

# **OKLAHOMA STATE BOARD OF OSTEOPATHIC EXAMINERS**

**Special Board Meeting**  
**Tuesday, November 16, 2021 01:00 p.m.**  
Oklahoma History Center  
800 Nazih Zuhdi Drive – Fischer Board Room  
Oklahoma City, OK 73105  
(405) 528-8625 - Facsimile (405) 557-0653

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*(Hearings & appearances will not start prior to the scheduled time, but will continue until concluded)*

## **ZOOM CALL INFORMATION – PASSWORD IS REQUIRED**

Join Zoom Meeting:

<https://zoom.us/j/95263856879?pwd=MEp3WTFQNXMwZiBRNEVBQTVMbmlMZz09>

***Meeting ID: 952 6385 6879***

***Password: 259255***

Find your local number: <https://zoom.us/u/atzBUi7F3>

## **AGENDA**

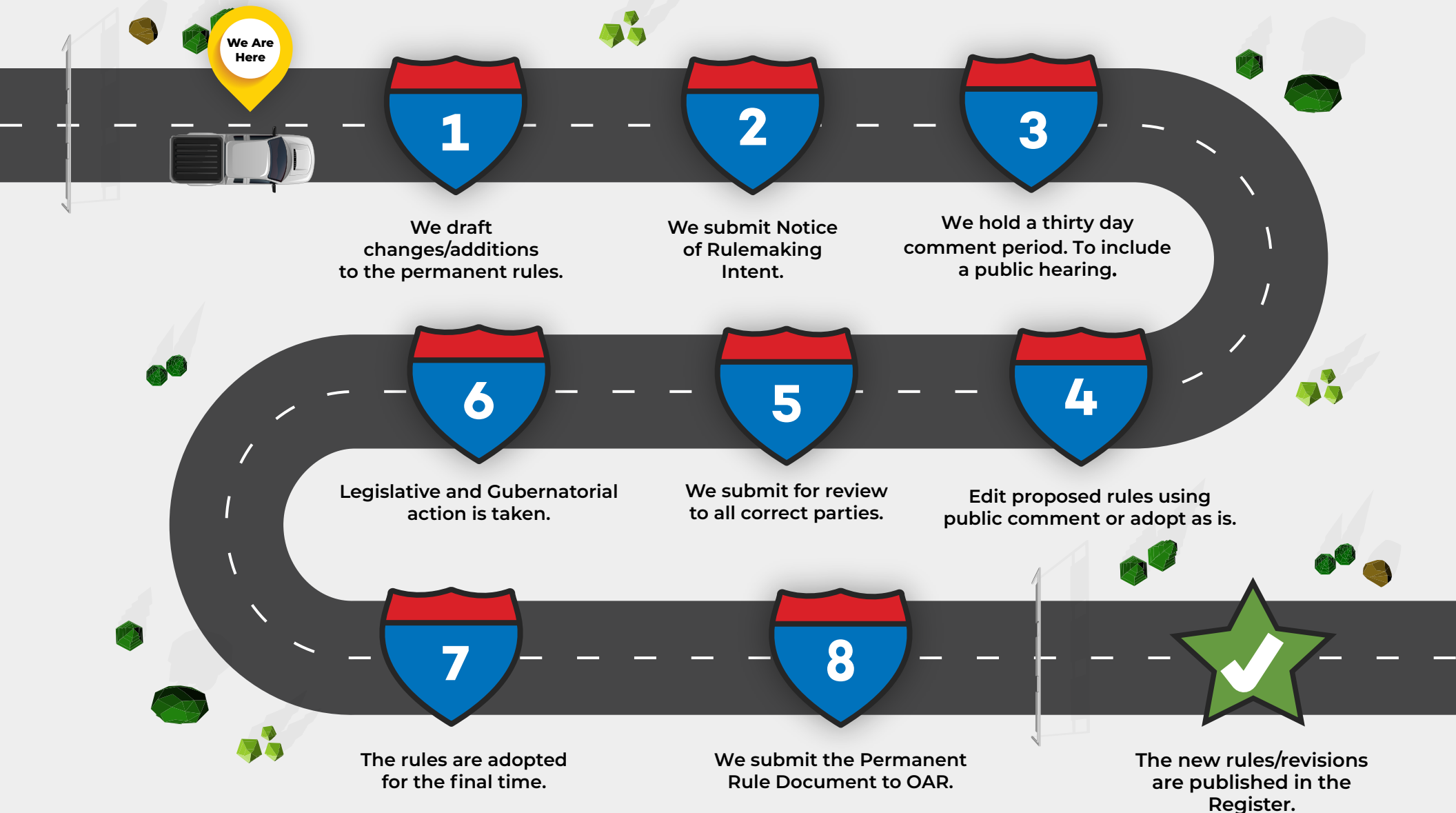
**Presiding:** Katie Templeton, J.D., President

- 1. ROLL CALL TO ESTABLISH QUORUM 1:00 p.m.**
- 2. CONSIDERATION, DISCUSSION, AND POSSIBLE VOTE TO p. 3  
AMEND THE BOARDS ADMINISTRATIVE RULES IN TITLE 510.**
- 3. ADJOURNMENT**

# The Rules Roadmap



**OKLAHOMA**  
State Board of  
Osteopathic Examiners



This document was modified for OSBOE use from The Oklahoma Medical Marijuana Authority's "The Emergency Rules Roadmap".  
\*This is not an exhaustive explanation of how rules are created and go into effect. This is intended to help Oklahomans better understand this process. The statute regarding permanent rules is 75 O.S. § 905.

OSBOE BOARD MATERIALS 002

Updated 11.12.21

# **Title 510 - State Board of Osteopathic Examiners**

## **Chapter 1 - Administrative Operations**

### **Subchapter 1 - General Provisions**

#### **510:1-1-1. Purpose**

The rules of this chapter establish the framework by which the Board carries out its statutory duties, including the licensure and discipline of osteopathic physicians.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-1-2. Board origin [REVOKED]**

[Source: Revoked at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-1-3. Composition of Board**

The Board shall consist of eight (8) members who are qualified and appointed in accordance with the provisions of 59 O.S. Section 624 and 625.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-1-4. Powers and duties of Board [REVOKED]**

[Source: Revoked at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-1-5. 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 Osteopathic Medicine Act, Title 59 O.S., Section 620 et seq.

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

[Source: Added at 13 Ok Reg 2219, eff 6-27-96]

### **Subchapter 3 - General Course and Method of Operations**

#### **510:1-3-1. Office location**

The office of the Board is located at 4848 North Lincoln Boulevard, Suite 100, in Oklahoma City, Oklahoma, 73105-3321. The phone number is (405) 528-8625.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-3-2. Office hours**

The office of the Board will be open from 8:00 a.m. until 4:30 p.m. each week day. The office will be closed on weekends and holidays established by statute or proclamation of the Governor.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-3-3. Communication with the Board**

Written communication may be addressed to the Board at the office of the Board. Facsimile communications may be sent to the office of the Board, ~~except that~~ All applications for licensure, renewal and related documents may not be faxed must be submitted through the Board's online platform. Telephonic communication may be made during regular office hours.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-3-4. Board meetings**

The Board holds regular quarterly meetings on the third Thursday of March, June and September and the second Thursday of December of each year except that such regularly scheduled meetings may be cancelled or changed at the Board's discretion. The Board may hold other meetings of a special or emergency nature in its discretion. Meetings will be conducted at the Board office or other designated locations as necessary or desirable. A majority of the members of the Board constitute a quorum and may transact any business of the Board by a simple majority vote of the quorum present. The Board Executive Director shall ensure all notice and final Agenda posting requirements for any meeting of the Board comply with Title 25 § 311.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-3-5. Public access to records**

The following documents shall be available for public inspection and copying at the Board's principal office during regular office hours: all records of receipt and expenditure of funds, rules adopted by the Board, declaratory rulings issued by the Board, minutes of Board meetings, applications for licensure and renewal, the official record of individual proceedings and other records required to be maintained by Oklahoma law and to be made public by the Oklahoma Open Records Act. The records to be made public do not include documents that are confidential or subject to an evidentiary privilege (including patient records and attorney/client communications) or are protected from disclosure under the work product doctrine, the Board's litigation files, the Board's investigatory files and reports and communications to the Board about current and prospective licensees. Copies of the documents available to the public will be provided upon the Board's receipt of a written request and payment of required fees, including \$.25 for each page copied and, where appropriate under the Open Records Act, \$20.00 per hour for searching for documents. [59 O.S., Section 627, 51 O.S., Section 24A.1 et seq.]

