

DEPARTMENT OF COMMUNITY HEALTH

DIRECTOR'S OFFICE

MEDICINE - GENERAL RULES

(By authority conferred on the director of the department of community health by section 17001 of 1978 PA 368, MCL 333.17001 et seq. and Executive Order Nos. 1996-1, 1996-2 and 2003-18, MCL 330.3101, 445.2001 and 445.2011)

PART 1. GENERAL PROVISIONS

R 338.2301 Definitions.

Rule 1. As used in these rules:

(a) "Board" means the board of medicine.

(b) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws.

(c) "Completed the requirements for a degree in medicine" means that the applicant shall have graduated from a medical educational program which is not less than 130 weeks and which does not award credit for any course taken by correspondence. The medical educational program shall include a core curriculum which includes, at a minimum, all of the following courses in the basic sciences and clerkships in the clinical sciences:

(i) Courses in the basic sciences, which shall include courses in all of the following:

(A) Anatomy.

(B) Physiology.

(C) Biochemistry.

(D) Microbiology.

(E) Pathology.

(F) Pharmacology and therapeutics.

(G) Preventive medicine.

(ii) Clerkships in the clinical sciences, which shall include clinical clerkships in all of the following:

(A) Internal medicine.

(B) General surgery.

(C) Pediatrics.

(D) Obstetrics and gynecology.

(E) Psychiatry.

All core clinical clerkships shall be completed either in a hospital or institution located in the United States, its territories, the District of Columbia or the Dominion of Canada that is approved by the board or in a hospital or institution that offers a postgraduate clinical training program in the content area of the clinical clerkship.

History: 1979 AC; 1981 AACs; 1986 AACs; 1987 AACs.

R 338.2302 Name of practitioner; display of name; change of address.

Rule 2. (1) A person shall not engage in the practice of medicine under a personal name other than the name under which he is licensed by the board.

(2) A person shall conspicuously display the name under which he is licensed by the board at each facility where he regularly engages in the practice of medicine.

(3) A person shall conspicuously display his certificate of renewal in his principal place of medical practice.

(4) A person licensed or otherwise registered pursuant to the act shall inform the board in writing within 30 days of any change of residence address or place of practice.

History: 1979 AC.

R 338.2303 Schedule 2 sympathomimetic amine drugs including amphetamines; standards of practice.

Rule 3. (1) The board of medicine has determined that any of the sympathomimetic amine drugs, except amphetamine and its salts, designated in schedule 2 under the code or the rules promulgated by Michigan's board of pharmacy have negligible therapeutic value, have a high potential for physical and psychological addiction, have serious detrimental health effects when abused, are widely abused through intentional or misinformed acts in the medical and lay communities, and pose a health hazard and risk of improper medical treatment vastly disproportionate to any legitimate use of such drugs. The board has further determined that there are alternative treatment modalities to such drugs of at least comparable therapeutic value that do not pose similar risks. In accordance with these determinations, and except as provided in subrules (4), (5), and (6) of this rule on the prescribing of amphetamine and its salts, and except as provided in subrule (7) of this rule, the giving, selling, prescribing, or administering of any of the sympathomimetic amine drugs designated in schedule 2 under the code or the rules promulgated by Michigan's board of pharmacy constitutes a departure from, or failure to conform to, minimal standards of acceptable and prevailing medical practice.

(2) Except as provided in subrules (4), (5), and (6) of this rule on the prescribing of amphetamine and its salts, and except as provided in subrule (7) of this rule, the giving, selling, prescribing, or administering of any of the sympathomimetic amine drugs designated in schedule 2 April 2, 2004 under the code or the rules promulgated by Michigan's board of pharmacy is prohibited.

(3) A violation of this rule constitutes a violation of section 16221(a), (b)(i), (c)(iv), and (g) of the code.

(4) Recognizing that amphetamine and its salts are therapeutically effective in the treatment of hyperkinetic children, a physician may, by issuance of a written order for amphetamine and its salts, prescribe amphetamine and its salts for a hyperkinetic child, if the physician, before writing a prescription for amphetamine and its salts, has done all of the following:

(a) Taken a complete history.

(b) If the child is attending school, secured a report from the child's school regarding the child's current and past behavior.

(c) Completed a physical examination, including a neurological examination.

A prescription for amphetamine and its salts ordered for a hyperkinetic child shall indicate on the prescription order, in the physician's own handwriting, the purpose for which the drug is being prescribed.

