately advise the patient of the education and training of the person rendering medical services. (4-11-19)

163. ON-SITE REVIEW.

The Board, by and through its designated agents, is authorized to conduct on-site reviews of the activities of the supervising physicians at the locations and facilities in which the physician assistant or graduate physician assistant practices at such times as the Board deems necessary. (4-11-19)

164. DUTIES OF SUPERVISING PHYSICIANS OF INTERNS AND RESIDENTS.

01. Responsibilities. The supervising physician is responsible for the direction and supervision of the medical acts and patient services provided by an intern or resident. The direction and supervision of such activities shall include, but are not limited to: (4-11-19)

- a. An on-site visit at least monthly to personally observe the quality of care provided; (4-11-19)
- b. Recording of a periodic review of a representative sample of medical records to evaluate the medical services that are provided; and (4-11-19)
- c. Regularly scheduled conferences between the supervising physician and the intern or resident. (4-11-19)

02. Available Supervision. The supervising physician shall oversee the activities of the intern or resident, and must always be available either in person or by telephone to supervise, direct and counsel the intern or resident. (4-11-19)

03. Disclosure. It shall be the responsibility of each supervising physician to ensure that each patient who receives the services of an intern or resident is aware of the fact that said person is not a licensed physician. This disclosure requirement can be fulfilled by the use of nametags, correspondence, oral statements, office signs, or such other procedures that under the involved circumstances adequately advise the patient of the education and training of the person rendering medical services. (4-11-19)

04. On-Site Review. The Board, by and through its designated agents, is authorized to conduct on-site reviews of the activities of the supervising physicians at the locations and facilities in which the intern or resident practices at such times as the Board deems necessary. (4-11-19)

165. SUPERVISING PHYSICIANS OF MEDICAL PERSONNEL.

Prescriptive medical/cosmetic devices and products penetrate and alter human tissue and can result in complications such as visual impairment, blindness, inflammation, burns, scarring, hypopigmentation, and hyperpigmentation. Cosmetic treatments using such prescriptive medical/cosmetic devices and products is the practice of medicine as defined in Section 54-1803(1), Idaho Code. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. (4-11-19)

01. Definitions. (4-11-19)

- a. Ablative. Ablative is the separation, eradication, removal, or destruction of human tissue. (4-11-19)
- b. Incisive. Incisive is the power and quality of cutting of human tissue. (4-11-19)
- c. Cosmetic Treatment. An aesthetic treatment prescribed by a physician for a patient that uses prescriptive medical/cosmetic devices and products to alter human tissue. (4-11-19)
- d. Prescriptive Medical/Cosmetic Device. A federal food and drug administration approved prescriptive device that uses waveform energy including, but not limited to, intense pulsed light or lasers, to cosmetically alter human tissue. (4-11-19)
- e. Prescriptive Medical/Cosmetic Product. A federal food and drug administration approved prescriptive product whose primary intended use of the product is achieved through chemical action and cosmetically alters human tissue including, but not limited to, filler substances such as collagen or fat; lipo transfer; muscle immobilizers or sclerosing agents. (4-11-19)

02. Duties and Responsibilities of Supervising Physicians. The supervising physician accepts full responsibility for cosmetic treatments provided by medical personnel using prescriptive medical/cosmetic devices and products and for the supervision of such treatments. The supervising physician shall be trained in the safety and use of prescriptive medical/cosmetic devices and products. (4-11-19)

a. Patient Record. The supervising physician must document an adequate legible patient record of his evaluation and assessment of the patient prior to the initial cosmetic treatment. An adequate patient record must contain, at minimum, subjective information, an evaluation and report of objective findings, assessment or diagnosis, and the plan of care including, but not limited to, a prescription for prescriptive medical/cosmetic devices and products. (4-11-19)

b. Supervisory Responsibility. A supervising physician or alternate supervising physician of medical personnel shall not supervise more than three (3) such medical personnel contemporaneously. The Board, however, may authorize a supervising physician or alternate supervising physician to supervise a total of six (6) such medical personnel contemporaneously if necessary to provide adequate cosmetic treatments and upon prior petition documenting adequate safeguards to protect the public health and safety. The responsibilities and duties of a supervising physician may not be transferred to a business entity, professional corporation or partnership, nor may they be assigned to another physician without prior notification and Board approval. (4-11-19)

c. Available Supervision. The supervising physician shall be on-site or immediately available to respond promptly to any questions or problems that may occur while a cosmetic treatment is being performed by medical personnel using prescriptive medical/cosmetic devices and products. Such supervision shall include, but is not limited to: (4-11-19)

i. Periodic review of the medical records to evaluate the prescribed cosmetic treatments that are provided by such medical personnel including any adverse outcomes or changes in the treatment protocol; and (4-11-19)

ii. Regularly scheduled conferences between the supervising physician and such medical personnel. (4-11-19)

d. Scope of Cosmetic Treatments. Medical personnel providing cosmetic treatments are limited to using prescriptive medical/cosmetic devices and products that are exclusively non-incisive and non-ablative. The supervising physician shall ensure cosmetic treatments using prescriptive medical/cosmetic devices and products provided by medical personnel shall be limited to and consistent with the scope of practice of the supervising physician. The supervising physician shall ensure medical personnel shall not independently provide cosmetic treatments using prescriptive medical/cosmetic devices and products. (4-11-19)

i. The supervising physician shall ensure that, with respect to each procedure performed, the medical personnel possess the proper training in cutaneous medicine, the indications for the prescribed treatment, and the pre- and post-procedure care involved; and (4-11-19)

ii. The supervising physician shall prepare a written protocol for medical personnel to follow when using prescriptive medical/cosmetic devices and products. The supervising physician is responsible for ensuring that the medical personnel use prescriptive medical/cosmetic devices and products only in accordance with the written protocol and do not exercise independent judgment when using prescriptive medical/cosmetic devices and products. (4-11-19)

e. Training Requirements. Medical personnel who provide cosmetic treatments using prescriptive medical/cosmetic devices and products must have training and be certified by their supervising physicians on each device or product they will use. The training on each device or product must include the following: (4-11-19)

i. Physics and safety of the prescriptive medical/cosmetic devices and products; (4-11-19)

ii. Basic principle of the planned procedure and treatment; (4-11-19)

- iii. Clinical application of the prescriptive medical/cosmetic devices and products including, but not limited to, wavelengths to be used with intense pulsed light/lasers; (4-11-19)
 - iv. Indications and contraindications for the use of the prescriptive medical/cosmetic devices and products; (4-11-19)
 - v. Pre-procedure and post-procedure care; (4-11-19)
 - vi. Recognition and acute management of complications that may result from the procedure or treatment; and (4-11-19)
 - vii. Infectious disease control procedures required for each treatment. (4-11-19)
 - viii. The supervising physician shall assure compliance with the training and reporting requirements of this rule. (4-11-19)
 - ix. The supervising physician shall submit verification of training upon the Medical Personnel Supervising Physician Registration form provided by the Board, to the Board for approval prior to the provision of cosmetic treatments using prescriptive medical/cosmetic devices and products by medical personnel. The Board may require the supervising physician to provide additional written information, which may include his affidavit attesting to the medical personnel's qualifications and clinical abilities to perform cosmetic treatments using prescriptive medical/cosmetic devices and products. The Medical Personnel Supervising Physician Registration Form shall be sent to the Board and must be maintained on file at each practice location and at the address of record of the supervising physician. The Board may require such changes as needed to achieve compliance with this chapter and Title 54, Chapter 18, Idaho Code, and to safeguard the public. (4-11-19)
- f.** Disclosure. It shall be the responsibility of each supervising physician to ensure that every patient receiving a cosmetic treatment using prescriptive medical/cosmetic devices and products by such medical personnel is aware of the fact that such medical personnel are not licensed physicians. This disclosure requirement can be fulfilled by the use of name tags, correspondence, oral statements, office signs, or such other procedures that under the involved circumstances adequately advise the patient of the education and training of the medical personnel rendering such cosmetic treatments. (4-11-19)
- g.** On-Site Review. The Board, by and through its designated agents, is authorized to conduct on-site reviews of the activities of the supervising physicians at the locations and facilities in which medical personnel provide cosmetic treatments using prescriptive medical/cosmetic devices and products at such times as the Board deems necessary. (4-11-19)
- h.** Patient Complaints. The supervising physician shall report to the Board of Medicine all patient complaints received against medical personnel that relate to the quality and nature of cosmetic treatments rendered. (4-11-19)
- i.** Duties and Responsibilities Nontransferable. The responsibilities and duties of a supervising physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician or person. (4-11-19)

166 -- 200. (RESERVED)

201. REGISTRATION BY SUPERVISING AND DIRECTING PHYSICIANS.

01. Registration and Renewal. Each supervising, directing, and alternate physician must register with the Board and such registration shall be renewed annually. (4-11-19)

02. Notification. The supervising and directing physician must notify the Board of any change in the status of any physician assistant, graduate physician assistant, athletic trainer, or medical personnel for whom he is responsible, including, but not limited to, changes in location, duties, responsibilities, or supervision, or termination of employment within thirty (30) days of such event. (4-11-19)

202. DISCIPLINARY ACTION.

Every person registered as a supervising, directing, or alternate physician in this state is subject to discipline by the Board pursuant to the procedures and powers set forth in Section 54-1806A, Idaho Code, for violation of these rules or upon any of the grounds set forth in Section 54-1814, Idaho Code. (4-11-19)

203. -- 239. (RESERVED)

240. FEES.

Necessary fees shall accompany applications for registration and shall not be refundable. (4-11-19)

01. Supervising Physician Registration Fee. The fee for supervising physician registration will be not more than fifty dollars (\$50) and the annual renewal fee will be not more than twenty-five dollars (\$25); provided however, alternate supervising physicians shall not be required to pay an annual renewal fee. (4-11-19)

02. Directing Physician Registration Fee. The fee for directing physician registration will be not more than fifty dollars (\$50) and the annual renewal fee will be not more than twenty-five dollars (\$25); provided however, alternate directing physicians shall not be required to pay an annual renewal fee. (4-11-19)

241. (RESERVED)

242. DEFINITIONS RELATED TO INTERNS AND RESIDENTS.

01. Acceptable Training Program. A medical training program or course of medical study that has been approved by the Liaison Committee for Medical Education (LCME), Council on Medical Education or Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic Association (AOA). (4-11-19)

02. Acceptable Post Graduate Training Program. A post graduate medical training program or course of medical study that has been approved by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA). (4-11-19)

03. Intern or Resident. Any person who has completed a course of study at an acceptable school of medicine as defined in Subsection 010.01 or 010.02 of these rules, but is not yet licensed to practice medicine and who is enrolled in an acceptable postgraduate medical training program. (4-11-19)

243. REQUIREMENTS FOR REGISTRATION OF INTERNS AND RESIDENTS.

01. Residence. No period of residence in Idaho shall be required of any applicant, however, each applicant for registration must be legally able to work and live in the United States. Original documentation of lawful presence in the United States must be provided upon request only. The Board shall refuse to issue a registration or renew a registration if the applicant is not lawfully present in the United States. (4-11-19)

02. English Language. Each applicant shall speak, write, read, understand, and be understood in the English language. Evidence of proficiency in the English language must be provided upon request. (4-11-19)

03. Application. Each intern or resident intending to commence activities in the state of Idaho that may involve activities constituting the practice of medicine, must submit a completed registration application to the Board on forms furnished by the Board and be issued a registration certificate prior to the commencement of any such activities. Any diploma or other document required to be submitted to the Board that is not in the English language must be accompanied by a certified translation thereof into English. The application form shall be verified and shall require the following information: (4-11-19)

a. Personal identification information and the educational background of the intern or resident including his medical school education and any postgraduate training programs; (4-11-19)

b. The disclosure of any criminal convictions, criminal charges, medical disciplinary actions or

- medical malpractice actions, whatever the outcome, naming the intern or resident; (4-11-19)
- c.** A complete description of the program or course of study in the acceptable post graduate training program the applicant intends to follow, including documentation of the liability coverage to be provided to the applicant; (4-11-19)
 - d.** The name and address of the supervising physician and the location of the program or course of study; (4-11-19)
 - e.** The signature by the supervising physician by which they acknowledge and accept responsibility for the activities of the intern or resident; (4-11-19)
 - f.** Original documentation confirming ECFMG certification of the international medical graduate; (4-11-19)
 - g.** A copy of the applicant's birth certificate or current passport; and (4-11-19)
 - h.** Such other information as the Board deems relevant in reviewing the registration application. (4-11-19)

244. GENERAL PROVISIONS FOR REGISTRATION.

01. Character. The Board may refuse to issue or renew registration if it finds that the applicant has engaged in conduct prohibited by Section 54-1814, Idaho Code; provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances. (4-11-19)

02. No Action on Application. An application upon which the applicant takes no further action will be held for no longer than one (1) year. (4-11-19)

03. Registration Certificate. Upon approval of the registration application, the Board may issue a registration certificate that shall set forth the period during which the registrant may engage in activities that may involve the practice of medicine. Each registration shall be issued for a period of not less than one (1) year and shall set forth its expiration date on the face of the certificate. Each registration shall identify the supervising physician. Each registrant shall notify the Board in writing of any change of the supervising physician or the program or course of study fourteen (14) days prior to any such change. If the Board deems the intern or resident qualified, and if the course study requires, the Board may additionally certify on the registration certificate that the intern or resident is qualified to write prescriptions for Class III through Class V scheduled medications. (4-11-19)

04. Termination of Registration. The registration of an intern or resident may be terminated, suspended, or made conditional by the Board on the grounds set forth in Section 54-1814, Idaho Code, and under the procedures set forth in Section 54-1806A, Idaho Code. (4-11-19)

05. Annual Renewal of Registration. Each registration shall be renewed annually prior to its expiration date. Any registration not renewed by its expiration date shall be canceled. (4-11-19)

06. Notification of Change. Each registrant shall notify the Board in writing of any adverse action or termination, whatever the outcome, from any post graduate training program and any name changes within fourteen (14) days of such event. (4-11-19)

07. Disclosure. It shall be the responsibility of each registrant to ensure that every patient is aware of the fact that such intern and resident is currently enrolled in a post graduate training program and under the supervision of a licensed physician. This disclosure requirement can be fulfilled by the use of name tags, correspondence, oral statements, or such other procedures that under the circumstances adequately advise the patient of the education and training of the intern and resident. (4-11-19)

245. FEES.

01. Registration Fee. The nonrefundable registration issuance fee shall be no more than twenty-five dollars (\$25). (4-11-19)

02. Registration Annual Renewal Fee. The nonrefundable registration annual renewal fee shall be no more than twenty-five dollars (\$25). (4-11-19)

03. Other. Administrative fees for services, including photocopying and review of records shall be billed on the basis of time and charges. (4-11-19)

246. -- 999. (RESERVED)

**IDAPA 22
TITLE 01
CHAPTER 03**

22.01.03 – RULES FOR THE LICENSURE OF PHYSICIAN ASSISTANTS

000. LEGAL AUTHORITY.

Pursuant to Section 54-1806(2), Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules to govern activities of persons licensed under these rules to practice as physician assistants and graduate physician assistants under the supervision of persons licensed to practice medicine or osteopathic medicine in Idaho. (4-11-19)

001. TITLE AND SCOPE.

01. Title. These rules are titled IDAPA 22.01.03, “Rules for the Licensure of Physician Assistants.” (3-19-99)

02. Scope. Pursuant to Idaho Code, Section 54-1807A(1), physician assistants and graduate physician assistants must be licensed with the Board prior to commencement of activities. (4-11-19)

002. WRITTEN INTERPRETATIONS.

In accordance with Title 67, Chapter 52, Idaho Code, this agency may have written statements that pertain to the interpretation of, or to compliance with the rules of this chapter. Any such documents are available for public inspection and copying at cost at the Board of Medicine office. (4-11-19)

003. ADMINISTRATIVE APPEAL.

All contested cases shall be governed by the provisions of IDAPA 04.11.01, “Idaho Rules of Administrative Procedures of the Attorney General.” (4-11-19)

004. PUBLIC RECORD ACT COMPLIANCE.

These rules have been promulgated according to the provisions of Title 67, Chapter 52, Idaho Code, and are public records. (3-15-02)

005. INCORPORATION BY REFERENCE.

There are no documents incorporated by reference into this rule. (3-15-02)

006. OFFICE – OFFICE HOURS – MAILING ADDRESS AND STREET ADDRESS.

The central office of the Board of Medicine is in Boise, Idaho. The Board's mailing address, unless otherwise indicated, will be Idaho State Board of Medicine, P.O. Box 83720, Boise, Idaho 83720-0058. The Board's street address is 345 W. Bobwhite Court, Suite 150, Boise, Idaho 83706. The telephone number of the Board is (208) 327-7000. The Board's facsimile (FAX) number is (208) 327-7005. The Board's office hours for filing documents are 8 a.m. to 5 p.m. (3-16-04)

007. FILING OF DOCUMENTS – NUMBER OF COPIES.

All documents in rulemaking or contested case proceedings must be filed with the office of the Board. (3-29-17)

008. -- 009. (RESERVED)

010. DEFINITIONS.

01. Alternate Supervising Physician. A physician registered with the Board, as set forth in IDAPA 22.01.01, “Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho,” under an agreement as defined in these rules, who is responsible for supervising the physician assistant or graduate physician assistant in the temporary absence of the supervising physician. (4-11-19)

02. Approved Program. A course of study for the education and training of physician assistants that is accredited by the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) or predecessor agency or equivalent agency recognized by the Board as recommended by the Committee. (3-29-17)