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-3-6. Certification of records**

True and correct copies of records of the Board may be certified by the Board's secretary or executive director. The fee for certification of records shall be \$1.00 per document and must be paid upon the delivery of the certified record. [51 O.S., Section 24A.5]

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-3-7. Board compensation**

Members of the Board may be compensated at the daily per diem rate for state employees in addition to the reimbursement for expenses as provided for in the Oklahoma Travel and Reimbursement Act, 74 O.S., Section 500.1 et seq.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96; Amended at 33 Ok Reg 1769, eff 9-11-16]

### **510:1-3-8. Investigations**

The Board may investigate any matter within its statutory authority. Licensees and applicants for licensure shall provide information requested by the Board and shall allow the Board to inspect their records and facilities. The Board may compel oral testimony, written responses to interrogatories, production of documents and inspection of property through subpoenas issued by the Board ~~President, or~~ Board Secretary, Board Executive Director, any other staff Board staff member authorized to issue subpoenas, or search warrants issued by the district court. [59 O.S., Section 626(D) and 637(C)].

[Source: Added at 13 Ok Reg 2219, eff 6-27-96]

### **510:1-3-9. Officer duties designated**

Whenever these rules prescribe a specific duty be performed by a specified Officer, the Board may, in its discretion, designate any other Officer, Board Member or Staff Member to perform such duty.

[Source: Added at 33 Ok Reg 1769, eff 9-11-16]

## **Subchapter 5 - Individual Proceedings**

### **510:1-5-1. Initiation of individual proceedings, complaint, and citation**

An individual proceeding may be initiated, upon information indicating the possible violation of the Act, through the filing of a ~~formal-verified~~ complaint by the Board staff setting out the matters enumerated in 75 O.S., Section 309, and containing a statement setting forth the allegations and naming the licensee against whom the complaint is made. The Secretary, or Board staff, shall issue a citation notifying the respondent of the formal complaint and the date and place of the hearing.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-1.1. Definitions**

The following words and terms, as used in this subchapter shall have the following meaning, unless the context clearly indicates otherwise.

**"Individual proceeding"** means consideration of issuing a formal sanction penalizing a licensee of the Board. It does not mean consideration of the issuance or reinstatement of a license.

**"Respondent"** means the licensed osteopathic physician whose licensure is the subject of the individual proceeding.

[Source: Added at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-2. Citation [REVOKED]**

[Source: Revoked at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-3. Service**

(a) The ~~formal-verified~~ complaint and citation and all subpoenas shall be served personally in the manner authorized by state law for service of summons in a judicial proceeding or by certified mail, return receipt requested, delivery restricted to the addressee. If personal service or service by certified mail cannot be completed, service of the formal complaint and citation may be made by first class mail to the respondent at the last address furnished to the Board by the respondent or by publication in a

newspaper or newspapers for the time, or posting at the places, the Secretary of the Board determines will be most likely to provide notice to the respondent.

(b) Personal service may be made by any person appointed by the Secretary of the Board, Board Investigators, or any person authorized by State law to serve process in judicial proceedings.

(c) Service of all other papers shall be made by first-class mail to the address at which service of the initial complaint and citation was made or in the manner by which such service was made if not by mail or personal service or such other address designated by the respondent; to the Board at its office, the office of its general counsel and the prosecuting attorney; and to the address designated by any other party to the proceeding.

(d) Service by mail shall be complete upon the date the notice is placed in the U.S. Mail with sufficient postage prepaid. Service by publication shall be complete on the date of the first publication. Service by posting shall be complete on the date the notice is posted. Personal service shall be complete upon delivery.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-4. Hearing date, continuance, or extension of time**

(a) The hearing, shall not be less than twenty (20) days after service of the complaint and citation unless an agreement of the parties is made in writing and on the record., ~~provided, however, that~~ The Board may suspend a license without notice if the Board determines, upon the vote of three-fourths ( $\frac{3}{4}$ ) of the quorum present at the meeting, that an emergency exists and the Board schedules a hearing within thirty (30) days of the date the suspension takes effect.

(b) Written motions for any continuance or extension of time by either party shall state the additional time desired and the reason for the request, ~~unless a written agreement is made by the Board's executive director and the respondent.~~ The ~~Secretary of the Board may~~ Board's General Counsel must rule on these motions prior to the scheduled hearing. Any agreement to continue the hearing must be on the record at the next regularly scheduled meeting. If the request is denied, ~~the either~~ party may renew the request and make a proper showing at the hearing.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-5. Written answer, extension of time**

The respondent shall file a written answer under oath with the Board within twenty (20) days after the service of a citation. If said answer is not filed, the respondent shall be considered in default and appropriate sanctions may be imposed, if the evidence is deemed sufficient by the Board. Unless by agreement of the Board Executive Director and the respondent. Only one (1) continuance is allowed by executive director for extension of time. The Secretary of the Board may extend the time within which an answer must be filed; however, in no case shall the time be extended beyond the hearing date.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-6. Prehearing procedures**

(a) **Discovery.** The Board and the respondent may use discovery techniques available to parties in civil proceedings in Oklahoma courts. See Title 12 O.S., Sections 3201 Et Seq. Subpoenas to compel

testimony, production of documents and inspection of property may be issued by the president, ~~or~~ secretary of the Board, or any Board staff or designee licensed to practice law in the State of Oklahoma.

(b) **Scheduling orders.** The Board's ~~G~~general ~~C~~counsel may establish a schedule for the parties' completion of discovery, submission of motions, identification of witnesses and exhibits and other matters. The Board's General Counsel may also make rulings on extension of time to respond to a verified complaint or any hearing date.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-6.1. Hearing procedures**

(a) **Order of proceeding; rules of evidence.** Hearings shall be conducted in public view and in an orderly manner by the President of the Board. The order of proceeding will follow that which applies in civil proceedings of law. However, the rules of evidence shall be those specified by the Oklahoma Administrative Procedures Act.

(b) **Rulings of the President.** The President of the Board shall rule upon the admissibility of evidence and objections thereto, and shall rule upon other motions or objections as they arise during the course of the hearing. The rulings of the President, in all questions, shall be the rulings of the Board unless reversed by a majority vote of the Board upon a party's appeal from such rulings of the President. Rulings by the President may be delegated.

(c) **Burden of proof.** The Board's decisions ~~will~~ shall be based on clear and convincing evidence presented at ~~the a~~ a public hearing.

[Source: Added at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-7. Respondent's failure to appear**

Any respondent who fails to appear at a scheduled hearing as directed by the provisions of 510:1-5-2, after first having received proper notice, shall be determined to have waived his/her right to present a defense to the allegations in the complaint and appropriate sanctions may be imposed by the Board if it appears, after having reviewed the evidence, that action is warranted.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-8. Subpoena of witnesses, evidence or records for hearing**

Subpoenas for the attendance of witnesses and for the production of evidence or records of any kind shall be issued by the president, ~~or~~ secretary of the Board, or by any Board staff or designee licensed to practice law in the State of Oklahoma. Subpoenas shall be served and a return made in any manner prescribed by civil law.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-9. Hearing records**

(a) An electronic audio or video record will be made of all hearings conducted by the Board. A transcript of the proceedings shall not be made except upon the written application and payment of a deposit sufficient to pay for having the record transcribed, according to the provisions of Title 75 O.S., Section 309.

(b) The records of the hearings and the files containing the pleadings will be maintained in the Board's office. ~~Fape~~The recordings of the proceedings shall be maintained for ~~one~~ seven (7) years unless the proceedings are the subject of a judicial appeal. In that case they will be preserved until ~~the one (1) year~~ after the date of the final disposition of the appeal.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-10. Final orders**

All final orders in individual proceedings shall be in writing. ~~Any~~The final order shall include Findings of Fact and Conclusions of Law, separately stated. A copy of the final order will be mailed to each party and to his/her attorney of record.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-10.1. Terms and conditions of probation**

The Board may impose such terms and conditions for probation, as an alternative to or in addition to other disciplinary measures, as it deems appropriate.

