

## **Chapter 10. Licensure of Osteopathic Physicians and Surgeons**

### **Subchapter 3. Licensure Requirements**

#### **510:10-3-1. Full licensure requirements**

(a) **Licensure.** It is the general requirement in the State of Oklahoma that osteopathic physicians be licensed by the State Board of Osteopathic Examiners. No person shall be licensed by the Board unless and until that person first fully complies with all licensure provisions of the Act and these Rules and has satisfied the Board of the ability to practice osteopathic medicine and surgery with reasonable skill and safety.

(b) **Postgraduate training.** One completed year of postgraduate training is a requirement for full licensure. The training must be or have been completed in a residency program that is approved by the Accreditation Council for Graduate Medical Education (ACGME), the Accreditation Council for Graduate Medical Education International (ACGME-I), the American Osteopathic Association (AOA) or the World Federation Medical Education (WFME). If the applicant did not complete a residency, then this experience may be in the form of a rotating internship or its equivalent, as determined by the Board, in an accredited internship or residency program acceptable to the Board. Clerkships are not permitted and do not replace the Postgraduate training requirements.

(c) **Application.** An applicant for a license to practice osteopathic medicine and surgery shall complete an application provided by the Board, which is available on the Board's website. The applicant shall complete and submit the application in full prior to the Board consideration. In addition to the application form online, each candidate must also provide the following materials:

- (1) A 3x4 photograph or larger taken within the previous sixty (60) days which meets the requirements of a passport photo;
- (2) Verification of graduation from an osteopathic medical school approved by the American Osteopathic Association (AOA) or the Board. The applicant's medical school shall provide a copy of a final transcript and diploma in addition to verifying graduation;
- (3) the postgraduate training certificate, as applicable;
- (4) certificate of specialty board certification, as applicable;
- (5) Payment of all fees as established by the Board in the Fee Schedule under rule 510:10-7-1;
- (6) A transcript ordered from the National Board of Osteopathic Medical Examiners (NBOME) or the National Board of Medical Examiners (NBME), with a passing score on all steps of the examination as set forth by the testing entity. Any applicant who has failed more than four (4) of the following examination attempts: COMLEX-USA, FLEX, or USMLE, may be required to appear before the Board. The Board may accept an equivalent exam given by another State Board. The Board is not required, however, to accept these exams in lieu of the COMLEX-USA or USMLE examinations;
- (7) A notarized copy of the applicant's birth certificate or passport;
- (8) Verification of postgraduate training on a form furnished by the Board on its website. The postgraduate training form shall be filled out in its entirety by the program's residency coordinator or director, for each residency that the physician attended;
- (9) License verification of standing from each state where the physician has held a license, whether that license is current or inactive and whether or not the physician has been the subject of any disciplinary action in that state. If action has been taken by another state board, all orders and relevant documentation are required to be sent to the Board before the physician can be reviewed for licensure;
- (10) A chronology of events which accounts for the applicants time and activity, from medical school graduation to the present.
- (11) A report from the National Practitioner Data Bank (NPDB), shall be ordered by the applicant and sent to the Board;
- (12) Fingerprint-based background check completed by a Board approved entity that meets the requirements of a National Criminal History Record check pursuant to 74 O.S. § 150.9.
- (13) Proof of medical malpractice liability insurance if required under 59 O.S. § 641.1.

(d) **Interview.** The Board may require a personal interview from any applicant.

(e) **Beginning of practice.** Applicants for licensure shall not begin practice until their license ~~information is publicly provided on the Board's website~~ is issued.

#### **510:10-3-8. Annual registration**

(a) A licensee shall renew his or her license every year, by submitting a renewal application, which is available on the Board's website, and paying a non-refundable renewal fee in an amount established by the Board in its Fee Schedule pursuant to 510:10-7-1. If the licensee pays by mailing in a check, the payment must be postmarked by June 30. A physician who fails to acquire and submit a renewal application may not practice using a lapsed license. The renewal application together with all documents submitted with the application is the property of the Board and shall not be returned.

(b) **Continuing education required.** Annual license renewal requires proof of having attended and received credit for sixteen (16) American Osteopathic Association (AOA) Category One hours of Continuing Medical Education (CME).

(1) Osteopathic physicians who are obtaining or maintaining board certification through the American Board of Medical Specialties (ABMS) may complete sixteen (16) ~~Category One~~ American Medical Association (AMA) PRA Category One credit hours for purposes of satisfying their CME credits for renewal.

(2) One (1) hour every year of the required sixteen (16) hours shall be devoted to the subject of prescribing Controlled Dangerous Substances (CDS) as defined in Title 21, Code of Federal Regulations, Part 1308 or Title 63 of the Oklahoma Statutes.