- 03. Board.** The Idaho State Board of Medicine established pursuant to Section 54-1805, Idaho Code. (3-16-04)
- 04. Delegation of Services (DOS) Agreement.** A written document mutually agreed upon and signed and dated by the licensed physician assistant or graduate physician assistant and supervising and alternate supervising physician that defines the working relationship and delegation of duties between the supervising physician and the licensee as specified by Board rule. The Board shall review the written delegation of services agreement and may review job descriptions, policy statements, or other documents that define the responsibilities of the physician assistant or graduate physician assistant in the practice setting, and may require such changes as needed to achieve compliance with these rules, and to safeguard the public. (4-9-09)
- 05. Graduate Physician Assistant.** A person who is a graduate of an approved program for the education and training of physician assistants and who meets all the requirements in this chapter for Idaho licensure, but: (3-16-04)
- a.** Has not yet taken and passed the certification examination and who has been authorized by the Board, as defined in Subsection 036.01 of these rules, to render patient services under the direction of a supervising physician for a period of six (6) months; or (3-16-04)
- b.** Has passed the certification examination but who has not yet obtained a college baccalaureate degree and who has been authorized by the Board, as defined in Subsection 036.02 of these rules, to render patient services under the direction of a supervising physician for a period of not more than five (5) years. (3-16-04)
- 06. Physician.** A physician who holds a current active license issued by the Board to practice medicine or osteopathic medicine in Idaho and is in good standing with no restrictions upon or actions taken against his license. (4-11-19)
- 07. Physician Assistant.** A person who is a graduate of an approved physician assistant training program and who is qualified by specialized education, training, experience and personal character, as required in Section 021 of these rules, and who has been licensed by the Board to render patient services under the direction of a supervising and alternate supervising physician. (4-11-19)
- 08. Supervision.** The direction and oversight of the activities of and patient services provided by a physician assistant or graduate physician assistant by a supervising physician or alternate supervising physician who accepts full medical responsibility with respect thereto. The constant physical presence of the supervising or alternate supervising physician is not required as long as the supervisor and such licensee are or can be easily in contact with one another by radio, telephone, or other telecommunication device. The scope and nature of the supervision shall be outlined in a delegation of services agreement, as defined in Subsection 030.04 of these rules. (3-29-17)
- 09. Supervising Physician.** A physician registered by the Board, as set forth in IDAPA 22.01.01, “Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho,” and under an agreement as defined in Subsection 030.04 of these rules, who is responsible for the direction and supervision of the activities of and patient services provided by the physician assistant or graduate physician assistant. (4-11-19)
- 011. PHYSICIAN ASSISTANT ADVISORY COMMITTEE.**
A Physician Assistant Advisory Committee is hereby created and made a part of the Idaho State Board of Medicine, pursuant to adoption of Resolution 01-093. (3-16-04)
- 01. Committee Appointments.** The Board shall appoint the members of the Physician Assistant Advisory Committee. In making appointments to the Committee, the Board shall give consideration to recommendations made by professional organizations of physician assistants and physicians. The Board may remove any Committee member for misconduct, incompetency, or neglect of duty after giving the member a written statement of the charges and an opportunity to be heard thereon. The Executive Director of the Idaho State Board of Medicine shall serve as the Executive Director to the Physician Assistant Advisory Committee. (4-11-19)
- 02. Makeup of Committee.** The Committee shall consist of five (5) members appointed by the Board.

Four (4) members shall be physician assistants who are residents in this state and engaged in the active practice of medicine in this state, and one (1) member shall be a public member. Members will serve a term of three (3) years and terms will be staggered. Members may serve two (2) successive terms. The Committee shall elect a chairman from its membership. The Committee shall meet as often as necessary to fulfill its responsibilities. Members will be compensated according to Section 59-509(p), Idaho Code. (4-11-19)

03. Final Decisions. The Committee shall have no authority to revoke licenses or impose limitations or conditions on licenses issued under this chapter and shall be authorized only to make recommendations to the Board. The Board shall make all final decisions with respect thereto. (3-16-04)

04. Board Affiliation. The Committee will work in the following areas in conjunction with and make recommendations to the Board and will perform such other duties and functions assigned to the Committee by the Board, including: (3-16-04)

- a. Evaluating the qualifications of applicants for licensure and registration; (3-16-04)
- b. Performing investigations of misconduct and making recommendations regarding discipline; (3-16-04)
- c. Maintaining a list of currently licensed physician assistants and graduate physician assistants in this state; and (3-16-04)
- d. Advising the Board on rule changes necessary to license and regulate physician assistants and graduate physician assistants in this state. (3-16-04)

012. -- 019. (RESERVED)

020. APPLICATION.

01. License Applications. All applications for licensure as physician assistants and graduate physician assistants shall be made to the Board on forms supplied by the Board and include the nonrefundable application fee. The application form shall be verified and shall require the following: (4-9-09)

- a. Certificate of graduation from an approved program as defined in Subsection 010.02 and evidence of having received a college baccalaureate degree from a nationally accredited school with a curriculum approved by the United States Secretary of Education, the Council for Higher Education Accreditation, or both, or from a school accredited by another such agency approved by the Board. (3-29-17)
- b. Proof of current certification by the National Commission on Certification of Physician Assistants or similar certifying agency approved by the Board; (3-29-17)
- c. The disclosure of any criminal charges, convictions or guilty pleas against the applicant other than minor traffic offenses; (4-9-09)
- d. The current mental and physical condition of the applicant including any issue that may impact the applicant's ability to render patient services as a physician assistant or graduate physician assistant; (4-11-19)
- e. The disclosure of any past or pending medical malpractice actions against the applicant, and the judgments or settlements, if any, of such claims exceeding fifty thousand dollars (\$50,000); (4-9-09)
- f. The disclosure of any disciplinary action by any country or state board of medicine, medical society, professional society, hospital or institution staff; (4-9-09)
- g. The disclosure of the refusal to issue or renew a license to render patient services as a physician assistant or graduate physician assistant by any state, Canadian or foreign licensing authority; (4-9-09)
- h. References to include one (1) letter of recommendation signed by a licensed physician who have

known the applicant professionally for at least one (1) year; (4-9-09)

i. An unmounted photograph of the applicant, of adequate size and clarity to identify the applicant and no larger than four inches tall by three inches wide (4" x 3"), taken not more than one (1) year prior to the date of the application; (4-9-09)

j. A certified copy of a full set of the applicant's fingerprints on forms supplied by the board that shall be forwarded to the Idaho Department of Law Enforcement and to the FBI Identification Division for the purpose of a fingerprint-based criminal history check of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database; (4-9-09)

k. The employment history and past practice locations of the applicant; (4-9-09)

l. Each state or country wherein the applicant is licensed to practice as physician assistant or graduate physician assistant; and (4-9-09)

m. Such other information or examinations as the Board deems necessary to identify and evaluate the applicant's credentials and competency. (4-9-09)

02. Reapplication. If more than two (2) years have elapsed since a licensed physician assistant or graduate physician assistant has actively engaged in practice, reapplication to the Board as a new applicant is required. The Board may require evidence of an educational update and close supervision to assure safe and qualified performance. (3-16-04)

03. Application Expiration. An application for licensure that is not granted or license not issued within one (1) year from the date the application is received by the Board shall expire. However, the applicant may file an application to the Committee for an extension. In its discretion, the Committee may make a determination if extraordinary circumstances exist that justify extending the one (1) year time period up to an additional one (1) year. The Committee can recommend to the Board to grant the request for such extension of time. The Board shall make all final decisions with respect thereto. (3-29-17)

021. REQUIREMENTS FOR LICENSURE.

01. Residence. No period of residence in Idaho shall be required of any applicant, however, each applicant for licensure must be legally able to work and live in the United States. Original documentation of lawful presence in the United States must be provided upon request. The Board shall refuse to issue a license or renew a license if the applicant is not lawfully present in the United States. (4-11-19)

02. English Language. Each applicant shall speak, write, read, understand and be understood in the English language. Evidence of proficiency in the English language must be provided upon request. (4-11-19)

03. Educational Requirement. Applicants for licensure shall have completed an approved program as defined in Subsection 010.02 and shall provide evidence of having received a college baccalaureate degree from a nationally accredited school with a curriculum approved by the United States Secretary of Education, the Council for Higher Education Accreditation, or both, or from a school accredited by another such agency approved by the Board. (3-29-17)

04. Certification. Current certification by the National Commission on Certification of Physician Assistants or similar certifying agency approved by the Board. (3-29-17)

05. Personal Interview. The Board may at its discretion, require the applicant or the supervising physician or both to appear for a personal interview. (3-19-99)

06. Completion of Application.
If the applicant is to practice in Idaho, he must submit payment of the prescribed fee and a completed application provided by the Board. (4-11-19)

022. TEMPORARY LICENSE.

Temporary licenses may be issued exclusively to those applicants who appear to be eligible after submission of completed applications for active physician assistant licenses but such licenses subject to pending results of fingerprint-based criminal history checks of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database. The temporary license shall be valid from the date of issuance to the next regular meeting of the Board, unless extended by the Board upon extenuating circumstances. (3-27-13)

023. -- 025. (RESERVED)

026. LICENSURE BY ENDORSEMENT.

Reciprocal licensure or licensure by endorsement is not permitted and applicants currently registered or licensed in other states must comply with the requirements set forth in Section 021 in order to be licensed in Idaho. (3-19-99)

027. (RESERVED)

028. SCOPE OF PRACTICE.

01. Scope. The scope of practice of physician assistants and graduate physician assistants shall be defined in the delegation of services and may include a broad range of diagnostic, therapeutic and health promotion and disease prevention services. (3-16-04)

a. The scope of practice shall include only those duties and responsibilities delegated to the licensee by their supervising and alternate supervising physician and in accordance with the delegation of services agreement and consistent with the expertise and regular scope of practice of the supervising and alternate supervising physician. (3-29-17)

b. The scope of practice may include prescribing, administering, and dispensing of medical devices and drugs, including the administration of a local anesthetic injected subcutaneously, digital blocks, or the application of topical anesthetics, while working under the supervision of a licensed medical physician. (3-29-17)

c. Physician assistants and graduate physician assistants are agents of their supervising and alternate supervising physician in the performance of all practice-related activities and patient services. (4-9-09)

d. A supervising physician or alternate supervising physician shall each not supervise more than a total of four (4) physician assistants or graduate physician assistants contemporaneously. (4-11-19)

e. The Board, however, may authorize a supervising physician to supervise a total of six (6) such licensees contemporaneously if necessary to provide adequate medical care and upon prior petition documenting adequate safeguards to protect the public health and safety. (4-11-19)

029. CONTINUING EDUCATION REQUIREMENTS.

01. Continuing Competence. A physician assistant or graduate physician assistant may be required by the Board at any time to demonstrate continuing competence in the performance of any practice related activity or patient service. (3-16-04)

02. Requirements for Renewal. Prior to renewal of each license as set forth by the expiration date on the face of the certificate, physician assistants shall attest to maintenance of certification by the National Commission on Certification of Physician Assistants or similar certifying agency approved by the Board, which certification requires a minimum of one hundred (100) hours of continuing medical education over a two-year (2) period. (3-29-17)

030. PRACTICE STANDARDS.

01. Identification. The physician assistant or graduate physician assistant must at all times when on duty wear a placard or plate so identifying himself. (4-11-19)

02. Advertise. No physician assistant or graduate physician assistant may advertise or represent himself either directly or indirectly, as a physician. (4-11-19)

03. Supervising Physician. Each licensed physician assistant and graduate physician assistant shall have a Board-approved supervising physician prior to practice. (3-29-17)

04. Delegation of Services Agreement. Each licensed physician assistant and graduate physician assistant shall maintain a current copy of a Board-approved Delegation of Services (DOS) Agreement between the licensee and each of his supervising and alternate supervising physicians. The delegation of services agreement, made upon a form provided by the Board, shall include a listing of the licensee's training, experience and education, and patient services to be delegated. It is the responsibility of the licensee and supervising physician to maintain a current delegation of services agreement. The primary supervising physician(s) must submit an affidavit attesting to the physician assistant's education, qualifications, and clinical abilities to perform specialized procedures as well as their own qualifications. This agreement shall be sent to the Board and must be maintained on file at each practice location and at the address of record of the supervising and alternate supervising physician. The Committee will review this agreement in conjunction with and make recommendations to the Board. The Board may require such changes as needed to achieve compliance with this chapter and Title 54, Chapter 18, Idaho Code, and to safeguard the public. This agreement shall include: (4-11-19)

a. Documentation of the licensee's education, training, and experience and a listing of the specific patient services that will be performed by the licensee; (4-9-09)

b. The specific locations and facilities in which the licensee will function; and (3-16-04)

c. The written plans and methods to be used to ensure responsible direction and control of the activities and patient services rendered by the licensee that shall provide for: (3-16-04)

i. An on-site visit at least monthly; (3-19-99)

ii. Regularly scheduled conferences between the supervising physician and the licensee; (3-16-04)

iii. Periodic review of a representative sample of records and a periodic review of the patient services being provided by the licensee. This review shall also include an evaluation of adherence to the delegation of services agreement; (3-16-04)

iv. Availability of the supervising and alternate supervising physician to the licensee in person or by telephone and procedures for providing backup and supervision in emergency situations; and (4-9-09)

v. Procedures for addressing situations outside the scope of practice of the licensee. (3-16-04)

d. The drug categories or specific legend drugs and controlled drugs, Schedule II through V that will be prescribed provided that the legend drugs and controlled drugs shall be consistent with the regular prescriptive practice of the supervising physician. (3-15-02)

05. Notification of Change or Addition of Supervising or Alternate Supervising Physician. A physician assistant or graduate physician assistant must notify the Board when adding, changing, or deleting a supervising physician or alternate supervising physician. Such notification shall comply with the requirements of Subsection 030.04 of this rule, and include: (4-11-19)

a. The name, business address and telephone number of the new or additional supervising physician(s) or alternate supervising physician(s); (3-29-17)

b. The name, business address, and telephone number of the physician assistant or graduate physician assistant; and (3-29-17)

06. On-Site Review. The Board, by and through its designated agents, is authorized to conduct on-site reviews of the activities of physician assistants or graduate physician assistants and the locations and facilities in

which the licensees practice at such times as the Board deems necessary. (3-16-04)

031. PARTICIPATION IN DISASTER AND EMERGENCY CARE.

A physician assistant or graduate physician assistant licensed in this state or licensed or authorized to practice in any other state of the United States or currently credentialed to practice by a federal employer who is responding to a need for patient services created by an emergency or a state or local disaster (not to be defined as an emergency situation which occurs in the place of one's employment) may render such patient services that they are able to provide without supervision as it is defined in this chapter, or with such supervision as is available. Any physician who supervises a physician assistant or graduate physician assistant providing patient services in response to such an emergency or state or local disaster shall not be required to meet the requirements set forth in this chapter for a supervising physician. (3-16-04)

032. -- 035. (RESERVED)

036. GRADUATE PHYSICIAN ASSISTANT.

01. Licensure Prior to Certification Examination -- Board Consideration. Any person who has graduated from an approved physician assistant training program and meets all Idaho requirements, including achieving a college baccalaureate degree, but has not yet taken and passed the certification examination, may be considered by the Board for licensure as a graduate physician assistant for six (6) months when an application for licensure as a graduate physician assistant has been submitted to the Board on forms supplied by the Board and payment of the prescribed fee, provided: (4-11-19)

a. The applicant shall submit to the Board, within ten (10) business days of receipt, a copy of acknowledgment of sitting for the national certification examination. The applicant shall also submit to the Board, within ten (10) business days of receipt, a copy of the national certification examination results. (4-9-09)

b. After the graduate physician assistant has passed the certification examination, the Board must receive verification of national certification directly from the certifying entity. Once the verification is received by the Board, the graduate physician assistant's license will be converted to a permanent license and he may apply for prescribing authority pursuant to Section 042 of these rules. (3-16-04)

c. The applicant who has failed the certification examination one (1) time, may petition the Board for a one-time extension of his graduate physician assistant license for an additional six (6) months. (3-16-04)

d. If the graduate physician assistant fails to pass the certifying examination on two (2) separate occasions, the graduate physician assistant's license shall automatically be canceled upon receipt of the second failing certification examination score. (3-16-04)

e. The graduate physician assistant applicant shall agree to execute an authorization for the release of information, attached to his application as Exhibit A, authorizing the Board or its designated agents, having information relevant to the application, including but not limited to the status of the certification examination, to release such information, as necessary, to his supervising physician. (3-16-04)

02. Licensure Prior to College Baccalaureate Degree -- Board Consideration. Licensure as a graduate physician assistant may also be considered upon application made to the Board on forms supplied by the Board and payment of the prescribed fee when all application requirements have been met as set forth in Section 021 of these rules, except receipt of documentation of a college baccalaureate degree, provided: (4-11-19)

a. A college baccalaureate degree from a nationally accredited school with a curriculum approved by the United States Secretary of Education, the Council for Higher Education Accreditation, or both, or from a school accredited by another such agency approved by the Board shall be completed within five (5) years of initial licensure in Idaho; (4-11-19)

b. A personal interview with the applicant or the supervising physician or both may be required and will be conducted by a designated member of the Board; and (3-16-04)

c. A plan for the completion of the college baccalaureate degree shall be submitted with the application and shall be approved by the Board. (4-11-19)

03. No Prescribing Authority. Graduate physician assistants shall not be entitled to issue any written or oral prescriptions unless granted an exemption by the Board. Application for an exemption must be in writing and accompany documentation of a minimum of five (5) years of recent practice as a physician assistant in another state. (4-11-19)

04. Weekly Record Review. Graduate physician assistants shall be required to have a weekly record review by their supervising physician, unless subject to an exemption as granted in Subsection 036.03. (3-29-17)

