Effective: September 1, 2026

TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

CHAPTER 1. ADMINISTRATION AND ORGANIZATION

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

435:1-1-1. Purpose

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

435:1-1-1.1. Definitions

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

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

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

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

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

435:1-1-2. Description of organization

(a) The Board is created by the Oklahoma Legislature, 59 O.S. Section 481. The Board has the authority and duty to regulate and administer the practice of allopathic medicine in this state and related practice placed under the authority of the Board by the Oklahoma Legislature.
(b) The Board consists of eleven (11) members who are qualified and appointed in accordance with the provisions of 59 O.S. Section 482. The four (4) lay members of the Board, appointed in accordance with 59 O.S. § 481, shall participate in all matters before the Board.
(c) The powers and duties of the Board are set forth in the Act, the Physical Therapy Practice Act, 59 S. Sections 887.1 through 887.17, the Registered Electrologist Act, 59 O.S. Sections 536.1 through 536.14, the Occupational Therapy Practice Act, 59 O.S. Sections 888.1 through 888.16, the Registered Dietitian Act, 59 O.S. Sections 1721 through 1740, the Athletic Trainers Act, 59 O.S. Sections 525 through 535, and the Physician Assistant Act, 59 O.S. Sections 519 through 524, the Respiratory Care Practice Act, 59 O.S. Sections 2026 through 2045, the Oklahoma Licensed Pedorthists Act, 59 O.S. Sections 2301 through 2308, and the Orthotics and Prosthetics Practice Act, 59 O.S. Sections 3001 through 3008 as amended, the Anesthesiologist Assistant Act, 59 O.S. Sections 3201 through 4003, the Therapeutic Recreation Practice Act, 59 O.S. Sections 540.2 through 540.12, the Radiologist Assistant Licensure Act, 59 O.S. Sections 540 through 541.9, the Music Therapy Practice Act, 59 O.S. Sections 889 through 889.12, the Laser Hair Removal Act H.B. 2998.

[**Source:** Amended at 11 Ok Reg 4525, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1209, eff 5-11-95; Amended at 16 Ok Reg 1999, eff 6-14-99; Amended at 21 Ok Reg 1047, eff 5-14-04; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:1-1-3. Method of operations

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

(c) Every communication in writing to the Board shall be addressed to the Board at the Board's central or branch office(s) unless the Board directs otherwise.
(d) The Board shall hold meetings in accordance with the Oklahoma Open Meetings Act. Special meetings may be called by the President and Secretary of the Board. Six (6) members of the Board constitute a quorum and may transact any business or hold any hearing by simple majority vote of a quorum.
(e) All rules and other written statements of policy or interpretations formulated, adopted or used by the Board in the discharge of its functions and all final orders, decisions, and opinions will be made available for public inspection during regular office hours at the Board's central office or branch office(s) when electronically feasible.
(f) All records of the Board which are public records pursuant to the Oklahoma Open Records Act shall be available for public review and copying during regular business hours at the Board's central office or branch office(s) when electronically feasible. Records of the Board which are subject to a permissive or mandatory privilege of confidentiality shall not be released to the public; provided that the Secretary of the Board or the Executive Director of the Board may, upon request, allow records subject to a permissive privilege of confidentiality to be open for public review and copying. It is the policy of the Board to maintain as confidential all patient records held by the Board in any file, pursuant to 12 O.S. § 2503, to every extent possible under law. It is the position and determination of the Board that investigative files of the Board are privileged and confidential under the Open Records Act, and 59 O.S. 509.1.
(g) In the event the Board convenes a meeting by teleconference, the Board shall provide adequate space for any person to listen and view the meeting via appropriate audio and video equipment.

[**Source:** Amended at 11 Ok Reg 4525, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1209, eff 5-11-95; Amended at 13 Ok Reg 761, eff 10-24-95 (emergency); Amended at 13 Ok Reg 1691, eff 5-25-96; Amended at 14 Ok Reg 3538, eff 7-1-97 (emergency); Amended at 15 Ok Reg 2016, eff 5-26-98; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

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

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

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

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

(1) The presiding officer of the Board, or his designee, shall designate a reasonable location or locations within the meeting room from which the broadcasting, televising, recording or photographing may take place.
(2) The broadcasting, televising, recording or photographic equipment employed at the Board meeting shall be silent and unobtrusive so as not to interfere with any individual's ability to hear, see and participate in the meeting and so as not to interfere with the orderly transaction of Board business.
(3) If the presiding officer, or his designee, determines that any such broadcasting, televising, recording or photographing is interfering with the orderly transaction of Board business, the presiding officer, or his designee, may limit such broadcasting, televising, recording or photographing to allow the orderly transaction of Board business.

435:1-1-6. Rulemaking procedures

The Board shall comply with the rulemaking requirements in the Administrative Procedures Act in Title 75 O.S. 250 §§ et seq and Chapter 10 in Title 655 of the Oklahoma Administrative Code.

[**Source:** Amended at 11 Ok Reg 4525, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1209, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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435:1-1-7. Fees

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

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

(A) Medical Doctor - Full license

(i) Initial application licensure fee - $500.00

(ii) Temporary license - $250.00

(B) Medical Doctor - Special license. Special training application processing fee - $250.00 (This fee may be applied toward the application processing fee in (a)(1)(A)(i) of this section when the special license was issued for post graduate training purposes.)

(C) Physician Assistants

(i) Initial application licensure fee - $150.00

(ii) Disciplinary hearing fee - actual cost of proceedings (including probation and other fees) as determined by the Board.

(D) Physical Therapist

(i) Initial application licensure fee - $150.00

(ii) Temporary permit - $25.00

(E) Physical Therapist Assistant

(i) Initial application licensure fee - $135.00

(ii) Temporary permit - $25.00

(F) Athletic Trainer Initial application licensure fee - $145.00

(G) Apprentice athletic trainer Initial application licensure fee - $30.00

(H) Licensed Dietitian- Initial application licensure fee - $120.00

(I) Provisional licensed dietitian- Initial application licensure fee - $30.00

(J) Occupational therapist- Initial application licensure fee - $120.00

(K) Occupational therapy assistant- Initial application licensure fee - $120.00

(L) Registered electrologists- Initial application licensure fee $60.00

(M) Respiratory Care - Full license. Initial application licensurefee - $100.00

(N) Respiratory Care - Provisional license. Initial application licensure - $100.00

(O) Licensed Pedorthists- Initial application licensure fee -$180.00

(P) Licensed Orthotist/Prosthetist- Initial application licensure fee -$300.00

(Q) Registered Orthotist/Prosthetist Assistant- Initial application licensure fee -$100.00

(R) Registered Orthotist/Prosthetist Technician- Initial application licensure fee -$60.00

(S) Radiologist Assistant- Initial application licensure fee - $100.00

(T) Anesthesiology Assistant- Initial application licensure fee - $150.00

(U) Therapeutic Recreation Specialist- Initial application licensure fee - $125.00

(V) Licensed Professional Music Therapist- Initial application licensure fee - $50.00

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

(A) Medical License – Full Licensure

(i) Application for annual reregistration fee - $200.00

(ii) Late fee - $350.00

(iii) Reinstatement of license - $500.00

(B) Medical License – Special License

(i) Application for annual reregistration fee for special training - $150.00

(ii) Application for annual reregistration fee for special limited - $175.00

(C) Physical Therapist

(i) Application for annual renewal fee - $90.00

(ii) Late fee (Up to 90 days) - $20.00

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(D) Physical Therapist Assistant
(i) Application for annual renewal fee - $60.00
(ii)Late fee (Up to 90 days) - $15.00
(E) Physician Assistants
(i) Application for annual reregistration fee - $125.00
(ii) Late fee - $100.00
(F) Athletic Trainer
(i) Application for annual renewal fee - $55.00
(ii) Late fee (Up to one year) - $60.00
(G) Apprentice Athletic Trainer
(i) Application for annual renewal fee - $15.00
(ii)Late fee(Up to one year) - $10.00
(H) Licensed Dietitian/Provisional Licensed Dietitian
(i) Application for annual renewal fee - $100.00
(ii) Late fee (up to 90 days) - $50.00
(iii) Late fee (Up to 1 year) - $100.00
(I) Occupational Therapist/Occupational Therapy Assistant
(i) Application for annual renewal fee - $100.00
(ii)Late fee (up to 1 year) - $20.00
(J) Registered Electrologists
(i) Application for annual renewal fee - $50.00
(ii) Late fee (up to 30 days) $50.00
(K) Respiratory Care - Full license
(i) Application for biennial renewal fee - $100.00
(ii) Late fee (up to 30 days) $120.00
(L) Respiratory Care - Provisional license – Application for six month renewal fee - $100.00
(M) Licensed Pedorthist
(i) Application for annual renewal fee - $60.00
(ii) Late fee (up to 30 days late) -$30.00
(iii) Late fee (30 days to 1 year late) -$60.00
(N) Licensed Orthotist/Prosthetist
(i) Application for biennial renewal fee -$150.00
(ii) Late fee (up to 30 days) -$60.00
(iii) Late fee (30 days to 1 year) -$120.00
(O) Registered Orthotist/Prosthetist Assistant
(i) Application for bienniall renewal fee -$100.00
(ii) Late fee (up to 30 days) - $60.00
(iii) Late fee (30 days to 1 year) - $120.00
(P) Registered Orthotist/Prosthetist Technician
(i) Application for bienniall renewal fee - $60.00
(ii) Late fee (up to 30 days) - $60.00
(iii) Late fee (30 days to 1 year) - $120.00
(Q) Radiologist Assistants
(i) Application for biennial renewal fee - $200.00
(ii) Late fee (up to 30 days) - $300.00
(R) Anesthesiology Assistants
(i) Application for biennial renewal fee - $150.00
(ii) Late fee (up to 30 days) - $250.00
(S) Therapeutic Recreation Specialist
(i) Application for biennial renewal fee - $100.00

