

Readopt with amendments Med 301.01, effective 4-12-11 (Document #9900), to read as follows:

Med 301.01 Definitions.

(a) "Administrative license" means a license to engage in professional, managerial, or administrative activities related to the practice of medicine or to the delivery of health care services, but does not include the practice of clinical medicine.

(b) "Applicant" means a physician on whose behalf an application has been filed.

(c) "Board certified" means a physician who is currently certified by a medical specialty board recognized by the American Board of Medical Specialties (ABMS) or by the American Osteopathic Association (AOA).

(d) "Clearance" means a document received directly from a state licensing authority which verifies whether or not a person has ever been granted a license by that state, the dates during which that license was valid and whether the licensing authority has ever taken disciplinary action against that license.

(e) "Clinical medicine" means medical practice that includes but is not limited to:

- (1) Direct involvement in patient evaluation, diagnosis, and treatment;
- (2) Prescribing any medication;
- (3) Delegating medical acts or prescription authority;
- (4) The supervision of physicians, physician assistants, or registered nurses in the practice of clinical medicine; or
- (5) Direct involvement in medical decisions impacting population health.

(f) "Courtesy license" means a license, issued pursuant to RSA 329:14, VII, which shall not exceed 100 calendar days and is restricted to specific dates and location(s) as indicated on the license. The term includes "locum tenens license."

(g) "Federation Credentials Verification Service (FCVS)" means the service provided by the Federation of State Medical Boards which verifies and maintains a permanent collection of original source documentation of physician educational, examination and identification documents.

(h) "Special license" means a license, issued pursuant to RSA 329:14, VI which is restricted to specific dates and location(s) as indicated on the license, in the following categories::

- (1) "Camp license" as described in Med 305.02(a); and
- (2) "Visiting professor license" as described in Med 305.02(b).

(i) "Special training license" means a license, issued pursuant to RSA 329:14, V which is restricted to specific dates and location(s) as indicated on the license. The term includes "resident training license."

(j) “Temporary license” means an unrestricted license valid for only 6 months pending the applicant’s receipt of an unrestricted permanent license.

(k) “Unrestricted permanent license” means a license granted pursuant to RSA 329:14, III that expires biennially on June 30.

Readopt Med 301.02, effective 4-12-11 (Document #9900), to read as follows:

Med 301.02 Application Process.

(a) Persons wishing to practice medicine in New Hampshire shall submit both the Federation of State Medical Boards’ Uniform Application, available on the board’s website, and a “State Addendum,” revised 11/2019, which contains the information specified in Med 301.03, and the application fee specified in Table 3.6.1. in Med 306.01.

(b) An application which is not signed by the applicant shall not be accepted and shall be returned to the applicant.

(c) The board shall acknowledge receipt of an application within 60 days and shall notify the applicant of any deficiencies in the application, including the absence of the application fee, or any further information needed to clarify the applicant's qualifications. Failure to remedy the deficiencies within 52 weeks of the board’s initial receipt of the application shall result in dismissal of the application.

(d) Applications shall be granted by the board pursuant to the requirements set forth in RSA 329:14, II.

(e) If the application is denied, the applicant shall be provided an opportunity to request a hearing for reconsideration pursuant to Med 208 on the deficiency issues identified by the board. Any such request shall be received by the board within 30 days.

Readopt with amendment Med 301.03, effective 4-12-11 (Document #9900), to read as follows:

Med 301.03 Application for an Unrestricted Permanent License.

(a) Applicants for an unrestricted permanent license shall provide, or cause to be provided, the following on a form supplied by the board:

- (1) The applicant's name, including any names previously used;
- (2) The applicant's residence and business addresses and telephone numbers, business e-mail address and business fax number;
- (3) The applicant's date of birth, place of birth and social security number required pursuant to 45 CFR Part 60.8 and RSA 161-B:11, VI-a. The applicant shall furnish his or her social security number on the line provided below the following preprinted statement:

"The board will deny licensure if you refuse to submit your social security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public. The board is required to obtain your social security number for the purpose of

child support enforcement and in compliance with RSA 161-B:11. This collection of your social security number is mandatory."

(4) The applicant's educational history including the names of all institutions attended, the dates of attendance and the degree awarded;

(5) A certification of medical education received directly from and verified by FCVS;

(6) If the applicant graduated from a medical school outside the United States or Canada:

a. Certified copies of an official transcript of grades and proof of graduation with certified English translation received directly from and verified by FCVS; and

b. Verification received directly from FCVS that the applicant holds a current certification from the Educational Commission of Foreign Medical Graduates (ECFMG);

(7) A listing of all institutions in which the applicant has pursued post graduate training and a written verification received directly from FCVS that the applicant has completed at least 2 years of training which meet the requirements of Med 302.01;

(8) Verification received directly from FCVS that the applicant has passed one of the licensure examinations listed under Med 303.01;

(9) A listing of every state in which the applicant holds or has ever held a license and clearances of those licenses received directly from the licensure authority;

(10) Disclosure of whether the applicant is board certified and if so, a certified copy of that certification;

(11) Disclosure of whether the applicant has ever lost or been denied board certification and if so, an explanation for the circumstances;

(12) Disclosure of whether the applicant has ever been subject to a claim for malpractice and if so, the circumstances of that claim;

(13) Disclosure of whether the applicant has ever taken an examination or applied for licensure under a different name;

(14) Disclosure of whether the applicant has ever failed any medical licensing examination or been denied the privilege of finishing or been accused of cheating or improper conduct during any required examination, and, if so, the circumstances involved;

(15) Disclosure of whether the applicant has ever been denied a medical license and, if so, the circumstances of that denial;

(16) Disclosure of whether the applicant has ever had hospital privileges, employment, or appointment at any health care institution denied, limited, suspended, or revoked or whether the applicant has ever resigned in lieu of such actions and if so, the circumstances involved;

- (17) Disclosure of whether the applicant is currently under investigation or whether any disciplinary action has been taken against the applicant during the past 10 years by any governmental authority, hospital, or health care facility or by any professional medical association, and, if so, the circumstances involved;
 - (18) Disclosure of whether the applicant has ever voluntarily surrendered a license to practice medicine in lieu of facing disciplinary action or ever withdrawn an application for licensure, hospital privileges or appointment for any reason and if so the circumstances involved;
 - (19) Disclosure of whether the applicant has ever been a defendant in a criminal proceeding and the circumstances of that criminal proceeding;
 - (20) Disclosure of whether the applicant has ever lost the privilege to possess, dispense, or prescribe controlled substances or been investigated by any state or federal drug enforcement agencies;
 - (21) Disclosure of whether the applicant is currently suffering from any condition, mental or physical, that impairs the applicant's judgment or that would otherwise adversely affect his or her ability to practice medicine in a competent, ethical, and professional manner;
 - (22) Disclosure of whether the applicant is currently or has in the past been monitored or treated by a private, state, medical society or hospital physician health program, other than through the NH board approved physician health program;
 - (23) Disclosure of whether the applicant has not been actively engaged in the practice of clinical medicine within the past 12 months;
 - (24) A certified copy of the applicant's birth certificate or passport received directly from FCVS;
 - (25) A listing of all professional activities pursued including the dates of such activities since the applicant graduated from medical school;
 - (26) Original letters of reference, on letterhead and addressed to the board, from:
 - a. The chief medical officer or president of the medical staff in every hospital in which the applicant currently holds staff privileges; or
 - b. Letters of reference from 2 practicing physicians;
 - (27) A recent, full face, 2 x 3 inch photograph of the applicant;
 - (28) The applicant's notarized signature attesting to the accuracy of the information provided; and
 - (29) If applicable, a copy of the applicant's current Drug Enforcement Administration (DEA) certificate.
- (b) Applicants shall include the application fee required in Table 3.6.1 in Med 306.01.