037. DISCIPLINARY PROCEEDINGS AND NOTIFICATION OF CHANGE.

01. Discipline. Every person licensed as a physician assistant or graduate physician assistant is subject to discipline pursuant to the procedures and powers established by and set forth in Section 54-1806A, Idaho Code and the Administrative Procedures Act. (3-16-04)

02. Grounds for Discipline. In addition to the grounds for discipline set forth in Section 54-1814, Idaho Code and IDAPA 22.01.01, “Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho,” Section 101, persons licensed under these rules are subject to discipline upon the following grounds if that person: (4-11-19)

a. Held himself out, or permitted another to represent him, to be a licensed physician; (3-16-04)

b. Had in fact performed otherwise than at the discretion and under the supervision of a physician licensed by and registered with the Board; (3-16-04)

c. Performed a task or tasks beyond the scope of activities allowed by Section 028 of these rules; (3-16-04)

d. Excessively or abusively uses intoxicants or drugs; (4-11-19)

e. Demonstrated manifest incapacity to carry out the functions of a physician assistant or graduate physician assistant; (3-16-04)

f. Failed to have a Board-approved supervising physician prior to practice; (3-29-17)

g. Failed to complete or maintain a current copy of the Board-approved delegation of services agreement as specified by Section 030 of these rules; (3-29-17)

h. Aided or abetted a person not licensed in this state who directly or indirectly performs activities requiring a license; (3-16-04)

i. Failed to report to the Board any known act or omission of a licensee, applicant, or any other person, that violates any provision of these rules; or (3-16-04)

j. Interfered with an investigation or disciplinary proceeding by willful misrepresentation of facts or by use of threats or harassment against any patient, Board or Physician Assistant Advisory Committee, Board staff, hearing officer, or witness in an attempt to influence the outcome of a disciplinary proceeding, investigation or other legal action. (4-11-19)

k. Failed to submit to the Board, within ten (10) business days of receipt, a copy of acknowledgment of sitting for the national certification examination, and failed to submit a copy of the national certification examination results within ten (10) business days of receipt. (4-9-09)

l. Engaging in a pattern of unprofessional or disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a

patient; provided that such behavior does not have to cause actual patient harm to be considered unprofessional or disruptive. (4-11-19)

03. Notification of Change or Addition of Supervising or Alternate Supervising Physician. A physician assistant or graduate physician assistant must notify the Board prior to changing supervising physicians or alternate supervising physicians or adding an additional supervising physician. Such notification shall comply with the requirements of Subsection 030.03 of these rules, and include: (4-11-19)

a. The name, business address and telephone of the new or additional supervising physician or alternate supervising physician(s); and (4-11-19)

b. The name, business address, and telephone number of the physician assistant or graduate physician assistant. (4-11-19)

c. All supervising physicians and alternate supervising physicians must comply with the requirements of IDAPA 22.01.01, "Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho." (4-11-19)

038. -- 041. (RESERVED)

042. PRESCRIPTION WRITING.

01. Approval and Authorization Required. A physician assistant may issue written or oral prescriptions for legend drugs and controlled drugs, Schedule II through V only in accordance with approval and authorization granted by the Board and in accordance with the current delegation of services agreement and shall be consistent with the regular prescriptive practice of the supervising or alternate supervising physician. (4-9-09)

02. Application. A physician assistant who wishes to apply for prescription writing authority shall submit to the Board an application for such purpose on forms supplied by the Board. In addition to the information contained in the general application for physician assistant approval, the application for prescription writing authority shall include the following information: (3-16-04)

a. Documentation of all pharmacology course content completed, the length and whether a passing grade was achieved (at least thirty (30) hours). (7-1-93)

b. A statement of the frequency with which the supervising physician will review prescriptions written or issued. (3-16-04)

c. A signed affidavit from the supervising physician certifying that, in the opinion of the supervising physician, the physician assistant is qualified to prescribe the drugs for which the physician assistant is seeking approval and authorization. (3-16-04)

d. The physician assistant to be authorized to prescribe Schedule II through V drugs shall be registered with the Federal Drug Enforcement Administration and the Idaho Board of Pharmacy. (3-15-02)

03. Prescription Forms. Prescription forms used by the physician assistant must comply with Idaho Board of Pharmacy Rule, IDAPA 27.01.03, "Rules Governing Pharmacy Practice," Section 302, Prescription Drug Order: Minimum Requirements. (4-11-19)

04. Record Keeping. The physician assistant shall maintain accurate records, accounting for all prescriptions issued and medication delivered. (3-16-04)

05. Pharmaceutical Samples. The physician assistant who has prescriptive authority may request, receive, sign for and distribute professional samples of drugs and devices in accordance with his current delegation of services agreement and consistent with the regular prescriptive practice of the supervising physician. (3-16-04)

06. Prescriber Drug Outlet. The physician assistant who has prescriptive authority may dispense

prescriptive drugs or devices directly to patients in accordance with the Rules of the Idaho State Board of Pharmacy, IDAPA 27.01.01, “General Provisions.” (4-11-19)

07. Controlled Substances for Office Use. The physician assistant who has prescriptive authority may order controlled substances for office use or distribution in accordance with the regulations of the Drug Enforcement Administration and the Idaho Board of Pharmacy and under the direction of the supervising physician. (3-29-17)

043. -- 050. (RESERVED)

051. FEES -- LICENSE ISSUANCE, RENEWAL, CANCELLATION AND REINSTATEMENT.

All licenses to practice as a physician assistant or graduate physician assistant shall be issued for a period of not more than five (5) years. All licenses shall expire on the expiration date printed on the face of the certificate and shall become invalid after that date unless renewed. The Board shall collect a fee for each renewal year. The failure of any person to renew his license shall not deprive such person of the right to renewal, except as provided for herein and Title 67, Chapter 52, Idaho Code. All Fees are nonrefundable. (3-27-13)

01. Licensure Fee. The fee for initial licensure shall be no more than two hundred fifty dollars (\$250) for a physician assistant and graduate physician assistant. (4-9-09)

02. License Renewal Fee. The Board shall collect a fee of no more than one hundred fifty dollars (\$150) for each renewal year of a license. (4-9-09)

03. License Cancellation. (3-16-04)

a. Failure to renew a license to practice as a physician assistant and pay the renewal fee shall cause the license to be canceled. However, such license can be renewed up to two (2) years following cancellation by payment of past renewal fees, plus a penalty fee of fifty dollars (\$50). After two (2) years, an initial application for licensure with payment of the appropriate fee shall be filed with the Board. In addition, the Board may require evidence of an educational update and close supervision to assure safe and qualified performance. (4-9-09)

b. Failure to renew a license to practice as a graduate physician assistant and pay the renewal fee shall cause the license to be canceled. However, such license can be renewed up to six (6) months following cancellation by payment of the past renewal fee, plus a penalty fee of no more than one hundred dollars (\$100). After six (6) months, an original application for licensure with payment of the appropriate fee shall be filed with the Board. (4-9-09)

04. Inactive License. (3-16-04)

a. A person holding a current license issued by the Board to practice as a physician assistant may be issued, upon written application provided by the Board and payment of required fees to the Board, an inactive license on the condition that he will not engage in the provision of patient services as a physician assistant in this state. An initial inactive license fee of no more than one hundred fifty dollars (\$150) shall be collected by the Board. (3-16-04)

b. Inactive licenses shall be issued for a period of not more than five (5) years and such licenses shall be renewed upon payment of an inactive license renewal fee of no more than one hundred dollars (\$100) for each renewal year. The inactive license certificate shall set forth its date of expiration. (3-16-04)

c. An inactive license may be converted to an active license to practice as a physician assistant upon written application and payment of required conversion fees of no more than one hundred fifty dollars (\$150) to the Board. The applicant must account for the time during which an inactive license was held and document continuing competence. The Board may, in its discretion, require a personal interview to evaluate the applicant’s qualifications. In addition, the Board may require evidence of an educational update and close supervision to assure safe and qualified performance. (3-16-04)

05. Volunteer License. (4-9-09)

a. License. Upon completion of an application and verification of qualifications, the Board may issue

a volunteer license to a physician assistant who is retired from active practice for the purpose of providing physician assistant service to people who, due to age, infirmity, handicap, indigence or disability, are unable to receive regular medical treatment. (4-9-09)

b. Retired Defined. A physician assistant previously holding a license to practice as a physician assistant in Idaho or another state shall be considered retired if, prior to the date of the application for a volunteer's license, he has: (4-9-09)

i. Allowed his license with active status to expire with the intent of ceasing active practice as a physician assistant for remuneration; or (4-9-09)

ii. Converted his active license to an inactive status with the intention of ceasing to actively practice physician assistant for remuneration; or (4-9-09)

iii. Converted his license with active or inactive status to a license with retirement or similar status that proscribed the active practice as a physician assistant. (4-9-09)

c. Eligibility. A physician assistant whose license has been restricted, suspended, revoked surrendered, resigned, converted, allowed to lapse or expire as the result of disciplinary action or in lieu of disciplinary action shall not be eligible for a volunteer license. The volunteer license cannot be converted to a license with active, inactive or temporary status. (4-9-09)

d. Application. The application for a volunteer license shall include the requirements listed in Section 021 of these rules, except for the certification requirement in Subsection 021.04 of these rules. In addition, the application shall include verification that the applicant held an active physician assistant license in good standing in Idaho or another state within five (5) years of the date of application for a volunteer license. (4-11-19)

e. The Board may at its discretion issue a volunteer license to a physician assistant who has not held an active license in good standing for greater than five (5) years if the applicant has completed an examination acceptable to the Board that demonstrates the applicant possesses the knowledge and skills required to practice as a physician assistant. (4-9-09)

06. Temporary Licensure Fee. The fee for temporary licensure, which may be prorated pursuant to Section 54-1808, Idaho Code, shall be no more than one hundred eighty dollars (\$180). (3-27-13)

052. -- 999. (RESERVED)

**IDAPA 22
TITLE 01
CHAPTER 10**

22.01.10 – RULES FOR THE LICENSURE OF ATHLETIC TRAINERS TO PRACTICE IN IDAHO

000. LEGAL AUTHORITY.

Pursuant to Section 54-3914(2), Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules to govern the practice of athletic trainers. (3-16-04)

001. TITLE AND SCOPE.

01. Title. These rules are titled IDAPA 22.01.10, “Rules for the Licensure of Athletic Trainers to Practice in Idaho.” (3-16-04)

02. Scope. Pursuant to this chapter and Idaho Code, Section 54-3904, athletic trainers must be licensed with the Board prior to commencement of activities related to athletic training. (3-16-04)

002. WRITTEN INTERPRETATIONS.

Written interpretations of these rules in the form of explanatory comments accompanying the notice of proposed rule-making that originally proposed the rules and review of comments submitted in the rulemaking process in the adoption of these rules are available for review and copying at cost from the Board of Medicine, 1755 Westgate Drive, Suite 140, Box 83720 Boise, Idaho 83720-0058. (3-16-04)

003. ADMINISTRATIVE APPEAL.

All contested cases will be governed by the provisions of IDAPA 04.11.01, “Idaho Rules of Administrative Procedures of the Attorney General” and IDAPA 22.01.07, “Rules of Practice and Procedure of the Board of Medicine.” (3-16-04)

004. INCORPORATION BY REFERENCE.

There are no documents incorporated by reference into this rule. (3-16-04)

005. OFFICE – OFFICE HOURS – MAILING ADDRESS AND STREET ADDRESS.

The central office of the Board of Medicine is in Boise, Idaho. The Board's mailing address, unless otherwise indicated, will be Idaho State Board of Medicine, Box 83720 Boise, Idaho 83720-0058. The Board's street address is 345 W. Bobwhite Court, Suite 150, Boise, Idaho 83706. The telephone number of the Board is (208) 327-7000. The Board's facsimile (FAX) number is (208) 327-7005. The Board's office hours for filing documents are 8 a.m. to 5 p.m. (3-16-04)

006. PUBLIC RECORD ACT COMPLIANCE.

These rules have been promulgated according to the provisions of Title 67, Chapter 52, Idaho Code, and are public records. (3-16-04)

007. FILING OF DOCUMENTS – NUMBER OF COPIES.

All documents in rule-making or contested case proceedings must be filed with the office of the Board. The original and ten (10) copies of all documents must be filed with the office of the Board. (3-16-04)

008. -- 009. (RESERVED)

010. DEFINITIONS.

01. Actively Engaged. A person who is employed in Idaho on a remuneration basis by an educational or health care institution, professional, amateur, or recreational sports club, or other bona fide athletic organization and is involved in athletic training as a responsibility of his employment. (3-16-04)

02. Association. The Idaho Athletic Trainers' Association. (9-16-89)

03. Athlete. A person who participates in exercises, sports, or games requiring physical strength,

agility, flexibility, range of motion, speed or stamina and which exercises, sports or games are of the type generally conducted in association with an educational institution or professional, amateur or recreational sports club or organization. (3-16-04)

04. Athletic Injury. A physical injury, harm, hurt or common condition (such as heat disorders), incurred by an athlete, preventing or limiting participation in athletic activity, sports or recreation, which athletic trainers are educated to evaluate and treat or refer to the directing physician. (3-16-04)

05. Athletic Trainer. A person who has met the qualifications for licensure as set forth in this chapter and Section 54-3906, Idaho Code, and is licensed under this chapter and Section 54-3909, Idaho Code. The athletic trainer's practice of athletic training shall be under the direction of a designated Idaho licensed physician registered with the Board or a designated Idaho licensed chiropractic physician. (3-16-04)

06. Athletic Training. The application by a licensed athletic trainer of the principles and methods of prevention of athletic injuries; recognition, evaluation and assessment of athletic injuries and conditions; immediate care of athletic injuries including common emergency medical situations; rehabilitation and reconditioning of athletic injuries; athletic training services administration and organization; and education of athletes under the direction of and in accordance with the scope of practice of his directing physician. (3-16-04)

07. Athletic Training Service Plan or Protocol. A written document, made upon a form provided by the Board, mutually agreed upon, signed and dated by the athletic trainer and directing physician that defines the athletic training services to be provided by the athletic trainer. The Board may review athletic training service plans or protocols, job descriptions, policy statements, or other documents that define the responsibilities of the athletic trainer in the practice setting, and may require such changes as needed to achieve compliance with this chapter and Title 54, Chapter 39, Idaho Code, and to safeguard the public. The Board of Chiropractic Physicians may review those athletic training service plans or protocols or other documents that define the responsibilities of the athletic trainer for those athletic trainers whose directing physicians are chiropractic physicians. (3-16-04)

08. Board. The Idaho State Board of Medicine, established pursuant to Section 54-1805, Idaho Code. (3-16-04)

09. Board of Athletic Trainers. The Idaho Board of Athletic Trainers, established pursuant to this chapter and Section 54-3912, Idaho Code. (3-16-04)

10. Board of Chiropractic Physicians. The Idaho State Board of Chiropractic Physicians, established pursuant to Section 54-706, Idaho Code. (3-16-04)

11. Directing Physician. A designated person duly licensed to practice medicine and surgery or osteopathic medicine and surgery in Idaho, and registered with the Board or a designated Idaho licensed chiropractic physician, who is responsible for the athletic training services provided by the athletic trainer and oversees the practice of athletic training of the athletic trainer. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. (3-16-04)

011. BOARD OF ATHLETIC TRAINERS.

01. Board Appointments. The Board of Athletic Trainers of the Idaho State Board of Medicine shall consist of four (4) members, three (3) of whom shall be athletic trainers licensed in Idaho and actively engaged in the practice of athletic training, and one (1) of whom shall be a lay person. The Board shall appoint the members of the Board of Athletic Trainers. The Board shall give consideration to recommendations made by the Idaho Athletic Trainers' Association. If recommendations are not made within sixty (60) days of notification and request, the Board may make appointments of any qualified individual. In the event of a vacancy in one (1) of the positions, the Association may recommend, as soon as practical, at least two (2) and not more than three (3) persons to fill that vacancy. The Board shall appoint, as soon as practical, one (1) person, who shall fill the unexpired term. If the Association does not provide a recommendation within sixty (60) days of notification and request, the Board shall appoint a person to the unexpired term. The Board may remove any Board of Athletic Trainers member for misconduct, incompetency, or neglect of duty after giving the member a written statement of the charges and an opportunity to be heard thereon. Each member will serve a term of four (4) years and terms shall be staggered. A

chairperson shall be elected from its membership. The Executive Director of the Idaho State Board of Medicine shall serve as the Executive Director to the Board of Athletic Trainers. The Board of Chiropractic Physicians may designate a contact person for the Board of Athletic Trainers regarding matters relevant to those athletic trainers whose directing physicians are chiropractic physicians. (3-16-04)

02. Board Affiliation. The Board of Athletic Trainers will work in conjunction with the Idaho State Board of Medicine and will perform the duties and functions promulgated by the Board, including: (9-16-89)

a. Evaluating the qualifications of applicants for licensure, and issuing and renewing licenses. (3-16-04)

b. Performing investigations of misconduct and making recommendations regarding discipline. (9-16-89)

c. Maintaining a list of currently licensed athletic trainers in this state. (3-16-04)

d. **Final Decisions.** The Board of Athletic Trainers shall have no authority to impose limitations or conditions on licenses issued under this chapter and shall be authorized only to make recommendations to the Board. The Board shall make all final decisions with respect thereto. (3-16-04)

e. **On-Site Review.** The Board, by and through its designated agents, is authorized to conduct on-site reviews of the activities of the athletic trainer at the locations and facilities in which the athletic trainer practices at such times as the Board deems necessary. (3-16-04)

012. SCOPE OF PRACTICE.

01. Exclusion of Independent Practice. The scope of practice excludes any independent practice of athletic training by an athletic trainer. The scope of practice of an athletic trainer shall conform to his established athletic training service plan or protocol and shall be overseen by his directing physician, who is responsible for the athletic training services provided by the athletic trainer. (3-16-04)