(ii) Late fee (up to 30 days) - $125.00

(T) Licensed Professional Music Therapists- Application for biennial renewal fee - $50.00

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

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

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

(A) Written verification of license/registration - $25.00
(B) Web based services
(i) On-line monthly database subscription fee - $60.00 (Three hundred (300) query returns included)
(ii) 301 to 350 queries per month - $0.60 per return
(iii) 351 to 400 queries per month - $0.30 per return
(iv) 401 and above queries per month - $0.15 per return
(v) Other reports from the OMB database, or statistical reports, or by electronic mail - $120.00/hour, minimum of one (1) hour.
(C) Certification of public records (per page) - $1.00
(D) Duplication of public records (per page) - $0.25
(E) Issuance of subpoena - $6.00
(F) Payment reprocessing fee - $30.00
(G) Rate for Investigations for other agencies or bodies - at cost with deposit of $120.00 required to initiate investigation
(H) Premedical or Medical Education Qualifications Review - at cost with deposit of $120.00 required to initiate action
(I) Monitoring fees for Agreements: Actual costs of any testing or monitoring provided for in the Agreement.
(J) Disciplinary action fees:
(i) Probation fees - $150.00 per month.
(ii) Investigation/Prosecution fees - actual cost incurred.
(K) Filing of motions:
(i) Request for Specialty Board Certification under 435:10-7-2 - $120.00
(ii) Priority issuance of subpoena or duces tecum subpoena within seven (7) days of hearing - $15.00
(L) Administrative fine for practicing after revocation of license pursuant to 59 O.S.

491B - $5,000 per day
(M) Board publications fee - at printing cost

(b) **Submission of fees.**

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

[**Source:** Amended at 9 Ok Reg 1585, eff 4-27-92; Amended at 10 Ok Reg 4371, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2327, eff 5-26-94; Amended at 11 Ok Reg 4525, eff 7-27-94 (emergency); Amended at 12 Ok Reg 555, eff 12-12-94 (emergency); Amended at 12 Ok Reg 1209, eff 5-11-95; Amended at 13 Ok Reg 1563, eff 8-21-95 (emergency); Amended at 13 Ok Reg 1169, eff 2-26-96 (emergency); Amended at 13 Ok Reg 1693, eff 5-25-96; Amended at 13 Ok Reg 2681, eff 6-27-96; Amended at 16 Ok Reg 1999, eff 6-14-99; Amended at 19 Ok Reg 2299, eff 6-28-02; Amended at 22 Ok Reg 942, eff 5-12-05; Amended at 23 Ok Reg 1094, eff 5-11-06; Amended at 25 Ok Reg 1963, eff 6-26-08; Amended at 26 Ok Reg 2574, eff 1-1-10; Amended at 28 Ok Reg 1745, eff 6-25-11; Amended at 34 Ok Reg 578, eff 3-3-17 (emergency); Amended at 35 Ok Reg 1802, eff 9-14-18; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

The following entities are required to report within 30 days after action is taken, to the Board in the manner prescribed as follows:

(1) Each entity (including an insurance company) which makes payments in satisfaction of judgment in a medical malpractice action or claim shall report the name of the physician, the amount of the payment, the name(s) of any hospital(s) with which the physician is associated or affiliated, a description of the acts or omissions and injuries or illness upon which the action or claim was based and any other information deemed necessary and requested by the Board.
(2) Each health care entity that takes a professional review action that adversely affects the clinical privileges of a physician for longer than 30 days, shall report to the Board name, description, other information.
(3) Each health care entity that accepts the surrender of clinical privileges by a physician while said physician is under investigation by the entity relating to possible incompetence or improper professional conduct, shall report to the Board name, description, other information.
(4) Each health care entity that accepts the surrender of clinical privileges by a physician in exchange for not conducting an investigation of possible incompetence or improper professional conduct, shall report to the Board name, description, other information.
(5) Any professional society or association which takes professional review action which adversely affects the membership of the physician shall report to the Board name, description, other information. [Reference: PL 99-660, Sec. 401, Title IV 42 U.S.C. 11,101 et seq., part B - Reporting of Information]

[**Source:** Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:1-1-9. Declaratory rulings

(a) Any individual or group may petition the Board for a declaratory ruling as to the applicability of any statute, rule or order of the Board. Any other individual or group may file a response thereto.
(b) All petitions filed for a declaratory ruling by the Board shall set out fully the views of the petitioner giving any reasons and citations of legal authority he/she has in support of such views.
(c) The Board may request the petitioner, or any respondent, to present witnesses on any facts involved in the petition, or legal memorandum with citations of authority on any legal issues involved in his petition.
(d) The Board may initially assign a petition for declaratory ruling to an appropriate advisory committee and/or board subcommittee for its review and for a recommendation. The advisory committee and/or board subcommittee may hold hearings, take testimony, or require any legal memorandums that the Board may require. The findings or recommendation of any advisory committee or board subcommittee is not binding on the Board en banc.

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

[**Source:** Amended at 11 Ok Reg 4525, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1209, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:1-1-10. Duties of the Secretary

(a) The Board may appoint a Secretary pursuant to 59 O.S. § 487 to perform duties to include, but not be limited to, the following:

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

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

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

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

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

(d) Pursuant to the authority of 59 O.S.§ 487, the Board may appoint the Secretary to carry out the statutory duties of the Board.

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

(f) The Secretary may designate the duties set forth in (c) of this section to the Executive Director during the absence of the Secretary.

[**Source:** Added at 11 Ok Reg 4731, eff 9-9-94; Added at 12 Ok Reg 1209, eff 5-11-95; Amended at 13 Ok Reg 645, eff 11-21-95; Amended at 13 Ok Reg 2683, eff 6-27-96; Amended at 43 Ok Reg, Number 7, effective 11-10-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

CHAPTER 3. INDIVIDUAL PROCEEDINGS

[**Authority:**Authority: 59 O.S., § 489]
[**Source:**Authority: 59 O.S., § 489; Codified 5-11-95]

SUBCHAPTER 1. PURPOSE AND DEFINITIONS

435:3-1-1. Purpose

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

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

435:3-1-2. Definitions

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

"Act" means the Oklahoma Medical Practice Act, 59 O.S.1991, §§ 481, **et seq.,** as amended, or

any health profession act over which the Board has regulatory jurisdiction.

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

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

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

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

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

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

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

"Secretary" means the Secretary of the Board.

"Staff" means the personnel of the Board.

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

SUBCHAPTER 3. INVESTIGATIONS AND HEARINGS

435:3-3-1. Investigations

Any person may file a complaint with the Board in regard to any person licensed or certified by the Board. Complaints may be written or oral. The Staff may require complainants to reduce oral complaints to writing. The Staff may inquire of a complainant for any additional useful information related to the complaint. The Staff shall investigate all credible complaints over which the Board would reasonably have jurisdiction. In addition, the Staff may refer complaints to other entities with jurisdiction, such as, but not limited to the Oklahoma State Bureau of Investigation, Oklahoma Bureau of Narcotics and Dangerous Drugs, Oklahoma Board of Nursing, Oklahoma State Board of Pharmacy, Oklahoma Attorney General, Oklahoma State Board of Osteopathic Examiners, Oklahoma State Department of Health, appropriate District Attorney, for action when the Board lacks jurisdiction. Further, the Staff may report alleged criminal violations to appropriate law enforcement agencies.

[**Source:** Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:3-3-2. Confidentiality during investigations

(a) During the conduct of any investigation, the investigative staff shall take all proper and necessary action to ensure the confidentiality of investigative files, in accordance with the Oklahoma Open Records Act, 51 O.S.1991, §§ 24a.1 **et seq.**

(b) All investigative files shall remain confidential and privileged, such information can be offered by the state in administrative proceedings before the board and if admitted then it becomes a public record. The information is not deemed a record under Oklahoma Open Records Act Pursuant to 59 O.S. Section 509.1. The information is not subject to subpoena or discovery in any civil or criminal proceedings except that the board may give the information to law enforcement and other state agencies as necessary and appropriate discharge of duties of that agency and ensuring against unauthorized access to the information.

(c) In particular, staff shall take all necessary action to ensure patient files obtained by the agency during an investigation shall not be disclosed to the public. The investigative staff shall redact all copies of patient records used during an investigation to render unreadable the name and other identification information of a patient, unless that information is pertinent to the hearing and reasonable efforts have

been made by the Staff to secure the cooperation of the patient or the patient's parent or guardian.

[**Source:** Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:3-3-3. Confidentiality during hearings

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

[**Source:** Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:3-3-4. Complaints

(a) An individual proceeding, whether initiated by the Board or by a citizen complainant shall be initiated by the filing of a sworn complaint with the Secretary of the Board. The complaint shall contain a brief statement setting forth the allegations which are the basis of the complaint and naming the person against whom the complaint is made. The complaint shall set forth all notice and hearing requirements of the APA.
(b) After a complaint has been filed in accordance with (a) of this section, the Secretary of the Board shall review the complaint and may issue a citation notifying the person named in the complaint of said filing and the date and place of the hearing.
(c) The decision whether to issue a citation shall be left to the discretion of the Secretary.