(c) A temporary license, valid for only 6 months, shall be issued pursuant to RSA 329:14, III only to applicants for a full New Hampshire license who have met the requirements of Med 301.03(a) and (b) above, excluding Med 301.03(a)(5), Med 301.03(a)(6), Med 301.03(a)(7), Med 301.03(a)(8) and Med 301.03(a)(24). Applicants shall not begin to practice until such time as they receive a temporary license.

(d) Applicants for temporary license shall also provide, or cause to be provided, the following:

(1) Evidence of qualifications as follows:

a. Proof of a full, unrestricted medical license in another state received directly from the state licensing authority indicating that the applicant's license covers the dates in which he or she is practicing in New Hampshire; or

b. Certified copies of a medical degree diploma, proof of 2 years of postgraduate training which meet the requirements of Med 302.01, and proof that the applicant has passed one of the licensure examinations listed under Med 303.01;

(2) Proof that the applicant has applied to the FCVS with full intent to complete the FCVS process; and

(3) The temporary license fee specified in Table 3.6.1 in Med 306.01.

Readopt with amendment Med 302.01 and Med 303.02, effective 4-12-11 (Document #9900), to read as follows:

Med 302.01 Educational Requirements.

(a) Applicants who have graduated from medical schools located in the United States or Canada shall confirm that the medical school is accredited by the Liaison Committee for Medical Education (LCME).

(b) Applicants from medical schools located outside the United States or Canada shall maintain the academic standard recognized by the United Nations World Health Organization (UNWHO) and have their studies confirmed by the Educational Commission for Foreign Medical Graduates (ECFMG).

(c) Applicants shall have completed at least 2 years of postgraduate medical training, postgraduate year 1, postgraduate year 2, in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), or its equivalent which shall include, at a minimum, the following:

(1) Board certification in the applicant's area of specialty; or

(2) Completion of 10 or more years of practice combined with proof of 2 years of postgraduate training outside the United States or Canada.

(d) Applicants who have not completed 2 years of postgraduate training in an institution accredited by ACGME or AOA shall petition the board pursuant to Med 205.01 to determine if the applicant's qualifications meet the requirements of (d) above. Such petitions shall provide any

information in addition to that specified in (d) above which the applicant wishes the board to consider in making a determination of equivalency.

Med 303.02 Candidates for USMLE Step 3.

(a) Examination candidates who wish to take USMLE step 3 in New Hampshire shall apply directly to the Federation of State Medical Boards (FSMB).

(b) Examination candidates shall not be eligible for licensure until they have met the requirements of Med 302 and Med 303 and filed an application for licensure pursuant to Med 301.03.

(c) Candidates for USMLE step 3 shall:

(1) Have graduated from a medical school accredited by the LCME or have completed their medical education from an institution located outside the United States and have such studies confirmed by the ECFMG;

(2) Have begun the first academic year of postgraduate training at an institution accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada (RCPSC) or the AOA; and

(3) Have passed USMLE step 1, step 2 (Clinical Knowledge) and step 2 (Clinical Skills) or one of the acceptable combinations of examinations noted in Med 303.01 (b).

Readopt with amendments Med 305, effective 4-12-11 (Document #9900), to read as follows:

PART Med 305 SPECIAL, COURTESY, AND TRAINING LICENSES

Med 305.01 Locum Tenens Licenses.

(a) Applicants who currently hold a full, unrestricted medical license in another state, and who wish to practice in New Hampshire for a limited period of time may apply for a restricted license.

(b) Locum tenens licenses shall be issued by the board subject to the following limitations:

(1) No locum tenens license shall be valid for a period in excess of 100 consecutive calendar days;

(2) Locum tenens licenses shall be valid for practice only at the location specified on the face of the license;

(3) Only one locum tenens license shall be issued to any applicant during any 12 month period; and

(4) Locum tenens licenses shall be posted at the location specified on the face of the license at all times during the period of licensure.

(c) Applicants for locum tenens licensure shall provide, or cause to be provided, the following or attached to an “Application for Locum Tenens License,” revised 11/2019:

- (1) The applicant's name, gender, and residence address;
 - (2) The address(es) and telephone number(s) of the applicant's prior 3-year practice location(s);
 - (3) The applicant's date and place of birth;
 - (4) The name of the institution where the applicant graduated from medical school and the date of graduation;
 - (5) The name of the institutions where the applicant completed his or her post graduate training and the dates of that training;
 - (6) Disclosure of whether the applicant has ever previously applied for licensure in New Hampshire and if so, the date of that application;
 - (7) Disclosure of whether the applicant has ever been subject to disciplinary action by any licensing or certifying agency or by any hospital or health care institution and if so, the dates and circumstances of that action;
 - (8) Disclosure of whether the applicant has had any medical malpractice suit brought against him or her or has had any claim settled on his or her behalf in the last 10 years;
 - (9) The state in which the applicant holds current licensure and clearance of that license received directly from the state licensing authority indicating that the applicant's license covers the dates in which he or she is practicing in New Hampshire;
 - (10) The name and address of the New Hampshire health care facility at which the applicant will be practicing;
 - (11) The dates during which the applicant will be practicing and verification of those dates received directly from the New Hampshire healthcare facility at which the applicant will be practicing;
 - (12) The signature of the applicant; and
 - (13) Original letters of reference, on letterhead and addressed to the board, from:
 - a. The chief medical officer or president of the medical staff in every hospital in which the applicant currently holds staff privileges; or
 - b. Letters of reference from 2 practicing physicians.
- (d) Applicants shall include the application fee required in Table 3.6.1 in Med 306.01.

Med 305.02 Special Camp and Visiting Professor License.

(a) Physicians wishing to practice medicine at a New Hampshire licensed camp facility shall apply for a camp license by submitting an “Application for a Special License/Camp,” revised 11/2019, which includes the information contained in (e) below.

(b) A holder of a camp license is limited to:

- (1) Practice only at the specified licensed camp facility;
- (2) Practice only on specific dates; and
- (3) Practice which does not include holding hospital privileges in New Hampshire.

(c) Physicians wishing to practice medicine, perform surgery, or do other procedures for the education and enlightenment of the medical community shall apply for a visiting professor license by submitting an “Application for Special License/Visiting Professor,” revised 11/2019, which includes the information contained in (e) below.

(d) A holder of a visiting professor license is limited to:

- (1) Practice only at a specified licensed New Hampshire hospital in an educational capacity, whether or not direct patient care is provided;
- (2) Practice only on specific dates; and
- (3) Practice for which the patient is not being charged, provided that:
 - a. The hospital or facility may charge the patient for its services and for the services of other health professionals;
 - b. The hospital or facility shall not charge the patient for the services rendered by the visiting professor; and
 - c. The physician abides by the American Medical Association (AMA) Code of Ethics Rule 6.10 on billing with multiple providers.

(e) Applicants for either a camp or visiting professor license shall provide, or cause to be provided, the following on or attached to the applicable form above:

- (1) The applicant's name and residence address;
- (2) The address(es) and telephone number(s) of the applicant's practice locations for the previous 3 years;
- (3) The applicant's date of birth, place of birth, and social security number;
- (4) The name of the institution where the applicant graduated from medical school and the date of graduation;
- (5) The name of the institutions where the applicant completed his or her post graduate training and the dates of that training;

- (6) Disclosure of whether the applicant has ever previously applied for licensure in New Hampshire and if so, the date of that application;
 - (7) Disclosure of whether the applicant has ever been subject to disciplinary action by any licensing or certifying agency or by any hospital or health care institution and if so, the dates and circumstances of that action;
 - (8) Disclosure of whether the applicant is board certified and if so, the specialty in which that certification is held;
 - (9) The name of the New Hampshire licensed facility at which the applicant will be practicing;
 - (10) The dates during which the applicant will practice and verification of those dates received directly from the New Hampshire licensed facility;
 - (11) The state in which the applicant currently holds a license and clearance of that license received directly from the state licensing authority indicating that the applicant's license covers the dates in which he or she is practicing in New Hampshire; and
 - (12) The signature of the applicant.
- (f) Applicants shall include the application fee for special license required in Table 3.6.1. in Med 306.01.