02. Referral by Directing Physician. An athletic injury not incurred in association with an educational institution, professional, amateur, or recreational sports club or organization shall be referred by a directing physician, but only after such directing physician has first evaluated the athlete. An athletic trainer treating or evaluating an athlete with an athletic injury incurred in association with an amateur or recreational sports club or organization shall especially consider the need for a directing physician to subsequently evaluate the athlete and refer for further athletic training services. (3-16-04)

03. Limitations of Scope of Practice. The scope of practice of the athletic trainer, as set forth in this chapter and Section 54-3903, Idaho Code, shall be limited to and consistent with the scope of practice of his directing physician. (3-16-04)

04. Identification. The athletic trainer must at all times when on duty identify himself as an athletic trainer. (3-16-04)

013. ATHLETIC TRAINING SERVICE PLAN OR PROTOCOL.

Each licensed athletic trainer providing athletic training services shall create, upon a form provided by the Board, an athletic training service plan or protocol with his directing physician. This athletic training service plan or protocol shall be reviewed and updated on an annual basis. Each licensed athletic trainer must notify the Board within thirty (30) days of any change in the status of his directing physician. This plan or protocol shall not be sent to the Board, but must be maintained on file at each location in which the athletic trainer is practicing. The Board may review athletic training service plans or protocols, job descriptions, policy statements, or other documents that define the responsibilities of the athletic trainer in the practice setting, and may require such changes as needed to achieve compliance with this chapter, Title 54, Chapter 39, Idaho Code, and to safeguard the public. This plan or protocol shall be made immediately available to the Board upon request. This plan or protocol shall be made immediately available to the Board of Chiropractic Physicians upon request for those athletic trainers whose directing physicians are chiropractic physicians. This plan or protocol shall include: (3-16-04)

01. Listing of Services and Activities. A listing of the athletic training services to be provided and specific activities to be performed by the athletic trainer. (3-16-04)

02. Locations and Facilities. The specific locations and facilities in which the athletic trainer will function; and (3-16-04)

03. Methods to be Used. The methods to be used to ensure responsible direction and control of the activities of the athletic trainer, which shall provide for the: (3-16-04)

a. Recording of an on-site visit by the directing physician at least biannually or every semester; (3-16-04)

b. Availability of the directing physician to the athletic trainer in person or by telephone and procedures for providing direction for the athletic trainer in emergency situations; and (3-16-04)

c. Procedures for addressing situations outside the scope of practice of the athletic trainer. (3-16-04)

014. DUTIES AND RESPONSIBILITIES OF DIRECTING PHYSICIANS.

01. Services and Supervision. The directing physician shall be responsible for the acts and athletic training services of the athletic trainer and for the supervision of the provision of athletic training. (3-16-04)

02. Availability. The directing physician must be available either in person or by telephone to supervise, direct, and counsel the athletic trainer. (3-16-04)

03. Verbal or Written Order. Prior to providing athletic training services, this direction will be provided by verbal order when the directing physician is present and by written order or by athletic training service plans or protocols, as established by Board rule, when the directing physician is not present. This direction shall include identifying acute athletic injuries or emergencies or sentinel events requiring the athletic trainer to immediately notify or refer to the directing physician. (3-16-04)

04. Referral From a Physician Licensed in Another State. Upon referral from a physician licensed in another state and in good standing, the practice of athletic training, physical rehabilitation, and reconditioning shall be carried out under the written orders of the referring physician and in collaboration with the directing physician. (3-16-04)

05. Disclosure Requirement. Each directing physician shall ensure that each person who receives the services of an athletic trainer is aware of the fact that said person is an athletic trainer. This disclosure requirement can be fulfilled by the use of nametags, correspondence, oral statements, office signs or such other procedures that under the involved circumstances adequately advise the person of the education and training of the person rendering athletic training services; (3-16-04)

06. Directing Physician. Each directing physician shall record: (3-16-04)

a. An on-site visit at least biannually or every semester to personally observe the quality of athletic training services provided; and (3-16-04)

b. A review of a representative sample of the records including, but not limited to, records made from the past six (6) months of the review to evaluate the athletic training services that were provided. (3-16-04)

07. Complaints. The directing physician shall report to the Board of Medicine all complaints received related to allegations against the athletic trainer including, but not limited to, the quality and nature of athletic training services provided. (3-16-04)

015. REGISTRATION OF DIRECTING PHYSICIANS LICENSED TO PRACTICE MEDICINE AND SURGERY BY THE BOARD OF MEDICINE.

01. Registration and Renewal. Each directing physician and alternate directing physician, licensed to practice medicine and surgery by the Board, must register with the Board and such registration shall be renewed annually. (3-16-04)

02. Completion of Registration Form. A physician applicant must complete a form provided by the Board documenting: (3-16-04)

a. The physician applicant has completed an athletic training service plan or protocol signed by the athletic trainer, directing physician, and alternate directing physicians; and (3-16-04)

b. The athletic training service plan or protocol is on file at the Idaho practice sites. (3-16-04)

03. Notification. Each directing physician and alternate directing physician must notify the Board within thirty (30) days of any change in the status of any athletic trainer for whom he is responsible, including, but not limited to, changes in location, duties, responsibilities, or supervision, or termination of employment. (3-16-04)

04. Fees. The registration fee for a directing physician shall be no more than ten dollars (\$10) and the annual renewal fee shall be no more than five dollars (\$5). Alternate directing physicians shall not be required to pay a registration or renewal fee. (3-16-04)

016. DISCIPLINARY ACTION.

Every directing physician is subject to discipline by his respective Board pursuant to the procedures and powers set forth in Sections 54-1806, 54-1806A, and 54-707, Idaho Code for violation of these rules or upon any of the grounds set forth in Sections 54-1814 and 54-712, Idaho Code. (3-16-04)

017. -- 019. (RESERVED)

020. GENERAL QUALIFICATIONS FOR LICENSURE.

01. Applicant. An applicant must be of good moral character and must meet the requirements of Section 54-3906, Idaho Code, and these rules. The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3911, Idaho Code; provided, the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances. The Board or the Board of Athletic Trainers may, at its discretion, require any applicant to appear for a personal interview when necessary to identify and evaluate the applicant's credentials. (3-16-04)

02. Licensure. Each applicant shall either have received a bachelor's or advanced degree from an accredited four (4) year college or university, met the minimum athletic training curriculum requirement established by the Board as recommended by the Board of Athletic Trainers, and passed a certification examination required by the Board, or shall be entitled to apply for provisional licensure pursuant to Section 54-3908, Idaho Code. (3-16-04)

a. The written examination and passing score required for licensure as an athletic trainer, shall be the certification examination administered by the National Athletic Trainers' Association Board of Certification or equivalent examination recognized by the Board as recommended by the Board of Athletic Trainers. (3-16-04)

b. An applicant for licensure by certification examination who fails to pass the examination on any occasion must provide written notification to the Board within thirty (30) days of notice of failure. (3-16-04)

c. An applicant for licensure by certification examination who has failed to pass the examination on two (2) separate occasions will be denied eligibility to re-apply; however, the applicant may request the Board to consider his application on an individual basis. In its discretion, the Board of Athletic Trainers may make a determination if additional clinical or coursework is required to determine the applicant's eligibility to re-apply, and recommend to the Board such additional clinical or coursework. (3-16-04)

03. Application Expiration. An application for licensure that is not granted and license not issued in one (1) year from the date the application is received by the Board shall expire; however, the applicant may make a

written request to the Board to consider his application on an individual basis. In its discretion, the Board of Athletic Trainers may make a determination if extraordinary circumstances exist justifying extending the one (1) year time period up to an additional one (1) year and so recommend to the Board to grant the request for such extension of time. (3-16-04)

021. -- 029. (RESERVED)

030. APPLICATION FOR LICENSURE.

01. Application for Licensure by Certification Examination. Each applicant for licensure by certification examination shall submit a completed written application to the Board on forms prescribed by the Board, together with the application fee. The application shall be verified and under oath and shall require the following documentation: (3-16-04)

a. Receipt of a bachelor's or advanced degree from an accredited four (4) year college or university, and the minimum athletic training curriculum requirement established by the Board as recommended by the Board of Athletic Trainers. (3-16-04)

b. Successful completion of the certification examination administered by the National Athletic Trainers' Association Board of Certification or equivalent examination recognized by the Board as recommended by the Board of Athletic Trainers. (3-16-04)

c. Good standing with and current certification by the National Athletic Trainers' Association Board of Certification or a nationally recognized credentialing agency, recognized by the Board as recommended by the Board of Athletic Trainers. (3-16-04)

d. The disclosure of any criminal conviction or charges against the applicant other than minor traffic offenses. (9-16-89)

e. The disclosure of any charge, offense or disciplinary action against the applicant by any state professional regulatory agency or professional organization in a manner that bears a demonstrable relationship to the ability of the applicant to practice athletic training in accordance with the provisions of this chapter. (3-16-04)

f. The disclosure of the denial of registration, licensure or certification by any state, district or national regulatory body. (9-16-89)

g. Not less than two (2) certificates of recommendation from persons, other than relatives or individuals living with the applicant, who have at least two (2) years of personal knowledge of the applicant's character and ability to work as an athletic trainer. (3-16-04)

h. One (1) unmounted photograph of the applicant, no larger than three by four inch (3" X 4") (head and shoulders), taken not more than one (1) year prior to the date of the application. (3-16-04)

i. Such other information as deemed necessary for the Board to identify and evaluate the applicant's credentials. (9-16-89)

02. Application for Provisional Licensure. (3-16-04)

a. The Board, based upon the recommendation of the Board of Athletic Trainers, may issue provisional licensure to applicants who have successfully completed a bachelor's or advanced degree from an accredited four (4) year college or university, and met the minimum athletic training curriculum requirement established by the Board as recommended by the Board of Athletic Trainers and who have met all the other requirements set forth by Section 030 of these rules but who have not yet passed the examination conducted by the National Athletic Trainers' Association Board of Certification or a nationally recognized credentialing agency, approved by the Board as recommended by the Board of Athletic Trainers. A provisional license shall be valid for a term of one (1) year, but may be renewed only twice, at the discretion of the Board, based upon the recommendation of the Board of Athletic Trainers. (3-16-04)

b. Each applicant for provisional licensure shall submit a completed written application to the Board on forms prescribed by the Board, together with the application fee. The application shall be verified, under oath, and contain the specific information in Subsection 030.01 and a provisional license athletic trainer/supervisor affidavit. (3-16-04)

i. Affidavit. An affidavit signed by an Idaho licensed athletic trainer affirming and attesting to supervise and be responsible for the athletic training services of the provisionally licensed graduate athletic trainer and to review and countersign all records and documentation of services performed by the provisionally licensed graduate athletic trainer. (3-16-04)

ii. Supervision. A provisionally licensed graduate athletic trainer shall be in direct association with his directing physician and Idaho licensed athletic trainer who shall supervise and be available to render direction in person and on the premises where the athletic training services are being provided. The directing physician and the supervising athletic trainer shall be responsible for the athletic training services provided by the provisionally licensed graduate athletic trainer. The supervising athletic trainer shall review and countersign all documentation of athletic training services performed by the provisionally licensed graduate athletic trainer. The extent of communication between the directing physician and supervising athletic trainer and the provisionally licensed graduate athletic trainer shall be determined by the competency of the provisionally licensed athletic trainer and the practice setting and the type of athletic training services being rendered. (3-16-04)

c. Scope of Practice. The scope of practice of the provisionally licensed athletic trainer, as set forth in this chapter and Section 54-3903, Idaho Code, shall be limited to and consistent with the scope of practice of his directing physician and supervising athletic trainer and conform with the established athletic training service plan or protocol. (3-16-04)

d. Expiration of Provisional License. All provisional licenses for athletic trainers shall expire upon meeting the minimum athletic training curriculum requirement established by the Board as recommended by the Board of Athletic Trainers and meeting all the other requirements set forth by Section 030 of these rules, including passing the certification examination conducted by the National Athletic Trainers' Association Board of Certification or a nationally recognized credentialing agency, approved by the Board as recommended by the Board of Athletic Trainers. (3-16-04)

03. Licensure for Uncertified Athletic Trainers Currently Practicing in Idaho. All athletic trainers holding current Idaho registration on July 1, 2003, who are not certified by the National Athletic Trainers' Association Board of Certification or a nationally recognized credentialing agency, accepted by the Board, may be issued a license upon submitting a completed written application to the Board on forms prescribed by the Board; proof of current cardiopulmonary resuscitation certification; and payment of the prescribed fee. After 2006, all initial renewals shall require documentation of successful completion of a Board approved medical screening course on forms provided by the Board. Such approved medical screening course may be included in the required eighty (80) hours of continuing educational activities or units. (3-16-04)

031. -- 039. (RESERVED)

040. LICENSURE (EXPIRATION AND RENEWAL).

All renewable licenses to practice as an athletic trainer shall be issued for a period of not less than one (1) year or more than five (5) years. All licenses shall expire on the expiration date printed on the face of the certificate and shall become invalid after that date unless renewed. The Board shall collect a fee for each renewal year of a license. The failure of any licensee to renew his license shall not deprive such person of the right to renewal, except as provided for herein and Section 54-3913, Idaho Code. The Board or the Board of Athletic Trainers may, at its discretion, require any applicant to appear for a personal interview when necessary to identify and evaluate the applicant's credentials. (3-16-04)

01. Renewal. All licenses shall be renewed before the expiration date printed on the face of the certificate by submitting a completed request for renewal on forms provided by the Board and accompanied by payment of the renewal fee to the Board. Licenses not renewed by the expiration date shall be canceled unless disciplinary action is pending. Each renewal request shall also include documentation of: (3-16-04)

a. If Currently Certified. Current certification by the National Athletic Trainers' Association Board of Certification or a nationally recognized credentialing agency, recognized by the Board as recommended by the Board of Athletic Trainers; or (3-16-04)

b. If Not Currently Certified. After 2006, successful completion of eighty (80) hours of Board approved continuing educational activities or units during each three (3) year reporting period on forms provided by the Board. During the first three (3) year renewal reporting period, successful completion of the required Board approved medical screening course, which may be included in the required eighty (80) hours of continuing educational activities or units. (3-16-04)

02. Reinstatement. Licenses canceled for non-payment of renewal fees or lapsed for a period of less than three (3) consecutive years may be reinstated by filing a completed request for renewal on forms provided by the Board with the Board; paying reinstatement fees; and providing documentation of good standing with and current certification by the National Athletic Trainers' Association Board of Certification or a nationally recognized credentialing agency, accepted by the Board. Those athletic trainers previously licensed while not holding certification shall provide documentation of successful completion of eighty (80) hours of Board approved continuing educational activities or units during each three (3) year reporting period on forms provided by the Board. (3-16-04)

03. Reapplication. A person whose license has been canceled or has lapsed for a period of more than three (3) years shall be required to re-apply as a new applicant; pay application fees; and document good standing with and current certification by the National Athletic Trainers' Association Board of Certification or a nationally recognized credentialing agency, accepted by the Board. Those athletic trainers previously licensed while not holding certification shall provide documentation of successful completion of eighty (80) hours of Board approved continuing educational activities or units during each three (3) year reporting period during the time the license has been canceled or has lapsed on forms provided by the Board, in lieu of current certification. The applicant shall successfully demonstrate to the Board, upon recommendation of the Board of Athletic Trainers, competency in the practice of athletic training. The Board, upon recommendation of the Board of Athletic Trainers, may also require the applicant to take an examination, remedial courses, or both, as shall be recommended by the Board of Athletic Trainers. (3-16-04)

04. Continuing Education. All licensed athletic trainers who are not certified after 2006 shall provide documentation of successful completion of eighty (80) hours of Board approved continuing educational activities or units during each three (3) year reporting period on forms provided by the Board. All licensed and currently certified athletic trainers may submit a summary of eighty (80) hours of Board approved continuing education activities or units during the preceding three (3) years with the renewal application to document this effort by the athletic trainer. Appropriate continuing professional education activities include but are not limited to, the following: (3-16-04)

- a.** Attending or presenting at conferences, seminars or inservice programs. (9-16-89)
- b.** Formal coursework in Athletic Training related subjects. (9-16-89)
- c.** Presentation of Athletic Training related information to allied professional or community groups. (9-16-89)
- d.** Conduct of Athletic Training related research or grant supported activity. (9-16-89)
- e.** Publication of an original article, review or report of clinical experience in an appropriate professional publication. (9-16-89)

041. -- 049. (RESERVED)

050. INACTIVE STATUS.

The Board, upon recommendation of the Board of Athletic Trainers, shall grant inactive status to a licensee who makes application for inactive status accompanied by payment of the prescribed fee to the Board and does not practice as an athletic trainer in Idaho. (3-16-04)

051. REINSTATEMENT FROM INACTIVE STATUS TO FULL ACTIVE STATUS LICENSURE.

An individual desiring reinstatement from inactive status to full active licensure to practice as an athletic trainer shall submit a completed written application to the Board together with the payment of prescribed fees. The application shall be verified and under oath. The Board upon recommendation of the Board of Athletic Trainers, may request such other information deemed necessary to identify and evaluate the applicant's proficiency, including, in its discretion, requiring a personal interview to identify and evaluate the applicant's credentials. (3-16-04)

01. Fee. The fee for converting an inactive license to an active license shall be no more than one hundred ten dollars (\$110) and the annual renewal fee for each year not actively licensed minus inactive renewal fees previously paid. (3-16-04)

02. Documentation of Inactive Time. Before the inactive license will be converted to full active license, the applicant must provide documentation accounting for the time during which an inactive license was held. The Board may require evidence of an educational update and close supervision to assure safe and qualified performance. (3-16-04)