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

435:3-3-5. Notices

(a) All notices or other papers, motions or documents which require service in an individual proceeding may be served personally or by certified mail to the defendant's last known address filed with the Board.
(b) If the Board is unable to provide service upon the defendant by either means provided in (a) of this section, after the exercise of due diligence, the Board may provide notice by publication in a newspaper for such time as the Secretary of the Board may direct as most likely to give opportunity for notice to the defendant.

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

435:3-3-6. Service of notice

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

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

435:3-3-7. Hearing date

(a) Upon the issuance and service of a complaint and citation to a defendant before the Board, the staff of the agency shall assign a tentative hearing date for the matter to be presented to the Board.
(b) At the time of the issuance of the complaint and citation, a scheduling order shall be mailed to the defendant, which shall state the closing date for the exchange of witness and exhibit lists, discovery cut-off, the cut-off date for the filing of dispositive motions, a pretrial conference set at least fourteen (14)

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

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

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

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

[**Source:** Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:3-3-9. Discovery

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

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

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

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

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

435:3-3-11. Procedure of hearing

(a) Immediately prior to the calling of the first case at a meeting of the Board during which hearings shall be held, the president of the Board or designee may conduct a docket call, in which cases to be heard by the Board shall be scheduled. Scheduling may take into consideration factors such as anticipated length of a hearing, whether a matter is contested or uncontested, and, if necessary, special requirements of the parties or witnesses.
(b) The hearing shall be conducted in an orderly manner and shall be presided over by the President of the Board, or the Vice-President in the absence of the President. In the event of the absence of both the President and the Vice-President, the President shall designate a member of the Board to preside over the hearing. The burden of proof shall be upon the agency to prove the allegations contained in the complaint by clear and convincing evidence. The rules of evidence used during the hearing shall be those specified by the Oklahoma Administrative Procedures Act.

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

435:3-3-12. Board advisor

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

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

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

435:3-3-13. Trial examiner

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

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

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

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

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

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

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

[**Source:** Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

Effective: September 1, 2026

435:3-3-14. Failure to appear

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

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

435:3-3-15. Sequestration of witnesses

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

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

435:3-3-16. Subpoenas

Subpoenas shall be issued by the Secretary, or the trial examiner. Subpoenas shall be served, and a return made, in any manner prescribed by Oklahoma statutes for the following:
(1) to compel the attendance of witnesses;
(2) for the furnishing of information required by the Board, or
(3) for the production of evidence or records of any kind.

[**Source:** Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:3-3-17. Answer to subpoena

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

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

435:3-3-18. Hearing records

(a) A record of the hearing, by means of audio recording, will be made of all hearings conducted by the Board. The record of the proceeding shall not be transcribed but the audio recording shall be provided upon written request by the defendant. The defendant may, at his or her expense, arrange for the audio recording to be transcribed.
(b) A defendant may, at his or her expense, arrange for a record of the hearing to be made by a court reporter.

[**Source:** Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

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

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

[**Source:** Added at 11 Ok Reg 4159, eff 6-21-94 (emergency); Added at 12 Ok Reg 1215, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:3-3-20. Final orders

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

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

435:3-3-21. Petition for rehearing

(a) A petition for rehearing is not required before an appeal may be perfected in accordance with 59 O.S.1971, Section 513. A petition for rehearing, reopening or reconsideration of a final order may be filed with the Secretary of the Board within ten (10) days from the entry of the order. It must be signed by the party or his/her attorney or representative and must set forth with particularity the statutory grounds upon which it is based. However, a petition for rehearing based upon fraud by any party or procurement of the order by perjured testimony or fictitious evidence may be filed at any time.
(b) The Board shall not hear an appeal to a decision more than one time and shall limit the reconsideration of its decision on appeal to the findings of fact and imposition of terms, sanctions or other direction as set out in the Board Order.

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

CHAPTER 5. DISCIPLINARY ACTIONS

[**Authority:**59 O.S., § 489]
[**Source:**59 O.S., § 489; Codified 5-11-95]

435:5-1-1. Purpose

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

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

435:5-1-2. Definitions

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

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

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

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

"Secretary" means the Secretary of the Board.

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

Effective: September 1, 2026

435:5-1-3. Authority of Board

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

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

435:5-1-4. Determination of penalties

(a) In determining the severity of any penalty assessed a person licensed or certified by the Board, the Board shall take into account, among other things, actual harm to the public, potential harm to the public, acceptance by the defendant for responsibility in the disciplinary action, remorse by the defendant, or action taken by the defendant to make amend for wrongful conduct, if appropriate.
(b) In general, a more severe or harmful violation of an act regulated by the Board will result in a more severe penalty to be imposed by the Board. A less severe or harmful violation of an act regulated by the Board will result in a less severe penalty imposed by the Board. The Board will review all possible penalties for the type of violation of which the defendant was convicted by the Board in making its determination of the penalty imposed.

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

435:5-1-4.1. Disciplinary fines

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

(1) Not to exceed $5,000 per day for practicing after revocation, suspension, surrender or failure to renew a license, pursuant to 59 O.S. §491B.
(2) Up to $5,000 per violation of unprofessional conduct, pursuant to 59 O.S. §509.1A(9).

[**Source:** Added at 22 Ok Reg 2095, eff 6-25-05; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:5-1-5. Letters of concern

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

[**Source:** Added at 11 Ok Reg 4531, eff 7-27-94 (emergency); Added at 12 Ok Reg 1221, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

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

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

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

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

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

[**Source:** Added at 22 Ok Reg 945, eff 5-12-05; Amended at 43 Ok Reg, Number 7, effective 11-10-25; Amended at 43 Ok Reg, Number 20,

effective 9-1-26]

435:5-1-6. Reinstatement

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

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

435:5-1-6.1. Reinstatement requirements

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

[**Source:** Added at 12 Ok Reg 3656, eff 5-9-95 (emergency); Added at 13 Ok Reg 1696, eff 5-25-96; Amended at 19 Ok Reg 2777, eff 6-24-02 (emergency); Amended at 20 Ok Reg 969, eff 5-21-03; Amended at 22 Ok Reg 945, eff 5-12-05; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

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

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

435:5-1-8. Physicians on probation

It is the determination by the Board that allied health professionals that require surveillance of a

licensed physician shall not be supervised by physicians on probation.

[**Source:** Added at 13 Ok Reg 1173, eff 2-26-96 (emergency); Added at 13 Ok Reg 2687, eff 6-27-96; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

CHAPTER 7. ADMINISTRATIVE REMEDIES

[**Authority:**59 O.S., §§ 503.2 and 519 et. seq.]
[**Source:**59 O.S., §§ 503.2 and 519 et. seq.; Codified 8-26-21]

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

(a) Pursuant to 59 S.Supp.2019, §503.2, the State Board of Medical Licensure and Supervision ("Board"), or the Board Secretary ("Board Secretary") acting for the Board, may issue a Notice against a licensee for statutory or regulatory prescribed unprofessional conduct.
(b) All administrative remedies as defined in 59 O.S. 503.2 are applicable to any and all professional licenses under the legislative jurisdiction of the board.
(c) For the purposes of this section, "unprofessional conduct" includes but is not limited to:

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

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

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

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

[**Source:** Added at 38 Ok Reg 1200, eff 8-26-21; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

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

(1) The licensee may consent and comply with the terms of the proposed administrative remedy

set forth in the Notice; or

(2) The licensee may provide a written contest to the Notice, which must include specific grounds or objections as to why the licensee is contesting the imposition of an administrative remedy, the amount of the remedy, or both.

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

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

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

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

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

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

(a) A hearing on a contest of the Notice will be governed by the requirements of Article II of the Administrative Procedures Act. The Board's Rules for Individual Proceedings shall also govern.

(b) Following a hearing on the contest of the Notice, the Board may affirm, lessen, or reject the administrative remedy set forth in the Notice.

(c) Within ten (10) days of the Final Administrative Order, a licensee may request a rehearing, reconsideration, or reopening pursuant to 75 O.S. §317 and Okla. Admin. Code §435:3-3-21. Otherwise, the Board's decision shall constitute a Final Administrative Order.

(d) The Board's Final Administrative Order shall include the following separately stated information:

(1) Findings of Fact; and

(2) Conclusions of Law.

(e) A copy of the Final Administrative Order shall be mailed to the licensee by certified mail, return receipt requested to the addressee, to the address on file with the Board or personally delivered. A copy of the Order shall be delivered or mailed forthwith and to his or her attorney of record.

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

435:7-1-5. Non disciplinary administrative remedies

(a) The Notice and/or the Board's Final Administrative Order may assess a monetary fine of up to $1,500.00 per violation of unprofessional conduct, which are non disciplinary.In no event shall a fine exceed any amount otherwise set forth in statute or rules; or

(b) The Board may impose continuing education requirements that must be pre- approved by the Board Secretary or the Board. The Notice will specify the amount of continuing education credit hours required and the time in which the licensee shall complete the credit hours.

[**Source:** Added at 38 Ok Reg 1200, eff 8-26-21; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

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

(a) To the extent required by law, any patient information must be redacted from all of the following:

(1) Notice;

(2) Final Administrative Order; or

(3) Any document filed in a contest of such a Notice of Final Administrative Order.

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

[**Source:** Added at 38 Ok Reg 1200, eff 8-26-21; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

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

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

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

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

(a) A licensee shall not be issued a renewal license until licensee has complied with all the provisions of the Final Administrative Order.
(b) In the event that the licensee has not timely complied with a Final Administrative Order, the Board Secretary may file a motion to enforce or initiate disciplinary action against a licensee.