Med 305.03 Administrative License.

- (a) An applicant for an administrative license shall complete the same application and meet the same requirements as an applicant for unrestricted permanent licensure. However, the applicant for an administrative license shall not be required to show that the applicant has been engaged in the practice of clinical medicine.
- (b) The holder of an administrative license shall not engage in clinical medicine.
- (c) The holder of an administrative license shall pay the same fees and meet all other requirements for issuance and renewal of that license as a licensee with a unrestricted permanent license.

Med 305.04 Resident Training License.

- (a) The board shall issue training licenses, pursuant to RSA 329:14, V, to persons pursuing post graduate training in a health facility approved for this purpose by the ACGME or the AOA.
- (b) Training licenses shall only be valid for the practice of medicine when limited to:
 - (1) Practice under the auspices of the training program and in healthcare facilities which are affiliated with that program;
 - (2) Practice under the direct supervision of a medical officer of the training program who shall be a physician licensed in New Hampshire; and

(3) Practice during the dates specified by the training license, or until such time as the licensee separates from the training program for any reason.

(c) Applicants for resident training license shall provide, or cause to be provided, the following on or attached to the “Application for Training License Resident and Graduate Fellows,” revised 11/2019:

- (1) Name and current residence address and telephone number of the applicant;
- (2) Date and place of birth;
- (3) Name of the medical school attended, the dates attended, and the year of graduation;
- (4) Name of the hospital where the applicant will be training;
- (5) Name of the ACGME or AOA accredited training program in which the applicant is enrolled and the signature of the director of graduate medical education certifying that the applicant is currently enrolled and that the information on the application matches that on file with the training program;
- (6) Beginning and ending dates of the training program in which the applicant is enrolled and the signature of the program director certifying that the applicant is approved for entry into that specific program;
- (7) Certified copy of the ECFMG certificate held by the applicant if the applicant graduated from a medical school outside the United States or Canada;
- (8) Certification received directly from the NBME that the applicant has taken and passed USMLE steps 1, step 2 (Clinical Knowledge), and 2 (Clinical Skills);
- (9) Disclosure of whether the applicant has ever previously resigned from a graduate medical education program or been reprimanded, sanctioned, restricted or disciplined in any way by such a program;
- (10) Disclosure of whether the applicant has ever held a license in any state and if so, clearance of that license received directly from the licensing authority;
- (11) Disclosure of whether the applicant has ever been convicted of a felony, and if so the circumstances involved;
- (12) Disclosure of whether the applicant has ever been dependent on alcohol or drugs and if so, a description of the treatment program pursued; and
- (13) The signature of the applicant.

(d) Applicants shall include the resident training license fee required in Table 3.6.1. in Med 306.01.

(e) Resident training licenses shall expire 4 years from the date of issuance.

(f) Holders of training licenses shall notify the board immediately upon separation from the residency program if training is discontinued prior to the expected termination date specified in (c)(6) above.

Readopt Med 306, effective 4-12-11 (Document #9900), to read as follows:

PART Med 306 FEES

Med 306.01 Fees. The fees required by the board under RSA 329 shall be as set forth in table 3.6.1 below:

Table 3.6.1 Fees

<u>Type</u>	<u>Fee</u>
Temporary License	\$ 50
Application for Unrestricted Permanent Licensure	\$300
Renewal Application for Unrestricted Permanent Licensure	\$350
Application for Administrative Licensure	\$300
Renewal Application for Administrative Licensure	\$350
Late Renewal Application for Unrestricted Permanent Licensure or Administrative Licensure within 90 days of expiration date pursuant to RSA 329:16-e	\$700
Reinstatement Application for Unrestricted Permanent or Administrative Licensure	\$350
Application for Courtesy (Locum Tenens) License	\$150
Application for Special License	\$ 75
Application for Resident Training License	\$ 50
Application for Physician Assistant Licensure	\$115
Renewal Application for Physician Assistant Licensure	\$ 65
Late Renewal Application for Physician Assistant Licensure within 90 days of expiration date	\$130
Reinstatement Application for Physician Assistant Licensure	\$115
Duplicate license pocketcard	\$ 10
Duplicate wall certificate	\$ 25
Verification of license	\$ 20
Lists of Licensees:	
All licensed physicians on paper or labels	\$100
All licensed physicians on disk or by e-mail	\$ 50

Licensed physicians practicing in N.H. on paper or labels	\$ 50
Licensed physicians practicing in N.H. on disk or by e-mail	\$ 25
Licensed physicians in just one specialty, county, city or town on paper or labels	\$ 20
Licensed physicians in just one specialty, county, city or town on disk or by e-mail	\$ 10

Readopt with amendment Med 401.03, effective 4-12-11 (Document #9900), as amended effective 7-8-15 (Document #10876), and as amended effective 3-2-16 (Document #11048), to read as follows:

Med 401.03 Renewal Application.

- (a) The licensee shall complete and file a renewal application provided by the board and tender the renewal fee specified by Med 306.01.
- (b) The applicant shall include on the renewal form:
- (1) The name and business address and telephone number, business e-mail address and business fax number of renewing licensee;
 - (2) The home address and telephone number of renewing licensee;
 - (3) Whether the applicant is currently in active practice;
 - (4) What specialty the licensee practices and whether the applicant is board certified;
 - (5) A listing of other states in which the licensee currently holds an active license;
 - (6) A listing of all hospitals in which the applicant currently holds privileges;
 - (7) The applicant's US Drug Enforcement Agency (DEA) license number, the state of issuance and the expiration date;
 - (8) Whether the applicant has been the subject of disciplinary action, or has been denied a license or surrendered a license in any state or jurisdiction during the past 24 months;
 - (9) Whether the applicant is currently or has in the past been monitored or treated by a private, state, medical society, or hospital physician health program other than through the NH board approved physician health program or has been restricted in any manner by the US Drug Enforcement Agency (DEA);
 - (10) Whether the applicant is currently suffering from any condition, mental or physical, that impairs the applicant's judgment or that would otherwise adversely affect his or her ability to practice medicine in a competent, ethical and professional manner;
 - (11) Whether the applicant has been found guilty or pleaded no contest to any felony or misdemeanor charges during the past 24 months;
 - (12) Whether the applicant has been found guilty or pleaded no contest to any driving under the influence violations or has been subject to an administrative finding for driving under the influence in the past 24 months;
 - (13) Whether the applicant has been the subject of any investigation or disciplinary proceeding or been reported to the National Practitioners Data Bank (NPDB) during the past 24 months;
 - (14) Whether the applicant has lost or been denied any hospital privileges or had such privileges restricted in any way during the past 24 months;

(15) Whether any malpractice claims have been made against the applicant during the past 24 months;

(16) If the applicant has answered in the affirmative to any inquiries under (7) - (14), a written explanation of the circumstances which caused the applicant to respond in the affirmative;

(17) Whether the applicant has an ownership interest in an entity which provides diagnostic or therapeutic services. Pursuant to RSA 125:25-c, the applicant shall list all diagnostic and therapeutic services provided by any entity in which the applicant has an ownership interest;

(18) The last 4 digits of the applicant's social security number on the line provided below the following preprinted statement: "The board will deny licensure if you refuse to submit the last 4 digits of your social security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public. The board is required to obtain your social security number for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your social security number is mandatory."; and

(19) The applicant's signature and the date of the applicant's signature, certifying the accuracy of his or her responses under the penalty for unsworn falsification pursuant to RSA 641:3.

(c) An application for renewal which is not completed in its entirety or which does not include payment of the renewal fee shall be returned to the licensee unprocessed with a letter stating the reason(s) for the return.