(5) Recognizing that amphetamine and its salts are therapeutically effective in the treatment of narcolepsy, a physician may, by issuance of a written order for amphetamine and its salts, prescribe amphetamine and its salts for narcolepsy, if the physician, before writing the prescription for a patient, has taken a complete history and physical examination, with appropriate studies of the patient, which establish that the patient suffers from narcolepsy. A prescription for amphetamine and its salts ordered to treat narcolepsy shall indicate on the prescription order, in the physician's own handwriting, the purpose for which the drug is being prescribed.

(6) Recognizing that amphetamine and its salts are therapeutically effective in the treatment in adult forms of attention-deficit/hyperactivity disorder (ADHD), a physician may, by issuance of a written order for amphetamine and its salts, prescribe amphetamine and its salts for adult forms of ADHD, if the physician, before writing a prescription for amphetamine and its salts, has taken a complete history and physical examination, with appropriate studies of the patient, which establish that the patient suffers from adult forms of ADHD.

A prescription for amphetamine and its salts ordered to treat adult forms of ADHD shall indicate on the prescription order, in the physician's own handwriting, the purpose for which the drug is being prescribed.

(7) Recognizing the need for innovative medical practices and the unpredictability of scientific developments, a physician may apply for a written waiver of the requirements of this rule by submitting a written request to the board. The request shall include all information necessary for a comprehensive evaluation of its merit. If the physician requesting the waiver demonstrates to the satisfaction of the board that a waiver would further legitimate medical purposes without undermining

the purposes of this rule, the board may issue a written waiver with such terms and conditions as may be deemed appropriate.

History: 1979 AC; 1981 AACS; 1985 AACS; 2005 AACS.

R 338.2304 Delegation of prescribing of controlled substances to physician's assistants; limitation.

Rule 4. (1) A physician who supervises a physician's assistant under sections 17048 and 17049 of the code may delegate the prescription of controlled substances listed in schedules 3 to 5 to a physician's assistant if the delegating physician establishes a written authorization that contains all of the following information:

- (a) The name, license number, and signature of the supervising physician.
 - (b) The name, license number, and signature of the physician's assistant.
 - (c) The limitations or exceptions to the delegation.
 - (d) The effective date of the delegation.
- (2) A delegating physician shall review and update a written authorization on an annual basis from the original date or the date of amendment, if amended. A delegating physician shall note the review date on the written authorization.
- (3) A delegating physician shall maintain a written authorization in each separate location of the physician's office where the delegation occurs.
- (4) A delegating physician shall ensure that an amendment to the written authorization is in compliance with subrule (1)(a) to (d) of this rule.
- (5) A delegating physician may delegate the prescription of schedule 2 controlled substances only if all of the following conditions are met:
- (a) The supervising physician and physician's assistant are practicing within a health facility as defined in section 20106(d), (g), or (i) of the code; specifically, freestanding surgical outpatient facilities, hospitals, and hospices.
 - (b) The patient is located within the facility described in subdivision (a) of this subrule.
 - (c) The delegation is in compliance with this rule.
- (6) A delegating physician may not delegate the prescription of schedule 2 controlled substances issued for the discharge of a patient for a quantity for more than a 7-day period.
- (7) A delegating physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

History: 1998-2000 AACS.

R 338.2305 Delegation of prescribing of controlled substances to nurse practitioners or nurse midwives; limitation.

Rule 5. (1) A physician may delegate the prescription of controlled substances listed in schedules 3 to 5 to a registered nurse who holds specialty certification under section 17210 of the code, with the exception of a nurse anesthetist, if the delegating physician establishes a written authorization that contains all of the following information:

- (a) The name, license number, and signature of the delegating physician.
 - (b) The name, license number, and signature of the nurse practitioner or nurse midwife.
 - (c) The limitations or exceptions to the delegation.
 - (d) The effective date of the delegation.
- (2) A delegating physician shall review and update a written authorization on an annual basis from the original date or the date of amendment, if amended. A delegating physician shall note the review date on the written authorization.
- (3) A delegating physician shall maintain a written authorization in each separate location of the physician's office where the delegation occurs.
- (4) A delegating physician shall ensure that an amendment to the written authorization is in compliance with subrule (1) (a) to (d) of this rule.

(5) A delegating physician may delegate the prescription of schedule 2 controlled substances only if all of the following conditions are met:

(a) The delegating physician and nurse practitioner or nurse midwife are practicing within a health facility as defined in section 20106(d), (g), or (i) of the code; specifically, freestanding surgical outpatient facilities, hospitals, and hospices.

(b) The patient is located within the facility described in subdivision (a) of this subrule.

(c) The delegation is in compliance with this rule.