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

CHAPTER 10. PHYSICIANS AND SURGEONS

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

SUBCHAPTER 1. GENERAL PROVISIONS

435:10-1-1. Purpose

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

[**Source:** Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

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

435:10-1-3. Limited liability company

Based on the enactment of 18 O.S. Supp. 1992, Section 2000 et seq. (SB456, 1992 Oklahoma Legislature), the Oklahoma State Board of Medical Licensure and Supervision recognizes that a

lawfully formed and organized limited liability company, domestic limited liability company, or foreign limited liability company is a lawful business organization wherein an Oklahoma licensed physician may practice medicine and surgery.

[**Source:** Added at 10 Ok Reg 2455, eff 6-11-93; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

435:10-1-4. Definitions

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

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

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

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

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

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

"International applicant" means an applicant who is a graduate of an international medical school.

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

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

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

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

"Remote patient monitoring services" means the delivery of home health services using telecommunications technology to enhance the delivery of home health care including monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose and other condition-specific data, medication adherence monitoring and interactive video conferencing with or without digital image upload.

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

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

(A) spouses or partners;
(B) parents;
(C) guardian; and
(D) other individuals involved in the care of and/or decision-making for the patient.

"Telemedicine" means technology-enabled health and care management and delivery systems that extend capacity and access, which includes:

(A) synchronous mechanisms, which may include live audiovisual interaction between a patient and a health care professional or real-time provider to provider consultation through live interactive audiovisual means,
(B) asynchronous mechanisms, which include store and forward transfers, online exchange of health information between a patient and a health care professional and online exchange of health information between health care professionals, but shall not

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include the use of automated text messages or automated mobile applications that serve as the sole interaction between a patient and a health care professional,
(C) remote patient monitoring, and
(D) other electronic means that support clinical health care, professional consultation, patient and professional health-related education, public health and health administration.

[**Source:** Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 24 Ok Reg 2246, eff 6-25-07; Amended at 27 Ok Reg 856, eff 4-25-10; Amended at 29 Ok Reg 353, eff 2-1-12 through 5-25-12 (emergency)[1]; Amended at 31 Ok Reg 1975, eff 9-12-14; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

SUBCHAPTER 3. LICENSURE OF PHYSICIANS AND SURGEONS [REVOKED]

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

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

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

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

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

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

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

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

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

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

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

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

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

435:10-4-1. General licensure provisions

(a) No person shall perform any act prohibited by the Act for any fee or other compensation, or hold

himself or herself out as a physician and surgeon under the Act, unless first licensed by the Board to do so. The Board directs staff to undertake affirmative action to seek the prosecution of any person suspected by the staff to be in criminal violation of any provision of the Act.
(b) No person shall be licensed by the Board unless and until that person first fully complies with all licensure provisions of the Act and this Subchapter and has satisfied the Board of the ability of that person to practice medicine and surgery with reasonable skill and safety.
(c) The Board shall not engage in any application process with any agent or representative of any applicant except as is specifically approved by the Board at a meeting of the Board and majority vote. The Board shall entertain a request for authority for an agent or representative to represent an applicant only upon written motion by the applicant and after a personal interview with the applicant by the Secretary of the Board or the Board en banc. It is the purpose of the Board in this regard to prevent any subterfuge in the application process and so requires any person who wishes to employ an agent or representative to meet personally with the Board or Secretary.
(d) A license issued by the Board shall be signed by the Secretary and attested by the seal of the Board.

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

435:10-4-2. Board jurisdiction

(a) The jurisdiction of the Board extends, for the purposes of 59 O.S. § 492 to allopathic medical practices. It is the duty of the Board to enforce licensure requirements for persons who perform any act contemplated by 59 O.S. § 492 (C) or any other provision of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act. The Board construes licensure requirements of the Act to extend to residents and interns in any medical post-graduate training program in accordance with 59 O.S. § 492 (D)(1). Interns shall obtain a special training license to practice pursuant to Subchapter 11 of this Chapter. In special circumstances, residents beyond the first year of post-graduate training may extend a special training license for continuance of training, renewable annually.
(b) The Board construes “allopathic” to refer to any medical or surgical procedure, drug or act reasonably and/or normally performed or undertaken by an allopathic physician consistent with the education and training of an allopathic physician.

[**Source:** Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

435:10-4-3. Application forms

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

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

435:10-4-4. Application procedure

(a) An applicant for licensure by the Board shall provide the Board with all information required pursuant to 59 O.S. § 493.1 on forms created therefore by staff. In addition, an applicant shall provide either original documents required thereby or notarized or certified duplicates. Academic records may be provided by submission of certified transcripts from all applicable schools.
(b) The applicant shall be forthright and open in the provision of information to the Board in the application process. No applicant shall be awarded a license who does not provide the Board with complete, open and honest responses to all requests for information.
(c) Any Board member may request an applicant to provide any additional information the Board member feels is necessary or useful to determine the applicant's ability to practice medicine and surgery

in the application process which is raised by any response by an applicant to any question or request for information on the application form.

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

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

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

(g) The applicant shall review the Act and Board rules and shall list all sanctions, judgments, awards, settlements, or convictions which would constitute grounds for disciplinary action by the Board under the Act and rules of the Board.

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

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

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

(k) The Board must be in receipt of correspondence from the National Practitioner Databank (NPDB) and Federation of State Medical Boards (Federation) prior to issuance of any medical license. Should information be found through correspondence with the NPDB, Federation, or other sources that was previously unknown to the Board, the application will be held until such time as the Secretary of the Board is satisfied that the information has been validated by the Staff.

(l) An applicant may withdraw an application for licensure at any time prior to a final decision of the Board.

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

(n) In accordance with 59 O.S. 4100.4(A), the Board will review education, training, and experience completed by the individual as a member of the Armed Forces or Reserves of the United States,

National Guard of any state, or the Naval Militias of any state, and apply it in the manner most favorable toward satisfying the qualifications of issuance of the requested license or certification or approval for license examination in this state.
(o) In accordance with 59 O.S. 4150.1, the Board will honor the requirements in the Universal Licensing Act.

[**Source:** Added at 11 Ok Reg 4535, eff 7-27-94; Added at 12 Ok Reg 767, eff 1-5-95; Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 12 Ok Reg 1235, eff 5-15-95; Amended at 15 Ok Reg 2018, eff 5-26-98; Amended at 19 Ok Reg 2777, eff 6-24-02; Amended at 19 Ok Reg 2992, eff 8-19-02; Amended at 20 Ok Reg 969, eff 5-12-03; Amended at 22 Ok Reg 946, eff 5-12-05; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 7, effective 11-10-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

435:10-4-5. Additional requirements for international medical school graduate applicants
(a) It is the intent of the Board to provide graduates of international medical schools equal opportunity in the licensure process. All international applicants shall meet the requirements of 435:10-4-4. Additional requirements set forth in this Section are used solely for the purpose of ensuring the validity of the international applicant's fitness to practice and ability to work in the United States.
(b) Graduates of international medical schools whose documents are not printed in the English language shall provide all original documents in the manner of 435:10-4-4. In addition, international graduates shall identify a credible translator of applicant's documents. United States Consulates and formal educational foreign language programs from an institution accredited by the North Central Association of Colleges and Schools are approved to provide translations to the Board.
(c) Effective January 1, 2004, any applicant that graduated from an international medical school after July 1, 2003 and completed clerkships in the United States, those clerkships must have been done in hospitals, schools or facilities that are accredited by the appropriate accrediting body, Accreditation Council for Graduate Medical Education. The Board may direct staff to contact an applicant's medical school to obtain any necessary information related to the school or the applicant. In the event the Board is unable to verify information related to an applicant or the applicant's medical school, the Board may in its discretion reject the applicant's application.
(d) An applicant from a international medical school shall provide the Board with proof of successful completion of twenty-four (24) months of progressive post-graduate medical training, obtained in the same medical specialty, from a program approved by:

(1) The American Council on Graduate Medical Education (ACGME);
(2) The Royal College of Physicians and Surgeons of Canada;
(3) The College of Family Physicians of Canada;
(4) The Royal College of Surgeons of Edinburgh;
(5) The Royal College of Surgeons of England;
(6) The Royal College of Physicians and Surgeons of Glasgow;
(7) The Royal College of Surgeons in Ireland; or
(8) The American Society of Transplant Surgeons (ASTS).

(e) An international applicant shall provide the Board with written proof of the applicant's ability to work in the United States as authorized by the Department of Homeland Security.
(f) The Board requires original source verification of Educational Commission for Foreign Medical Graduates (ECFMG) Certification for all international medical school graduates to include Canadian medical school graduates after July 1, 2025. For Canadian medical school graduates prior to July 1, 2025, the Board required original source verification from the Medical Council of Canada (MCC).
(g) Any international medical school graduate that does not meet the criteria in paragraphs a-f of this section may apply for licensure in Oklahoma pursuant to 59 O.S. §493.2

[**Source:** Added at 11 Ok Reg 4535, eff 7-27-94; Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 12 Ok Reg 2581, eff 6-26-95; Amended at 13 Ok Reg 1569, eff 8-21-95; Amended at 13 Ok Reg 1699, eff 5-25-96; Amended at 19 Ok Reg 2992, eff 8-19-02; Amended at 20 Ok Reg 969, eff 5-21-03; Amended at 22 Ok Reg 946, eff 5-12-05; Amended at 28 Ok Reg 1748, eff 6-25-11; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 7, effective 11-10-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

Effective: September 1, 2026

435:10-4-6. Medical licensure examination

(a) The Board has adopted the USMLE as its standard licensure exam. The passing score for the licensure examination is set at seventy-five percent (75%) or the 3-digit minimum passing score scale as set by the USMLE program.