(d) Pursuant to RSA 126-A:5, XVIII-a(a) and RSA 330-A:10-a, licensees shall complete, as part of their renewal application, the New Hampshire division of public health service's health professions survey issued by the state office of rural health and primary care, department of health and human services.

(e) The board shall provide licensees with the opportunity to opt out of the survey. Written notice of the opt-out opportunity shall be provided with the renewal application. The opt out form shall be available on the NH state office of rural health and primary care website and the board's website.

(f) Licensees choosing to opt-out of the survey shall submit a completed opt out form described in He-C 801.04, to the state office of rural health and primary care, department of health and human services, via one of the following:

(1) Mail;

(2) Email; or

(3) Fax.

(g) Information contained in the opt-out forms shall be kept confidential in the same accord with the survey form results, pursuant to RSA 126-A:5, XVIII-a(c).

Readopt with amendment Med 401.04, effective 3-2-16 (Document #11048), to read as follows:

Med 401.04 Late Renewal and Reinstatement of License.

(a) Any licensee who allows his or her license to lapse by reason of error, omission, nonpayment of the biennial renewal fee, or failure to submit proof of completion of continuing education may request late renewal within 90 days following the expiration of the license by providing a written request for late renewal which demonstrates:

- (1) An inadvertent failure to renew the license; and
- (2) A statement that the licensee has not continued to practice during the period of expiration.

(b) If a license expires or lapses as a result of a licensee being ordered to active duty with the armed services or the National Guard, the licensee shall have one year from the date of discharge or release from the armed service to apply for renewal and all late fees shall be waived.

(c) Any licensee whose license has expired by reason of error, omission, or neglect to pay the biennial renewal fee beyond 90 days after expiration of the license, whose license has been included on the inactive list pursuant to RSA 329:16-h, or whose license has been suspended or revoked by the board shall be eligible to apply for reinstatement barring any order or agreement to the contrary, at the time of their original disciplinary action, by filing the application specified in (d) below.

(d) Applicants for reinstatement shall provide, pursuant to (b) above, or cause to be provided, on a “Physician Reinstatement Application,” revised 11/2019:

- (1) The same information required in Med 301.03 (a) (1-27) excluding Med 301.03 (a) (4-8) and Med 301.03 (a) (24); and
- (2) Proof of completion of continuing education which meets the requirements of Med 402.01.

(e) Applicants for reinstatement shall pay the reinstatement fee specified in Med 306.01 Table 3.6.1.

(f) Applicants for reinstatement of a suspended or revoked license shall have the burden of persuading the board that the actions which were the basis for the original disciplinary action have been satisfactorily remediated, that no additional charges of misconduct are pending, and that the applicant meets all the character and competency requirements of an applicant for initial licensure.

Readopt with amendment Med 402, effective 4-12-11 (Document #9900), to read as follows:

PART Med 402 CONTINUING MEDICAL EDUCATION

Med 402.01 Continuing Medical Education.

(a) All licensed physicians shall complete 100 hours of approved continuing medical education (CME) requirements every 2 years, 40 hours of which shall be in Category I, and no more than 60 credit hours of which shall be in Category II.

(b) Category I courses shall be those courses or activities which satisfy the current requirements of the American Medical Association's Physician's Recognition Award program (PRA), as set forth in the AMA's current PRA bulletin, or which are fully equivalent to these requirements and satisfy the CME requirements of the New Hampshire Osteopathic Association. Such courses shall be considered approved for purposes of Med 402.

(c) Licensees shall acquaint themselves with the requirements of the PRA program or the New Hampshire Osteopathic Association, and may obtain a copy of the AMA's PRA bulletin by contacting the:

American Medical Association
AMA Plaza
330 N Wabash Avenue, Suite 39300
Chicago, Illinois 60611-5885
Telephone Number (312) 464-4677.

(d) Licensees who were previously licensed in another state may continue to take continuing medical education courses in accordance with a previously established PRA renewal cycle.

(e) Each year of full-time training in a residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA), each accredited fellowship taken in the United States shall be awarded 50 Category I CME credit hours.

(f) Completion of a degree in a medically-related field shall be awarded 25 Category I credit hours as stated on official documentation.

(g) Passage of an American Specialty Board examination, whether for initial eligibility or for recertification, shall be accepted as the equivalent of 100 category I CME credit hours.

(h) Annual Certificates of Competency/Recertification exams shall be awarded credits as stated on official documentation from the relevant board certifying agency.

(i) Licensees who show proof of being up to date on a program of maintenance of certification by the physician's specialty organization, deemed adequate by the board, shall be considered to have completed their continuing medical education requirement for the preceding 2 years.

(j) Category II credit hours shall be awarded on the basis of actual time spent on the educational aspects of the course or activity.

(k) Category II CME courses shall include the following courses and activities:

(1) CME lectures and seminars not designated as Category I;

(2) Time spent teaching medical courses to practicing physicians, residents, physician assistants, physician assistant students, preceptees, medical students, or allied health professionals;

- (3) Presentation or publication of a scientific paper to a medical audience or in a medical journal;
 - (4) Unsupervised learning activities of the type described in Med 402.01(l); and
 - (5) Meritorious learning experiences which provide a unique educational benefit to a licensee and meet the requirements of Med 402.01(m).
- (l) Allowable non-supervised Category II CME activities shall include:
- (1) Self-instruction, including journal reading and the use of television and other audiovisual materials;
 - (2) The education a physician received from a consultant;
 - (3) Participation in programs concerned with review and evaluation of patient care; and
 - (4) Time spent in a self-assessment examination, not including examinations and quizzes published in journals.
- (m) Meritorious learning experiences for which Category II CME credit hours shall be awarded shall be documented by a narrative report demonstrating the presence of the following features:
- (1) The educational need served by the activity;
 - (2) A description of the activity, including the educational content and the manner in which the learning occurred;
 - (3) The time spent on the project, itemized to show the total time spent and the time spent on the direct educational aspects of the project for which CME credit is claimed; and
 - (4) The number of credit hours claimed, which number shall not exceed the number of full hours actually spent on the direct educational aspects of the project and shall exclude transportation to and other preliminary time expended.
- (n) A licensee may claim 10 Category II CME credit hours for the presentation or publication of a scientific paper as of the date of the publication or presentation, and one CME credit hour for each full hour of actual participation in courses or activities recognized in Med 402.01(k)(1), (2) or (4), upon successful completion of the course or activity.
- (o) Pursuant to RSA 318-B:40, all licensees required to register with the controlled drug prescription health and safety program shall complete 3 credit hours of approved online continuing education or pass an online examination in the area of pain management or addiction disorders.
- (p) Licensees may satisfy the requirements in (o) above by taking CMEs that:
- (1) Are AMA PRA Category 1 credits or AACME accredited; and
 - (2) Reference opioid prescribing for the management or treatment of pain or opioid use disorders in the course abstract and learning objectives.

Med 402.02 Reporting Requirements.

(a) Licensees shall submit a biennial CME report using a form which shall be provided to him or her prior to December 31st of the final year of their cycle. This form provided by the board, or an independent contractor designated by the board, shall be completed and returned on or before February 28th of the physician's renewal year. Failure of any licensees to receive this form shall not relieve them of the obligation to comply with these rules. This form shall be a necessary part of the licensee's biennial license renewal application.

(b) The New Hampshire Medical Society (NHMS) shall audit and investigate the annual continuing education reports of each licensed physician, and shall prepare a written report which records the credits awarded to each licensee during the 2 year period applicable to each licensee. NHMS shall report to the board the failure of any licensee to fulfill the CME requirements. Unless excused by the board for good cause shown, including accident, illness, hardship, or other circumstances beyond the control of the licensee, the board shall issue a late fee if CMEs are not completed by December 31 of the final year of their cycle.