(A) The one (1) hour of CME shall be dedicated to pain management, opioid use, or addiction. The course shall be ~~obtained at a seminar~~ approved by the State Board of Osteopathic Examiners.

(B) Certification of attendance shall be submitted to ~~CE Broker~~ the Board's designated learning management system by the organization sponsoring the program.

(C) Those osteopathic physicians who are licensed in Oklahoma who do not possess the State Bureau of Narcotics and Drug Enforcement Administration authority to handle CDS are exempt from this requirement.

(3) A licensee who is registered to recommend medical marijuana under Oklahoma law shall prior to recommending medical marijuana to patients and annually thereafter comply with, at a minimum, two (2) hours of CME related to medical marijuana as required by 63 O.S. § 427.10(G). CME for this section shall be approved by the Board or certified by the Accreditation Council for Continuing Medical Education (ACCME), the American Osteopathic Association (AOA) or any other certifying organization recognized by the Board.

(4) CME required for inpatient health care service entity providers under 63 O.S. § 3162 shall receive CME credit from the Board for completing the same.

~~(35)~~ A licensee who, for any period during the CME cycle year, was considered a Resident or Fellow is exempt from CME requirements. CME requirements will be required beginning the first July 1 following graduation from Residency or Fellowship.

~~(46)~~ All relevant CME data and completion certificates shall be submitted ~~through CE Broker to the~~ Board's designated learning management system. If applicable, the course provider may report the relevant CME data on behalf of the licensee.

(c) **Fee required.** All osteopathic physicians licensed to practice by the Board shall pay an annual renewal fee before July 1. In addition to the annual renewal fee, the Board may charge a convenience fee. A late fee shall be charged for any license not renewed before July 1 or any check not postmarked by June 30. The Boards fees are provided in the Fee Schedule in 510:10-7-1.

(d) **Professional Standards Questionnaire.** Annual license renewal requires the physician to truthfully answer questions posed by the Board regarding relevant personal and professional history of the applicant since their last renewal. If any question is answered "yes", then the applicant shall provide supporting documentation and a personal statement to the Board regarding the question answered.

(e) Medical Malpractice Liability Insurance. Annual license renewal requires the physician to attest to active medical malpractice liability insurance.

(ef) Fitness to Practice Attestation. Annual license renewal requires the physician to attest to their fitness to practice.

(fg) Cancellation of License. A licensee who does not successfully complete the annual renewal of their license shall be cancelled at the September regular meeting of the Board and will be issued an Order of Cancellation. A licensee who wishes to reinstate their license following cancellation may request to do so within two (2) years. This request shall include the following and is subject to Board review:

(1) Completion of the Professional Standards Questionnaire;

- (2) Signed Fitness to Practice Attestation;
- (3) Proof of sixteen (16) current cycle CME credit hours;
- (4) License Verifications from all states the licensee holds or had held a license.

#### **510:10-3-11. Resident training license**

The Osteopathic Medicine Act authorizes the Board to issue a Resident Training license for medical school graduates during their first year of postgraduate training, also known as PGY-1. In order to begin the first year of residency, all resident physicians must obtain a Resident Training license. The Board may issue a Resident Training license upon completion of an application, payment of any fees, and submission of documentation from the applicants Oklahoma training program recommending the physician and stating the applicant meets all the requirements for such license. Any person holding a Resident Training license is not guaranteed subsequent full licensure in Oklahoma as an osteopathic physician.

- (1) A Resident Training license shall be:
  - (A) Issued by the State Board of Osteopathic Examiners to eligible physicians;
  - (B) Issued for no longer than one (1) year unless extended by the Board;
  - (C) Issued without continuing medical education (CME) requirements unless the physician holds a registration to prescribe controlled drugs in Oklahoma.
- (2) If the physician's resident training program specifically approves the resident to have prescribing authority, the resident training license shall permit the physician to apply for prescribing privileges from state or federal authorities.
- (3) The Resident Training license shall not permit:
  - (A) The physician to apply for prescribing privileges for controlled drugs unless authorized by the resident's training program;
  - (B) The physician to recommend medical marijuana;
  - (C) The physician to supervise any mid-level practitioner;
  - (D) The physician to practice medicine outside the scope allowed by the training program; or
  - (E) The physician to practice independent of the training program.
- (4) Following completion of PGY-1 training the resident must apply for an advanced resident ~~medical~~ license to practice medicine in Oklahoma. The advanced resident license shall allow the practice of medicine for all necessary purposes to complete resident training. Termination of the resident from the training program, voluntarily or involuntarily, will result in the automatic suspension of the advanced resident license until the licensee appears before the Board at the next regularly scheduled meeting. In addition, the advanced resident license holder may practice medicine in nongraduate student training locations provided the individual submits to the Board a letter signed by the post-graduate Medical Director that provides all the following information:
  - (A) The name and practice location of all places in which the resident will be permitted to practice medicine. Changes in location or duties of the resident must result in the submission of a new letter signed by the Medical Director of the post-graduate program.
  - (B) The Medical Director has ensured that the resident has been properly trained to provide competent medical services required in the locations listed.
  - (C) The practice of medicine by the resident in the listed locations will not interfere with the training of the resident and is consistent with the program training goals.