(b) The Board recognizes as acceptable for licensure the USMLE, NBME, FLEX and LMCC examinations. In addition, the Board will accept the following combinations of those examinations:

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

(2) FLEX component 1 plus USMLE step 3; or

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

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

(d) All steps of the licensure examination must be passed within ten (10) years unless otherwise prohibited by applicable law. However, the Board may review exception requests on a case by case basis.

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

(1) An applicant must pass the licensing exam consistent with the policies and procedures regarding the number of attempts established by the United States Medical Licensing Examination Program. A score of incomplete shall be considered a failing score. The USMLE Step 2 Clinical Skills examination was last administered on March 16, 2020. Examinees with a failing outcome may not have an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 Clinical Knowledge and USMLE Step 3.

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

(3) If an applicant has achieved certification by an American Board of Medical Specialties (ABMS) Board, American Board of Physician Specialties (ABPS), or National Board of Physicians and Surgeons (NBPAS), an exception to 435:10-4-6 (e)(1) and (2) may be granted by a vote of the Board.

(4) An exception to 435:10-4-6(e)(1) may be granted by a vote of the Board for good cause shown. The applicant shall apply for an exception in writing detailing the reason for the requested exception. The Board shall require a personal appearance from the applicant.

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

[**Source:** Added at 11 Ok Reg 4535, eff 7-27-94; Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 12 Ok Reg 2581, eff 6-26-95; Amended at 13 Ok Reg 1571, eff 8-21-95; Amended at 13 Ok Reg 1699, eff 5-25-96; Amended at 15 Ok Reg 2739, eff 6-26-98; Amended at 16 Ok Reg 803, eff 2-4-99; Amended at 16 Ok Reg 2001, eff 6-14-99; Amended at 21 Ok Reg 1047, eff 5-14-04; Amended at 23 Ok Reg 1097, eff 5-11-06; Amended at 23 Ok Reg 3121, eff 6-29-06; Amended at 24 Ok Reg 213, eff 10-26-06; Amended at 24 Ok Reg 2246, eff 6-25-07; Amended at 31 Ok Reg 1977, eff 9-12-14; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 7, effective 11-10-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

435:10-4-7. Licensure by endorsement

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

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

However, the Board may review exception requests on a case by case basis.

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

(1) An applicant must pass the licensing exam consistent with the policies and procedures regarding the number of attempts established by the United States Medical Licensing Examination Program. A score of incomplete shall be considered a failing score. The USMLE Step 2 Clinical Skills examination was last administered on March 16, 2020. Examinees with a failing outcome may not have an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 Clinical Knowledge and USMLE Step 3.

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

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

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

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

[**Source:** Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 15 Ok Reg 3945, eff 7-9-98 (emergency); Amended at 16 Ok Reg 803, eff 2-4-99 (emergency); Amended at 16 Ok Reg 1211, eff 5-14-99; Amended at 17 Ok Reg 1350, eff 5-11-00; Amended at 21 Ok Reg 1047, eff 5-14-04; Amended at 23 Ok Reg 1097, eff 5-11-06; Amended at 23 Ok Reg 3121, eff 6-29-06 (emergency); Amended at 24 Ok Reg 213, eff 10-26-06 (emergency); Amended at 24 Ok Reg 2246, eff 6-25-07; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

435:10-4-8. Endorsement of certified applicants [REVOKED]

[**Source:** Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Revoked at 42 Ok Reg, Number 21, effective 7-25-25]

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

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

[**Source:** Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

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

(a) Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application.

(b) An applicant may request to appear before the Board during the application process in order to provide the Board with additional relevant information.

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

435:10-4-11. Written agreement

(a) **Board Authority.** The Board has been granted authority pursuant to 59 O.S. § 492.1, to require, among other things, that an applicant provide to the Board satisfactory evidence of the ability of the

applicant to practice medicine and surgery in this state with reasonable skill and safety. In addition, the Board is empowered pursuant to 59 O.S. § 503 through 513, to take administrative and other action for violation of the Act for unprofessional conduct.

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

(1) In consideration of this authority, the Board designates to the Secretary the authority to enter into a written Agreement with an applicant to provide the Board assurance that the applicant will be able to practice medicine and surgery in this state with reasonable skill and safety.

(2) The Secretary may enter into such an Agreement when circumstances and/or conditions of an applicant raise questions as to the fitness or ability of the applicant to practice medicine and surgery with reasonable skill and safety or questions as to prior actions of the applicant in this or any other jurisdiction which would constitute a violation of the Act or these rules, as the Secretary may determine.

(3) The Agreement shall be a written statement of conditions upon which a license may be granted to an applicant, although no license shall be guaranteed to be granted should an applicant enter into an Agreement, by which the Secretary shall devise and specify authority of the Board or its staff to meet with the applicant upon specified terms, to gather additional information from the applicant or to require the applicant to take certain specified actions if, when and after the applicant is granted a license by the Board. Additionally, the Applicant will agree to pay the actual costs incurred for any testing or monitoring provided for under the Agreement.

(4) Any Agreement entered into by the Secretary and an applicant shall not be effective until approved by the Board.

(5) The Board intends any Agreement entered into by the Secretary and an applicant to be of a continuing nature until set aside or otherwise terminated by the Board.

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

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

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

[**Source:** Added at 12 Ok Reg 3658, eff 5-9-95 (emergency); Added at 13 Ok Reg 1701, eff 5-25-96; Amended at 16 Ok Reg 2002, eff 6-14-99; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

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

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

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

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

(2) In determining the sponsoring institutions and programs that shall be approved for first year

post-graduate training, fellowship, and residency programs, the Board shall consider as evidence of acceptability the sponsoring institution's accreditation by the Accreditation Council for Graduate Medical Education (ACGME) or The American Society of Transplant Surgeons (ASTS).

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

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

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

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

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

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

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

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

[**Source:** Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95; Amended at 14 Ok Reg 1412, eff 5-12-97; Amended at 21 Ok Reg 1049, eff 5-14-04; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

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

[**Source:** Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

SUBCHAPTER 7. REGULATION OF PHYSICIAN AND SURGEON PRACTICE

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

In compliance with Title 59 O.S. § 355.1, all medical doctors who desire to dispense “dangerous drugs” to patients must comply with all requirements thereof.

(1) **Annual** Any medical doctor who desires to dispense “dangerous drugs,” as defined by 59 O.S. §§ 353.1, **et seq**., to patients must register annually with the Board on forms provided by the Board. Registration as a dispensing physician may be combined with annual renewal of licensure in order to simplify the process.

(2) **Records made available** The record required by the Oklahoma Pharmacy Act, shall be

available to inspection and copying by investigators of the Board during normal business hours.

[**Source:** Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

Allopathic physicians in Oklahoma who may lawfully claim to be “Board Certified” or “Certified by” or a “Diplomat” or “Fellow” are physicians who have provided evidence of successful completion of all requirements for certification by a member Board boards of the organization of American Board of Medical Specialties (ABMS), American Board of Physician Specialties (ABPS), National Board of Physicians and Surgeons (NBPAS), or by any other organization whose program for the certification requested has been approved by the Board. Physicians requesting to be “Board Certified” or “Certified by" or a “Diplomat” or “Fellow” by a program not approved by the Board shall make a formal request to the Board, complete the Non-Recognized Board Certification Application and pay the appropriate fee pursuant to 435:1-1-7(a)(4)(K)(i). The physician will be notified when their matter will be heard by the Board and shall be present to address any questions by the Board. The Board may require the certification organization to appear with the requesting physician.

[**Source:** Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

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

435:10-7-4. Unprofessional conduct

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

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

medicine, treatment, or remedy prescribed by a physician or at a physician's direction in the treatment of any disease or other condition of the body or mind.

(13) Representing to a patient that an incurable condition, sickness, disease, or injury can be cured.

(14) Willfully or negligently violating the confidentiality between physician and patient to the detriment of a patient except as required by law.

(15) Gross or repeated negligence in the practice of medicine and surgery.

(16) Being found mentally incompetent or insane by any court of competent jurisdiction; commitment to an institution for the insane shall be considered prima facie evidence of insanity of any physician or surgeon.

(17) Being physically or mentally unable to practice medicine and surgery with reasonable skill and safety.

(18) Practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery.

(19) The use of any false, fraudulent, or deceptive statement in any document connected with the practice of medicine and surgery.

(20) Practicing medicine and surgery under a false or assumed name.

(21) Aiding or abetting the practice of medicine and surgery by an unlicensed, incompetent, or impaired person.

(22) Allowing another person or organization to use a physician's license to practice medicine and surgery.

(23) Commission of any act of sexual abuse, misconduct, or exploitation related or unrelated to the licensee's practice of medicine and surgery.

(24) Prescribing, selling, administering, distributing, ordering, or giving any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug for other than medically accepted therapeutic purposes.

(25) Except as otherwise permitted by law, prescribing, selling, administering, distributing, ordering, or giving to a habitue or addict or any person previously drug dependent, any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug.

(26) Prescribing, selling, administering, distributing, ordering, or giving any drug legally classified as a controlled substance or recognized as an addictive dangerous drug to a family member or to himself or herself. Provided that this paragraph shall not apply to family members outside the second degree of consanguinity or affinity. Provided further that this paragraph shall not apply to medical emergencies when no other medical doctor is available to respond to the emergency.

(27) Violating any state or federal law or regulation relating to controlled substances.

(28) Obtaining any fee by fraud, deceit, or misrepresentation, including fees from Medicare, Medicaid, or insurance.

(29) Employing abusive billing.

(30) Directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, though this prohibition shall not prohibit the legal function of lawful professional partnerships, corporations, or associations.