052. DENIAL OR REFUSAL TO RENEW LICENSURE OR SUSPENSION OR REVOCATION OF LICENSURE.

01. Application or Renewal Denial. A new or renewal application for licensure may be denied by the Board and shall be considered a contested case. Every person licensed pursuant to Title 54, Chapter 39, Idaho Code and these rules is subject to discipline pursuant to the procedures and powers established by and set forth in Section 54-3911, Idaho Code, the Idaho Administrative Procedure Act and IDAPA 22.01.07, "Rules of Practice and Procedure of the Board of Medicine." (3-16-04)

02. Petitions for Reconsideration of Denial. All petitions for reconsideration of a denial of a license application or reinstatement application shall be made to the Board within one (1) year from the date of the denial. (3-16-04)

03. Unprofessional Conduct. The Board, upon recommendation of the Board of Athletic Trainers, may refuse to issue a license or provisional license, or to renew a license, or may suspend or revoke a license or provisional license, or may impose probationary conditions if the licensee or applicant for licensure or provisional license has been found guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare, or safety of the public. All petitions for reconsideration of a denial of a license application or reinstatement application shall be made to the Board within one (1) year from the date of the denial. Such unprofessional conduct includes, but is not limited to: (3-16-04)

a. Obtaining license by means of fraud, misrepresentation, or concealment of material facts. (3-16-04)

b. Being guilty of unprofessional conduct, negligence or incompetence in the practice of athletic training as defined by the rules established by the Board, or violating the code of ethics which has been adopted and published by the Board, a copy of which is attached to these rules. (3-16-04)

c. Being convicted of a felony or a crime by a court of competent jurisdiction, which would have a direct and adverse bearing on the individual's ability to practice or provide athletic training services as an athletic trainer competently. (3-16-04)

d. The unauthorized practice of medicine. (4-2-93)

e. Violating any provisions of Title 54, Chapter 39, Idaho Code, or any of the rules promulgated by the Board under the authority of this chapter. (3-16-04)

f. Providing athletic training services as an athletic trainer which fails to meet the standard of athletic training services provided by other qualified athletic trainers in the same community or similar communities. (3-16-04)

- g.** Being found mentally incompetent by a court of competent jurisdiction or unfit by the Board to provide athletic training services as an athletic trainer. (3-16-04)
- h.** Providing athletic training services while under the influence of alcohol, controlled substances or other skill impairing substances so as to create a risk of harm to an athlete. (3-16-04)
- i.** Employing, directing or supervising the unlicensed practice of athletic training. (3-16-04)
- j.** Practicing or offering to practice athletic training as an athletic trainer for which the individual is not trained or beyond the scope of practice of athletic training as defined in this chapter and Title 54, Chapter 39, Idaho Code. (3-16-04)
- k.** Misrepresenting educational or certification attainments. (3-16-04)
- l.** Failure to supervise the activities of individuals who hold provisional licensure. (3-16-04)
- m.** Inconsistence with or failure to limit the scope of practice of athletic training to the scope of practice of the directing physician. (3-16-04)
- n.** Failure to maintain a current copy of an athletic training service plan or protocol between the athletic trainer and his directing physician. (3-16-04)
- o.** Failure to review and update the athletic training service plan or protocol on an annual basis. (3-16-04)
- p.** Failure to notify the Board within thirty (30) days of any change in the status of the athletic trainer's directing physician. (3-16-04)
- q.** Failure to make the athletic training service plan or protocol immediately available to the Board upon request. (3-16-04)
- r.** Any independent practice of athletic training by an athletic trainer. (3-16-04)
- s.** Advertising, representing or holding oneself out, either directly or indirectly, as a physician, chiropractic physician, physical therapist or occupational therapist unless so licensed in Idaho. (3-16-04)
- t.** Commission of any act of sexual contact, misconduct, exploitation or intercourse with an athlete for whom the athletic trainer provides athletic training services or former athlete or related to the licensee's practice of athletic training; (3-16-04)

 - i.** Consent of the athlete shall not be a defense; (3-16-04)
 - ii.** Subsection 053.03.f. shall not apply to sexual contact between an athletic trainer and the athletic trainer's spouse or a person in a domestic relationship who is also an athlete; (3-16-04)
 - iii.** A former athlete is an athlete for whom the athletic trainer has provided athletic training services within the last twelve (12) months; (3-16-04)
 - iv.** Sexual or romantic relationship with a former athlete beyond the period of time set forth herein may also be a violation if the athletic trainer uses or exploits the trust, knowledge, emotions or influence derived from the prior professional relationship with the athlete. (3-16-04)
- u.** Aiding or abetting a person not licensed in this state who directly or indirectly performs activities requiring a license. (3-16-04)
- v.** Failing to report to the Board any known act or omission of a licensee, applicant, or any other person, that violates any provision of this chapter. (3-16-04)

w. Interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts or by use of threats or harassment against any athlete or witness to prevent them from providing evidence in a disciplinary proceeding, investigation or other legal action. (3-16-04)

x. Failing to maintain confidentiality of records unless otherwise required or permitted by law. (3-16-04)

y. Use of any advertising statements that deceive or mislead the public or that are untruthful. (3-16-04)

z. Making statements that the licensee knows, or should have known, are false or misleading regarding skill or efficacy or value of treatment or remedy administered by the licensee in the treatment of any condition relevant to athletic training. (3-16-04)

aa. Failing to maintain adequate records. For purposes of Subsection 053.03.aa., “adequate records” means legible records documenting the provision of athletic training services that contain, at a minimum, the athletic training service plan or protocol, written orders, an evaluation of objective findings, the plan of care and the treatment records. (3-16-04)

bb. Promoting unnecessary devices, treatment, intervention or service for the financial gain of the athletic trainer, directing physician or of a third party. (3-16-04)

053. -- 060. (RESERVED)

061. FEES.

01. Licensure Fee. The fee for licensure shall be no more than two hundred forty dollars (\$240). (3-16-04)

02. Renewal Fee. The renewal fee shall be no more than one hundred sixty dollars (\$160) for each year renewed. (3-16-04)

03. Provisional Licensure Fee. A provisional license shall be valid for a term of one (1) year, but may be renewed only twice, at the discretion of the Board upon recommendation of the Board of Athletic Trainers. The fee for a provisional license shall be no more than eighty dollars (\$80). The renewal fee for a provisional license shall be no more than forty dollars (\$40) for each year renewed. (3-16-04)

04. Renewal Fee - Inactive Licensure. The renewal fee for inactive licensure shall be no more than eighty dollars (\$80) for each year renewed. (3-16-04)

05. Reinstatement Fee. The reinstatement fee for a license that has lapsed for a period of less than three (3) consecutive years shall be no more than fifty dollars (\$50) plus renewal fees for each renewal year. The fee for converting from an inactive status to full active licensure shall be no more than fifty dollars (\$50) plus the renewal fees for each year not actively licensed minus inactive renewal fees. (3-16-04)

06. General Fee Information. (9-16-89)

a. Necessary fees shall accompany applications. (9-16-89)

b. Fees shall not be refundable. (9-16-89)

c. In those situations where the processing of an application requires extraordinary expenses, the Board may charge the applicant with reasonable fees to cover all or part of the extraordinary expenses. (9-16-89)

062. -- 999. (RESERVED)

APPENDIX A
CODE OF ETHICS

The Athletic Trainer shall practice acceptable methods of treatment that meet the standard of treatment provided by other qualified athletic trainers in the same community or similar communities and shall not endeavor to extend his practice beyond his competence.

The Athletic Trainer shall continually strive to increase and improve his knowledge and skills and render to each athlete the full measure of his ability. All athletic training services shall be provided with respect for the dignity of the athlete, unrestricted by considerations of social or economic status, personal attributes, or the nature of the athlete's problems.

The Athletic Trainer shall hold in strict confidence all privileged information concerning the athlete unless otherwise required or permitted by law and refer all inquiries to the directing physician in charge of the athlete's medical or chiropractic care.

The Athletic Trainer shall not accept gratuities for preferential consideration of the athlete and shall guard against conflicts of interest.

The Athletic Trainer shall uphold the dignity and honor of the profession and abide by its ethical principles. He shall be familiar with existing state and federal laws governing the practice of athletic training and comply with those laws.

The Athletic Trainer shall cooperate with other health care professionals and participate in activities to promote community and national efforts to meet the athletic training needs of the public.

**IDAPA 22
TITLE 01
CHAPTER 11**

**22.01.11 – RULES FOR LICENSURE OF RESPIRATORY THERAPISTS AND
PERMITTING OF POLYSOMNOGRAPHERS IN IDAHO**

000. LEGAL AUTHORITY.

Pursuant to Sections 54-4304A, 54-4305, 54-4309, 54-4310, 54-4311, 54-4312 and 54-4316, Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules governing the practice of respiratory care and polysomnography related respiratory care. (3-26-08)

001. TITLE AND SCOPE.

01. Title. These rules are titled IDAPA 22.01.11, “Rules for Licensure of Respiratory Therapists and Permitting of Polysomnographers in Idaho.” (3-16-04)

02. Scope. Pursuant to Sections 54-4304 and 54-4304A, Idaho Code, and this chapter, respiratory therapists must be licensed and polysomnographers issued a permit by the Board prior to commencement of practice and related activities. (3-16-04)

002. WRITTEN INTERPRETATIONS.

Written interpretations of these rules in the form of explanatory comments accompanying the notice of proposed rulemaking that originally proposed the rules and review of comments submitted in the rulemaking process in the adoption of these rules are available for review and copying at cost from the Board of Medicine, 1755 Westgate Drive, Suite 140, Box 83720 Boise, Idaho 83720-0058. (3-16-04)

003. ADMINISTRATIVE APPEAL.

All contested cases will be governed by the provisions of IDAPA 04.11.01, “Idaho Rules of Administrative Procedures of the Attorney General” and IDAPA 22.01.07, “Rules of Practice and Procedure of the Board of Medicine.” (3-16-04)

004. INCORPORATION BY REFERENCE.

There are no documents incorporated by reference into this rule. (3-16-04)

005. OFFICE – OFFICE HOURS – MAILING ADDRESS AND STREET ADDRESS.

The central office of the Board of Medicine is in Boise, Idaho. The Board's mailing address, unless otherwise indicated, will be Idaho State Board of Medicine, P.O. Box 83720, Boise, Idaho 83720-0058. The Board’s street address is 345 W. Bobwhite Court, Suite 150, Boise, Idaho 83706. The telephone number of the Board is (208) 327-7000. The Board's facsimile (FAX) number is (208) 327-7005. The Board’s web site is www.bom.idaho.gov. The Board’s office hours for filing documents are 8 a.m. to 5 p.m. (4-4-13)

006. PUBLIC RECORD ACT COMPLIANCE.

These rules have been promulgated according to the provisions of Title 67, Chapter 52, Idaho Code, and are public records. (3-16-04)

007. FILING OF DOCUMENTS -- NUMBER OF COPIES.

All documents in rulemaking or contested case proceedings must be filed with the office of the Board. The original and one (1) electronic copy of all documents must be filed with the office of the Board. (4-4-13)

008. -- 009. (RESERVED)

010. DEFINITIONS.

01. Act. The Respiratory Care Practice Act of 1991, Title 54, Chapter 43, Idaho Code. (4-28-93)

02. Applicant. A person who applies for a license, dual license/permit, permit, conditional permit, or a temporary permit pursuant to this chapter and Title 54, Chapter 43, Idaho Code. (3-16-04)

- 03. Board.** The Idaho State Board of Medicine, established pursuant to Section 54-1805, Idaho Code. (3-16-04)
- 04. Board of Registered Polysomnographic Technologists.** A nationally recognized private testing, examining and credentialing body for the polysomnography related respiratory care profession. (3-16-04)
- 05. Certified Pulmonary Function Technologist (CPFT).** The professional designation earned by a person who has successfully completed the entry level pulmonary function certification examination administered by the National Board for Respiratory Care, Inc., or by an equivalent board, recognized by the Board. (3-16-04)
- 06. Certified Respiratory Therapist (CRT).** The professional designation earned by a person who has successfully completed the entry level examination administered by the National Board for Respiratory Care, Inc., or by an equivalent board, recognized by the Board. (3-16-04)
- 07. Comprehensive Registry Exam.** The comprehensive registry examination administered by the Board of Registered Polysomnographic Technologists, or administered by an equivalent board, recognized by the Board, the successful completion of which entitles a person to the professional designation of Registered Polysomnographic Technologist (RPSGT). (3-16-04)
- 08. Conditional Permit.** A time-restricted permit issued by the Board, upon the recommendation of the Licensure Board, as set forth in this chapter and Section 54-4304A, Idaho Code, to a registered polysomnographic technologist, polysomnographic technician or a polysomnographic trainee, on or after January 1, 2004, and issued until issuance of permits as provided in this chapter. (3-16-04)
- 09. Entry Level Examination.** The certification examination for entry level respiratory therapy practitioners administered by the National Board for Respiratory Care, Inc., or certification examination administered by an equivalent board, recognized by the Board, the successful completion of which entitles a person to the professional designation of “Certified Respiratory Therapist” (CRT). (3-16-04)
- 10. Licensed Physician.** A physician licensed to practice medicine and surgery or osteopathic medicine and surgery, by the Idaho State Board of Medicine. (3-16-04)
- 11. Licensure.** The issuance of a license to an applicant under the provisions of this chapter and Title 54, Chapter 43, Idaho Code entitling such person to hold himself out as a respiratory care practitioner and to practice or perform respiratory care in this state. (3-16-04)
- 12. Licensure Board.** The Licensure Board established by this chapter and Section 54-4313, Idaho Code. (3-16-04)
- 13. Medical Practice Act.** The Medical Practice Act of 1977, Title 54, Chapter 18, Idaho Code. (3-26-08)
- 14. National Board of Respiratory Care, Inc.** A nationally recognized private testing, examining and credentialing body for the respiratory care profession. (3-16-04)
- 15. Performance of Respiratory Care.** Respiratory care practiced or performed in accordance with the written, telephonic or verbal prescription of a licensed physician and includes, but is not limited to, the diagnostic and therapeutic use of the following: administration of medical gases, (except for the purpose of anesthesia), aerosols and humidification; environmental control mechanisms and hyperbaric therapy, pharmacologic agents related to respiratory care protocols, mechanical or physiological ventilatory support; bronchopulmonary hygiene, cardiopulmonary resuscitation; maintenance of the natural airway; insertion and maintenance of artificial airways; specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment and research of pulmonary abnormalities, including measurements of ventilatory volumes, pressures and flows, collection, reporting and analysis of specimens of blood and blood gases, arterial punctures, insertion and maintenance of arterial lines, expired and inspired gas samples, respiratory secretions, and pulmonary function testing; and hemodynamic and other related physiologic measurements of the cardiopulmonary system,

observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing and determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; implementation based on observed abnormalities of appropriate reporting or referral of respiratory care or changes in treatment regimen, pursuant to a prescription by a physician or the initiation of emergency procedures. (4-28-93)

16. Permit. The issuance of a permit to an applicant under the provisions of this chapter and Section 54-4304A, Idaho Code, entitles such person to hold himself out as a registered polysomnographic technologist, polysomnographic technician, or polysomnographic trainee and to perform polysomnography related respiratory care in this state. (3-16-04)

17. Person. A natural living human individual. (3-16-04)

18. Polysomnographic Technician. A person who holds a permit as set forth in this chapter and Section 54-4304A, Idaho Code, and who performs polysomnography related respiratory care services under the supervision of an Idaho permitted registered polysomnographic technologist, licensed respiratory care practitioner or an Idaho licensed physician. (3-16-04)

19. Polysomnographic Trainee. A person who holds a temporary permit as set forth in this chapter and Section 54-4304A, Idaho Code, and who performs polysomnography related respiratory care services under the direct supervision of an Idaho licensed respiratory care practitioner, or a person exempt from such licensure pursuant to this chapter and Section 54-4308, Idaho Code, an Idaho permitted registered polysomnographic technologist, an Idaho permitted polysomnographic technician or an Idaho licensed physician. Direct supervision by an Idaho licensed respiratory care practitioner, or such person exempt from such licensure pursuant to this chapter and Section 54-4308, Idaho Code, or an Idaho permitted registered polysomnographic technologist or technician, or an Idaho licensed physician, means that such a person shall be on the same site where such polysomnographic related respiratory care services are provided and shall be immediately available for consultation with the polysomnographic trainee. (4-4-13)

20. Polysomnography. The process of analysis, attended monitoring and recording of physiologic data during sleep and wakefulness to assist in the assessment and diagnosis of sleep/wake disorders and other disorders, syndromes and dysfunctions that either are sleep related, manifest during sleep or disrupt normal sleep/wake cycles and activities. (3-16-04)

21. Polysomnography Related Respiratory Care Services. The limited practice of respiratory care in the provision of polysomnography services, under the supervision of an Idaho licensed physician, by a person at a sleep disorder center or laboratory who holds a permit issued by the Board, as a registered polysomnographic technologist, polysomnographic technician or a polysomnographic trainee, or who is otherwise licensed as a respiratory care practitioner or who is exempt from licensure or permitting pursuant to this chapter and Section 54-4308, Idaho Code. Polysomnography related respiratory care services include therapeutic and diagnostic use of oxygen, noninvasive ventilatory assistance of spontaneously breathing patients and cardiopulmonary resuscitation and maintenance of nasal and oral airways that do not extend into the trachea, as ordered by an Idaho licensed physician or by written procedures and protocols of the associated sleep disorder center or laboratory as approved by an Idaho licensed physician and which do not violate any rules adopted by the Board. This chapter does not in any way authorize the practice of medicine or any of its branches by any person not so licensed by the Board. Further, licensed respiratory practitioners, and those exempt from licensure pursuant to this chapter and Section 54-4308, Idaho Code, are not limited in their scope of practice of provision of respiratory care, which they may provide, including care in connection with the provision of polysomnography services. (3-16-04)