[Source: Added at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-11. Petition for rehearing**

A petition for rehearing is not required before an appeal may be perfected in accordance with Title 75 O.S., Section 317. A petition for rehearing, reopening or reconsideration of a final order may be filed with the Board within ten (10) days from the entry of the final order. It must be signed by the party or his/her attorney or representative and must set forth the statutory grounds upon which it is based. However, a petition for rehearing based upon fraud by any party or procurement of the final order by perjured testimony or fictitious evidence may be filed at any time.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-5-12. Assessment of costs**

Costs may be assessed against a respondent in accordance with 59 O.S., Section 637.1. The amount may be determined at the hearing on the complaint and citation or at a separate hearing conducted after the Board issues its final order.

[Source: Added at 13 Ok Reg 2219, eff 6-27-96]

### **Subchapter 7 - Rulemaking Procedures**

#### **510:1-7-1. Opportunity for public input on proposed rules**

For at least 20 days before it adopts, amends, or repeals any rule, the Board shall accept data, views, arguments or other comments, presented orally or in writing, on the proposed rule, amendment or repeal. The Board will conduct a public hearing on a proposed rule if requested, in writing, by at least twenty-five persons, a political subdivision, an association having at least twentyfive members or a constitutionally or statutorily created state board, bureau, commission, department, authority, public trust in which the state is a beneficiary or an interstate commission.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]



### **510:1-7-2. Petition for rulemaking**

Any interested person may petition the Board requesting the promulgation, amendment, or repeal of a rule. The petition shall be filed with the Board and shall set forth, clearly and concisely, all matters pertaining to the requested action and reasons for it. The request should also state whether there is someone known to the petitioner (by name and address) who is concerned with the subject and who should be notified of the request.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-7-2.1. Board consideration**

The Board may refer a petition for rule-making to an appropriate advisory committee or Board subcommittee for review prior to the Board's action. The Board, the advisory committee or the subcommittee may require the petitioner and other interested persons to present written and oral information on the request. The advisory committee or subcommittee review and recommendation shall not constitute Board action.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-7-3. Notice and hearing requirements**

- (a) In any rule-making action, whether initiated by the Board or by petition, the Board shall comply with the current notice requirements in the Administrative Procedures Act [75 O.S., Section 301 et seq.].
- (b) Notice of the Board's consideration of proposed rulemaking action shall be mailed to all interested persons who have made a request of the Board for advance notice of the rulemaking proceedings, or who were specified in the petition and shall be published in the Oklahoma Register.
- (c) Unless otherwise specified in the notice, all hearings will be conducted in the Office of the Board.
- (d) Appearance may be made individually, or by an authorized agent.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-7-4. Emergency rules**

Emergency rules may be adopted by the Board without the notice and hearing described in 510:1-7-3, if the Board follows the applicable provisions of the Administrative Procedures Act.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

### **Subchapter 9 – Forms**

#### **510:1-9-1. Forms approved by the Board**

The Board shall use standard forms for application for licensure, ~~and~~ application for renewal of licensure, and any annual registration ~~or permit as a dispenser of dangerous drugs that elicit information required by the Board and as for the Board's action on such applications as~~ stated in Oklahoma law and the Board's rules.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

### **Subchapter 11 - Interpretation of Rules**

### **510:1-11-1. Adoption of rules; fair and impartial construction**

The rules contained in this Title are adopted for the purpose of protecting the public and Oklahoma patients, simplifying procedures, minimizing expenses, and facilitating the administration of the Osteopathic Medicine Act and other state laws impacting the practice of Osteopathic medicine in Oklahoma. To that end, this Title shall be given a fair and impartial construction.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

### **510:1-11-2. Validity of rules; separate construction**

If any section, sentence, clause, or phrase contained in this Title shall be held, for any reason, to be inoperative or unconstitutional, void, or invalid, the validity of the remaining portion of this Title shall not be affected thereby, it being the intention of the Board in adopting this Title that no portion or provision herein shall become inoperative or fail by the reason of the unconstitutionality or invalidity of any portion or provision, and the Board does hereby declare it would have severally passed and adopted the provisions contained in this Title separately and apart one from another.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

### **510:1-13-1. Persons who may seek a declaratory ruling**

Any person may file a written petition seeking a declaratory ruling by the Board with respect to the application of a statute, rule or order of the Board. A petition for declaratory ruling shall be set for a public hearing before the Board at its next regularly scheduled meeting.

[Source: Amended at 13 Ok Reg 2219, eff 6-27-96]

### **510:1-13-2. Contents of petition**

The petition for a declaratory ruling shall clearly identify the statute, rule or Board order, the facts to which the statute, rule or order is to be applied and the question to be addressed by the declaratory ruling. The petition shall identify (by name and address) all persons who may be directly affected by the ruling.

[Source: Added at 13 Ok Reg 2219, eff 6-27-96]

### **510:1-13-3. Information to be furnished**

The Board may require the petitioner to submit any information it deems pertinent to the inquiry or useful to it in addressing the issue, including oral and documentary evidence and citations of legal authority.

[Source: Added at 13 Ok Reg 2219, eff 6-27-96]

### **510:1-13-4. Board consideration**

The Board may assign a petition for declaratory ruling to legal counsel or any an-appropriate advisory committee or Board subcommittee for its review and a recommendation. The advisory committee or subcommittee may require submission of oral and written evidence and legal memoranda. The advisory committee or subcommittee review and recommendation shall not constitute final Board action.

[Source: Added at 13 Ok Reg 2219, eff 6-27-96]

### **510:1-13-5. Notice**

The Board will give advance notice of its consideration of the petition for declaratory ruling to the petitioner. The Board will give notice of its final action on the petition for declaratory ruling to the petitioner and all persons who request notice of the Board's action on the petition.

[Source: Added at 13 Ok Reg 2219, eff 6-27-96]

#### **510:1-13-6. Board action**

Board rulings shall be made public in writing with a statement of appropriate findings of fact and conclusions of law. Copies of any Board action shall be sent by certified mail to the petitioner.

[Source: Added at 13 Ok Reg 2219, eff 6-27-96]

### **Chapter 5 - Professional Standards**

#### **Subchapter 1 - General Provisions**

##### **510:5-1-1. Purpose**

The purpose of this chapter is to describe various standards for the practice of osteopathic medicine by persons licensed by the Board.

[Source: Added at 13 Ok Reg 2225, eff 6-27-96]

#### **Subchapter 3 – ~~Dispensing Dangerous Drugs~~ Restriction on Dispensing Drugs**

##### **510:5-3-1. Purpose**

The purpose of this subchapter is to provide information regarding certain statute requirements for prescribing, recommending, administering, and dispensing ~~dangerous~~ drugs. (Title 59 O.S. 355 Et Seq.)

[Source: Added at 13 Ok Reg 2225, eff 6-27-96]

##### **510:5-3-2. Definitions**

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

**"~~Dangerous Drugs~~ Drugs"** means any dangerous, legend, or prescription drug intended for use by ~~man~~ a person which, because of its toxicity or other potentiality for harmful effects, or the method of its use, or the collateral measures necessary for its use, is not safe for use except under the supervision of a practitioner licensed ~~by law~~ to administer such drugs. This shall include all drugs upon which the manufacturer or distributor has, in compliance with federal law and regulations, placed the following: "Caution—Federal Law prohibits dispensing without prescription".

**"Licensed practitioner"** means an Osteopathic Physician and Surgeon licensed to practice and authorized to prescribe medication within the scope of ~~his~~ their practice.

**"Professional samples"** means ~~complimentary drugs packaged~~ a free pre-packaged quantity of drugs in accordance with federal and state statutes and regulations ~~and provided~~ that are provided to a licensed practitioner ~~free of charge in such~~ at no cost and appropriately distributed in the same package by the licensed practitioner to his patients.