(31) Disciplinary action of another state or jurisdiction against a license or other authorization to practice medicine and surgery based upon acts of conduct by the licensee similar to acts or conduct that would constitute grounds for action as defined in this section, a certified copy of the record of the action taken by the other state or jurisdiction being conclusive evidence thereof.

(32) Failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction (United States or foreign), by any governmental agency, by any law enforcement agency, or by any court for acts or conduct similar to acts or conduct that would

constitute grounds for action as defined in this section.
(33) Failure to report to the Board surrender of a license or other authorization to practice medicine and surgery in an other state or jurisdiction, or surrender of membership on any medical staff or in any medical or professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.
(34) Any adverse judgment, award, or settlement, or award arising from a medical liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.
(35) Failure to transfer pertinent and necessary medical records to another physician in a timely fashion when legally requested to do so by the subject patient or by a legally designated representative of the subject patient.
(36) Improper management of medical records.
(37) Failure to furnish the Board, its investigators or representatives, information lawfully requested by the Board.
(38) Failure to cooperate with a lawful investigation conducted by the Board.
(39) Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board.
(40) The inability to practice medicine and surgery with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. To enforce this paragraph, the Board may, upon probable cause, request a physician to submit to a mental or physical examination by physicians designated by it. If the physician refuses to submit to the examination, the Board shall issue an order requiring the physician to show cause why he will not submit to the examination and shall schedule a hearing on the order within thirty (30) days after notice is served on the physician. The physician shall be notified by either personal service or by certified mail with return receipt requested. At the hearing, the physician and his attorney are entitled to present any testimony and other evidence to show why the physician should not be required to submit to the examination. After a complete hearing, the Board shall issue an order either requiring the physician to submit to the examination or withdrawing the request for examination. The medical license of a physician ordered to submit for examination may be suspended until the results of such examination are received and reviewed by the Board.
(41) Failure to provide a proper setting and assistive personnel for medical acts, including but not limited to examination, surgery, or other treatment. Adequate medical records to support treatment or prescribed medications must be produced and maintained.
(42) Failure to inform the Board of a state of physical or mental health of the licensee or of any other health professional which constitutes or which the licensee suspects constitutes a threat to the public.
(43) Failure to report to the Board unprofessional conduct committed by another physician.
(44) Abuse of physician’s position of trust by coercion, manipulation or fraudulent representation in the doctor-patient relationship.
(45) Engaging in physical conduct with a patient which is sexual in nature, or in any verbal behavior which is seductive or sexually demeaning to a patient.
(46) Engaging in predatory sexual behavior.
(47) Any doctor licensed in Oklahoma using that license for practice in another state, territory, district or federal facility who violates any laws in the state in which he/she is practicing or any federal, territorial or district laws that are in effect in the location in which he/she is using his/her Oklahoma license to practice.
(48) Causing, or assisting in causing, the suicide, euthanasia or mercy killing of any individual; provided that it is not causing, or assisting in causing, the suicide, euthanasia or mercy killing of any individual to prescribe, dispense or administer medical treatment for the purpose of

alleviating pain or discomfort in accordance with Oklahoma Administrative Code 435:10-7-11, even if such use may increase the risk of death, so long as it is not also furnished for the purpose of causing, or the purpose of assisting in causing, death for any reason.

(49) Failing to obtain informed consent, based on full and accurate disclosure of risks, before prescribing, dispensing, or administering medical treatment for the therapeutic purpose of relieving pain in accordance with Oklahoma Administrative Code 435:10-7-11 where use may substantially increase the risk of death.

(50) Failure to establish a physician/patient relationship prior to providing patient-specific medical services, care or treatment, except in a clearly emergent, life threatening situation.

(51) Failing to supervise, delegate, or oversee appropriately by not providing direct and indirect supervision as required by the Board's laws and rules, not maintaining adequate records of supervision, delegating services to unqualified individuals, failing to assume full responsibility for services provided by supervisees, offering services without appropriate supervision, or failing to be available for communication.

(52) Performing gender transition procedures, as defined in 63 O.S. Section 2607.1, on a person under eighteen (18) years of age.

[**Source:** Amended at 9 Ok Reg 1579, eff 4-27-92; Amended at 10 Ok Reg 1529, eff 4-26-93; Amended at 10 Ok Reg 4375, eff 7-27-93 (emergency); Amended at 11 Ok Reg 1559, eff 4-4-94 (emergency); Amended at 11 Ok Reg 2329, eff 5-26-94; Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95; Amended at 13 Ok Reg 1573, eff 8-21-95 (emergency); Amended at 13 Ok Reg 1703, eff 5-25-96; Amended at 16 Ok Reg 1211, eff 5-14-99; Amended at 27 Ok Reg 856, eff 4-25-10; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

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

(1) Physicians who are more than 75 years of age;

(2) Physicians who have recently had significant illnesses or medical events which could affect their ability to practice medicine with reasonable competency;

(3) Physicians who have been the subject of letters of complaint or concern submitted to the Board from persons in the practitioner's sphere of influence.

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

(1) Required to submit to physical, psychological or psychiatric examination;

(2) Required to submit to the **SPEX** examination or any examination deemed appropriate for the purpose of evaluation of clinical competence by the Board or its designee;

(3) Required to submit evidence satisfactory to the Board or the Secretary to show successful completion of adequate continuing medical education;

(4) Required to appear for an interview with the Board, the Board Secretary, or a Board designated physician or group of physicians.

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

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

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

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

(b) Physicians in this status may continue to use the title or append to their name the letters, M.D., Doctor, Professor, Specialist, Physician or any other title, letters or designation which represents that

such person is a physician. Service on boards, committees or other such groups which require that a member be a physician shall be allowed.

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

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

(1) Pay required fees and

(2) Complete required forms.

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

(1) Make a personal appearance before the Board or Secretary of the Board;

(2) Submit to a physical examination, psychological and/or psychiatric examination;

(3) Provide evidence of successful completion of continuing medical education;

(4) Successfully take a competency and/or jurisprudence examination as directed by the Board or the Secretary of the Board.

[**Source:** Amended at 15 Ok Reg 271, eff 10-1-97 (emergency); Amended at 15 Ok Reg 2019, eff 5-26-98; Amended at 25 Ok Reg 1966, eff 6-26-08; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

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

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

[**Source:** Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:10-7-8. Communicable diseases

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

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

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

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

(1) **"Conviction"**, as used in 59 O.S. Section 509.2 shall mean a finding, by the Board, that a physician did violate any provision of this Section.

(2) **"Human tissue"** means all parts of the human body recognizable as such without the use of specialized equipment.

(3) **"Physician"** means a person licensed under the provisions of Title 59 O.S. Section 481 et seq.

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

(1) Sent for analysis and possible retention as a surgical specimen;

(2) Sent for autopsy;

(3) Sent for embalming and burial in accordance with accepted interment standards; or

(4) Sent for disposal by incineration in a pathological incinerator in the same manner as

hazardous medical waste is handled under the applicable state statutes, rules and regulations.
(c) Nothing herein shall preclude the doctor's right to use human tissue for the treatment of disease or injury. Likewise, the doctor shall have the right to assist in arranging appropriate donations through the processes of the Anatomical Board, under the provisions of the Anatomical Gift Act or the preservation of human tissue for other legitimate educational purpose in any accredited educational endeavor.
(d) In no event shall any person knowingly dispose of any human tissue in a public or private dump, refuse or disposal site or place open to public view.
(e) Any allopathic physician who violates or whose employees or agents violate this Section shall, upon conviction in a hearing before the Board, be fined an amount not to exceed Ten Thousand Dollars ($10,000).
(f) A presumption of compliance occurs once the attending physician has executed one of these methods of handling and his responsibility is deemed fulfilled. In no event shall the allopathic physician be responsible for the acts or omissions of any other licensed professional, independent contractor or other indirect assistant incidental to the ultimate disposal of human tissue by any of the designated methods.

[**Source:** Added at 10 Ok Reg 1527, eff 4-26-93; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

435:10-7-10. Annual reregistration

(a) On an annual basis, each person licensed by the Board shall reregister with the Board. Reregistration shall be conducted during the month of initial licensure of each individual licensee by the Board. Each licensee shall provide to the Board all information required by the Board pursuant to statute, 59 O.S. Section 495a.1, in a form approved by the Board.
(b) It shall be the affirmative duty of each licensee to comply with reregistration requirements. No grace period shall be allowed.

[**Source:** Added at 12 Ok Reg 767, eff 1-5-95 (emergency); Added at 12 Ok Reg 1235, eff 5-15-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

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

(1) **Evaluation of the patient.** A medical history and physical examination must be obtained, evaluated and documented in the medical record. Medical records shall remain current and be maintained in an accessible manner, readily available for review. The medical record shall document:

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

(2) **Treatment plan.** The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are

planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

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

(A) urine/serum medication levels screening when requested;

(B) number and frequency of all prescription refills; and

(C) reasons for which drug therapy may be discontinued (e.g. violation of agreement).

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

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

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

[**Source:** Amended at 16 Ok Reg 2003, eff 6-14-99; Added at 22 Ok Reg 2096, eff 6-25-05; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

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

(1) Providers covering the practice of another provider may approve refills of previously ordered medications if they have access to the medical file of the patient.

(2) Hospice medical directors may initiate prescriptions based on requests from licensed health care providers and on information from Hospice records.

(3) Providers ordering appropriate medications for persons:

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(A) who have been in contact with certain infectious disease; or

(B) with clinically diagnosed, sexually transmitted infections, may provide expedited partner therapy if, in the professional judgement of the provider the patients sexual partner is unlikely or unable to be present for examination, treatment, or testing.