(6) A delegating physician may not delegate the prescription of schedule 2 controlled substances issued for the discharge of a patient for a quantity for more than a 7-day period.

(7) A delegating physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

History: 1998-2000 AACCS.

R 338.2308 Assessment of fines.

Rule 18. When a fine has been designated as an available sanction for a violation of sections 16221 to 16226 of the code, in the course of assessing a fine the board shall take into consideration all of the following factors without limitation:

(a) The extent to which the licensee obtained financial benefit from conduct comprising part of the violation found by the board.

(b) The willfulness of the conduct found to be part of the violation determined by the board.

(c) The public harm, actual or potential, caused by the violation found by the board.

(d) The cost incurred in investigating and proceeding against the licensee.

History: 1981 AACCS; 1990 AACCS.

R 338.2309 Rescission.

Rule 9. The rules of the board, being R 338.51 to R 338.76 of the Michigan Administrative Code and appearing on pages 2601 to 2604 of the 1954 volume of the Code and pages 1459 to 1462 of the 1960 Annual Supplement to the Code, are rescinded.

History: 1979 AC.

PART 2. LICENSES

R 338.2311 Rescinded.

History: 1979 AC; 1981 AACCS; 1986 AACCS.

R 338.2312 Rescinded.

History: 1979 AC; 1981 AACCS.

R 338.2313 Standards for approval of medical schools, hospitals, and postgraduate clinical training programs; adoption by reference.

Rule 13. (1) The board approves and adopts by reference the standards for accrediting schools of medicine developed by the liaison committee on medical education on February 19, 1985, and ratified by the council on medical education of the American medical association on March 1, 1985, and ratified by the executive council of the association of American medical colleges on April 4, 1985, entitled

"Functions & Structure of a Medical School." The board shall consider any school of medicine that is accredited by the liaison committee on medical education as a school approved by the board.

(2) The board approves and adopts by reference the standards for accrediting hospitals which were adopted in April, 1986, by the joint commission on accreditation of hospitals and which were effective January 1, 1987. The board shall consider any hospital or institution that is accredited by the joint commission on accreditation of hospitals as a hospital or institution approved by the board.

(3) The board approves and adopts by reference the standards for approving postgraduate clinical training programs which were adopted in 1987 by the accreditation council for graduate medical education and which were effective July 1, 1987, entitled "The Essentials of Accredited Residencies in Graduate Medical Education," and the board shall designate any program of postgraduate clinical training approved by the accreditation council for graduate medical education as a program approved by the board.

(4) The board approves and adopts by reference the standards for approving postgraduate clinical training programs which were adopted in April, 1985, by the national joint committee on accreditation of preregistration physician training programs of the Canadian medical association and which were effective July, 1985, and the board shall consider any program of postgraduate clinical training approved by the national joint committee on accreditation of preregistration physician training programs as a program approved by the board.

History: 1979 AC; 1981 AACS; 1986 AACS; 1987 AACS.

R 338.2314 Examinations; passing scores; eligibility; reexamination; limitations.

Rule 14. (1) The board approves and accepts the 3-part examination developed and scored by the national board of medical examiners, hereinafter identified as the NBME part I, the NBME part II, and the NBME part III. The board approves and adopts the 3-part examination prepared by the federation of state medical boards of the United States, inc., before January 1985, hereinafter identified as FLEX, the 2-part examination prepared by the federation of state medical boards of the United States, inc., after January 1985, hereinafter identified as FLEX component 1 and FLEX component 2, and the 3-part examination prepared by the federation of state medical boards of the United States, inc., hereinafter identified as USMLE step 1, USMLE step 2, and USMLE step 3.

(2) A passing score on FLEX shall be a truncated weighted average of not less than 75 based on a single sitting that includes all 3 parts of FLEX. A passing score on FLEX component 1 shall be not less than 75. A passing score on FLEX component 2 shall be not less than 75. A passing score on USMLE step 1 shall be not less than 75. A passing score on USMLE step 2 shall be not less than 75. A passing score on USMLE step 3 shall be not less than 75.

(3) To sit for USMLE step 3, an applicant shall submit a completed application, on a form provided by the department, together with the requisite fee.

(4) To be eligible to sit for USMLE step 3, an applicant shall establish both of the following:

(a) That the applicant has passed 1 of the following examinations or combinations of examination parts:

- (i) FLEX component 1.
- (ii) NBME part I and NBME part II.
- (iii) NBME part I and USMLE step 2.
- (iv) USMLE step 1 and NBME part II.
- (v) USMLE step 1 and USMLE step 2.