[Source: Added at 13 Ok Reg 2225, eff 6-27-96]

### **510:5-3-3. Restriction on dispensing ~~dangerous~~ drugs; packaging and labeling**

- (a) Only a licensed Osteopathic Physician and Surgeon who has established a physician-patient relationship and with appropriate documentation may dispense ~~dangerous~~ drugs to patients and must do so only for the expressed for the sole purpose of serving the best interests of the patient and promoting the patient's welfare.
- (b) The ~~dangerous~~ drugs shall be dispensed in accordance with federal and state statutes and regulations and in an appropriate container to which a label ~~is has been~~ affixed. This label shall include the name and office address of the licensed osteopathic physician, date dispensed, name of patient, directions for administration, the prescription number, the trade or generic name of the substance, the quantity and strength, of the drug therein contained. This requirement shall ~~not~~ apply to compound ~~drugs/medicines~~.
- (c) A dispenser of a Schedule II, III, IV, or V controlled dangerous substance shall transmit to a central repository designated by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control for each dispensation, that information required by 63 O.S. Section 2-309(C) if applicable. A dispenser of controlled dangerous substances under this section shall review the patients Prescription Monitoring Program ("PMP") at least one time every one hundred eighty (180) days and make a note of this review in the patient's chart.

[Source: Added at 13 Ok Reg 2225, eff 6-27-96; Amended at 33 Ok Reg 1770, eff 9-11-16]

### **510:5-3-4. Record keeping**

A licensed osteopathic physician shall keep a suitable book, file, or record of each and every ~~dangerous~~ drug compounded or dispensed by him/her. This book, file, or record shall be kept for a period of not less than five (5) years. This book, file, or record shall be maintained separately from all other records of the registrant and must be open for inspection and copying by the Board. A record of all purchases of scheduled controlled substances shall also be open for inspection and copying by the Board.

[Source: Added at 13 Ok Reg 2225, eff 6-27-96; Amended at 33 Ok Reg 1770, eff 9-11-16]

### **510:5-3-5. Annual Registration**

- (a) A licensed osteopathic physician desiring to dispense ~~dangerous~~ drugs shall register annually and obtain a permit with the Board as a dispenser. Forms for registration shall be provided by the Board. Registration shall be done on or before the first day of July annually. Each such application shall be accompanied by the appropriate fee.
- (b) Only an individual holding a valid license in good standing issued by the Oklahoma State Board of Osteopathic Examiners may register as a dispenser.
- (c) If dispensing in multiple locations, the physician shall have a separate permit for each location. All such location addresses shall be provided to the Board.

[Source: Added at 13 Ok Reg 2225, eff 6-27-96; Amended at 33 Ok Reg 1770, eff 9-11-16]

### **~~510:5-3-6. Dispensing professional samples-~~**

~~—A licensed osteopathic physician who dispenses professional samples of dangerous drugs to his or her patients shall be exempt from the provisions of 510:5-3-5 if:~~

~~(1) the licensed osteopathic physician furnishes the professional samples to the patient in the package provided by the manufacturer; and~~

~~(2) no charge is made to the patient; and~~

~~(3) an appropriate record is entered in the patient's chart.~~

[Source: Added at 13 Ok Reg 2225, eff 6-27-96]

### **510:5-3-7. Violations**

The violation of any provision of this subchapter shall constitute unprofessional conduct, ~~for which an application for licensure or reinstatement may be denied and~~ for which appropriate sanctions, including costs, may be imposed on a licensee.

[Source: Added at 13 Ok Reg 2225, eff 6-27-96]

### **510:5-3-8. Exemptions**

This subchapter does not apply to drugs dispensed by the State Department of Health or the State Department of Mental Health and Substance Abuse Services. The requirements of Sections ~~5 and 6~~ of this subchapter do not apply to drugs dispensed by non-professional or other organizations described in 59 O.S. Section 355.1(E).

[Source: Added at 13 Ok Reg 2225, eff 6-27-96]

## **Subchapter 5 - Disposal of Human Tissue**

### **510:5-5-1. Purpose**

The purpose of this subchapter is to provide guidance to osteopathic physicians for the disposal of human tissue and to provide notice of a penalty for any violation of this subchapter.

[Source: Added at 13 Ok Reg 2225, eff 6-27-96]

### **510:5-5-2. Definitions**

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

**"~~Conviction~~Final Order"** means a finding, by the Board, that a physician did violate any provision of this subchapter.

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

~~"Physician" means a person licensed under the provisions of Title 59 O.S., Section 620 et seq.~~

[Source: Added at 13 Ok Reg 2225, eff 6-27-96]

### **510:5-5-3. Method of disposal**

(a) All human tissue, which is collected in the course of the diagnosis and/or treatment of any human condition by a doctor of osteopathic medicine, his ~~their~~ 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.
- (b) Nothing in this Section 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 process 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.
- (c) 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.

[Source: Added at 13 Ok Reg 2225, eff 6-27-96]

#### **510:5-5-4. Violations**

Any osteopathic physician who violates, or whose employees or agents violate, this subchapter shall, upon ~~conviction~~ a finding by the Board that a violation of Board statute or rule has occurred, and in a public hearing before the Board, be fined an amount not to exceed Ten Thousand Dollars (\$10,000.00) and have their license put on probation, suspended or revoked.

[Source: Added at 13 Ok Reg 2225, eff 6-27-96]

#### **510:5-5-5. Compliance**

A presumption of compliance occurs once the attending physician has executed one of the methods of handling described in 510:5-5-3 and his responsibility is deemed fulfilled. In no event shall the osteopathic 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 13 Ok Reg 2225, eff 6-27-96]

### **Subchapter 7 - Unprofessional Conduct ~~Relating to Prescribing or Dispensing Dangerous Drugs~~**

#### **510:5-7-1. Unprofessional conduct ~~relating to prescribing or dispensing dangerous drugs related to~~ Controlled Drugs**

The Board has the right to refuse to issue, renew or reinstate a license and may revoke a license or impose other appropriate sanctions for unprofessional conduct. In addition to those acts of unprofessional conduct listed in Title 59 O.S., Section 637 the following acts shall be included without limiting, in any way the Board's ability to interpret other acts as unprofessional conduct:

- (1) Indiscriminate or excessive prescribing, dispensing or administering controlled dangerous drugs.
- (2) Issuing prescriptions for controlled dangerous drugs to minors in violation of Title 63 O.S.

(3) Purchasing, prescribing, dispensing, recommending, or administering any controlled dangerous drug or other regulated substance in Schedule I through V, as those schedules are defined in Title 63 O.S. chapter 2, Sections 2-101 et seq. for the physician's personal use unless it is prescribed, dispensed, recommended, or administered by another physician who is licensed to do so.

(4) The delegation of authority to another person for the signing of prescriptions, whether controlled dangerous substances or otherwise.

(5) Issue a prescription for a controlled dangerous substance without establishing a physician-patient relationship at the time of the initial prescription.

(6) Issue a prescription for a controlled dangerous substance without documentation, diagnosis, and physical exam.

(7) It shall not be considered unprofessional conduct for a physician to renew a prescription for controlled drugs over telemedicine provided an initial script was issued in person.

~~(58)~~ Any violation of any provisions of Title 63 O.S., Chapter 2, Sections 2-101 et seq or the Uniform Controlled Dangerous Substances Act.

[Source: Added at 13 Ok Reg 2225, eff 6-27-96]

## **Subchapter 9 – Prescribing for Pain for Chronic Pain**

### **510:5-9-1. Purpose**

The purpose of this subchapter is to provide guidelines and requirements for osteopathic physicians who prescribe for ~~chronic~~ pain. Chronic pain is defined as a state in which pain persists beyond the usual course of an acute disease or healing of an injury. A prescription for controlled dangerous substance for a duration to exceed fourteen (14) days shall be considered a prescription for chronic pain.