22. Practice of Respiratory Care. Means, but shall not be limited to, the provision of respiratory and inhalation therapy which shall include, but not be limited to: therapeutic and diagnostic use of medical gases, humidity and aerosols including the maintenance of associated apparatus; administration of drugs and medications to the cardiorespiratory system; provision of ventilatory assistance and ventilatory control; postural drainage, percussion, breathing exercises and other respiratory rehabilitation procedures; cardiopulmonary resuscitation and maintenance of natural airways, the insertion and maintenance of artificial airways; and the transcription and implementation of a physician's written, telephonic or verbal orders pertaining to the practice of respiratory care. It also includes testing techniques employed in respiratory care to assist in diagnosis, monitoring, treatment and

research. This shall be understood to include, but not be limited to, measurement of ventilatory volumes, pressures and flows, specimen collection of blood and other materials, pulmonary function testing and hemodynamic and other related physiological monitoring of the cardiopulmonary system. The practice of respiratory care is not limited to the hospital setting but shall be performed under the general supervision of a licensed physician. (4-28-93)

23. Respiratory Care Protocols. Policies, procedures or protocols developed or instituted by health care facilities or institutions, through collaboration when appropriate or necessary with administrators, physicians, registered nurses, physical therapists, respiratory care practitioners and other licensed, certified or registered health care practitioners. (4-28-93)

24. Registered Polysomnographic Technologist (RPSGT). The professional designation earned by a person who has successfully completed the comprehensive registry examination administered by the Board of Registered Polysomnographic Technologists, or by an equivalent board, recognized by the Board, and who holds a permit as set forth in this chapter and Section 54-4304A, Idaho Code, and who works under the supervision of an Idaho licensed physician to provide polysomnography related respiratory care services. (3-16-04)

25. Registered Pulmonary Function Technologist (RPFT). The professional designation earned by a person who has successfully completed the advanced pulmonary function certification examination administered by the National Board for Respiratory Care, Inc., or an advanced pulmonary function certification examination administered by an equivalent board, recognized by the Board. (3-16-04)

26. Registered Respiratory Therapist (RRT). The professional designation earned by a person who has successfully completed the written registry and clinical simulation examinations administered by the National Board for Respiratory Care, Inc., or certification examinations administered by an equivalent board, recognized by the Board. (3-16-04)

27. Respiratory Care. Allied health profession responsible for the treatment, management, diagnostic testing, control and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system, under the general supervision of a licensed physician. (2-23-94)

28. Respiratory Care Practitioner. A person who has been issued a license by the Board. (3-16-04)

29. Respiratory Therapist. A person who practices or provides respiratory care. (4-28-93)

30. Respiratory Therapy. The practice or performance of respiratory care, including but not limited to, inhalation therapy. (4-28-93)

31. Sleep Disorder Center or Laboratory. A facility for sleep related disorders that provides polysomnography and is under the supervision of an Idaho licensed physician or medical director licensed by the Board who is responsible for patient care provided in such center or laboratory. A sleep disorder center or laboratory that provides polysomnography related respiratory care to patients shall have an Idaho licensed respiratory care practitioner, an Idaho permitted registered polysomnographic technologist, an Idaho permitted polysomnographic technician, or a person exempt from licensure or permitting pursuant to this chapter and Section 54-4308, Idaho Code, in constant attendance. (3-16-04)

32. Supervision of Respiratory Care. The practice or provision of respiratory care by persons holding a student or consulting and training exemption, or temporary permit shall be in direct association with a respiratory care practitioner or licensed physician who shall be responsible for the activities of the person being supervised and shall review and countersign all patient documentation performed by the person being supervised. The supervising respiratory care practitioner or licensed physician need not be physically present or on the premises at all times but must be available for telephonic consultation. The extent of communication between the supervising or consulting respiratory care practitioner or licensed physician and the person being supervised shall be determined by the competency of the person, the treatment setting, and the diagnostic category of the client. (3-26-08)

33. Temporary Permit. The Board may issue a temporary permit, limited to a total period of two (2) years, including initial and renewal, to a respiratory care practitioner applicant who meets the requirements set forth in this chapter and Section 54-4307, Idaho Code. The Board may issue a temporary permit, limited to a total period of

two (2) years, including initial and renewal, to a polysomnographic trainee applicant who meets the requirements set forth in this chapter and Section 54-4304A, Idaho Code. (3-16-04)

34. Written Registry and Clinical Simulation Examinations. The certification examinations administered by the National Board of Respiratory Care, Inc., or certification examinations administered by an equivalent board, recognized by the Board, the successful completion of which entitles a person the professional designation of “Registered Respiratory Therapist” (RRT). (3-16-04)

011. BOARD OF MEDICINE AND LICENSURE BOARD.

01. Powers and Duties. The Board of Medicine shall administer, coordinate and enforce the provisions of this chapter and Title 54, Chapter 43, Idaho Code, and may issue subpoenas, examine witnesses, and administer oaths, and may investigate practices which are alleged to violate the provisions of this chapter. The Board is authorized to enter into such contracts with the National Board for Respiratory Care, Inc., Board of Registered Polysomnographic Technologists or an equivalent board, recognized by the Board, as may be necessary or advisable to provide for or to facilitate verification of any applicant's claim that such applicant has successfully completed the entry level examination and/or the written registry and clinical simulation examinations or comprehensive registry examination. The Licensure Board will work in conjunction with the Board and will perform the duties and functions assigned by the Board, including: (3-16-04)

a. Holding meetings, conducting interviews and keeping records and minutes as are necessary to carry out its functions. (3-16-04)

b. Evaluating the qualifications of all applicants, making recommendations to and consulting with the Board concerning issuing, renewing and revoking licenses and permits. (3-16-04)

c. Performing investigations of misconduct and making recommendations regarding discipline to the Board. (3-16-04)

d. Maintaining a list of respiratory care and polysomnography related respiratory care practitioners currently holding a license or permit in this state. (3-16-04)

02. Membership. The Licensure Board shall consist of five (5) members appointed by the Board, three (3) of whom shall be certified respiratory care practitioners, one (1) of whom, in addition to being an Idaho licensed respiratory care practitioner, shall also be an Idaho permitted registered polysomnographic technologist. All members shall be residents of Idaho at the time of their appointment and for their term of service. The persons appointed to the Licensure Board who are required to be licensed or hold permits under this chapter shall have been engaged in rendering respiratory care services and polysomnography related respiratory care services, respectively, to the public, in teaching, or in research in respiratory care and polysomnography related respiratory care services, respectively, for at least five (5) years immediately preceding their appointments. Three (3) members shall at all times be holders of valid licenses for the practice of respiratory care in Idaho and one (1) member shall also be a holder of a valid Idaho permit as a registered polysomnographic technologist, except for the members of the first Licensure Board following the effective date of this chapter, all of whom shall, at the time of appointment, hold the designation of certified respiratory therapy technician or registered respiratory therapist conferred by the National Board for Respiratory Care, Inc., and all of whom meet the requirements for licensure under the provisions of this chapter. The remaining two (2) members of the Licensure Board shall be members of health professions or members of the public with an interest in the rights of the consumers of health services. Each member of the Licensure Board shall be compensated as provided in Section 59-509(h), Idaho Code. (3-16-04)

03. Appointment. The two (2) members of the Licensure Board who shall be licensed respiratory care practitioners shall be selected by the Board after considering a list of three (3) qualified applicants for each such vacancy submitted by the Idaho Society of Respiratory Care or other interested associations. The member of the Licensure Board who shall be a licensed respiratory care practitioner and an Idaho permitted registered polysomnographic technologist shall be selected by the Board after considering a list of three (3) qualified applicants submitted by the Idaho Sleep Disorder Association or other interested associations. In the event of a vacancy in one (1) of the positions, the Idaho Society of Respiratory Care or other interested association may recommend, as soon as practical, at least two (2) and not more than three (3) persons to fill that vacancy. The Board shall appoint, as soon as

practical, one (1) person, who shall fill the unexpired term. If recommendations are not made within sixty (60) days of notification and request, the Board may make appointments of any qualified person. The remaining two (2) public members shall be selected by the Board, who may solicit nominations of qualified applicants submitted by the Idaho Society For Respiratory Care, the Idaho Sleep Disorder Association or other interested associations or persons. The first vacancy on the Licensure Board which occurs following the effective date of this chapter shall be filled by the appointment of a licensed respiratory care practitioner who is also the holder of a valid Idaho permit as a registered polysomnographic technologist. The Board may remove any Licensure Board member for misconduct, incompetence, or neglect of duty after giving the member a written statement of the charges and an opportunity to be heard thereon. The Executive Director of the Idaho State Board of Medicine shall serve as the Executive Director to the Licensure Board. (3-26-08)

04. Meetings. The Licensure Board shall hold biannual meetings and elect a chairman who shall preside at meetings of the Licensure Board. In the event the chairman is not present at any Licensure Board meeting, the Licensure Board may by majority vote of the members present appoint a temporary chairman. A majority of the members of the Licensure Board shall constitute a quorum. Other meetings may be convened at the call of the chairman or the written request of any two (2) Licensure Board members. (3-16-04)

05. Terms. All appointments shall be for three (3) year terms, but no person shall be appointed to serve more than two (2) consecutive terms. Terms shall begin on the first day of the appointment or when successors are appointed. (3-16-04)

012. APPLICATION TO BOTH PERMITS AND LICENSES.

The provisions of this chapter governing procedures for suspension and revocation of licenses, payment and assessment of fees and governing misrepresentation, penalties and severability and other administrative procedures shall apply equally to permits for the practice of polysomnography related respiratory care services as to licenses for the practice of respiratory care. (3-16-04)

013. -- 030. (RESERVED)

031. GENERAL PROVISIONS FOR LICENSURE AND PERMITS.

01. Moral Character. An applicant for licensure must be of good moral character and shall meet the requirements set forth in Section 54-4306, Idaho Code. An applicant for a permit must be of good moral character and shall meet the requirements set forth in Section 54-4304A, Idaho Code. The Board may refuse licensure or to issue a permit if it finds the applicant has engaged in conduct prohibited by Section 54-4312, Idaho Code, providing the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances. (3-16-04)

02. No Action on Application. An application upon which the applicant takes no further action will be held for no longer than one (1) year. (4-28-93)

03. Residence. No period of residence in Idaho shall be required of any applicant, however, each applicant for licensure or permit must be legally able to work and live in the United States. An original certificate or documentation of lawful presence in the United States must be provided upon request only. The Board shall refuse licensure or renew a license or permit if the applicant is not lawfully present in the United States. (3-26-08)

04. English Language. Each applicant shall speak, write, read, understand and be understood in the English language. Evidence of proficiency in the English language must be provided upon request only. (3-26-08)

032. APPLICATION FOR LICENSURE AND PERMITS.

01. All Applications. Each applicant for licensure or permit shall submit a completed written application to the Board on forms prescribed by the Board, together with the application fee. The Board may, in its discretion, prorate the application fees charged in conjunction with an application for initial licensure or a temporary permit if such license or temporary permit shall, upon issuance, remain valid for less than one (1) full calendar year before the required renewal date as provided for in Sections 54-4309 and 54-4310, Idaho Code. The application shall be verified and under oath and shall require documentation of the following information: (4-11-06)

a. The disclosure of any criminal conviction or charges against the applicant other than minor traffic offenses, what ever the outcome; and (4-4-13)

b. The disclosure of any charge, investigation or disciplinary action against the applicant by any state professional regulatory agency or professional organization that bears a demonstrable relationship to the ability of the applicant to practice in accordance with the provisions of this chapter; and (3-16-04)

c. The disclosure of the denial of registration or licensure by any country, state or district regulatory body; and (3-26-08)

d. Not less than two (2) certificates of recommendation from persons, other than relatives or persons living with the applicant, who have personal knowledge of at least one (1) year of the applicant's character and the applicant's ability to work as a respiratory therapist or provide polysomnography related respiratory care services; and (3-26-08)

e. One (1) unmounted photograph of the applicant, no larger than three by four inch (3" x 4") (head and shoulders), taken not more than one (1) year prior to the date of the application; and (2-23-94)

f. Such other information as deemed reasonably necessary and as is lawful for the Board to identify and evaluate the applicant's credentials; and (3-16-04)

g. Evidence that applicant is no less than eighteen (18) years of age. (3-16-04)

h. The Board may, at its discretion, require the applicant to appear for a personal interview. (3-16-04)

02. Application for Respiratory Care Practitioner. (3-16-04)

a. Documentation of evidence that applicant has passed the entry level examination and is a Certified Respiratory Therapist (CRT) or has successfully completed the written registry and clinical simulation examinations and is a Registered Respiratory Therapist (RRT); or (3-16-04)

b. Documentation that the applicant is licensed as a respiratory care practitioner, or the equivalent at the discretion of the Board, in another state, district or territory of the United States. (3-16-04)

c. Application for Temporary Permit. The Board may issue a temporary permit to an applicant who meets the requirements set forth in this chapter and Section 54-4307, Idaho Code. A temporary permit shall authorize the practice of respiratory care under the supervision of a respiratory care practitioner or licensed physician. (3-16-04)

i. A temporary permit for a respiratory care practitioner may be converted to a permanent license by providing to the Board, verification of appropriate certification as a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT). (3-16-04)

ii. A temporary permit shall be effective for one (1) year from the date of issuance. (4-28-93)

iii. A temporary permit may be renewed one (1) time only for a period of one (1) year, upon application to the Board. (4-4-13)

iv. Application for a temporary permit shall be made to the Board on a form prescribed by the Board, together with the application fee. The Board may, in its discretion, prorate the application fees charged in conjunction with an initial application for a temporary permit if such temporary permit shall, upon issuance, remain valid for less than one (1) full calendar year before the required renewal date as provided for in Sections 54-4309 and 54-4310, Idaho Code. (4-11-06)

03. Application for Inactive License. A person holding a current license issued by the Board to practice as a respiratory care practitioner may be issued, upon written application provided by the Board and payment of required fees to the Board, an inactive license on the condition that he will not engage in the provision of

respiratory care services as a respiratory care practitioner in this state. (3-16-04)

a. Issuance and Renewal. Inactive licenses shall be issued for a period of not more than five (5) years and such licenses shall be renewed upon payment of an inactive license renewal fee of no more than one hundred dollars (\$100) for each renewal year. Such inactive licenses shall expire on the expiration date printed on the face of the certificate unless renewed. (3-26-08)

b. Inactive to Active License. An inactive license may be converted to an active license to practice as a respiratory care practitioner upon written application and payment of active licensure fees for each inactive year minus paid inactive fees plus a conversion fee of no more than one hundred dollars (\$100) to the Board. The applicant must account for the time during which an inactive license was held and document continuing competence. The Board may, in its discretion, require a personal interview to evaluate the applicant's qualifications. In addition, the Board may require evidence of an educational update and close supervision to assure safe and qualified performance. (3-26-08)

04. Application for Respiratory Care and Polysomnography Related Respiratory Care Practitioner. (3-16-04)

a. The Board may issue a dual license/permit to an applicant who meets the requirements set forth in this chapter and Sections 54-4306 and 54-4304A(2) and (3), Idaho Code. A dual license/permit shall authorize the holder to perform respiratory care and polysomnography related respiratory care in this state. (3-16-04)

b. Application for a dual license/permit shall be made to the Board on a form prescribed by the Board, together with the application fee. (3-16-04)

c. Such dual license/permit shall expire on the expiration date printed on the face of the certificate unless renewed. (3-16-04)