(b) That the applicant has completed not less than 6 months of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution.

(5) An applicant who fails to achieve a passing score on USMLE step 3 within 5 years from the first time he or she sat for USMLE step 3 shall not be eligible to again sit for USMLE step 3 until the applicant has completed 1 year of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution. If the applicant thereafter fails USMLE step 3, the applicant may repeat the examination without limitation if the applicant, subsequent to each failure, first completes 1 year of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution before sitting for the USMLE step 3.

(6) The examination sequence as specified in this rule is subject to the limitations set forth in section 17012(2) of the code.

History: 1979 AC; 1981 AACS; 1986 AACS; 1987 AACS; 1989 AACS; 1994 AACS.

R 338.2315 Rescinded.

History: 1979 AC; 1981 AACS.

R 338.2316 Licensure by examination; applications; qualifications for graduates of foreign medical schools.

Rule 16. (1) An applicant for Michigan medical licensure by examination from a medical school located other than in the United States, its territories, the District of Columbia, or the Dominion of Canada shall submit a completed application, on a form provided by the department, together with the requisite fee. In addition to meeting the other requirements of the code and the administrative rules promulgated pursuant thereto, an applicant shall satisfy the requirements of this rule.

(2) An applicant shall establish that he or she has completed the requirements for a degree in medicine.

(3) An applicant shall have passed 1 of the following examinations or combinations of examination parts:

(a) FLEX.

(b) FLEX component 1 and FLEX component 2.

(c) FLEX component 1 and USMLE step 3.

(d) USMLE step 1, USMLE step 2, and FLEX component 2.

(e) USMLE step 1, USMLE step 2, and USMLE step 3.

(4) An applicant shall have passed an examination in the basic and clinical medical sciences conducted by the educational commission for foreign medical graduates and satisfy either of the following requirements:

(a) An applicant who has passed the visa qualifying examination, the foreign medical graduate examination in the medical sciences, parts I and II of the examination developed by the national board of medical examiners and conducted by the educational commission for foreign medical graduates, or USMLE step 1 and USMLE step 2 shall have satisfactorily completed 2 years of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution.

(b) An applicant who has passed the educational commission for foreign medical graduates examination conducted by the educational commission for foreign medical graduates before July 1, 1984, shall have satisfactorily completed 3 years of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution. Certification of satisfactory completion of postgraduate clinical training shall be accepted by the board 15 days before completion of the training.

History: 1979 AC; 1981 AACS; 1986 AACS; 1987 AACS; 1989 AACS; 1994 AACS.

R 338.2317 Licensure by examination; applications; qualifications for graduates of schools located in the United States, its territories, the District of Columbia, or the Dominion of Canada.

Rule 17. (1) An applicant for Michigan medical licensure by examination from a medical school located in the United States, its territories, the District of Columbia, or the Dominion of Canada shall submit a completed application, on a form provided by the department, together with the requisite fee. In addition to meeting the other requirements of the code and the administrative rules promulgated pursuant thereto, an applicant shall satisfy the requirements of this rule.

(2) An applicant shall establish that he or she is a graduate of a medical school approved by the board.

(3) An applicant shall have passed 1 of the following examinations or combination of examination parts:

- (a) FLEX.
 - (b) FLEX component 1 and FLEX component 2.
 - (c) FLEX component 1 and USMLE step 3.
 - (d) One of each of the following examination parts:
 - (i) NBME part I or USMLE step 1.
 - (ii) NBME part II or USMLE step 2.
 - (iii) NBME part III, USMLE step 3, or FLEX component 2.
- (4) An applicant shall have satisfactorily completed 2 years of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution. Certification of satisfactory completion of postgraduate clinical training shall be accepted by the board 15 days before completion of the training.

History: 1986 AACCS; 1987 AACCS; 1989 AACCS; 1994 AACCS.

R 338.2318 Licensure by endorsement; applications; qualifications.

Rule 18. (1) An applicant for a Michigan medical license by endorsement shall submit a completed application, on a form provided by the department, together with the requisite fee. In addition to meeting the other requirements of the code and the administrative rules promulgated pursuant thereto, an applicant shall satisfy the requirements of this rule.

(2) If an applicant was licensed in another state and has been engaged in the practice of medicine a minimum of 10 years before the date of filing an application for Michigan medical licensure, it will be presumed that the applicant meets the requirements of section 16186(1)(a) and (b) of the code.