[Source: Added at 16 Ok Reg 2539, eff 6-25-99; Amended at 33 Ok Reg 1770, eff 9-11-16]

### **510:5-9-1.1 Definitions**

(1) "Acute Pain" means pain, whether resulting from disease, accidental or intentional trauma or other cause, that the physician reasonably expects to last only a short period of time. "Acute pain" does not include chronic pain, pain being treated as part of cancer care, hospice or other end-of-life care, or pain being treated as part of palliative care;

(2) "Chronic Pain" means pain that persists beyond the usual course of an acute disease or healing of an injury. "Chronic pain" may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years;

(3) "Qualifying Opioid Therapy Patient" means a patient requiring opioid treatment for more than three (3) months; who is prescribed benzodiazepines and opioids together for more than one twenty-four hour period; or a patient who is prescribed a dose of opioids that exceeds one hundred (100) morphine equivalent dosage;

(4) "Pain-Management Agreement" or "Patient-Provider Agreement" means a written contract or agreement that is executed between a physician and a patient, prior to the commencement of treatment for

chronic pain using a Schedule II controlled substance or any opioid drug which is a prescription drug, as a means to:

- a. explain the possible risk of development of physical or psychological dependence in the patient and prevent the possible development of addiction,
- b. document the understanding of both the physician and the patient regarding the pain-management plan of the patient,
- c. establish the rights of the patient in association with treatment and the obligations of the patient in relation to the responsible use, discontinuation of use, and storage of Schedule II controlled dangerous substances, including any restrictions on the refill of prescriptions or the acceptance of Schedule II prescriptions from physicians,
- d. identify the specific medications and other modes of treatment, including physical therapy or exercise, relaxation or psychological counseling, that are included as a part of the pain-management plan,
- e. specify the measures the physician may employ to monitor the compliance of the patient including, but not limited to, random specimen screens and pill counts, and
- f. delineate the process for terminating the agreement, including the consequences if the physician has reason to believe that the patient is not complying with the terms of the agreement. Compliance with the "consent items" shall constitute a valid, informal consent for opioid therapy. The provider shall be held harmless from civil litigation for failure to treat pain if the event occurs because of nonadherence by the patient with any of the provisions of the patient-provider agreement.

#### **510:5-9-2. Guidelines and requirements**

This rule requires that diagnosis be documented, it requires that certain records be maintained, and it requires that the physician must discuss and document the discussion of the risks and benefits with the patient or the patient's guardian.

A. A physician shall not issue an initial prescription for an opioid drug in a quantity exceeding a seven-day supply for treatment of acute pain. Any opioid prescription for acute pain shall be for the lowest effective dose of an immediate-release drug.

B. Prior to issuing an initial prescription for an opioid drug in a course of treatment for acute or chronic pain, a physician shall:

1. Take and document the results of a thorough medical history, including the experience of the patient with nonopioid medication and nonpharmacological pain-management approaches and substance abuse history;
2. Conduct, as appropriate, and document the results of a physical examination;
3. Develop a treatment plan with particular attention focused on determining the cause of pain of the patient;
4. Access relevant prescription monitoring information from the central repository pursuant to Title 63 Section 2-309D, also known as the Prescription Monitoring Program;
5. Limit the supply of any opioid drug prescribed for acute pain to a duration of no more than seven (7) days as determined by the directed dosage and frequency of dosage; provided, however, upon issuing an



initial prescription for acute pain, the physician may issue one (1) subsequent prescription for an opioid drug in a quantity not to exceed seven (7) days if:

a. the subsequent prescription is due to a major surgical procedure or "confined to home" status as defined in 42 U.S.C., Section 1395n(a),

b. the physician provides the subsequent prescription on the same day as the initial prescription,

c. the physician provides written instructions on the subsequent prescription indicating the earliest date on which the prescription may be filled, otherwise known as a "do not fill until" date, and

d. the subsequent prescription is dispensed no more than five (5) days after the "do not fill until" date indicated on the prescription;

6. In the case of a patient under the age of eighteen (18) years, enter into a patient-provider agreement with a parent or guardian of the patient; and

7. In the case of a patient who is a pregnant woman, enter into a patient-provider agreement with the patient.

C. No less than seven (7) days after issuing the initial prescription, the physician may issue a subsequent prescription for the drug to the patient in a quantity not to exceed seven (7) days, provided that:

1. The subsequent prescription would not be deemed an initial prescription under these Rules;

2. The physician determines the prescription is necessary and appropriate to the treatment needs of the patient and documents the rationale for the issuance of the subsequent prescription; and

3. The physician determines that issuance of the subsequent prescription does not present an undue risk of abuse, addiction or diversion and documents that determination.

D. Prior to issuing the initial prescription of an opioid drug in a course of treatment for acute or chronic pain and again prior to issuing the third prescription of the course of treatment, a physician shall discuss with the patient or the parent or guardian of the patient if the patient is under eighteen (18) years of age and is not an emancipated minor, the risks associated with the drugs being prescribed, including but not limited to:

1. The risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines and other central nervous system depressants;

2. The reasons why the prescription is necessary;

3. Alternative treatments that may be available; and

4. Risks associated with the use of the drugs being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the controlled dangerous substance, and that the risks of taking more opioids than prescribed or mixing sedatives, benzodiazepines or alcohol with opioids can result in fatal respiratory depression.

E. The physician shall include a note in the medical record of the patient that the patient or the parent or guardian of the patient, as applicable, has discussed with the physician the risks of developing a physical or psychological dependence on the controlled dangerous substance and alternative treatments that may be available.

F. At the time of the issuance of the third prescription for an opioid drug, the physician shall enter into a patient-provider agreement with the patient.

G. When an opioid drug is continuously prescribed for three (3) months or more for chronic pain, the physician shall:

1. Review, at a minimum of every three (3) months, the course of treatment, any new information about the etiology of the pain, and the progress of the patient toward treatment objectives and document the results of that review;

2. In the first year of the patient-provider agreement, assess the patient prior to every renewal to determine whether the patient is experiencing problems associated with an opioid use disorder as defined by the American Psychiatric Association and document the results of that assessment. Following one (1) year of compliance with the patient-provider agreement, the physician shall assess the patient at a minimum of every six (6) months;

3. Periodically make reasonable efforts, unless clinically contraindicated, to either stop the use of the controlled substance, decrease the dosage, try other drugs or treatment modalities in an effort to reduce the potential for abuse or the development of an opioid use disorder as defined by the American Psychiatric Association and document with specificity the efforts undertaken;

4. Review the central repository information, also known as the Prescription Monitoring Program, in accordance with Section 2-309D of this title; and

5. Monitor compliance with the patient-provider agreement and any recommendations that the patient seek a referral.

H. 1. Any prescription for acute pain shall have the words "acute pain" notated on the face of the prescription by the physician.

2. Any prescription for chronic pain shall have the words "chronic pain" notated on the face of the prescription by the physician.

I. These rules shall not apply to a prescription for a patient who is in treatment for cancer or receiving aftercare cancer treatment, receiving hospice care from a licensed hospice, or palliative care in conjunction with a serious illness, or is a resident of a long-term care facility, or to any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence.

J. Any physician authorized to prescribe an opioid drug shall adopt and maintain a written policy or policies that include execution of a written agreement to engage in an informed consent process between the prescribing physician and qualifying opioid therapy patient.

K. Nothing in these rules shall be construed to require a physician to limit or forcibly taper a patient on opioid therapy. The standard of care requires effective and individualized treatment for each patient as deemed appropriate by the prescribing physician without an administrative or codified limit on dose or quantity that is more restrictive than approved by the Food and Drug Administration (FDA).

~~(1) To treat a patient's intractable pain, as long as the benefit of the expected relief outweighs the risk, even if the use of the drug increases the risk of death, so long as it is not furnished for the purpose of causing, or the purpose of assisting in causing death, the physician may prescribe or administer Schedule II, III, IV or V controlled dangerous substances or other pain relieving drugs in higher than normal~~

~~dosages when, in that physician's judgment, the higher dosages are necessary to produce the desired therapeutic effect.~~

~~(2) The determination of intractable pain must include a complete medical history and physical examination which includes an assessment of the patient's pain, physical and psychological function, substance abuse history, underlying or co-existing diseases or conditions and the presence of a recognized medical indication for the use of an analgesic.~~

~~(3) The treatment plan must state objectives by which treatment success can be evaluated, such as pain relief and or improved physical and psychological function, and must indicate what further diagnostic evaluations or other treatments are planned. The drug therapy must be tailored to the individual needs of each patient.~~

~~(4) The course of treatment and any new information about the etiology of the intractable pain must be reviewed periodically, at least annually, with consideration given to referral for a current second opinion. The continuation or modification of treatment will depend on the results of this review and the evaluation of the patient's progress toward the treatment objectives. If the patient has not improved, the physician must assess the appropriateness of continuing the current therapy and the trial of other modalities.~~

~~(5) The management of intractable pain in patients with a history of substance abuse requires extra care, monitoring, documentation and consultation with addiction medicine specialists, and may include the use of agreements between the physician and patient specifying rules for medication use and consequences for its misuse.~~

~~(6) The physician must discuss the risks and benefits of the use of controlled substances with the patient or the patient's guardian and obtain informed consent prior to proceeding if it substantially increases the risk of death.~~