05. Application for Polysomnography Related Respiratory Care Practitioner. (3-16-04)

a. Only persons who are licensed as respiratory care practitioners or who are exempt from licensure pursuant to the chapter and Section 54-4308, Idaho Code, or who hold a permit issued by the Board as registered polysomnographic technologists, polysomnographic technicians or polysomnographic trainees may provide polysomnography related respiratory care services. (3-16-04)

b. Qualifications for permit. An applicant for a permit to provide polysomnography related respiratory care services as a registered polysomnographic technologist or polysomnographic technician or for a temporary permit as a polysomnographic trainee under the provisions of Section 032 who is not otherwise licensed to provide respiratory care services or exempt from the requirements of this chapter pursuant to Section 54-4308, Idaho Code, must provide documentation of: (3-16-04)

i. Being a high school graduate or have passed a general educational development (GED) examination and earned a GED certificate; and (3-16-04)

ii. Being currently certified in cardiopulmonary resuscitation (CPR). (3-16-04)

c. Application for Registered Polysomnographic Technologist. An applicant must provide documentation of successful completion of the comprehensive registry examination as a registered polysomnographic technologist administered by the Board of Registered Polysomnographic Technologists or an equivalent examination, approved by the Board as recommended by the Licensure Board. (3-16-04)

d. Application for Polysomnographic Technician. An applicant must provide written documentation and a signed affidavit affirming and attesting to one (1) of the following qualifications: (3-16-04)

i. Successful completion of a polysomnography program of not less than one (1) year duration, associated with a state licensed or a nationally accredited educational facility, as approved by the Board, as recommended by the Licensure Board; or (3-16-04)

ii. Successful completion of a minimum of seven hundred twenty (720) hours of experience as a polysomnographic trainee with documented proficiency in polysomnography related respiratory care services, as approved by the Board, as recommended by the Licensure Board. (3-16-04)

e. Application for Polysomnographic Trainee. An applicant must provide a signed affidavit from an Idaho permitted registered polysomnographic technologist, an Idaho permitted polysomnographic technician, an Idaho licensed respiratory care practitioner, or an Idaho licensed physician affirming and attesting he shall ensure that there is direct supervision of performance of basic polysomnography related respiratory care services by a polysomnographic trainee applicant. The direct supervisor shall be on the premises where such polysomnographic related respiratory care services are provided and shall be immediately available for consultation with the polysomnographic trainee applicant. The Affiant need not be the direct supervisor at any given time. Such Affiant shall be responsible for the activities of the supervised polysomnographic trainee and shall document his review of all patient documentation performed by the supervised polysomnographic trainee. If at any time during the term of the polysomnographic trainee's permit, the Affiant of the trainee changes, the polysomnographic trainee shall provide a signed affidavit from his new Affiant who will ensure that the trainee has direct supervision. In addition, the applicant shall provide written documentation he has at least one (1) of the following qualifications: (3-16-04)

i. At least seven hundred twenty (720) hours of experience as a paid employee or contractor in a health care related field. For the purposes of this Section, experience as a paid employee or contractor in a health care related field shall include any work providing direct clinical care to patients or having worked in a clinical care setting in which the applicant had direct interaction with patients, and an opportunity to observe the provision of clinical care to patients; (3-16-04)

ii. Current enrollment in a polysomnography program associated with a state licensed or a nationally accredited education facility; or (3-16-04)

iii. Successful completion of twenty-four (24) semester credit hours (or a quarter ($\frac{1}{4}$) hour system equivalent of the same) of postsecondary education at a state licensed or nationally accredited facility. (3-16-04)

f. **Permits.** All permits shall be issued after applicants have met the requirements of this chapter and Section 54-4304A, Idaho Code and submitted a completed application and payment of a fee in an amount to be fixed by the Board for a period of not less than one (1) year nor more than five (5) years, the exact period to be fixed by the Board. Such permits shall expire on the expiration date printed on the face of the certificate unless renewed. The failure of any person to renew a renewable permit shall not deprive such person of the right to renewal, except as provided for herein and Section 54-4312, Idaho Code. The Board shall collect a fee in an amount to be fixed by the Board for the initial issuance and each renewal year. (3-16-04)

i. Permits for registered polysomnographic technologists, including renewals, shall be issued for a period of not less than one (1) year nor more than five (5) years. Such permits shall be renewed on their expiration date upon completion of a renewal application and upon payment of a renewal fee. (3-16-04)

ii. Permits for polysomnographic technicians, including renewals, shall be issued for a period of one (1) year, and shall be renewed for successive one (1) year periods, not to exceed three (3) renewals for a total period of four (4) years. Such permits shall be renewed on their expiration date upon completion of a renewal application and upon payment of a renewal fee. (3-16-04)

iii. Temporary permits for polysomnographic trainees shall be issued for a period of not more than one (1) year, the exact period to be fixed by the Board. Such permits may be renewed on their expiration date upon completion of a renewal application and upon payment of a renewal fee, for a period of one (1) year, with renewal limited to one (1) such renewal, provided however, such permits for polysomnographic trainees shall be limited to a total period of two (2) years. The Board may, in its discretion, prorate the application fees charged in conjunction with an initial application for a temporary permit if such temporary permit shall, upon issuance, remain valid for less than one (1) full calendar year before the required renewal date as provided for in Sections 54-4309 and 54-4310, Idaho Code. Those who have held permits as a polysomnographic technicians are prohibited from making application for temporary permits as a polysomnographic trainees. (4-4-13)

iv. Reinstatement after failure to renew. Permits canceled for nonpayment of renewal fees may be reinstated by filing a completed request for renewal with the Board and paying a reinstatement fee, and back renewal fees. (3-16-04)

v. Reapplication after failure to renew. A registered polysomnographic technologist, whose permit has been canceled for failure to renew for a period of more than two (2) years, shall be required to make application to the Board as a new applicant for a permit. A polysomnographic technician, whose permit has been canceled for failure to renew for a period of more than one (1) year, shall be required to make application to the Board as a new applicant for a permit. Temporary permits for polysomnographic trainees whose permits have been canceled for failure to renew for a period of more than six (6) months shall be required to make application to the Board as new applicants for permits. (3-16-04)

vi. Continuing education. Each individual applicant for renewal of an active permit shall, on or before the expiration date of the permit, submit satisfactory proof to the Licensure Board of successful completion of not less than twelve (12) hours of approved continuing education pertaining to the provision of polysomnographic-related respiratory care per year in addition to any other requirements for renewal as adopted by the Board. The Board, as recommended by the Licensure Board, may substitute all or a portion of the coursework required in Section 032 when an applicant for renewal shows evidence of passing an approved challenge exam or of completing equivalent education as determined by the Board, as recommended by the Licensure Board, to be in full compliance with the education requirements of this chapter. (3-16-04)

g. Conditional Permits. Any person who desires to provide polysomnography related respiratory care services as described in Section 54-4304A, Idaho Code, and this chapter and who meets the requirements of Subsection 032.03, as well as the necessary requirements in Subsections 032.05.g.i. through 032.05.g.iv., may make application for a conditional permit. Conditional permits shall be issued on or after January 1, 2004, as outlined in Section 54-4304A(8), Idaho Code, and shall be issued until the Board has adopted rules as may be required for the issuance of regular permits as provided in this chapter and has had an opportunity to process applications for such regular permits. (3-26-08)

033. LICENSURE EXEMPTION FOR RESPIRATORY CARE PRACTITIONERS.

The Board may grant licensure exemption to a respiratory care practitioner applicant who meets the requirements set forth by Section 54-4308, Idaho Code. Persons requesting exempt status must provide to the Board, satisfactory proof of the existence of facts entitling the person to the exemption. Conditions for which those persons may be granted exemptions include the following: (3-26-08)

01. Pulmonary Function Technologists. Certified or registered pulmonary function technologists who carry out only those professional duties and function for which they have been specifically trained. (2-23-94)

02. Respiratory Therapy Students. Persons actively attending a full-time supervised course of study in an approved educational program leading to a degree or certificate in respiratory care. This exemption shall cease to exist if the person fails to attend the approved course of study for a period of time in excess of one-hundred twenty (120) consecutive calendar days and immediately upon receipt of the degree or certificate for which such person pursued the course of study. The practice or provision of respiratory care by such persons must be supervised by a respiratory care practitioner or licensed physician. (3-26-08)

03. Consulting and Training. For purposes of continuing education, consulting, or training for a period not to exceed thirty (30) days in a calendar year, provided that the person meets the requirements in Section 54-4308(1)(e), Idaho Code. The practice or provision of respiratory care by such persons must be supervised by a respiratory care practitioner or licensed physician. (3-26-08)

034. LICENSE EXPIRATION AND RENEWAL.

All licenses shall be issued for a period of not less than one (1) year nor more than five (5) years, the exact period to be fixed by the Board and shall become invalid on the expiration date printed on the face of the certificate of the license unless renewed. The failure of any person to renew his renewable license shall not deprive such person of the right to renewal, except as provided for herein and Section 54-4312, Idaho Code. The Board shall collect a fee for each renewal year of a license. The Board may, in its discretion, prorate the application fees charged in conjunction with an application for initial licensure if such license shall, upon issuance, remain valid for less than one (1) full

calendar year before the required renewal date as provided for in Sections 54-4309 and 54-4310, Idaho Code. (4-11-06)

01. Renewal. Each license shall be renewed by submitting a completed request for renewal form accompanied by payment of the renewal fee to the Board and documentation that the applicant holds a current certification as a Certified Respiratory Therapist (CRT) or is currently registered as a Registered Respiratory Therapist (RRT) or is currently registered as a registered polysomnographic technologist by the Board of Registered Polysomnographic Technologists. Licenses not renewed by the expiration date shall be canceled on the expiration date. (3-26-08)

02. Reinstatement. Licenses canceled for nonpayment of renewal fees may be reinstated by filing a completed request for renewal with the Board and paying a reinstatement fee, and back renewal fees. (3-16-04)

03. Reapplication. A person whose license has been canceled for a period of more than five (5) years, shall be required to make application to the Board as a new applicant for licensure. (2-23-94)

04. Continuing Education. Prior to renewal each applicant for renewal, reinstatement or reapplication, shall submit evidence of successfully completing no less than twelve (12) clock hours per year of continuing education acceptable to the Board. Continuing education must be germane to the practice or performance of respiratory care. Appropriate continuing professional education activities include but are not limited to, the following: (4-11-06)

a. Attending or presenting at conferences, seminars or inservice programs. (2-23-94)

b. Formal course work in Respiratory Therapy related subjects. (2-23-94)

035. DENIAL OR REFUSAL TO RENEW LICENSE OR PERMIT OR SUSPENSION OR REVOCATION OF LICENSE OR PERMIT.

01. Discipline. A new or renewal application may be denied, and every person licensed or issued a permit pursuant to Title 54, Chapter 43, Idaho Code and these rules is subject to discipline, pursuant to the procedures and powers established by and set forth in Section 54-4312, Idaho Code; the Administrative Procedures Act, and IDAPA 22.01.07, "Rules of Practice and Procedure in Contested Cases of the Board of Medicine." (3-16-04)

02. Impose Sanctions. The Board, upon recommendation of the Licensing Board, may refuse to issue a license or permit, or to renew a license, or permit, or may suspend or revoke a license or permit, or may impose probationary conditions if the holder of a license or permit or applicant for license or permit has been found guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare, or safety of the public. Such unprofessional conduct includes, but is not limited to: (3-16-04)

a. Obtaining any license or permit by means of fraud, misrepresentation or concealment of material facts; (3-16-04)

b. Being guilty of unprofessional conduct as defined by the rules of the Board, or violating the code of ethics adopted and published by the Board, a copy of which is attached to these rules; (2-23-94)

c. Being convicted of a crime which would have a direct and adverse bearing on the person's ability to practice or perform respiratory care or polysomnography related respiratory care competently; (3-26-08)

d. The unauthorized practice of medicine; (4-28-93)

e. Violating any provisions of this chapter or any of the rules promulgated by the Board under the authority of this chapter; (4-28-93)

f. Being found mentally incompetent by a court of competent jurisdiction or unfit by the Board to provide respiratory care or polysomnography related respiratory care; (3-16-04)

- g.** Providing respiratory care or polysomnography related respiratory care which fails to meet the standard of health care provided by other qualified respiratory therapists or respiratory therapy technicians or registered polysomnographic technologists, polysomnographic technicians or polysomnographic trainees in the same community or similar communities; (3-16-04)
- h.** Using any controlled substance or alcohol to the extent that use impairs the ability to practice respiratory care or polysomnography related respiratory care at an acceptable level of competency; (3-16-04)
- i.** Employing, directing or supervising the unlicensed practice of respiratory care or those not holding a permit to provide polysomnography related respiratory care; (3-16-04)
- j.** Practicing in an area of respiratory care or polysomnography related respiratory care for which the person is not trained; (3-26-08)
- k.** Failure to supervise the activities of persons who hold exemptions, conditional or temporary permits; (3-26-08)
- l.** Delegation to an unqualified person of any services which require the skill, knowledge, and judgment of a respiratory care or polysomnography related respiratory care practitioner; (3-16-04)
- m.** In the case of practice as a person eligible for exemption, conditional or temporary permit, the practice of respiratory care or polysomnography related respiratory care other than under the supervision of a respiratory care or appropriate polysomnography related respiratory care practitioner or licensed physician, as may be required by law; (3-26-08)
- n.** Misrepresenting educational or experience attainments. (3-16-04)
- o.** Commission of any act of sexual contact, misconduct, exploitation or intercourse with a patient or former patient or related to the licensee's or permittee's provision of respiratory care or polysomnography related respiratory care; (3-16-04)
- i.** Consent of the patient shall not be a defense; (3-16-04)
- ii.** Subsection 035.02.o. shall not apply to sexual contact between a respiratory care or polysomnography related respiratory care practitioner and the spouse or a person in a domestic relationship who is also a patient; (3-16-04)
- iii.** A former patient includes a person for whom the respiratory care or polysomnography related respiratory care practitioner has provided respiratory care or polysomnography related respiratory care within the last twelve (12) months; (3-16-04)
- iv.** Sexual or romantic relationship with a former patient beyond the period of time set forth herein may also be a violation if the respiratory care or polysomnography related respiratory care practitioner uses or exploits the trust, knowledge, emotions or influence derived from the prior professional relationship with the patient; (3-16-04)
- p.** Aiding or abetting a person not licensed, registered or permitted in this state or exempt from such licensure, registration or permitting, who directly or indirectly performs activities requiring a license, registration or permit; (3-16-04)
- q.** Failing to report to the Board any known act or omission of a licensee, permittee, applicant, or any other person, that violates any provision of this chapter; (3-16-04)
- r.** Interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts or by use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding, investigation or other legal action; or (3-16-04)

- s. Failing to maintain patient confidentiality unless otherwise required or permitted by law. (3-16-04)

036. -- 045. (RESERVED)

046. FEES.

Actual fees shall be set to reflect real costs of Board administration. Fees authorized under this chapter shall be used solely to carry out the purposes of this chapter including the provisions of Section 54-4317, Idaho Code. Each applicant shall be responsible for the payment of any fee charged by the National Board for Respiratory Care, Inc., Board of Registered Polysomnographic Technologists or an equivalent board, recognized by the Board. (3-16-04)

01. Licensure and Permit Fees for Respiratory Care Practitioners. (3-16-04)

a. Initial Licensure Fee. The fee for initial licensure, which may be prorated pursuant to Section 54-4309, Idaho Code, shall be no more than one hundred eighty dollars (\$180). (3-26-08)

b. Reinstatement Fee. The reinstatement fee for a lapsed license shall be the renewal for each year not licensed plus a fee of fifty dollars (\$50). (3-26-08)

c. Inactive Fee - Reactivate Fee. The fee for converting an active license to an inactive license shall be no more than one hundred dollars (\$100). An inactive license may be converted to an active license to practice as a respiratory care practitioner upon written application and payment of active licensure fees for each inactive year minus paid inactive fees plus a conversion fee of no more than one hundred dollars (\$100) to the Board. (3-26-08)

d. Renewal Fee. The renewal fee shall be no more than one hundred forty dollars (\$140). (3-26-08)

e. Temporary Permit Fee. The fee for a temporary permit, which may be prorated pursuant to Section 54-4309, Idaho Code, shall be no more than one hundred eighty dollars (\$180). (3-26-08)

02. Permit Fees for Polysomnography Related Respiratory Care Practitioners. (3-16-04)

a. Initial Permit Fee. The fee for an initial permit for a registered polysomnographic technologist or a polysomnographic technician shall be no more than one hundred eighty dollars (\$180). The fee for an initial permit for a polysomnographic trainee shall be no more than one hundred dollars (\$100). (3-26-08)

b. Reinstatement Fee. The reinstatement fee for a lapsed permit for a registered polysomnographic technologists or a polysomnographic technician shall be the renewal fee for each year not holding an active permit plus a fee of fifty dollars (\$50). (3-26-08)

c. Renewal Fee. The renewal fee for an active permit for a registered polysomnographic technologist and polysomnographic technician shall be no more than one hundred forty dollars (\$140). The renewal fee for an active permit for a polysomnographic trainee shall be no more than seventy dollars (\$70). (3-26-08)

d. Temporary Permit Fee. The fee for a temporary permit, which may be prorated pursuant to Section 54-4309, Idaho Code, for a registered polysomnographic technologist and polysomnographic technician shall be no more than one hundred eighty dollars (\$180). The fee for a temporary permit, which may be prorated pursuant to Section 54-4309, Idaho Code, for a polysomnographic trainee shall be no more than ninety dollars (\$90). (3-26-08)

e. Conditional Permit Fee. The fee for a conditional permit for a registered polysomnographic technologist and polysomnographic technician shall be no more than one hundred eighty dollars (\$180). The fee for a conditional permit for a polysomnographic trainee shall be no more than ninety dollars (\$90). Conditional permits will issue on or after January 1, 2004, and will issue until issuance of regular permits as provided in this chapter. (3-26-08)

03. Dual Licensure/Permit Fees for Practitioners of Respiratory and Polysomnography Related Respiratory Care. (3-16-04)

a. Initial Licensure/Permit Fee. The fee for initial issuance of a dual license/permit, which may be

prorated pursuant to Section 54-4309, Idaho Code, shall be no more than one hundred eighty dollars (\$180). A person holding a current license or permit, if qualified, may apply for and obtain a dual license/permit without paying an additional fee. (3-26-08)

b. Reinstatement Fee. The reinstatement fee for a dual license/permit that has lapsed shall be the renewal for each year not dually licensed/permited plus a fee of fifty dollars (\$50). (3-26-08)

c. Renewal Fee. The renewal fee shall be no more than one hundred forty dollars (\$140). Renewal shall be required upon the expiration of either the permit or the license, whichever expires first if the two (2) initially shall not have been obtained at the same time. (3-26-08)

04. General Fee Information. (4-28-93)

a. Necessary fees shall accompany applications. (4-28-93)

b. Fees shall not be refundable. (4-28-93)

c. In those situations where the processing of an application requires extraordinary expenses, the Board may charge the applicant with reasonable fees to cover all or part of the extraordinary expenses. (4-28-93)

d. The Board may, in its discretion, provide for the proration of fees charged in conjunction with the initial application for a license or temporary permit if such license or temporary permit shall, upon issuance, remain valid for less than one (1) full calendar year before the required renewal date as provided for in Sections 54-4309 and 54-4310, Idaho Code. (4-11-06)

047. -- 099. (RESERVED)

100. CODE OF ETHICS.

01. Method of Treatment. The Respiratory Care and Polysomnography Related Respiratory Care Practitioner shall practice medically acceptable methods of treatment and shall not endeavor to extend his practice beyond his competence and the authority vested in him by the physician. (3-16-04)

02. Commitment to Self-Improvement. The Respiratory Care and Polysomnography Related Respiratory Care Practitioner shall continually strive to increase and improve his knowledge and skills and render to each patient the full measure of his ability. All service shall be provided with respect for the dignity of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems. (3-16-04)