(c) The licensee shall provide the following on or with the form relative to continuing medical education:

- (1) The applicant's name;
- (2) The applicant's business address and telephone number;
- (3) Copies of documents which establish that the requirements of Med 402.01 have been met;
- (4) In the case of all Category I courses for which CME credit is claimed, copies of documents which establish that the course satisfies the requirements of Med 402.01(b) and include the following information:
 - a. The name and headquarters address of the sponsor and any co-sponsor;
 - b. The course title and the fields of medicine involved;
 - c. A description of the type of course and the learning activities involved;
 - d. The inclusive dates of attendance; and
 - e. The number of credit hours certified for the activity;
- (5) In the case of Category II CME activities, copies of documents which establish the following information:
 - a. The full name of the organizational sponsor or co-sponsor;
 - b. The sponsor or co-sponsor's headquarters office address and telephone number;
 - c. The program title and a description of the program's content; and
 - d. The inclusive dates of the licensee's attendance.;

(6) In the case of claimed medical teaching activities, copies of documents which establish the following information:

- a. The type of educational program which was conducted and a description of the exact role the licensee played in that program;
- b. The name, business address, and telephone number of the institution or organization sponsoring the education program;
- c. The subject covered by the education program;
- d. The type and educational level of students attending the educational program; and
- e. The inclusive dates of the licensee's participation in the educational program;

(7) In the case of claimed publications or presentations, copies of documents which establish the following information:

- a. The title of the paper or article presented or published;
- b. The name, sponsor, and location of the conference or the name, business address, and telephone number of the medical journal involved; and
- c. The date of the presentation or publication; and

(8) In the case of claimed non-supervised CME activities, copies of documents which establish the following information:

- a. The type of material or activity involved;
- b. The title and a thorough description of the type of activity involved;
- c. The sponsor of the activity involved; and
- d. The inclusive dates of the licensee's participation in the activity involved.

Med 402.03 Waiver of CME Deadlines.

(a) The board shall consider petitions for waiver of CME deadlines which meet the requirements of Med 212.01, if:

- (1) Such petitions are filed before the expiration of the 2 year CME period in question;
- (2) Late filing is justified by a showing of good cause and not merely neglect; and
- (3) A specific timetable is proposed for completing specific courses which will meet the petitioner's CME's deficiency.

(b) Good cause under (a)(2) above shall include, but not be limited to, illness, death of a family member, or other reason beyond the control of the petitioner.

(c) If the petition for waiver of CME deadline is approved by the board, the board shall allow up to a 6-month extension to complete the CME requirements.

Readopt Med 403.03 and Med 403.04, effective 4-12-11 (Document #9900), cited and to read as follows:

PART Med 403 ONGOING REQUIREMENTS

Med 403.03 Notice of Action. All licensees and applicants for licensure shall notify the board of any notice of complaint, legal action, or asserted claim for medical injury, or disciplinary action received from this or any other jurisdiction or from any health care facility licensed by the State of New Hampshire within 30 days of receipt by the licensee. Licensees shall also notify the board of any misdemeanor or felony criminal convictions within 30 days of the trial court disposition of the case.

Med 403.04 Noncompliance. Failure to complete continuing medical education requirements or to submit documentation of such completion in a timely fashion, shall result in denial of license renewal.

Adopt Med 403.05 to read as follows:

Med 403.05 Letters of Good Standing. Licensees who wish to request a license verification or a letter of good standing from the board shall complete and submit a “Letter of Good Standing Request Form”, revised 11/2019, to the board along with the \$20.00 fee.

Readopt with amendment Med 407, effective 4-12-11 (Document #9900), to read as follows:

PART Med 407 PROFESSIONALS’ HEALTH PROGRAM

Med 407.01 Definitions.

(a) "Contract" means a contract voluntarily entered into between a licensee and a program that has been approved pursuant to Med 407.02, which contains requirements designed to protect the public from harm.

(b) “Director” means a person designated by a program to oversee the program of a licensee under the terms of the contract or to provide physical or mental care to said licensee.

(c) “Monitor” means the individual or individuals who are charged with overseeing the programs’ recommendations.

(d) "Program" means an organization approved by the board to design and provide dependable oversight programs for licensees impaired or potentially impaired by physical or mental illness including addiction to alcohol and other drugs.

(e) "Therapy" means a patient-therapist relationship prescribed by the contract for the purpose of treatment.

(f) "Treatment standards" means the current standards of practice established by medical specialties recognized by the American Board of Medical Specialties.

Med 407.02 Approved Professionals' Health Program.

(a) Only programs which have been approved by the board shall be recognized as an acceptable vehicle for monitoring the treatment, rehabilitation, or improvement of a licensee, or for the protection of the public.

(b) Only programs which meet the minimum standards of Med 407.03 shall be approved by the board, which shall maintain a listing of approved programs.

(c) A program may obtain general approval from the board by filing a petition with the board requesting approval and demonstrating that the program complies with the standards of Med 407.03.

(d) General approval of a program shall not constitute approval of the appropriateness of the program in the case of any given licensee.

(e) A licensee's participation in a program shall not be disclosed to the board unless the licensee violates the terms of his or her contract or requests such consideration by motion or signed authorization.

(f) Individual programs, and motions requesting approval of such programs, shall be kept confidential except to the extent they are incorporated into public settlement agreements or disciplinary actions, or become evidence in disciplinary hearings in situations where a violation of the terms of the contract is relevant to the misconduct or disciplinary action at issue.

(g) Individual licensees who have been accepted into an approved program shall not be relieved of their obligation to provide relevant information regarding their treatment for physical or mental disability, disease, disorder, or condition or substance abuse on their annual license renewal applications.

Med 407.03 Standards for Approved Programs.

(a) Monitors, directors, and therapists involved in an approved program shall:

(1) Be licensed or certified health care practitioners;

(2) Fully disclose in writing any disciplinary action, including reprimand or restriction, taken against them by any licensing, certifying, or credentialing agency or professional society; and

(3) Be readily accessible to the licensee.

(b) An approved program shall not assign a monitor, director, or therapist to a licensee's case if there is any question of that person's objectivity, dependability, or commitment.

(c) Disciplinary action shall disqualify a person from serving as a monitor, director, or therapist if the discipline involved conduct similar in nature to the issues being monitored and the discipline occurred

within 5 years of the date he or she would provide services to the licensee under the auspices of the program.

(d) An approved program shall require, to the maximum extent possible, that participating licensees make full disclosure of all relevant facts to the monitor, and provide the monitor with continuing, unrestricted access to the licensee's medical records and any other records of the licensee, except for patient records, relevant to the condition or conduct being addressed by the program.

(e) An approved program shall employ written contracts which contain specific and objectively determinable requirements to be met by the participating licensees. The contract and any amendments or modifications thereto shall be signed by the licensee and the director.

(f) An approved program which addresses a treatable or modifiable condition of a participating licensee shall employ a written contract which includes a detailed treatment or corrective action plan which:

- (1) Identifies the licensing requirements of treatment providers;
- (2) Specifies the frequency of treatment;
- (3) Requires reports to the board administrator from director(s) regarding relapse or other contract violations; and
- (4) Describes in detail if required urine screening or other physical monitoring is included in the plan, such monitoring provisions and the licensee's obligations thereunder.

(g) An approved program shall employ written contract with participating licensees which requires the program to keep detailed records of the licensee's participation in all aspects of the program.

(h) An approved program shall employ a written contract with participating licensees which require the program to inform the board immediately when he or she verifies that the licensee has not met any of the program requirements contained in his or her contract.

(i) An approved program shall employ a written contract with participating licensees which authorizes the monitor to keep records concerning the licensee's participation in the program confidential unless they are released by the licensee, except in cases where the licensee has been reported to the board pursuant Med 407.03(h) for violating a requirement of the contract. In such cases, the monitor's records shall be made available to the board upon request and the monitor shall cooperate with the board in any disciplinary action undertaken by the board which relates to the condition or conduct addressed by the licensee's contract.