~~(7) Accurate and complete records documenting these requirements must be kept.~~

~~(8) To prescribe controlled substances, the physician must be licensed in Oklahoma, have a valid controlled substances registration and comply with federal and state regulations for issuing controlled substances prescriptions.~~

~~(9) Expert clinical testimony may be used to prove a violation of this rule. As used herein, a "clinical expert" is a physician who, by reason of specialized education or substantial relevant experience in pain management, has knowledge regarding current standards, practices and guidelines.~~

~~(10) Nothing in this rule shall limit a physician's authority to prescribe or administer prescription drug products beyond the customary indications as noted in the manufacturer's package insert for use in treating intractable pain, provided the drug is recognized for treatment of intractable pain in standard reference compendia or medical literature.~~

[Source: Added at 16 Ok Reg 2539, eff 6-25-99]

### **510:5-9-3. Violations**

~~The violation of any provision of this subchapter shall constitute unprofessional conduct, for which appropriate sanctions, including costs, may be imposed on a licensee. The violation of any provision of this subchapter shall constitute unprofessional conduct, for which an application for licensure or reinstatement may be denied and for which appropriate sanctions may be imposed.~~

[Source: Added at 16 Ok Reg 2539, eff 6-25-99]

## **Subchapter 11 - Medical Micropigmentation**

### **510:5-11-1. Purpose**

The purpose of this subchapter is to set forth the duties and responsibilities of an osteopathic physician electing to employ and/or utilize a Medical Micropigmentologist according to the provisions of House Bill 1964.

[Source: Added at 19 Ok Reg 2977, eff 9-13-02]

### **510:5-11-2. Definitions**

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

**"Direct supervision"** means that the supervising physician is present in the office before, during and after the procedure and includes the authorization and evaluation of the procedure with the physician/patient relationship remaining intact.

**"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 osteopathic physician licensed in good standing by the Oklahoma State Board of Osteopathic Examiners.

[Source: Added at 19 Ok Reg 2977, eff 9-13-02]

### **510:5-11-3. 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 osteopathic 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/~~physician-patient relationship wherein a proper patient record is maintained.

(c) The supervising physician may employ and/or utilize no more than ~~two (2)~~six (6) Medical Micropigmentologists ~~at any one time~~or mid-level providers.

(d) The employment and/or utilization of a Medical Micropigmentologist requires direct supervision by the supervising physician.

[Source: Added at 19 Ok Reg 2977, eff 9-13-02]

## **Subchapter 13 - Advertising Board Certification**

### **510:5-13-1. Purpose**

An osteopathic physician's authorization of or use of the term "board certified," or "diplomate," or any similar word or phrase in any advertising for his or her osteopathic medical practice shall constitute misleading or deceptive advertising unless the osteopathic physician discloses the complete name of the specialty board or certifying organization which conferred the certification and the specialty board or certifying organization, so named, meets requirements in paragraph 1 and 2 of this section:

- (1) The certifying organization is a member of the Bureau of Osteopathic Specialists or the American Board of Medical Specialties, or the American Association of Physician Specialists.
- (2) The certifying organization requires that its applicants be certified by a separate certifying organization that is a member of the Bureau of Osteopathic Specialists or the American Board of Medical Specialties or American Association of Physician Specialists and the certifying organization meets the criteria set forth in Section B, below.

[Source: Added at 20 Ok Reg 2841, eff 9-12-03]

### **510:5-13-2. Requirements of certifying organizations**

Each certifying organization that is not a member board of the Bureau of Osteopathic Specialists or the American Board of Medical Specialties or American Association of Physician Specialists must meet each of the requirements set forth in paragraph 1 through 5 of this section:

- (1) The certifying organization requires all physicians who are seeking certification to successfully pass a written or an oral examination or both, which test the applicant's knowledge and skills in that specialty or subspecialty area of osteopathic medicine. All or part of the examination may be delegated to a testing organization. All examinations require a psychometric evaluation for validation;
- (2) The certifying organization has written proof of a determination by the U.S. Internal Revenue Service that the body is tax exempt under the Internal Revenue Code pursuant to Section 501(c);
- (3) The certifying board has a permanent headquarters and staff;
- (4) The certifying board has at least 100 duly licensed certificate holders from at least one-third of the States of the United States; and,
- (5) The certifying organization requires all physicians who are seeking certification to have satisfactorily completed identifiable and substantial training in the specialty or subspecialty area of osteopathic medicine in which the physician is seeking certification, and the certifying organization utilizes appropriate peer review. This identifiable training shall be deemed acceptable unless determined by the Board to be adequate in scope, content and duration in that specialty or subspecialty area of osteopathic medicine in order to protect the public health and safety.

[Source: Added at 20 Ok Reg 2841, eff 9-12-03]

### **510:5-13-3. Renewal**

A physician may not use the term "board certified" or "diplomate" or any similar word or phrases if the board certification has expired and has not been renewed at the time the advertising was published or broadcast.

[Source: Added at 20 Ok Reg 2841, eff 9-12-03]

#### 510:5-13-4. Prohibited terms

The terms "board eligible," "board qualified," or any similar words or phrases shall not be used in osteopathic physician advertising, unless permitted by the specialty boards.

[Source: Added at 20 Ok Reg 2841, eff 9-12-03]

### Chapter 10 - Licensure of Osteopathic Physicians and Surgeons

#### Subchapter 1 - General Provisions

##### 510:10-1-1. Purpose

The purpose of this chapter is to describe the process of licensure for applicants, renewal for current license holders and annual registration requirements for ~~dispension~~ dispensing of drugs.

[Source: Amended at 13 Ok Reg 2229, eff 6-27-96]

#### Subchapter 3 - Licensure Requirements

##### 510:10-3-1. ~~Full~~General licensure requirements

(a) ~~Licensure by Board required.~~ It is the general requirement in the State of Oklahoma that ~~osteopathic physicians practitioners of osteopathic medicine and surgery~~ 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) ~~Temporary license.~~ ~~The Osteopathic Medicine Act does authorize the Board to issue a temporary license for certain classes of Resident physicians.~~

(ae) **Postgraduate training.** One completed year of postgraduate training is a requirement for full licensure. The training must be or have been completed at a hospital-affiliated program that is approved by either the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). This experience must be in the form of a rotating internship or its equivalent, in an accredited internship or residency program acceptable to the Board. To be deemed equivalent to a rotating internship and, acceptable to the Board, a program must provide the following:

(1) ~~The program must provide the following core experience:~~

(A) ~~One (1) month—General Practice~~

(B) ~~Two (2) months—General Internal Medicine~~

(C) ~~One (1) month—General Surgery~~

(D) ~~One (1) month—Obstetrics/Gynecology~~

(E) ~~One (1) month—Pediatrics~~

(2) ~~This core experience must be supplemented by three (3) months of Selectives and three (3) months of Electives, accounting for a total of twelve (12) months. A Selective may be defined as any core category or Emergency Medicine. An Elective may be any category of experience chosen by the intern or resident.~~

~~(3) If an applicant has completed an ACGME accredited residency training program, the Board shall consider this standing as equivalent training.~~

~~(b4) **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 at: [www.osboe.ok.gov](http://www.osboe.ok.gov). The applicant shall complete and submit the application in full prior to the Board consideration. All candidates for examination or licensure must make application on a form furnished by the Board. No application will be approved until fully complete, in every respect, including photograph and fingerprints, with non-refundable fee paid. In addition to the application form, each candidate must also provide the following materials:~~

~~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; Photocopies of all of the items in (A) through (D) of this paragraph must be notarized as true copies of the originals.~~

~~(2A) 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; the diploma conferring the Doctor of Osteopathic Medicine or Doctor of Osteopathy degree;~~

~~(3B) the postgraduate training certificate for both internship and residency, as applicable;~~

~~(4C) certificate of specialty board certification, as applicable;~~

~~(D) the license being used as a basis for reciprocity (which must be by examination), if applicable, or the Certificate of Diplomacy of the National Board of Osteopathic Medical Examiners, and/or USMLE if that is the basis of the application.~~

~~(2) Letters of good standing which state no disciplinary actions were taken against the candidate from:~~