(3) If an applicant does not meet the requirements of subrule (2) of this rule, the applicant, in addition to meeting the requirements of the code, shall satisfy the following requirements:

(a) The applicant shall have been licensed in another state after having passed an examination deemed by the board to have been conducted in accordance with standards substantially equivalent to those which were applicable to examinations given by the board in the same year, as provided by R 338.2319.

(b) An applicant who is a graduate of a medical school located in the United States, its territories, the District of Columbia, or the Dominion of Canada shall satisfy either of the following requirements:

(i) If the applicant was first licensed in another state before September 1, 1989, the applicant shall have satisfactorily completed 1 year of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution.

(ii) If the applicant was first licensed in another state after August 31, 1989, the applicant shall have satisfactorily completed 2 years of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution.

(c) In addition to meeting the examination requirement of subdivision (a) of this subrule, an applicant who is a graduate of a medical school located other than in the United States, its territories, the District of Columbia, or the Dominion of Canada shall have passed an examination in the basic and clinical medical sciences conducted by the educational commission for foreign medical graduates and satisfy 1 of the following requirements:

(i) An applicant who was first licensed in another state before May 10, 1986, shall have satisfactorily completed 1 year of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution.

(ii) An applicant who was first licensed in another state on or after May 10, 1986, and who has passed the visa qualifying examination, the foreign medical graduate examination in the medical sciences, parts I and II of the examination developed by the national board of medical examiners and conducted by the educational commission for foreign medical graduates, or USMLE step 1 and USMLE step 2 shall have satisfactorily completed 2 years of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution.

(iii) An applicant who was first licensed in another state on or after May 10, 1986, and who has passed the educational commission for foreign medical graduates examination conducted by the educational commission for foreign medical graduates before July 1, 1984, shall have satisfactorily completed 3 years of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution.

History: 1979 AC; 1987 AACS; 1989 AACS; 1994 AACS.

R 338.2319 Licensure by endorsement; substantially equivalent examinations.

Rule 19. (1) In assessing substantial equivalency of examinations, the board shall consider all of the following factors:

- (a) Subject areas included.
- (b) Detail of material.
- (c) Comprehensiveness of material.
- (d) Length of the examination.
- (e) Degree of difficulty.

(2) To demonstrate substantial equivalency, an applicant may be required to submit, or cause to be submitted, such materials as the following:

- (a) A certified copy of the examination.
- (b) An affidavit from a responsible official from the appropriate state agency describing the examination and setting forth the legal standards that were in effect at the time of the examination.
- (c) An affidavit describing the examination from a responsible official within a state medical society or other organization who has knowledge of the examination.
- (d) Other credible evidence.

(3) The examination given by the national board of medical examiners is deemed by the board to be substantially equivalent to the examination conducted by the board.

(4) The licentiate examination given by the medical council of Canada is deemed by the board to be substantially equivalent to the examination conducted by the board.

(5) Applicants for Michigan medical licensure by endorsement shall be considered to have passed an examination deemed by the board to have been conducted in accordance with standards substantially equivalent to those which were applicable to examinations given by the board if the applicant passed the FLEX examination with a FLEX-weighted average of 75.0 at 1 sitting, except that applicants who, between June 1974 and June 1981, achieved a FLEX-weighted average of 75.0 based on 1 partial retake of the FLEX examination after initial failure shall be considered to have passed an examination in accordance with standards substantially equivalent to those that were applicable to examinations given by the board between June 1974 and June 1981.

History: 1981 AACS; 1987 AACS; 1994 AACS.

R 338.2320 Rescinded.

History: 1979 AC; 1981 AACS.

R 338.2322 Rescinded.

History: 1979 AC; 1986 AACS.

R 338.2323 Rescinded.

History: 1979 AC; 1990 AACS.

R 338.2325 Rescinded.

History: 1979 AC; 1990 AACS.

R 338.2326 Availability of standards.

Rule 26. (1) The standards ratified on March 1, 1985, by the council on medical education of the American medical association and ratified on April 4, 1985, by the executive council of the association of American medical colleges are available for inspection at the office of the Board of Medicine, 611 West Ottawa Street, North Ottawa Tower, Lansing, Michigan 48909. Copies may be obtained, upon request and payment of \$10.00, from either the offices of the board or the Liaison Committee on Medical Education, American Medical Association, 535 N. Dearborn Street, Chicago, Illinois 60610.

(2) The standards adopted in April, 1986, by the joint commission on accreditation of hospitals and effective on January 1, 1987, are available for inspection at the offices of the board. Copies may be obtained, upon request and payment of \$50.00, from either the offices of the board or the Joint Commission on Accreditation of Hospitals, 875 North Michigan Avenue, Chicago, Illinois 60611.