03. Confidentiality. The Respiratory Care and Polysomnography Related Respiratory Care Practitioner shall hold in strict confidence all privileged information concerning the patient except as disclosure or use of information as permitted or required by law. (3-16-04)

04. Gratuities. The Respiratory Care and Polysomnography Related Respiratory Care Practitioner shall not accept gratuities for preferential consideration of the patient and shall guard against conflicts of interest. (3-16-04)

05. Professionalism. The Respiratory Care and Polysomnography Related Respiratory Care Practitioner shall uphold the dignity and honor of the profession and abide by its ethical principles and should be familiar with existing state and federal laws governing the practice of respiratory care and polysomnography related respiratory care and comply with those laws. (3-16-04)

06. Cooperation and Participation. The Respiratory Care and Polysomnography Related Respiratory Care Practitioner shall cooperate with other health care professionals and participate in activities to promote community and national efforts to meet the health needs of the public. (3-16-04)

101. -- 999. (RESERVED)

**IDAPA 22
TITLE 01
CHAPTER 13**

22.01.13 – RULES FOR THE LICENSURE OF DIETITIANS

000. LEGAL AUTHORITY.

Pursuant to Section 54-3505(2), Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules to implement provisions of the Dietitians Act. (12-28-94)

001. TITLE AND SCOPE.

These rules are titled IDAPA 22.01.13, “Rules for the Licensure of Dietitians.” (12-28-94)

002. WRITTEN INTERPRETATIONS – AGENCY GUIDELINES.

Written interpretations of these rules in the form of explanatory comments accompanying the notice of proposed rulemaking that originally proposed the rules and review of comments submitted in the rulemaking process in the adoption of these rules are available for review and copying at cost from the Board of Medicine, 1755 Westgate Drive, Suite 140, Box 83720, Boise, Idaho 83720-0058. (4-2-03)

003. ADMINISTRATIVE APPEAL.

All contested cases will be governed by the provisions of IDAPA 04.11.01, “Idaho Rules of Administrative Procedure of the Attorney General,” and IDAPA 22.01.07, “Rules of Practice and Procedure of the Board of Medicine.” (4-2-03)

004. PUBLIC RECORD ACT COMPLIANCE.

These rules have been adopted in accordance with Title 67, Chapter 52, Idaho Code, and are public records. (4-2-03)

005. INCORPORATION BY REFERENCE.

There are no documents incorporated by reference into this rule. (4-2-03)

006. OFFICE – OFFICE HOURS – MAILING ADDRESS AND STREET ADDRESS.

The central office of the Board is in Boise, Idaho. The Board's mailing address, unless otherwise indicated, is Idaho State Board of Medicine, Statehouse Mail, Boise, Idaho 83720. The Board’s street address is 345 W. Bobwhite Court, Suite 150, Boise, Idaho 83706. The telephone number of the Board is (208) 327-7000. The Board's facsimile (FAX) number is (208) 377-7005. The Board’s website is www.bom.idaho.gov. The Board’s office hours for filing documents are 8:00 a.m. to 5:00 p.m. (3-27-13)

007. FILING OF DOCUMENTS -- NUMBER OF COPIES.

All documents in rulemaking or contested case proceedings must be filed with the office of the Board. The original and one (1) electronic copy of all documents must be filed with the office of the Board. (3-27-13)

008. -- 009. (RESERVED)

010. DEFINITIONS.

01. Academy of Nutrition and Dietetics. The national organization that credentials dietetics professionals and accredits undergraduate and graduate programs that prepare dietetics professionals. (3-28-18)

02. Accreditation Council for Education in Nutrition and Dietetics. Accreditation Council for Education in Nutrition and Dietetics or “ACEND” means the accrediting organization of the Academy of Nutrition and Dietetics that is recognized by the United States Department of Education as the accrediting agency for education programs that prepare dietetic professionals. (3-28-18)

03. Board. The Idaho State Board of Medicine. (4-2-03)

04. Dietitian. A person who meets all of the requirements of and is licensed under the provisions of Title 54, Chapter 35, Idaho Code, to engage in the practice of dietetics as set forth in Section 54-3502A, Idaho Code. Dietitian and dietician are interchangeable terms. (3-28-18)

05. Dietetic Practice. As set forth in Title 54, Chapter 35, Section 3502A of the Idaho Code, dietetic practice, the practice of dietetics or practicing dietetics focuses on food and nutrition and related services developed and provided by dietitians to protect the public, enhance the health and well-being of patients/clients, and to deliver quality products, programs and services, and medical nutrition therapy. Clinical nutrition and dietetics practice is the utilization of skills, knowledge and applied judgment of the dietitian whose practice involves nutrition care, medical nutrition therapy, and related services provided to individuals and groups of all ages to address health promotion and prevention, delay or management of diseases and conditions. Dietetic practice is across varied settings, including health care, business and industry, communities and public health systems, schools, colleges, the military, government, research, food service management, teaching, consulting, media, writing, public speaking and informatics, and private practice. (3-28-18)

06. Commission on Dietetic Registration (CDR). The credentialing organization of the Academy of Nutrition and Dietetics that awards and administers credentials to individuals at entry, specialist and advanced levels who have met CDR's specified criteria to practice in the dietetics profession, including successful completion of its national accredited certification examination and recertification by continuing professional education and/or examination. (3-28-18)

07. Licensure Board. The Dietetic Licensure Board. (4-2-03)

08. Medical Nutrition Therapy. Medical nutrition therapy or "MNT" means an evidence-based application of the nutrition care process. The provision of MNT to a patient/client may include one (1) or more of the following: nutrition assessment or reassessment, nutrition diagnosis, and nutrition intervention for the prevention, delay or management of diseases or conditions. (3-28-18)

09. Monitor of Provisionally Licensed Graduate Dietitian. An Idaho licensed dietitian who shall be responsible for the activities of the provisionally licensed graduate dietitian being supervised and shall review and countersign all patient documentation performed by the provisionally licensed graduate dietitian being supervised. (4-2-03)

10. Nutrition Care Process. A systematic approach to providing high-quality nutrition care that consists of four (4) distinct, interrelated steps: (3-28-18)

a. Nutrition assessment, which means a systematic method for obtaining, verifying and interpreting data needed to evaluate nutritional needs and to identify nutrition-related problems, their causes and their significance; (3-28-18)

b. Nutrition diagnosis, which means the identification of a specific nutrition problem that a dietitian is responsible for treating independently; (3-28-18)

c. Nutrition intervention, which means a purposefully planned action intended to positively change a nutrition-related behavior, environmental condition or aspect of health status for the patient/client and family or caregivers, target group or the community at large; and (3-28-18)

d. Nutrition monitoring and evaluation: (3-28-18)

i. Nutrition monitoring means the preplanned review and measurement of selected nutrition care indicators of the patient/client's status relevant to the defined needs, nutrition diagnosis, nutrition intervention and outcomes; and (3-28-18)

ii. Nutrition evaluation means the systematic comparison of current findings with the previous status, nutrition intervention goals, effectiveness of overall nutrition care or comparison to a reference standard. (3-28-18)

11. Provisional License. The Board may issue a provisional license to a graduate dietitian who meets the requirements set forth by Sections 54-3506(1) and 54-3506(2), Idaho Code. A provisional license shall authorize the practice of dietetics under the supervision of a monitor who is an Idaho licensed dietitian. (4-2-03)

011. -- 019. (RESERVED)

020. GENERAL QUALIFICATIONS FOR LICENSURE.

01. Applicant. An applicant must be of good moral character and shall meet the requirements set forth in Section 54-3506, Idaho Code. The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3510, Idaho Code, provided, the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances. (12-28-94)

02. Examination. Each applicant shall either pass an examination required by the Board or shall be entitled to apply for Licensure by Endorsement pursuant to Section 54-3508, Idaho Code. (3-28-18)

a. The written examination shall be the examination conducted by the Commission on Dietetic Registration and the passing score shall be the passing score established by the Commission. (12-28-94)

b. An applicant who fails to pass the examination must submit a new application. (12-28-94)

c. An applicant who has failed to pass the examination on two (2) separate occasions will be denied eligibility to reapply; however, this application may be considered on an individual basis if the applicant submits proof of additional training. (3-28-18)

d. An applicant for Licensure by Endorsement will meet the requirements as set forth in Section 54-3508, Idaho Code. (3-28-18)

03. Application Expiration. An application upon which the applicant takes no further action will be held for no longer than one (1) year. (12-28-94)

021. APPLICATION FOR LICENSURE.

01. Application. Each applicant for licensure shall submit a completed written application to the board on forms prescribed by the board, together with the application fee. The application shall be verified and under oath and shall require the following information: (12-28-94)

a. A certificate of successful completion of a program approved by the Academy of Nutrition and Dietetics or its successor and a certificate of successful completion of a dietetic internship or preprofessional program approved or accredited by the Academy of Nutrition and Dietetics or its successor organization; (3-28-18)

b. The disclosure of any criminal conviction or charges against the applicant other than minor traffic offenses; (12-28-94)

c. The disclosure of any disciplinary action against the applicant by any state professional regulatory agency or professional organization; (12-28-94)

d. The disclosure of the denial of registration or licensure by any state or district regulatory body; (12-28-94)

e. No fewer than two (2) certificates of recommendation from persons having personal knowledge of the applicant's character; (3-28-18)

f. Two (2) unmounted photographs of the applicant, no larger than three inches by four inches (3" x 4") (head and shoulders), taken not more than one (1) year prior to the date of the application; (12-28-94)

g. A copy of any registration by the Commission on Dietetic Registration, if applicable; (12-28-94)

h. A copy of examination results or the application to write the qualifying exam and the date the examination is scheduled; (4-2-03)

i. Such other information as deemed necessary for the Board to identify and evaluate the applicant's credentials; and (4-2-03)

j. A Provisional License Dietitian/Monitor Affidavit, if applicable. (4-2-03)

02. Personal Interview. The Board may, at its discretion, require the applicant to appear for a personal interview. This interview shall be limited to a review of the applicant's qualifications and professional credentials. (3-28-18)

022. LICENSE EXPIRATION AND RENEWAL.

01. Provisional Licensure Expiration. Provisional licenses shall become full active licenses to practice as a dietitian upon the date of receipt of a copy of registration by the Commission on Dietetic Registration. All provisional licenses shall expire on June 30 following issuance. (4-2-03)

02. Renewal. Each full license shall be renewed annually or biennially before July 1 of the expiration year by submitting a completed request for renewal accompanied by payment of the renewal fee and a copy of current registration as a registered dietitian, as determined by the Commission on Dietetic Registration of the American Dietetic Association, or its successor organization. Full licenses not renewed by the expiration date shall be canceled. (3-28-18)

023. PROVISIONAL LICENSURE.

01. Provisional License. The Board may issue a provisional license to a person who has successfully completed the academic requirements of an education program in dietetics approved by the licensure board and has successfully completed a dietetic internship or preprofessional practice program, coordinated program or such other equivalent experience as may be approved by the board and who has met all the other requirements set forth by Section 021 of this rule but who has not yet passed the examination conducted by the Commission on Dietetic Registration. (4-2-03)

02. Provisional License Dietitian/Monitor Affidavit. The provisionally licensed graduate dietitian must obtain an affidavit signed by an Idaho licensed dietitian affirming and attesting to be responsible for the activities of the provisionally licensed graduated dietitian being supervised and to review and countersign all patient documentation performed by the provisionally licensed graduate dietitian being supervised. (3-28-18)

03. Supervision by Monitor. The practice or provision of dietetics by a graduate dietitian holding a provisional license to practice dietetics shall be in direct association with an Idaho licensed dietitian who shall be responsible for the activities of the provisionally licensed graduate dietitian being supervised and shall review and countersign all patient documentation performed by the provisionally licensed graduate dietitian. The supervising monitor need not be physically present or on the premises at all times but must be available for telephonic consultation. The extent of communication between the monitor and the provisionally licensed graduate dietitian shall be determined by the competency of the individual, the treatment setting, and the diagnostic category of the patients. (4-2-03)

024. -- 029. (RESERVED)

030. INACTIVE STATUS.

The Board shall grant inactive status to a licensee who makes application for inactive status and who does not practice as a dietitian. (12-28-94)

031. REINSTATEMENT TO FULL LICENSURE FROM INACTIVE STATUS.

An individual desiring reinstatement to full active licensure to practice as a dietitian shall submit a completed written application to the Board, on the forms prescribed by the Board together with the license and reinstatement fees. The application shall be verified and under oath (Subsection 021.01). The Board may request such other information deemed necessary to identify and evaluate the applicant's proficiency. (12-28-94)

032. DENIAL OR REFUSAL TO RENEW, SUSPENSION OR REVOCATION OF LICENSE.

01. Disciplinary Authority. A new or renewal application may be denied or a license may be suspended or revoked by the Board, and every person licensed pursuant to Title 54, Chapter 35, Idaho Code and these rules is subject to disciplinary actions or probationary conditions pursuant to the procedures and powers established by and set forth in Section 54-3505, Idaho Code, IDAPA 04.11.01, "Idaho Rules of Administrative Procedure of the Attorney General," and IDAPA 22.01.07, "Rules of Practice and Procedure of the Board of Medicine." (3-20-14)

02. Grounds for Discipline. In addition to statutory grounds for discipline set forth in Section 54-3510, Idaho Code, every person licensed or provisionally licensed as a dietitian is subject to discipline by the Board under the following grounds: (3-28-18)

a. Being guilty of unprofessional conduct, including the provision of care which fails to meet the standard of care provided by other qualified licensees within the state of Idaho. (12-28-94)

b. Violating any provisions of this act or any of the rules promulgated by the Board under the authority of the act. (12-28-94)

c. Being convicted of a crime which may or would have a direct and adverse bearing on the licensee's ability to practice dietetics; (3-27-13)

d. Demonstrating a manifest incapacity to carry out the functions of the licensee's ability to practice dietetics or deemed unfit by the Board to practice dietetics; (3-27-13)

e. Using any controlled substance or alcohol which may or would have a direct and adverse bearing on the licensee's ability to practice dietetics; (3-27-13)

f. Misrepresenting educational or experience attainments; (3-27-13)

g. Failing to maintain adequate dietetic records. Adequate dietetic records mean legible records that contain subjective information, an evaluation or report of objective findings, assessment or diagnosis, and the plan of care; (3-27-13)

h. Failing to monitor and be responsible for the activities of the provisionally licensed graduate dietitian; (3-28-18)

i. Employing, directing or supervising the unlicensed practice of dietetics; (3-27-13)

j. Practicing in an area of dietetics for which the licensee is not trained; (3-27-13)

k. Committing any act of sexual contact, misconduct, exploitation, or intercourse with a patient or former patient or related to the licensee's practice of dietetics; (3-28-18)

i. Consent of the patient shall not be a defense; (3-28-18)

ii. Subsection 032.02 does not apply to sexual contact between a dietitian and the dietitian's spouse or a person in a domestic relationship who is also a patient; (3-28-18)

iii. A former patient includes a patient for whom the dietitian has provided dietetic services within the last twelve (12) months; (3-28-18)

iv. Sexual or romantic relationships with former patients beyond that period of time may also be a violation if the dietitian uses or exploits the trust, knowledge, emotions or influence derived from the prior professional relationship with the patient; (3-28-18)

l. Failing to report to the Board any known act or omission of a licensee, applicant, or any other person, that violates any of the rules promulgated by the Board under the authority of the act; (3-27-13)

m. Interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts or by use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding, investigation or other legal action; (3-27-13)

n. Failing to obey federal and local laws and rules governing the practice of dietetics; or (3-28-18)

o. Failing to be lawfully present in the United States. (3-28-18)

033. DISCIPLINARY SANCTIONS.

01. Sanctions. As stated in Section 54-3510A, Idaho Code, if grounds for discipline are found to exist, the Board of Medicine, upon the recommendation of the licensure board, may issue an order to: (3-28-18)

a. Revoke the dietitian's license to practice dietetics; (3-28-18)

b. Suspend or restrict the dietitian's license to practice dietetics; and/or (3-28-18)

c. Impose conditions or probation upon the dietitian's license to practice dietetics. (3-28-18)

034. -- 040. (RESERVED)

041. FEES.

Actual fees shall be set to reflect costs of Board administration. (12-28-94)

01. Initial/Provisional Licensure and Examination Fee. The fee for initial licensure and examination shall be no more than one hundred fifty dollars (\$150). (3-27-13)

02. Renewal Fee. The renewal fee shall be no more than one hundred dollars (\$100) per year. (3-28-18)

03. Reinstatement Fee. The reinstatement fee for a lapsed license shall be the annual renewal fee for each year of the two (2) years not licensed plus a fee of no more than fifty dollars (\$50). Lapsed licenses not reinstated after two (2) years shall be canceled. (3-27-13)

04. Inactive Fee. The fee for inactive licensure shall be no more than fifty dollars (\$50). (3-27-13)

05. Inactive to Active License Fee. An inactive license may be converted to an active license by application to the Board and payment of required fees. (4-2-03)

a. The fee for converting an inactive license to a license shall be a fee of no more than fifty dollars (\$50) and the renewal fee for each year not actively licensed minus inactive fees previously paid. (3-28-18)

b. Before the license will be converted, the applicant must account for the time during which an inactive license was held. The Board, in its discretion, may require a personal interview. (4-2-03)

06. Application Fees and Refunds. Necessary fees shall accompany applications. Fees shall not be refundable. (4-2-03)

07. Extraordinary Expenses. In situations where the processing of an application or a change in status requires extraordinary expenses, the Board will charge the applicant with reasonable fees to cover all the extraordinary expenses. (3-27-13)

042. -- 999. (RESERVED)