~~(A) all hospitals where the candidate has practiced;~~

~~(B) all osteopathic associations of which the candidate is a member;~~

~~(C) the Dean of the osteopathic college from which the candidate graduated;~~

~~(D) the Director of Medical Education from each place where the candidate is or has been an intern or resident.~~

~~(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. 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 [www.osboe.ok.gov](http://www.osboe.ok.gov). 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;~~

~~(93) License Verification of standing from each state where the candidate-physician has held a license, whether that license is current or inactive and whether or not the candidate-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;~~

~~(104) A curriculum-vitae chronology of events which accounts for all of the candidates-applicants time and activity, chronologically, from the time of medical school graduation to the present.~~

~~(511) A report from the National Practitioner Data Bank (NPDB), shall be ordered by the applicant and sent to the Board; which the candidate must request and which must be received by the Board directly.~~

~~(12) Fingerprints by a Board approved entity that meet the requirements of a National Criminal History Record check pursuant to 74 O.S. § 150.9.~~

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

~~(df) **Beginning of practice.** Applicants for licensure shall, either by examination, reciprocity or endorsement, must not begin practice until their license information is publicly provided on the Board's website at [www.osboe.ok.gov](http://www.osboe.ok.gov). they are in possession of their license.~~

[Source: Amended at 11 Ok Reg 3419, eff 6-27-94; Amended at 13 Ok Reg 2229, eff 6-27-96; Amended at 17 Ok Reg 3176, eff 7-27-00; Amended at 33 Ok Reg 1771, eff 9-11-16]

#### ~~510:10-3-2. Application for licensure~~

~~(a) **Photographs, fingerprints, and personal interview.** Applicants for licensure as an osteopathic physician and surgeon must be identified by a recent personal photograph, as outlined in the application for endorsement or examination; fingerprints certified by a law enforcement officer should be included. The Board may require at its own discretion a personal interview.~~

~~(b) **Osteopathic diploma.** A photostatic copy or photographic reproduction of the applicant's diploma must accompany all applications for examination or endorsement. If the applicant's diploma has been lost, a sworn statement from the Dean or Registrar of the Osteopathic College issuing the diploma shall be furnished in lieu thereof. The original diploma or certificate should not be mailed or attached to such application.~~

#### ~~510:10-3-3. Licensure by examination~~

~~(a) **Examination Requirements.** To be consistent with the expressed public policy of the State of Oklahoma affecting the licensure of osteopathic physicians and surgeons under the provisions of the Osteopathic Medicine Act candidates for licensure must be examined by a vehicle which tests the individual's basic osteopathic knowledge and skill embracing the same philosophy as that in which the candidate was educated.~~

~~(b) **Postgraduate training.** An applicant must take the National examination before completing the required year of postgraduate training, provided that no license will be issued until evidence of the satisfactory completion of that year is filed with the Board.~~

~~(c) **National examinations; failure of examination.** Any person seeking licensure as an osteopathic physician and surgeon by taking the National examination must meet all other requirements.~~



~~(d) **National examination.** Candidates may be licensed upon the successful completion of the examination sequence of the National Board of Osteopathic Medical Examiners or the National Board of Medical Examiners. The candidate must submit proof of having achieved a Minimum Total Passing Score or above on tests administered through the National Board of Osteopathic Medical Examiners or the National Board of Medical Examiners.~~

~~[Source: Amended at 11 Ok Reg 3419, eff 6-27-94; Amended at 33 Ok Reg 1771, eff 9-11-16]~~

#### **510:10-3-4. Licensure by endorsement**

~~(a) **Reciprocity.** An applicant for licensure by reciprocity, who has been successfully examined by the licensing board of any other state, territory of the United States or the District of Columbia, using an examination sufficient to test the applicant in osteopathic medicine and surgery, and having received scores not less than those required by the Oklahoma State Board of Osteopathic Examiners, and who is licensed in that state, territory of the United States or district of Columbia, and, in addition, presents the required documentation that the applicant has fulfilled all scholastic and other requirements of the Board, may, at the discretion of the Board, be licensed without further examination. Such applicants may be required to appear before the Board. An applicant for a license to practice osteopathic medicine and surgery by reciprocal endorsement shall:~~

~~(1) Complete and submit the uniform application together with all applicable fees and required documentation;~~

~~(2) Provide evidence of graduation from an AOA accredited medical school;~~

~~(3) Provide license verification from each state in which the applicant is currently or was previously licensed.~~

~~(b) **Endorsement of the National Board of Osteopathic Medical Examiners.** An applicant who has successfully completed all ~~three~~ parts of the examination sequence of the National Board of Osteopathic Medical Examiners and, who presents the required documentation of having met all of the scholastic and other requirements of the Board, may, at the discretion of the Board, be licensed without further examination.~~

~~(c) **Board discretion.** The Board may refuse to grant a license by reciprocity or endorsement to any applicant who has failed any examination administered by or accepted by the Oklahoma State Board of Osteopathic Examiners.~~

~~[Source: Amended at 11 Ok Reg 3419, eff 6-27-94; Amended at 33 Ok Reg 1771, eff 9-11-16]~~

#### **510:10-3-5. Other criteria**

~~An application for licensure may be denied if the applicant has engaged in any of the conduct ~~discribed~~ atdescribed in Title 59 O.S. Section 637 or any other conduct prescribed by statute or Board rule.~~

~~[Source: Amended at 13 Ok Reg 2229, eff 6-27-96]~~

#### ~~**510:10-3-6. Display of license**~~

~~—All persons licensed under the Osteopathic Medicine Act, who are practicing osteopathic medicine in the State of Oklahoma, shall prominently display their current annual certificate of licensure in the~~

~~primary place of practice. Anyone regularly practicing at more than one location may receive a duplicate renewal certificate upon request.~~

~~[Source: Amended at 11 Ok Reg 3419, eff 6-27-94]~~

### **510:10-3-7. Duplicate license**

~~A physician may request another wall certificate if the physician pays the applicable fee pursuant to the Fee Schedule 510:10-7-1. Upon the presentation of an affidavit and satisfactory proof that a licensee's original license has been lost, stolen or destroyed, the Board may issue a duplicate license. Such duplicate license shall carry the notation that it is a duplicate to replace the original. A fee of fifty (\$50.00) dollars will be charged.~~

~~[Source: Amended at 11 Ok Reg 3419, eff 6-27-94]~~

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

~~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. A physician who fails to acquire and submit a renewal application may not practice using an expired license. The renewal application together with all documents submitted with the application is the property of the Board and shall not be returned.~~

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

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

- ~~(1) This one (1) hour program of CME dedicated to prescribing shall be obtained at a seminar approved by the State Board of Osteopathic Examiners.~~
- ~~(2) Certification of attendance shall be provided by the organization sponsoring the program via sign in.~~
- ~~(3) Those osteopathic physicians who are licensed in Oklahoma, but not practicing in this state, or physicians who do not possess the State Bureau of Narcotics and Drug Enforcement Administration authority to handle CDS are exempt from this requirement.~~

(b) **Fee required.** ~~All osteopathic physicians licensed to practice by the Board shall pay an annual renewal fee on or 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 by July 1. Any license reinstated by Board staff within six (6) months of cancelation for failure to renew timely shall pay all renewal fees and an administrative fine of five hundred (500) dollars. The Boards fees are provided in the Fee Schedule in 510:10-7-1. Those licensed osteopathic physicians who reside or practice in the State of Oklahoma must pay an annual renewal fee. Those licensed osteopathic physicians who reside and practice outside the state must pay an annual renewal fee. Said fees are set forth in the herein contained fee schedule and may contain a convenience fee. A late penalty may also be charged for those who are not renewed by the first day of July of each year.~~

(c) 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.

[Source: Amended at 11 Ok Reg 3419, eff 6-27-94; Amended at 13 Ok Reg 2229, eff 6-27-96; Amended at 17 Ok Reg 3176, eff 7-27-00; Amended at 33 Ok Reg 1771, eff 9-11-16]

#### **510:10-3-9. Degree designation**

In all communications regarding matters relating to the practice of osteopathic medicine, licensees shall clearly state their academic degree and license designation by the use of the term "D.O." or "Doctor of Osteopathy" or "Doctor of Osteopathic Medicine". By way of example, this rule requires use of the stated designation on a licensee's stationery, business cards, advertisements, prescription blanks, signs and public listings and displays.