(3) The standards adopted by the accreditation council for graduate medical education in 1987 and effective July 1, 1987, are available for inspection at the offices of the board. Copies may be obtained, upon request and payment of \$30.00, from either the offices of the board or the Accreditation Council for Graduate Medical Education, American Medical Association, 535 N. Dearborn Street, Chicago, Illinois 60610.

(4) The standards adopted by the national joint committee on accreditation of preregistration physician training programs of the Canadian medical association in April, 1985, and effective July, 1985, are available for inspection at the offices of the board. Copies may be obtained, upon request and payment of \$5.00, from either the offices of the board or the Canadian Medical Association, P.O. Box 8650, Ottawa, Ontario, Canada K1G 0G8.

History: 1981 AACS; 1986 AACS; 1987 AACS.

R 338.2327 Rescinded.

History: 1986 AACS; 1988 AACS.

R 338.2327a Clinical academic limited licenses.

Rule 27a. An applicant for a clinical academic limited license shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the other requirements of the code and the administrative rules promulgated pursuant thereto, an applicant for a clinical academic limited license shall establish both of the following:

(a) That he or she has either graduated from a medical school which is located in the United States, its territories, the District of Columbia, or the Dominion of Canada and which is approved by the board or has graduated from a medical school that is located other than in the United States, its territories, the District of Columbia, or the Dominion of Canada and has completed the requirements for a degree in medicine as defined in R 338.2301(c).

(b) That he or she has been appointed to a teaching or research position in an academic institution as defined in section 17001(1)(a) of the code.

History: 1991 AACS.

R 338.2328 Rescinded.

History: 1986 AACS; 1988 AACS.

R 338.2329 Rescinded.

History: 1986 AACS; 1988 AACS.

R 338.2329a Educational limited licenses.

Rule 29a. (1) An educational limited license authorizes the holder thereof to engage in the practice of medicine as part of a postgraduate educational training program.

(2) An applicant for an educational limited license shall submit a completed application, on a form provided by the department, together with the requisite fee.

(3) In addition to meeting the other requirements of the code and the administrative rules promulgated pursuant thereto, an applicant for an educational limited license from a medical school located in the United States, its territories, the District of Columbia, or the Dominion of Canada shall establish both of the following:

(a) That the applicant has graduated, or is expected to graduate within the following 3 months, from a medical school approved by the board.

(b) That the applicant has been admitted to a training program approved by the board that is offered at a board-approved hospital or institution.

(4) After December 31, 1988, in addition to meeting the other requirements of the code and the administrative rules promulgated pursuant thereto, an applicant for an educational limited license from a medical school located other than in the United States, its territories, the District of Columbia, or the Dominion of Canada shall establish all of the following:

(a) That the applicant has completed the requirements for a degree in medicine.

(b) That the applicant has been admitted to a training program approved by the board that is offered at a board-approved hospital or institution.

(c) That the applicant has passed an examination in the basic and clinical medical sciences conducted by the educational commission for foreign medical graduates.

History: 1987 AACs; 1989 AACs.

PART 3. ADMINISTRATIVE HEARINGS

R 338.2330 Rescinded.

History: 1979 AC; 1980 AACs.

R 338.2331 Rescinded.

History: 1979 AC; 1980 AACs; 1996 AACs.

R 338.2332--R 338.2355 Rescinded.

History: 1979 AC; 1980 AACs.

PART 5. CONTINUING MEDICAL EDUCATION

R 338.2371 Continuing medical education as prerequisite for license renewal or relicensure.

Rule 71. (1) An applicant for license renewal who held a license for the 3-year period preceding the expiration date of the license or an applicant for relicensure pursuant to section 16201(3) of the code shall have earned, within the 3-year period immediately preceding the date of the application, 150 hours of continuing medical education credit in courses or programs approved by the board. In place of the examination requirements established in section 16201(4) of the code, an applicant for relicensure pursuant to section 16201(4) of the code shall have earned, within the 3-year period immediately preceding the date of the application, 150 hours of continuing medical education credit in courses or programs approved by the board.

(2) Credit for medical ethics shall be earned in a category 1 activity.

History: 1979 AC; 1991 AACCS.

R 338.2372 Categories of creditable continuing medical education activities; maximum credit hours for the 3-year period.