(j) An approved program shall include no language in any contract with a licensee or make representations to any person which indicates:

- (1) The monitor is an agent of the board or is performing functions of the board;
- (2) Participation in the approved program will determine whether disciplinary action is taken by the board or the severity of such discipline; or
- (3) The board is financially or otherwise responsible for any aspect of the licensee's participation in the program.

(k) An approved program may advertise its approved status and the fact that it is an appropriate vehicle for licensees who:

- (1) Have been directed to participate in such a program by a board disciplinary order or agreement; or
- (2) Wish to propose to the board that their participation in a monitoring program be considered by the board in disposing of pending or potential disciplinary allegations.

Readopt with amendment Med 408 through Med 410, effective 4-12-11 (Document #9900), to read as follows:

PART Med 408 DISCIPLINARY MATTERS

Med 408.01 Initiation of Action.

(a) The board shall instruct the MRSC to investigate possible misconduct in accordance with RSA 329:17, II, III, III-a, III-b(a), IV, and V, RSA 151:6-b, and in response to written complaints.

(b) Except as required by Med 408.01(a), the MRSC shall undertake misconduct investigations, and recommend the settlement of misconduct investigations and the assessment of administrative fines as a matter of prosecutorial discretion, based upon its assessment of the allegations and the nature of the evidence. The board shall review any and all recommendations made by the MRSC and commence disciplinary actions on its own motion.

Med 408.02 Action on Complaints.

(a) Upon receipt of a written complaint, the MRSC shall investigate the allegations contained therein pursuant to the procedures outlined in Med 205.02 and Med 205.03.

(b) The board shall take final action on complaints in the manner provided by Med 205.02 and Med 205.03.

Med 408.03 Disciplinary Sanctions.

(a) Other than immediate license suspensions authorized by RSA 329:18-b, the board shall impose disciplinary sanctions only:

- (1) After prior notice and an opportunity to be heard; or
- (2) Pursuant to a mutually agreed upon settlement or consent decree.

(b) After finding that misconduct has occurred, the board shall impose any disciplinary sanction authorized by RSA 329:17, VI, if, after considering the factors in (c) below, the board determines that disciplinary sanctions are warranted.

(c) Before imposing disciplinary sanctions, the board shall consider the following factors:

- (1) The seriousness of the offense;
- (2) The licensee's prior disciplinary record;
- (3) The licensee's state of mind at the time of the offense;
- (4) The licensee's acknowledgment of his or her wrongdoing;
- (5) The licensee's willingness to cooperate with the board's investigation;
- (6) The purpose of the rule or statute violated;
- (7) The potential harm to public health and safety;
- (8) The deterrent effect upon other practitioners; and
- (9) The nature and extent of the enforcement activities required of the board as a result of the offense.

(d) Copies of board orders imposing disciplinary sanctions, including all settlement agreements or consent decrees, shall be sent to the licensing body of each state in which the licensee is licensed and to such other entities, organizations, associations, or boards as are required to be notified under applicable state or federal law. The board administrator shall also issue a press release to news organizations providing a summary of any and all disciplinary actions taken.

PART Med 409 IMMEDIATE LICENSE SUSPENSION IN SPECIAL CIRCUMSTANCES

Med 409.01 Suspension Pending Completion of Disciplinary Proceedings.

(a) When the board receives information indicating that a licensee has engaged in or is likely to engage in professional conduct which poses an immediate danger to life or health, the board shall issue an order pursuant to RSA 329:18-b which sets forth the alleged misconduct and immediately suspends the license for up to 120 days pending completion of an adjudicatory proceeding on the specified issues, which hearing shall be commenced within 10 days.

(b) No hearing date established in a disciplinary proceeding commenced under Med 409.01(a) shall be postponed at the request of the licensee unless the licensee also agrees to continue the suspension period pending issuance of the board's final decision.

(c) To effectuate (b) above, the licensee may sign a preliminary agreement not to practice as proposed by hearing counsel which shall include the following stipulations:

- (1) The licensee recognizes that professional misconduct allegations are now pending against the licensee before the board; and
- (2) The licensee agrees that during the pendency of the investigation and until the board issues a further order, the licensee will not:
 - a. practice medicine;

- b. treat or see patients; or
- c. write prescriptions.

PART Med 410 DISCIPLINARY ACTION TAKEN IN OTHER JURISDICTIONS

Med 410.01 Reciprocal Discipline.

(a) When the board receives notice that a licensee has been subjected to disciplinary action related to professional conduct by the licensing authority of another jurisdiction, the board shall issue an order directing the licensee to demonstrate why reciprocal discipline should not be imposed in New Hampshire.

(b) The board shall impose any disciplinary sanction authorized by RSA 329:17, VI or RSA 329:17-c in a disciplinary proceeding brought under this rule, but shall provide notice to the licensee if, in considering the factors on Med 408.03, it intends to consider sanctions which exceed those imposed by other jurisdictions.

Readopt Med 413.01, effective 4-12-11 (Document #9900), cited and to read as follows:

PART Med 413 SETTLEMENT AGREEMENTS AND CONSENT ORDERS

Med 413.01 Negotiating a Settlement Agreement. A licensee may engage in settlement negotiations with hearing counsel at any time until the board issues a final order in accordance with Med 208.01(a).

Readopt with amendment Med 501.02, effective 5-8-13 (Document #10331), as amended effective 7-8-15 (Document #10876), as amended effective 11-6-15 (Document #10969, Emergency), and as amended effective 5-3-16 (Document #11089, Repeal of Emergency Rule), to read as follows:

Med 501.02 Standards of Conduct.

(a) A licensee shall inform the board of a principal address to which all official board communications shall be directed, and also of all addresses where he or she is practicing. The establishment of a business address or the change or abandonment of a business address shall be reported to the board within 30 days.

(b) A licensee shall submit only complete, truthful, and correct information in any application or other document filed with or statement made to the board.

(c) A licensee shall cooperate with investigations and requests for information from the board and from other licensing or credentialing organizations.

(d) A licensee shall maintain a complete and accurate medical record of all patient encounters.

(e) Records shall be entirely legible and include but not be limited to:

- (1) A history, an exam, a diagnosis, and a plan appropriate for the licensee's specialty; and
- (2) Documentation of all drug prescriptions including name and dose.

(f) The responsible party shall promptly honor all requests made by a patient or an authorized agent of a patient, for complete copies of the patient's medical record in accordance with the following standards:

- (1) The patient shall have the right to have his or her request for medical records by either themselves or an authorized agent of the patient promptly honored. The responsible party or entity that controls the medical records shall have the ultimate responsibility to comply with the request. In the case of a practice owned and controlled by a licensee, the responsible party shall be the licensee and the licensee shall be ultimately responsible for transferring copies of medical records regardless of whether the licensee had delegated this task to another person or organization. In the case of an employed licensee, the responsible party shall be the employer or organization and the ultimate responsibility for transferring copies of the medical records shall fall upon the employer or organization, pursuant to these rules and RSA 151:21, X;
- (2) Upon the patient's request, the responsible party shall provide copies of the medical records, either a specified portion or the entire contents depending on the patient's request, regardless of whether the licensee created the records or the records were provided to the licensee by another health care provider;
- (3) The responsible party may charge the actual cost of duplication for x-rays or other color photographs;
- (4) Upon receipt of a written release, the requested transfer of medical records shall:

- a. Not be delayed, including for non-payment of services or non-payment of copying costs and of costs for transmitting of medical records; and
 - b. Be accomplished in any case within 30 days from receipt of the signed release, unless the nature of the medical treatment requires an immediate response from the licensee;
- (5) In the case of patients who are minors or are legally incapacitated, the responsible party shall release medical records to a third party who is legally responsible for authorizing medical treatment for the patient;
- (6) Medical records shall be released to that third party on the same basis that they would otherwise be for the patient if the licensee possesses written documentation establishing the legal guardianship in question;
- (7) The responsible party may require written authorization for release of medical records, but, in no instance, shall the responsible party require the personal appearance of the patient prior to accepting a release;
- (8) The licensee shall retain a complete copy of all patient medical records for at least 7 years from the date of the patient’s last contact with the licensee, unless, before that date, the patient has requested that the file be transferred to another health provider;
- (9) If a licensee retires, moves from the area or decides to stop treating a patient or group of patients, the licensee shall:
- a. Provide notice to those active patients which explains that the licensee is no longer available to them;
 - b. Ensure that their records can be transferred to another health care provider as requested by the patient; and
 - c. Whenever possible, notice shall be provided at least 30 days prior to cessation of treatment; and
- (10) After transfer of the licensee’s medical records which meets the requirements of (9) above, the licensee shall be relieved of further responsibility for complying with requests for copies of records.
- (g) A licensee shall know and have available in his or her office information regarding where patients may go to file complaints regarding their treatment or billing. Such information shall be furnished immediately upon request of the patient.
- (h) A licensee shall adhere to the Code of Medical Ethics:Current Opinions With Annotations (June 2016 Edition) as adopted by the American Medical Association, as cited in Appendix II. In the Code of Medical Ethics – Current Opinions With Annotations Opinion 8.19, “immediate family member” shall include cohabiting significant others or other cohabiting individuals. A licensee shall adhere to the ethical rules incorporated by reference at the time of the conduct at issue.
- (i) Deviation from these treatment standards shall constitute unprofessional conduct within the meaning of RSA 329:17, VI,(c) and a violation of Med 501.01(a).

- (j) Licensees shall register for the Controlled Drug Prescription Health and Safety Program pursuant to the requirements of RSA 318-B:33, II and Ph 1503.01(a). Failure to register shall constitute unprofessional conduct within the meaning of RSA 329:17, VI (d) pursuant to RSA 318-B:36, IV and Ph 1503.01 (a) and (g).
- (k) Applicants shall have 90 days from the date of issuance of a license to register with the Controlled Drug Prescription Health and Safety Program. Failure to register within 90 days shall constitute unprofessional conduct within the meaning of RSA 329:17, VI (d) pursuant to Ph 1503.01 (a).
- (l) The knowing disclosure of Controlled Drug Prescription Health and Safety Program information shall constitute unprofessional conduct within the meaning of RSA 329:17, VI (d) pursuant to RSA 318-B:36, IV.
- (m) The unauthorized use of the Controlled Drug Prescription Health and Safety Program information shall constitute unprofessional conduct within the meaning of RSA 329:17, VI (d) and shall be grounds disciplinary action pursuant to RSA 318-B:36, V.
- (n) A licensee shall not engage in the prescribing or dispensing of controlled substances in schedules II-IV without having registered with the Controlled Drug Prescription Health and Safety Program pursuant to RSA 318-B:36, III. The prescribing or dispensing of a controlled substance in schedules II-IV by a licensee who has not registered shall constitute unprofessional conduct within the meaning of RSA 329:17, VI (d) pursuant to RSA 318-B:36, III.

Readopt Med 602.01 and Med 602.02, effective 4-12-11 (Document #9900), cited and to read as follows:

CHAPTER Med 600 PHYSICIAN ASSISTANT

PART Med 602 SUPERVISION OF A PHYSICIAN ASSISTANT

Med 602.01 Responsibility of the Supervisory Physician(s).

(a) The RSP or ARSP shall be available for consultation with the physician assistant and shall be responsible for assuring that appropriate directions are given to, and understood and executed by, the physician assistant.

(b) The RSP or ARSP shall not be required to be physically present while the physician assistant is providing care, so long as the RSP or ARSP and the physician assistant are or can easily be in contact with each other by an electronic communication device.

(c) The RSP shall establish a regular, ongoing evaluation of a representative sample of patient records as part of a review of the physician assistant's performance.

(d) The RSP shall file a written acceptance of supervisory responsibility with the board. The RSP shall designate in writing all of the alternate supervising physicians at that practice setting whose

scope of practice encompasses the PA's scope of practice, and such alternates shall assume responsibility for the supervision of the physician assistant when the RSP is unavailable. Alternates shall sign a written acceptance of supervisory responsibility with the board.

Med 602.02 Number of PAs Supervised.

- (a) A physician shall not be the RSP for more than 4 physician assistants.
- (b) A physician shall not be an ARSP for more than 8 physician assistants simultaneously and shall not actively supervise more than 4 physician assistants simultaneously.
- (c) Physician assistants employed in 2 or more separate medical jobs shall have a designated RSP and at least one ARSP in each setting.

Readopt with amendments Med 604, effective 4-12-11 (Document #9900), to read as follows:

PART Med 604 APPLICATION FOR LICENSURE

Med 604.01 Application Form.

(a) Applicants for licensure as a physician assistant shall complete and submit form "Application for Certification as a Physician Assistant," revised 11/2019, containing the following:

- (1) Name, home address, and telephone number of the applicant;
- (2) Date of birth, place of birth, sex of the applicant, and social security number required pursuant to 45 CFR Part 60.8 and RSA 161-B:11, VI-a. The applicant shall furnish his or her social security number on the line provided below the following preprinted statement: "The board will deny licensure if you refuse to submit your social security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public. The board is required to obtain your SSN for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your SSN is mandatory.";
- (3) Name, address, and telephone number of the applicant's proposed place of employment and registered supervising physicians;
- (4) Certification from the RSP and all ARSPs that he or she has accepted supervisory responsibility for the physician assistant, including the proposed date on which the relationship will commence;
- (5) Documentation of completion of an approved program of education as defined in Med 601.03;
- (6) Verification from the licensing authority of any other state license ever held by the applicant which shows such license to be in good standing;
- (7) Documentation that the applicant has passed an initial examination administered by the NCCPA and continues to hold a valid national certificate issued by that organization or its successor agency;

- (8) A statement indicating whether the applicant has ever been refused a license or certification by any other licensing or certifying body and if so, the circumstances of the incident;
 - (9) A statement indicating whether the applicant has ever been or has reason to believe that he or she is the subject of any kind of disciplinary investigation or action by any hospital, healthcare organization or licensing or certifying body and if so, the nature of the allegations and the subsequent disposition of the action;
 - (10) A statement indicating whether the applicant has ever been convicted of a felony or misdemeanor, and, if so, the name of the court, the details of the offense, the date of conviction, and the sentence imposed;
 - (11) A statement indicating whether the applicant is currently or has in the past been monitored or treated by a private, state, medical society, or hospital physician health program other than the NH board-approved physician health program;
 - (12) A statement indicating whether the applicant is currently suffering from any condition, mental or physical, that impairs their judgment or that would otherwise adversely affect his or her ability to practice medicine in a competent, ethical, and professional manner;
 - (13) A statement that the applicant has arranged for the direct submission of letters of reference from 2 physicians, who have served in an advisory capacity to the applicant;
 - (14) Signature and 3 x 5 inch full face photograph of the applicant; and
 - (15) A signed, notarized affidavit stating the following:

“[NAME] of [ADDRESS], being duly sworn, says that (s)he is the person referred to in the above application for certification (and photograph below) as a Physician Assistant in the state of New Hampshire; that (s)he is a graduate of an approved program for Physician Assistants; and that all statements herein or attached hereto are each and all true in every respect. Further, (s)he has never been an inmate in an institution for the treatment of insanity, drug addiction, or inebriety.”
- (b) A copy of the applicant’s curriculum vitae or resume shall accompany the application.
 - (c) Letters of reference required in (a)(13) above shall be original, signed documents submitted directly to the board on professional letterhead.
 - (d) Applicants shall include the application fee required in Table 3.6.1 in Med 306.01.