(4) Telemedicine physicians who meet the criteria set out in OAC 435:10-7-13 of this Subchapter.

(5) Licensed healthcare providers providing medical immunizations, which may be implemented by means of standing order(s) and/or policies.

(6) Licensed providers ordering opioid antagonists pursuant to 63 O.S. §1-2506.1.

[**Source:** Added at 31 Ok Reg 419, eff 12-3-13 (emergency); Added at 31 Ok Reg 582, eff 3-18-14 (emergency); Added at 31 Ok Reg 1978, eff 9-12-14; Amended at 32 Ok Reg 2064, eff 9-11-15; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:10-7-13. Telemedicine

Unless otherwise prohibited by law, a valid physician-patient relationship may be established by an allopathic physician with a patient located in this state through telemedicine, provided that the physician:

(1) Holds a license to practice medicine in this state;

(2) Confirms with the patient the patient's identity and physical location; and

(3) Provides the patient with the treating physician's identity and professional credentials.

(4) Must practice telemedicine in compliance with standards established in these rules. In order to be exempt from the face-to-face meeting requirement set out in these rules, the telemedicine encounter must meet the following:

(A) **Telemedicine encounters**

(i) Telemedicine encounters occur when a physician (distant site) performs an exam of a patient (originating site) when distance separates the patient and health care provider.

(ii) If the distant site physician deems it to be medically necessary, they can request a licensed healthcare provider trained in the use of the equipment may be utilized at the originating site to “present” the patient, manage the cameras, any peripheral equipment necessary and perform any physical activities to successfully complete the exam.

(iii) A complete medical record must be kept and be accessible at both the distant and originating sites, preferably a shared Electronic Medical Record.

(iv) Provisions for appropriate follow up care equivalent to that available to face-to-face patients.

(v) Information available to the distant site physician shall be equivalent to a face-to-face encounter and must meet all applicable standards of care for that medical problem including, but not limited to the documentation of a history, a physical exam, the ordering of any diagnostic tests, making a diagnosis and initiating a treatment plan with appropriate discussion and informed consent.

(B) **Equipment and technical standards**

(i) Telemedicine encounters shall comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) and ensure that all patient communications and records are secure and confidential.

(ii) Telemedicine encounters in this state shall not be used to establish a valid physician-patient relationship for the purpose of prescribing opiates, synthetic opiates, semisynthetic opiates, benzodiazepine or carisoprodol, but may be used to prescribe opioid antagonists or partial antagonists pursuant to sections 1-2506.1 and 1-2506.2 of Title 63 of the Oklahoma Statues.

(iii) A physician-patient relationship shall not be created solely based on the

receipt of patient health information by a physician. The duties are obligations created by a physician affirmatively:

(I) Undertakes to diagnose and treat the patient; or

(II) Participates in the diagnosis and treatment of the patient.

(C) **Technology guidelines**

(i) Audio and video equipment, use of audio only shall permit interactive, real-time communications.

(ii) Technology shall adhere to HIPAA and HITECH compliance, including entity appropriate Business Associate Agreements in transit and at rest.

(iii) Technology shall also include data protection including but not limited to consent for aggregation and/or sale of health data, including de-identified data.

(iv) Requirements of 435:10-7-13 (d)(3)(B) and (C) shall also apply to remote patient monitoring as well as synchronous (store and forward) technology.

[**Source:** Added at 31 Ok Reg 1975, eff 9-12-14; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBCHAPTER 11. TEMPORARY AND SPECIAL LICENSURE

Effective: September 1, 2026

435:10-11-1. Purpose

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

[**Source:** Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

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

(a) Any applicant for an unrestricted license to practice medicine and surgery in this state, whether by examination or endorsement, may make a written application to the Secretary for the issuance of a temporary license to practice medicine and surgery. An applicant for such a license shall meet all statutory and regulatory requirements for the issuance of an unrestricted license to practice medicine and surgery in this state and has complied with all requirements.
(b) Upon receipt by the Secretary of an application for a temporary license to practice medicine and surgery in this state, the Secretary shall review the application of the applicant for an unrestricted license to practice medicine and surgery and confer with staff to verify that the applicant has met or will meet within a reasonable time all requirements for unrestricted licensure but awaits only a vote of the Board on the application for an unrestricted license. If the Secretary is satisfied the applicant has met or will meet within a reasonable time all requirements for unrestricted license to practice medicine and surgery in this state, the Secretary may issue the applicant a temporary license to practice.
(c) A temporary license granted by the Secretary pursuant to this section shall terminate at the next Board meeting at which the Board is scheduled to act upon the applicant's application for an unrestricted license. At the discretion of the Board Secretary, temporary licensure may be extended to a future Board meeting at which the Board is scheduled to act.
(d) The Secretary is authorized to seek injunctive relief against any person who practices beyond the termination of a temporary license granted pursuant to this Section and who has not obtained an unrestricted or special license to practice medicine and surgery in this state.

[**Source:** Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

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

(a) Upon a Board determination of exceptional qualifications and healthcare need to warrant special licensure, special licenses will be issued by the Board.

(1) To be exceptionally qualified, a candidate must demonstrate at least three of the following five factors:

(A) Academic and clinical excellence
(B) Advanced competency
(C) Extensive clinical or research experience
(D) Demonstrated leadership and contributions to medicine
(E) Recognition for exceptional ability and service.

(2) To qualify as a healthcare need, the candidate shall demonstrate that he or she will practice in an area of critical need or in a specialized field. This can be demonstrated by showing that the targeted population is in a geographic region or population group facing significant healthcare provider shortages or that the candidate will be employed in a role that substantially benefits public health such as working in an underserved area.

(3) The burden is on the candidate to demonstrate that the need for a special license exists. The

candidate shall cooperate with Board staff to provide proof of exceptional qualifications and healthcare need.

(b) A special license shall be granted with the practice limitation that the licensee shall practice under the supervision of another medical doctor. The supervisory physician shall hold a full and unrestricted license to practice medicine and surgery in this state. It shall be the duty of the licensee to request approval from the Board of any change of the supervisory medical doctor or location of practice prior to effecting such change.

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

(d) Upon application for renewal, the Secretary shall review all special licenses granted on an annual basis to determine if such license should be renewed by the Board or amended as to its terms or limitations.

(e) All physicians granted a special license shall practice under an Agreement as set forth in 435:10-4-11. The Agreement shall contain quarterly reporting requirements to the Board Secretary. The Agreement shall also specify specialty specific CME requirements. The Agreement may require that the candidate show progress towards full licensure.

(f) The Board may impose a limit on the number of special license renewals that may be issued.

[**Source:** Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Amended at 15 Ok Reg 2020, eff 5-26-98; Amended at 22 Ok Reg 946, eff 5-12-05; Amended at 31 Ok Reg 582, eff 3-18-14 (emergency); Amended at 32 Ok Reg 2065, eff 9-11-15; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

(a) The Secretary of the Board is authorized to issue a special license for training to residents and fellows. Unless otherwise renewed, amended, suspended or revoked by the Board, a special license issued under this section may be extended without renewal by the Secretary for a period of ninety (90) days. A special training license obtained by international medical school graduates under this section may be renewed to meet the requirements pursuant to 435:10-4-5(e).

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

[**Source:** Added at 13 Ok Reg 1175, eff 2-26-96 (emergency); Added at 13 Ok Reg 2689, eff 6-27-96; Amended at 15 Ok Reg 2740, eff 6-26-98; Amended at 18 Ok Reg 1309, eff 5-11-01; Amended at 22 Ok Reg 946, eff 5-12-05; Amended at 23 Ok Reg 2747, eff 6-20-05 (emergency); Amended at 23 Ok Reg 1097, eff 5-11-06; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

435:10-11-4. Fees

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

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

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

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

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

the special license.

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

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

[**Source:** Added at 11 Ok Reg 4535, eff 7-27-94 (emergency); Added at 12 Ok Reg 1223, eff 5-11-95; Revoked at 42 Ok Reg, Number 21, effective 7-25-25]

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

[**Source:**Amended at 42 Ok Reg, Number 21, effective 7-25-25]

435:10-13-1. Purpose

The purpose of this Subchapter is to set forth the requirements for allopathic physicians to supervise physician assistants pursuant to 59 O.S. §519.1 et seq., and advanced practice registered nurses with prescriptive authority pursuant to 59 O.S. §567.1 et seq.

[**Source:** Added at 15 Ok Reg 42, eff 9-10-97; Added at 15 Ok Reg 2021, eff 5-26-98; Amended at 37 Ok Reg 2000, eff 9-11-20; Amended at 43 Ok Reg, Number 7, effective 11-10-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

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

(1) Pursuant to 59 O.S. § 519.2, a delegating physician must have a license in good standing as a physician by either the: State Board of Medical Licensure and Supervision, or State Board of Osteopathic Examiners.

(A) The physician who supervises a physician assistant shall also possess valid permits from the Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics (OBN) to prescribe controlled substances. The physician who supervises an advanced practice register nurse shall possess valid permits from the DEA and OBN to prescribe controlled substances for any drug on the formulary as defined in the Oklahoma Board of Nursing Exclusionary Formulary for Advanced Practice Registered Nurses with Prescriptive Authority; or

(B) A physician who does not possess valid permits from the Drug Enforcement Agency (DEA) or the Oklahoma Bureau of Narcotics (OBN), but is otherwise authorized to prescribe other drugs on the formulary described in the Oklahoma Board of Nursing Exclusionary Formulary for Advanced Practice Registered Nurses may continue to delegate or supervise advanced practice registered nurses provided that at no time shall the advanced practice registered nurse prescribe any drug from the formulary if the supervising physician currently delegating to the advanced practice registered nurse is unable to prescribe said drug and provided that at no time shall a physician assistant prescribe any drug if the supervising physician currently delegating to the physician assistant is unable to prescribe said drug.