Rule 72. The categories of creditable continuing medical education activities approved by the board, and the maximum credit hours that may be earned in each category, are as follows:

(a) Category 1: Continuing medical activities with accrediting sponsorship; tutorial experience; medical ethics; specialty board certification and recertification 150 hours

(b) Category 2: Continuing medical activities with nonaccredited sponsorship 36 hours

(c) Category 3: Tutoring medical physicians under category 1; teaching medical physicians; teaching the allied health services 48 hours

(d) Category 4: Books, papers, publications, and exhibits 48 hours

(e) Category 5: Nonsupervised education; self-assessment; self-instruction and participation on a hospital medical staff committee dealing with quality patient care or utilization review 36 hours

(f) Category 6: Full-time participation in a graduate training program 150 hours

History: 1979 AC.

R 338.2373 Categories and period in which credit hours to be earned; clock hour equivalents to credit hours.

Rule 73. (1) A minimum of 50% of the continuing medical education requirement shall be earned in category 1 or category 6.

(2) One clock hour substantively spent meeting the requirements of category 1, 2, 4, or 5 equals 1 credit hour.

(3) One clock hour spent as an instructor or as a tutor, or both, equals 2 credit hours.

History: 1979 AC.

R 338.2374 Category 1: Continuing medical activities including medical ethics with accredited sponsorship; tutorial experience; specialty board and recertification.

Rule 74. (1) Continuing medical activities with accredited sponsorship are category 1 activities. The board approves the standards adopted by the committee on continuing medical education accreditation of the Michigan state medical society on December 6, 1984, in accrediting organizations and institutions offering continuing medical education programs, and the board may accept a maximum of 150 credit hours under category 1 for attendance at programs offered by organizations and institutions so accredited as credit toward the licensee's continuing medical education requirement if the programs are designed to further the medical education of licensees. The board may deny approval of programs offered by institutions and organizations approved by the Michigan state medical society if it appears to the board that the programs offered by those institutions or organizations fail to demonstrate compliance with the legislative intent to further educate licensees on subjects related to the practice of medicine.

(2) The board approves and adopts the standards adopted by the accreditation council for continuing medical education on October 29, 1982, in accrediting organizations and institutions offering continuing medical education programs, and the board may accept a maximum of 150 credit hours for attendance at those programs offered by organizations and institutions so accredited as credit toward the licensee's continuing medical education requirement if the programs are designed to further the medical education of licensees. The board may deny approval of programs offered by institutions and organizations approved by the liaison committee on continuing medical education if it appears to the board that the programs offered by those institutions or organizations fail to demonstrate compliance with the legislative intent to further educate licensees on subjects related to the practice of medicine.

(3) Receiving tutorial experience is a category 1 activity. A maximum of 150 credit hours may be earned during the 3-year period immediately preceding the application for being tutored in a hospital or

institution. Notwithstanding any additional requirement of these rules, the board will not give credit for being tutored unless information on the tutorial program and the qualifications of the tutor, as well as any other data requested by the board, is first submitted to the board to establish the quality of the tutorial program and the board approves the tutorial program before the commencement thereof.

(4) Specialty board certification and recertification are category 1 activities. A maximum of 50 credit hours may be earned for taking and passing a specialty board recertification or certification examination approved by the board. Credit may be earned only during the year in which the licensee is advised that he or she passed the certification or recertification examination.

History: 1979 AC; 1991 AACS.

R 338.2375 Category 2: Continuing medical activities with nonaccredited sponsorship.

Rule 75. Category 2 activities consist of continuing medical activities with nonaccredited sponsorship. A maximum of 36 credit hours during the 3-year period may be earned by attendance at continuing medical education programs offered by organizations or institutions that are not approved under category 1 if the program is submitted to the board to establish the quality of the program, and if the board approves the program in accordance with R 338.2380.

History: 1979 AC.

R 338.2376 Category 3: Tutoring medical physicians under category 1; teaching medical physicians; teaching the allied health services.

Rule 76. (1) Tutoring medical physicians under category 1 is a category 3 activity. A maximum of 48 credit hours may be earned in the 3-year period preceding the application for tutoring medical physicians in a tutorial program approved by the board pursuant to the provisions of R 338.2374(3).

(2) Teaching medical physicians and teaching the allied health services are category 3 activities. A maximum of 48 credit hours may be earned in the 3-year period preceding the application for serving as an instructor of medical students, house staff, or other physicians or allied health professionals in a hospital or institution with a postgraduate clinical training program that is approved by the board pursuant to the provisions of R 338.2313, if the hospital or institution has approved the instruction. A maximum of 48 credit hours may be similarly obtained in the 3-year period preceding the application in a hospital or institution that does not have a postgraduate clinical training program that is approved by the board if the sponsor of the program first submits such information as the board determines to be necessary to establish the quality of the instructional programs approved by that hospital or institution.