Readopt with amendment Med 608, effective 3-2-16 (Document #11049), to read as follows:

PART Med 608 LICENSE RENEWAL

Med 608.01 Renewal Application.

(a) On or before October 31, of each year, the board shall forward a license renewal application for the coming year to each licensee. The applicant shall file the completed renewal application no later than December 31 of the current license year.

(b) Persons seeking renewal of a physician assistant license shall complete and submit form “Physician Assistant Renewal Application,” revised 11/2019, containing, on or as an attachment to the application, the following:

- (1) Name and home address of the licensee, including street address and mailing address;
- (2) Place(s) of employment, business address and business telephone number and business e-mail address;
- (3) Name and New Hampshire license number of RSP and ARSP;
- (4) Other states where the licensee holds a current license;
- (5) Copy of current national certification issued by the NCCPA;
- (6) The applicant’s US Drug Enforcement Agency (DEA) license number, the state of issuance and the expiration date;
- (7) Whether the applicant has, within the past 12 months, been found guilty or pleaded no contest to any felony or misdemeanor;
- (8) Whether the applicant has terminated a relationship with a registered supervisory physician or terminated employment for any reason during the past twelve months;
- (9) Whether the applicant has been the subject of disciplinary action, or has been denied a license or surrendered a license in any state or jurisdiction within the past 12 months;
- (10) Whether the applicant is currently or has in the past been monitored or treated by a private, state, medical society, or hospital physician health program other than through the NH board approved physician health program or has been restricted in any manner by the US Drug Enforcement Agency (DEA);
- (11) Whether the applicant is suffering from any condition, mental or physical, that impairs their judgment or that would otherwise adversely affect his or her ability to practice medicine in a competent, ethical, and professional manner;
- (12) Whether the applicant has been the subject of any investigation or disciplinary proceeding or has been reported to the National Practitioners Data Bank (NPDB) within the past 12 months;
- (13) Whether any malpractice claims have been made against the applicant within the past 12 months;
- (14) If responses to questions (7) through (12) above are in the affirmative, a written explanation of the circumstances;

- (15) The last 4 digits of his or her social security number required pursuant to 45 CFR Part 60.8 and RSA 161-B:11, VI-a. The applicant shall furnish the last 4 digits of his or her social security number on the line provided below the following preprinted statement: “The board will deny licensure if you refuse to submit your social security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public. The board is required to obtain your SSN for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your SSN is mandatory.”;
- (16) The applicant's signature and the date of the applicant's signature, certifying the accuracy of his or her responses under the penalty for unsworn falsification pursuant to RSA 641:3; and
- (17) The fee required in Med 306.01.

(c) Applications which do not contain all of the information required in section (b) above shall not be accepted for filing and shall be returned, unprocessed to the applicant.

(d) Pursuant to RSA 126-A:5, XVIII-a(a) and RSA 330-A:10-a, licensees shall complete, as part of their renewal application, the New Hampshire division of public health service’s health professions survey issued by the state office of rural health and primary care, department of health and human services.

(e) The board shall provide licensees with the opportunity to opt out of the survey. Written notice of the opt-out opportunity shall be provided with the renewal application. The opt out form will be available on the NH state office of rural health and primary care website and the board’s website.

(f) Licensees choosing to opt-out of the survey shall submit the completed opt out form described in He-C 801.04, to the State Office of Rural Health and Primary Care, Department of Health and Human Services, via one of the following:

- (1) Mail;
- (2) Email; or
- (3) Fax.

(g) Information contained in the opt-out forms shall be kept confidential in the same accord with the survey form results, pursuant to RSA 126-A:5 XVIII-a.(c).

Readopt Med 609.02, effective 4-12-11 (Document #9900), cited and to read as follows:

PART Med 609 ETHICAL STANDARDS

Med 609.02 Allegations of Professional Misconduct. Allegations of professional misconduct shall be investigated and disciplinary action shall be taken in accordance with Med 200 and Med 400, and if applicable, Jus 800 and RSA 328-D:7.

Readopt Med 611, effective 4-12-11 (Document #9900), to read as follows:

PART Med 611 FEES

Med 611.01 Fees. The fees shall be as set forth in Table 3.6.1 in Med 306.01.

APPENDIX I

RULE	STATUTE
Med 301.01	RSA 541-A:7
Med 301.02	RSA 329:9, I; RSA 329:12, I (b); RSA 329:14
Med 301.03	RSA 329:9, I; RSA 329:12, I (a) & (b); RSA 329:14; RSA 161-B:11, VI-a
Med 302.01	RSA 329:9, II, RSA 329:12
Med 303.02	RSA 329:9, II; RSA 329:12, I (d)(6); RSA 329:14, V(a)
Med 305.01	RSA 329:9, I, II; RSA 329:14, VII
Med 305.02	RSA 329:9, I, II, VIII; RSA 329:14, VI
Med 305.03	RSA 329:9, I, II; RSA 329:14, VIII
Med 305.04	RSA 329:9, I, II; RSA 329:14, V(a)-(c)
Med 306.01	RSA 329:9, VII; RSA 329:12, I(a); RSA 329:16-a; RSA 329:16-h
Med 401.03	RSA 161-B:11, VI-a; RSA 329:9, I, II; RSA 329:12, I(b); RSA 329:16-a; RSA 329:16-c; RSA 329:16-f, I; RSA 329:16-g; RSA 329:16-h; RSA 329:18, VI; RSA 318-B:33, II
Med 401.04	RSA 329:16-e
Med 402.01	RSA 329:9, II; RSA 329:16-g
Med 402.02	RSA 329:9, II; RSA 329:16-g
Med 402.03	RSA 329:9, II; RSA 329:16-g
Med 403.03	RSA 329:9, II, V; RSA 329:16-f; RSA 329:16-g
Med 403.04	RSA 329:9, II; RSA 329:16-g
Med 403.05	RSA 329:9, II; RSA 541-A:16, I(a)
Med 407.01	RSA 329:13-b; RSA 541-A:7; RSA 541-A:16, I (b), intro.
Med 407.02	RSA 329:13-b; RSA 541-A:16, I (b), intro.
Med 407.03	RSA 329:13-b; RSA 541-A:16, I (b), intro.
Med 408.01	RSA 329:9, VI, XV, XVII-XIX; RSA 329:17
Med 408.02	RSA 329:9, VI, XV, XVII-XIX; RSA 329:17
Med 408.03	RSA 329:9, VI, XV, XVII-XIX; RSA 329:17
Med 409.01	RSA 329:9, VI, XV, XVII-XIX; RSA 329:17
Med 410.01	RSA 329:9, VI, XV, XVII-XIX; RSA 329:17
Med 413.01	RSA 329:9, VI, XV, XVII-XIX; RSA 329:17
Med 501.02	RSA 329:9, I, II, V, XV-a; RSA 329:2, II, (a), (b), (d), RSA 329:12, I(b); RSA 329:14, II; RSA 329:17, VI(d); RSA 318-B:33, II; RSA 318-B:36, III, IV, V
Med 602.01	RSA 328-D:10, I(f)
Med 602.02	RSA 328-D:10, I(f)
Med 604.01	RSA 328-D:3; RSA 328-D:10, I(b) and (c)
Med 608.01	RSA 328-D:5; RSA 328-D:10, I(c); RSA 318-B:33, II
Med 609.02	RSA 328-D:6; RSA 328-D:7; RSA 328-D:10, I(d)
Med 611.01	RSA 328-D:2, III; RSA 328-D:5; RSA 328-D:5-a, I; RSA 329:10, I (c), (j)

APPENDIX II Incorporated Reference

Rule	Reference	Obtain at:
Med 501.02(h)	Code of Medical Ethics of the American Medical Association, Current Opinions with Annotations, June 2016 Edition.	Available at the office of the Board of Medicine, 121 South Fruit Street, Concord, N.H. 03301 for a fee of \$.25 per page.