### **Subchapter 4. Osteopathic Supervision of Mid-Level practitioners**

#### **510:10-4-2. Definitions**

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

**"Board"** means the State Board of Osteopathic Examiners.

**"High-risk Procedures"** means a procedure that, due to its technical nature, the patient's health status, or potential complications, requires time-sensitive supervisory review by a physician.

**"Mid-level practitioners"** include physician assistants and advanced practice nurses.

**"Primary Care Medicine"** means the practice of medicine with emphasis on emergency medicine, family medicine, general internal medicine, general pediatrics, and obstetrics and gynecology.

**"Proper physician supervision"** means the supervising physician regularly and routinely reviews the prescriptive practices and patterns of the mid-level practitioners. Proper physician supervision of mid-level

practitioners is essential.

### **510:10-4-3. Eligibility, Limits, and Responsibilities of supervising osteopathic physician**

(a) To be eligible to serve as a supervising physician for mid-level practitioners, an osteopathic physician shall meet the following criteria:

(1) Have possession of a full and unrestricted Oklahoma license to practice osteopathic medicine; with Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDD) permits.

(2) The supervising physician shall be trained and fully qualified in the field of the mid-level practitioners specialty.

(b) No physician shall supervise more than six (6) mid-level practitioners.

(c) The Board may make an exception to any limit set herein upon written request of the physician. Exception requests for rural primary care shall be given priority by the Board.

(d) Subject to approval, disapproval, or modification by the Board, the Executive Director of the Board may temporarily approve a written request to supervise up to seven (7) or more mid-level practitioners between regularly scheduled meetings of the Board.

(e) All supervising osteopathic physicians shall have a written agreement with each mid-level practitioner they supervise to memorialize the extent of the authority of the mid-level practitioner to practice under the supervision of the physician. The physician shall report to the Board and any mid-level practitioner under their supervision of any changes to the supervising relationship within thirty (30) days and update the supervision agreement as necessary. The written agreement shall comply with Oklahoma law: and should include, to the extent necessary, the following:

(1) Defining the oversight and acceptance of responsibility for the ordering and transmission of written, telephonic, electronic or oral prescriptions for drugs and other medical supplies;

(2) Provisions for continuous availability of direct communication either in person or by electronic communication;

(3) A review process of prescribing patterns of the mid-level provider;

(4) The delegation of one or more alternative physicians in the absence of the supervising physician; and

(5) delineation of a plan for emergencies.

(f) Supervising physicians who choose to charge for their time related to supervision, may charge a reasonable fee to provide supervision services. The fee should be negotiated considering fair market value hourly rate not to exceed the rate set in Board Policy. The fee shall be disclosed in the supervision agreement.

(fg) All supervising osteopathic physicians, or their delegate, shall visit each location in which he or she supervises mid-level practitioners at least once a month.

(h) The Board may make an exception to the monthly in person visit requirement at the request of the physician for an exclusively telemedicine practice in which the physician is located out of state at an unreasonable distance for monthly visits. Exception requests for rural primary care shall be given priority by the Board.

(gi) To ensure appropriate levels of chart review of mid-level practice, all supervising osteopathic physicians shall ensure a physician shall review at least fifteen percent (15%) of patient charts recording treatment by the supervised mid-level practitioners each month. The supervising osteopathic physician, or their delegate, will make a note in the chart attesting that it has been appropriately reviewed.

(hj) To ensure appropriate levels of chart review, a supervising physician shall develop a list of High-risk procedures, for each mid-level practitioner. The performance of any of those procedures by the respective mid-level practitioner shall, in each instance, be reviewed within twenty-four (24) hours of treatment by the physician. The supervising osteopathic physician, or their delegate, will make a note in the chart attesting that it has been appropriately reviewed.

(ik) A physician may not supervise a mid-level provider who is an immediate family member, however, this prohibition shall not apply to family members outside the second degree of consanguinity or affinity.