History: 1979 AC; 1991 AACS.

R 338.2377 Category 4: Books, papers, publications, and exhibits.

Rule 77. (1) Category 4 activities comprise books, papers, publications, and exhibits. A maximum of 48 credit hours in the 3-year period may be earned under this category, with specific maximum credits indicated in the subcategories described below. Credit may be earned only during the year of presentation or publication.

(2) A maximum of 24 credit hours in the 3-year period may be earned for preparation and initial presentation of a scientific exhibit at a professional meeting.

(3) A maximum of 24 credit hours in the 3-year period may be earned for preparation and initial presentation of a formal original scientific paper before a professional meeting.

(4) A maximum of 24 credit hours in the 3-year period may be earned for preparation and initial publication of an original scientific article or paper, or a chapter in a book, or a portion of a chapter in a book, that is authored and published in a journal or other periodical publication listed in "Index Medicus," or that is published by a medical publisher recognized by the board.

History: 1979 AC.

R 338.2378 Category 5: Nonsupervised education; self-assessment; self-instruction; participation on a hospital staff committee dealing with quality patient care or utilization review.

Rule 78. (1) Nonsupervised learning is a category 5 activity. A maximum of 36 credit hours in the 3-year period may be earned under this category, with specific maximum credit hours indicated under the subcategories described below. Credit may be earned only for the year in which the study, committee, or review activity occurred.

(2) Self-assessment is a category 5 activity. A maximum of 18 credit hours in the 3-year period may be earned for completion of a multi-media program if sufficient information regarding the program is approved by the board.

(3) Self-instruction is a category 5 activity. A maximum of 18 credit hours in the 3-year period may be earned for the independent reading of scientific journals listed in "Index Medicus."

(4) Participation on a hospital staff committee dealing with quality patient care or utilization review, or both, are category 5 activities. A maximum of 18 credit hours in the 3-year period may be earned for participation on a hospital staff committee dealing with quality patient care or utilization review.

History: 1979 AC.

R 338.2379 Category 6: Full-time participation in postgraduate clinical training program.

Rule 79. Full-time participation in a postgraduate clinical training program is a category 6 activity. A maximum of 50 credit hours per year may be earned for satisfactorily participating, in the 3-year period immediately preceding the application, in a postgraduate clinical training program in a hospital or institution that is approved by the board pursuant to the provisions of R 338.2313. A minimum of 5 months of participation per year is required for 50 hours of credit.

History: 1979 AC; 1991 AACS.

R 338.2380 Requests for approval of continuing medical education credit; monitoring of programs.

Rule 80. (1) A person who seeks board approval of continuing medical education credit pursuant to these rules shall request forms and instructions from the department.

(2) The board shall not consider a request for approval until such time as the information indicated in the forms and instructions is submitted.

(3) The board shall deny a request for approval if it appears that the request fails to demonstrate compliance with the legislative intent to further educate licensees on subjects related to the practice of medicine.

(4) All continuing medical education programs may be personally monitored by the board or its authorized agent.

History: 1979 AC; 1991 AACS.

R 338.2381 Certification of compliance; additional evidence.

Rule 81. (1) By submitting an application for license renewal, a licensee certifies that he or she has complied with the continuing medical education requirement.

(2) The board may require an applicant or licensee to submit evidence to demonstrate compliance with the continuing medical education requirement. It is the responsibility of an applicant or licensee to maintain evidence of his or her compliance with the continuing medical education requirement for a period of 4 years from the date of application. Failure to provide such evidence creates a rebuttable presumption that the licensee has made a false and fraudulent statement in applying for a license to practice medicine.

History: 1979 AC; 1991 AACS.

R 338.2382 Availability of adopted standards.

Rule 82. (1) The standards adopted by the committee on continuing medical education accreditation of the Michigan state medical society on December 6, 1984, are available for inspection at the offices of the Michigan Board of Medicine, P.O. Box 30018, Lansing, Michigan 48909. Copies may be obtained, at no cost, from either the office of the Michigan board of medicine or the Committee on Continuing Medical Education Accreditation, Michigan State Medical Society, 120 East Saginaw, East Lansing, Michigan 48823.

(2) The standards adopted by the accreditation council for continuing medical education on October 29, 1982, are available for inspection at the offices of the Michigan board of medicine. Copies may be obtained, at no cost, from either the offices of the Michigan board of medicine or the Accreditation Council for Continuing Medical Education, P.O. Box 245, Lake Bluff, Illinois 60044.

History: 1979 AC; 1991 AACCS.