[Source: Amended at 13 Ok Reg 2229, eff 6-27-96]

#### **510:10-3-10. Change of name and address**

All osteopathic physicians licensed in this state shall notify the Board within ~~fourteen (14)~~thirty (30) days of any change in either their practice address, home address, ~~and/or electronic mail or email~~ address. The Board shall also be notified of changes in practice and personal cell phone numbers. Each licensee whose first and last name has been changed shall report this to the Board. The physician will need to request a name change online and upload certified documentation for proof of change to be reviewed by the Board. The Board must approve all name changes before the name is changed in the physician's profile or on their license.

[Source: Added at 33 Ok Reg 1771, eff 9-11-16]

#### **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. 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;

\_\_\_\_\_ (C) Issued without continuing medical education (CME) requirements unless the physician holds a registration to prescribe controlled drugs in Oklahoma;

\_\_\_\_\_ (D) Nonrenewable unless approved by the State Board of Osteopathic Examiners and upon payment of the fee.

(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.

### **510: 10-3-12. Temporary Resident License**

The Osteopathic Medicine Act authorizes the Board to issue a temporary license for certain classes of Resident physicians. The Board may issue a temporary license upon completion of an application, payment of any fees, and submission of documentation from the applicants primary training program recommending the physician and stating the applicant meets all the requirements for such license. Any person holding a temporary resident license is not guaranteed subsequent full licensure in Oklahoma as an osteopathic physician.

(1) A temporary resident license shall be:

(A) Issued by the State Board of Osteopathic Examiners to eligible physicians;

(B) Issued to an out-of-state resident to perform rotations in Oklahoma;

(C) Issued for no longer than six (6) months;

(D) Issued without continuing medical education (CME) requirements; and

(E) Renewable only once upon payment of the fee.

(2) The temporary resident license shall not permit:

(A) The physician to apply for prescribing privileges for controlled drugs;

(B) The physician to recommend medical marijuana;

(C) The physician to supervise any mid-level practitioner;

(D) The physician to practice outside the scope of the Oklahoma training program; or

(E) The physician to practice independent of the training program.

### **510:10-3-13. Volunteer Medical License**

The Osteopathic Medicine Act authorizes the Board to issue a volunteer medical license for physicians who are retired from active practice and wish to donate their expertise for the medical care and treatment of indigent and needy persons of the State. The Board may issue a volunteer medical license:

- (1) Upon completion of a special volunteer medical license application, including documentation of the physician's osteopathic school graduation and practice history;
- (2) Upon receipt of documentation that the physician has been previously issued a full and unrestricted license to practice medicine in Oklahoma or in another state of the United States and that they have never been the subject of any medical disciplinary action in any jurisdiction;
- (3) Upon acknowledgement and documentation that the physician's practice under the volunteer medical license will be exclusively and totally devoted to providing medical care to needy and indigent persons in Oklahoma or to providing care under the Oklahoma Medical Reserve Corps; and
- (4) Upon acknowledgement and documentation that the physician will not receive or have the expectation to receive any payment or compensation, either direct or indirect, for any medical services rendered under the volunteer medical license.
- (5) A volunteer medical license shall be:
- \_\_\_\_\_ (A) Issued by the State Board of Osteopathic Examiners to eligible physicians;
  - \_\_\_\_\_ (B) Issued without any fees;
  - \_\_\_\_\_ (C) Issued without continuing medical education (CME) requirements;
  - \_\_\_\_\_ (D) Issued for no longer than one (1) year;
  - \_\_\_\_\_ (E) Renewable annually upon completion of renewal application furnished by Board.
- (2) The volunteer medical license shall not permit:
- \_\_\_\_\_ (A) The physician to apply for prescribing privileges for controlled drugs;
  - \_\_\_\_\_ (B) The physician to recommend medical marijuana;
  - \_\_\_\_\_ (C) The physician to supervise any mid-level practitioner;
  - \_\_\_\_\_ (D) The physician to receive compensation for medical care and treatment provided.

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

### **510:10-4-1. Purpose**

The purpose of this Subchapter is to set forth the requirements for osteopathic physicians to supervise any mid-level medical practitioner ~~with prescriptive authority~~.

[Source: Added at 15 Ok Reg 2762, eff 6-25-98; Amended at 33 Ok Reg 1771, eff 9-11-16]

### **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.

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

"**Proper physician supervision**" means the supervising physician ~~should~~ regularly and routinely reviews the prescriptive practices and patterns of the ~~mid-level practitioners~~ advanced practice nurse with prescriptive authority. Proper physician supervision of mid-level practitioners ~~the advanced practice nurse with prescriptive authority~~ is essential.

~~"Supervision" implies that there is appropriate referral and consultation between the mid-level practitioner and the supervising physician.~~

[Source: Added at 15 Ok Reg 2762, eff 6-25-98; Amended at 33 Ok Reg 1771, eff 9-11-16]

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

(a) — To be eligible to serve as a supervising physician for mid-level practitioners ~~the advanced practice nurse with prescriptive authority~~, 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.

~~(3b) No physician shall supervise more than sixfour (64) full time equivalent mid-level practitioners, regarding their prescriptive authority at any one time. For purposes of this section each "full time equivalent" mid-level practitioner position equals forty (40) hours per week collectively worked by the part time mid-level practitioner being supervised by the physician.~~

~~(4) Notwithstanding the provisions for the supervision of four (4) full time equivalent mid-level practitioners above, no physician shall supervise more than a total of four (4) mid-level practitioners.~~

~~(5c) The Board may make an exception to any limit set herein upon written request ofby the physician.~~

~~(d) Subject to approval, disapproval, or modification by the Board, the Executive Director of the Board may approve a written request to supervise seven (7) or more mid-level practitioners between regularly scheduled meeting of the Board. Under no circumstance shall the Executive Director approve more than ten (10) mid-level practitioners without expressed approval 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.~~

[Source: Added at 15 Ok Reg 2762, eff 6-25-98; Amended at 33 Ok Reg 1771, eff 9-11-16]

**Subchapter 5 - Registration to Dispense Dangerous Drugs [Revoked]**

**Subchapter 6 - Disposal of Human Tissue [Revoked]**

**Subchapter 7 - Fee Schedule**

### **510:10-7-1. Fees Schedulefor licensure**

(a) ~~The following fees shall apply for licensure as an osteopathic physician and surgeon~~The fees charged by the Board are as follows:

- (1) Physician and Surgeon License Application Fee ~~\$ 600.00~~\$575.00
- (2) Physician and Surgeon Renewal Fee for full license ~~(Physician/Surgeon)- \$250.00~~  
  - ~~(A) In State Renewal \$225.00~~
  - ~~(B) Out of State Renewal \$150.00~~
  - ~~(C) Residents and Fully Retired Physicians \$200.00~~
- (3) ~~Certificate of Grades (Form Letter)~~ Reinstatement fee after cancellation by Board \$ 500.00
- (4) Duplicate License (Physician/Surgeon) \$ 50.00
- (5) Late Re-registration Fee \$150.00
- (6) Copy of Licensure File \$50.00~~ies of Records (per page) \$ .25 plus \$10.00 research fee~~
- (7) Copy of Disciplinary File \$25.00
- ~~(78)~~ Verification of Licensure \$ 30.00  
~~(8) Supplemental Report & Research \$ 20.00/hr~~
- (9) Registration to Dispense Dangerous Drugs \$ 50.00 per location
- (10) Licensure Data Base \$ 50.00  
  - ~~(A) Fee for list \$ 50.00~~
  - ~~(B) Fee for disk \$ 50.00~~
- (11) Fee for Certification of Files \$ 5.00
- (12) Returned Check Fee \$ 25.00
- (13) Letter of Good Standing for incorporations ~~\$ 30.00~~\$5.00
- (14) Specialty Licenses  
  - (A) Temporary Resident License (6-month license) \$100
  - (B) Resident Training License (PGY1 resident only) \$120
  - ~~(C) Telemedicine License \$500~~
  - ~~(D) Spouse of Active Duty Military \$250~~
- (b) **Note:** Licensure fees may include a convenience fee.

[Source: Amended at 13 Ok Reg 2229, eff 6-27-96; Amended at 17 Ok Reg 3176, eff 7-27-00; Amended at 23 Ok Reg 2798, eff 6-25-06; Amended at 33 Ok Reg 1771, eff 9-11-16]