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

(3) The physician shall be in an active clinical practice in which no less than twenty (20) hours per week shall involve direct patient contact.

(4) The delegating physician shall be trained and fully qualified in the field of the physician

assistant's and/or advanced practice registered nurse's specialty.

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

(6) Subsection (a)(5) shall not apply to a delegating physician who:

(A) is a medical director or delegating physician of a state institution, correctional facility, or hospital; or

(B) works in a hospital, emergency department, urgent care, multi-specialty clinic or community health center.

(C) Delegating physicians claiming an exception pursuant to this subsection may supervise an unlimited number of advanced practice registered nurses regarding their respective authority and/or physician assistants but shall not actively clinically supervise more than six (6) at any one time.

(7) On the request of the delegating physician, the board may, upon consideration, may waive the requirements under subsection (a)(5).

(8) Subsection (a)(5) shall not apply to an advanced practice registered nurse practicing in a hospital licensed by the State Department of Health.

(b) The Board shall not charge any fees to an advance practice registered nurse or a physician assistant for the maintenance or oversight of supervision agreements or the administration of such supervision agreements.

[**Source:** Added at 15 Ok Reg 42, eff 9-10-97; Added at 15 Ok Reg 2021, eff 5-26-98; Amended at 37 Ok Reg 2000, eff 9-11-20; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 7, effective 11-10-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

435:10-13-3. Supervision of an advanced practice registered nurse with prescriptive authority

(a) Proper physician supervision of the advanced practice registered nurse who has not obtained independent prescriptive authority is mandatory pursuant to 59 O.S. § 479.1. The supervising physician, in addition to the requirements in 435:10-13-2, shall do the following:

(1) regularly and routinely review the prescriptive practices and patterns of the advanced practice registered nurse with prescriptive authority;

(2) maintain continuous availability of direct communications either in person or by electronic communications between the advanced practice registered nurse and supervising physician;

(3) maintain oversight and acceptance of responsibility for the advanced practice registered nurse ordering and transmission of written, telephonic, electronic, or oral prescriptions for drugs and other medical supplies, subject to the formulary established by the Oklahoma Board of Nursing;

(4) delineate in writing a plan for emergencies; and

(5) designate in writing of one or more alternate physicians for supervision of the advanced practice registered nurse if the physician is unable to supervise the advanced practice registered nurse.

(b) Supervision implies that there is appropriate referral, consultation, and collaboration between the advanced practice registered nurse and the supervising physician.

(c) A supervising physician shall enter into a written supervision agreement with each advanced practice registered nurse he or she supervises. The Agreement shall be filed with the Board on the form prescribed by the Board within thirty (30) calendar days of any supervision changes as required by subsection F of 59 O.S. § 479.1. The agreement shall specify:

(1) Any fees charged to the advanced practice registered nurse for supervision services;

(2) The scope of the advanced practice registered nurse's prescriptive authority;

(3) The extent of the supervision required;

(4) The duties and responsibilities of the supervising physician;

(5) Procedures for notice by the supervising physician to advanced practice registered nurses for

periods of absence of the physician; and

(6) One or more alternate physicians designated to supervise the advanced practice registered nurse in periods of absence.

(d) Supervising physicians who choose to charge or bill advanced practice registered nurses for the physician's time related to supervision shall disclose his or her fees in the supervision agreement. The fee shall be a "fair market value hourly rate" as determined by the Board biennially or by mutual agreement between the supervising physician and the advanced practice registered nurse. The Board shall set a fair market value hourly rate each even numbered year at the at the first Board meeting of the calendar year. Rates shall comply with subsection D of 59 O.S. § 479.1.

[**Source:** Added at 43 Ok Reg, Number 7, effective 11-10-25; Added at 43 Ok Reg, Number 20, effective 9-1-26]

435:10-13-3. Supervision of an advanced practice registered nurse with prescriptive authority

SUBCHAPTER 15. CONTINUING MEDICAL EDUCATION

435:10-15-1. Continuing medical education

(a) **Requirements.**

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

(2) Requisite hours of CME shall be sixty (60) hours of Category I obtained during the preceding three (3) years as defined by the American Medical Association, Oklahoma State Medical Association, or the American Academy of Family Physicians.

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

(4) Each licensee who has a current, valid federal Drug Enforcement Administration registration number shall comply with 59 O.S § 495a.1(C) regarding education requirements for pain management or opioid use or addiction.

(5) Each licensee who is health care provider, an administrator, or chief executive officer associated with an inpatient health care services entity shall observe the online presentation related to medical treatment laws described in subsection A of 63 O.S. § 3162 as part of his or her continuing education at least once during each consecutive two-calendar-year period.

(6) Physicians who are registered with the Oklahoma Medical Marijuana and Patient Authority (Authority) as a recommending physician shall comply with the continuing medical education requirements of 63 O.S. § 427.10 and the administrative rules of the Authority. Medical education related to medical marijuana that is certified by the Accreditation Council on Continuing Medical Education (ACCME) or otherwise approved by the Board shall count as part of continuing education otherwise required for licensees.

(b) **Audit/Verification.**

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

(2) The Board shall accept as verification:

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

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

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

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

(c) **Compliance.**

(1) Licensees selected for audit shall submit verification of meeting the CME requirement.
(2) Licensees will be notified and have thirty (30) days from the date of correspondence to submit proof of CME to the Board.
(3) A license obtained through misrepresentation shall result in Board action.
(4) Failure to submit such records upon licensee notification of selection for audit shall result in imposition of administrative remedy or initiation of disciplinary action.

[**Source:** Added at 14 Ok Reg 1413, eff 5-12-97; Amended at 17 Ok Reg 1351, eff 5-11-00; Amended at 19 Ok Reg 2777, eff 8-19-02 (emergency); Amended at 20 Ok Reg 971, eff 5-21-03; Amended at 42 Ok Reg, Number 21, effective 7-25-25; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

SUBCHAPTER 17. MEDICAL MICROPIGMENTATION

435:10-17-1. Purpose

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

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

435:10-17-2. Definitions

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

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

"Patient" means any person undergoing a micropigmentation procedure.

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

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

435:10-17-3. Duties and responsibilities

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

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

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

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

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

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

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

SUBCHAPTER 19. SPECIAL VOLUNTEER MEDICAL LICENSE

435:10-19-1. Purpose

The purpose of this Subchapter is to set forth the requirements for receiving and maintaining a special

volunteer medical license. This volunteer medical license shall be issued as provided for in Title 59 O.S. §493.5 for the sole treatment of indigent and needy persons without expectation of receiving any payment or compensation.

[**Source:** Added at 21 Ok Reg 128, eff 10-29-03 (emergency); Added at 21 Ok Reg 1051, eff 5-14-04; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

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

(a) Application for a volunteer medical license shall be submitted on forms provided by the Board and document all information as required in Title 59 O.S. §493.5.
(b) The volunteer medical license shall be issued without the payment of an application fee.
(c) No person granted a volunteer medical license shall practice outside the scope of the license. Any practice outside the scope of the volunteer medical license shall be deemed to be unprofessional conduct and may be grounds for disciplinary action by the Board.
(d) All other provisions of the act and rules shall apply to holders of a volunteer medical license.

[**Source:** Added at 21 Ok Reg 128, eff 10-29-03 (emergency); Added at 21 Ok Reg 1051, eff 5-14-04; Amended at 43 Ok Reg, Number 20, effective 9-1-26]

435:10-19-3. Annual renewal

(a) Holders of a volunteer medical license shall apply for renewal on an annual basis on forms provided by the Board.
(b) Renewals issued by the Board will be without any continuing education requirements or renewal fee.

[**Source:** Added at 21 Ok Reg 128, eff 10-29-03 (emergency); Added at 21 Ok Reg 1051, eff 5-14-04; Amended at 42 Ok Reg, Number 21, effective 7-25-25]

SUBCHAPTER 21. ABORTIONS

435:10-21-1. Informed consent

(a) No abortion shall be performed in this state except with the voluntary and informed consent of the woman upon whom the abortion is to be performed.
(b) Requirements for obtaining voluntary and informed consent are set forth in Title 63, O.S.,§1-738.2.
(c) Any physician performing an abortion in violation of Title 63, O.S., §1-738.2 shall be subject to disciplinary action by the Board.

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

CHAPTER 12. ALLIED PROFESSIONAL PEER ASSISTANCE PROGRAM

[**Authority:**59 O.S., § 518.1(D)]
[**Source:**59 O.S., § 518.1(D); Codified 6-25-11]

435:12-1-1. Purpose

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

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

435:12-1-2. Definitions

Effective: September 1, 2026

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

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

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

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

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

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

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

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

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

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

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

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

(a) The Board may employ and set the salary of the program coordinator(s).
(b) The Program Coordinator(s) shall report directly to the Board.
(c) The Program Coordinator shall:

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

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

Effective: September 1, 2026

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

(a) To be eligible for participation in the Program, each applicant must:

(1) voluntarily submit an application for participation;

(2) have a current unrestricted license; and

(3) reside in Oklahoma.

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

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

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

435:12-1-7. Requirements of Participants

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

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

435:12-1-8. Discharge from Program

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

(1) failure to comply with the terms of the Contract/Treatment Plan; or

(2) the participant has become unsafe to practice.

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

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

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