

## ARTICLE 50-01 GENERAL ADMINISTRATION

Chapter	
50-01-01	Organization of Board
50-01-02	Rulemaking <u>[Repealed]</u>

### CHAPTER 50-01-01 ORGANIZATION OF BOARD

Section	
50-01-01-01	Organization of North Dakota Board of Medicine

#### 50-01-01-01. Organization of North Dakota board of medicine.

1. **History and function.** The 1890 legislative assembly passed a medical practice act, codified as North Dakota Century Code chapter 43-17. This chapter requires the governor to appoint a state board of medicine. ~~The board, generally speaking, stands between the medical school graduate and the public.~~ It is the responsibility of the board to protect the health, safety, and welfare of the public ~~against by licensing qualified and competent individuals~~ poorly trained physicians.
2. **Executive director.** The executive director of the board is appointed by the board and is responsible for administration of the board's activities.
3. **Inquiries.** Inquiries regarding the board may be addressed to the executive director:

Executive Director  
North Dakota Board of Medicine  
4204 Boulder Ridge Road, Suite 260 Bismarck,  
58503-6392

**History:** Amended effective December 1, 1980; September 1, 1983; July 1, 1988; November 1, 1993; December 1, 1993; August 1, 2003; January 1, 2009.

**General Authority:** NDCC 28-32-02.1

**Law Implemented:** NDCC 28-32-02.1

### CHAPTER 50-01-02 RULEMAKING

[Repealed effective \_\_\_\_\_]

~~50-01-02-01 — Public Participation~~

~~50-01-02-02 — Substantive Rules~~

#### ~~50-01-02-01. Public participation.~~

~~Any person, at any time, may submit data, views, or arguments in writing relating to any rule adopted by the board.~~

~~**History:** Effective November 1, 1982.~~

~~**General Authority:** NDCC 28-32-02.1~~

~~**Law Implemented:** NDCC 28-32-02.1~~

**~~50-01-02-02. Substantive rules.~~**

~~Any person desiring to be heard orally regarding a substantive rule of the board may request opportunity for oral hearing or may formally petition for reconsideration pursuant to North Dakota Century Code section 28-32-04.~~

~~**History:** Effective November 1, 1982.~~

~~**General Authority:** NDCC 28-32-02.1~~

~~**Law Implemented:** NDCC 28-32-02.1~~

## ARTICLE 50-02 PHYSICIAN LICENSURE

Chapter	
50-02-01	Provisional Temporary License
50-02-02	Special License
50-02-02.1	Administrative License 50-02-03 Examinations
50-02-04	National Board of Examiners for Osteopathic Physicians and Surgeons, Inc. [Repealed]
50-02-05	Graduates of Foreign Medical Schools
50-02-06	American Students in Foreign Medical Schools <u>[Repealed]</u>
50-02-07	License Fees [Repealed]
50-02-07.1	License Fees
50-02-08	Credentials Committee [Repealed]
50-02-09	Informal Disciplinary Action [Repealed]
50-02-10	Patient Records <u>[Repealed]</u>
50-02-11	Examinations
50-02-12	Notice of Denial or Limitation of Licensure
50-02-13	Resident Licensure
50-02-14	Renewal of Licenses
50-02-15	Telemedicine

### CHAPTER 50-02-01 PROVISIONAL TEMPORARY LICENSE

Section	
50-02-01-01	License for Interval Between Board Meetings
50-02-01-02	License for Locum Tenens

#### 50-02-01-01. License for interval between board meetings.

An officer of the board and the board's executive director or deputy executive director may issue a locum tenens license or a provisional temporary license to an applicant who is seeking a permanent North Dakota medical license if in their judgment the applicant meets all of the requirements for licensure. A provisional temporary license is valid from the date of issue until the time of the next regularly scheduled meeting of the board.

**History:** Amended effective December 1, 2000; August 1, 2003; January 1, 2009.

**General Authority:** NDCC 43-17-13

**Law Implemented:** NDCC 43-17-21

#### 50-02-01-02. License for locum tenens.

A provisional temporary license for "locum tenens" may be issued for a specific practice location or health care facility and for a period not to exceed three months.

**General Authority:** NDCC 43-17-13

**Law Implemented:** NDCC 43-17-21

## CHAPTER 50-02-05 GRADUATES OF FOREIGN MEDICAL SCHOOLS

### Section

50-02-05-01	Standard Certificate From Educational Commission Required
50-02-05-02	Requirements for Licensure by Reciprocity or Endorsement
50-02-05-03	American Specialty Board Certificate Requirements
50-02-05-04	Canadian Medical School Graduate Licensure by Endorsement
50-02-05-05	Licentiates of Medical Council of Canada Accepted by Endorsement [Repealed]
50-02-05-06	FLEX Examination Requirements [Repealed]
50-02-05-07	Passing Requirements for FLEX Examination
50-02-05-08	Fees for Examination [Repealed]
50-02-05-09	Exception to Statutory Qualifications for License - When Available [Repealed]

### **50-02-05-01. Standard certificate from educational commission required.**

All applicants for licensure who are graduates of foreign medical schools, except the medical schools of Canada, the United Kingdom, Australia, and New Zealand, are required to present a valid certification status ~~the standard certificate~~ from the educational commission for foreign medical graduates ~~with an examination as a prerequisite for admission to the North Dakota medical board examinations~~. This requirement shall not apply to applicants who were first licensed to practice medicine in the United States prior to the availability of the educational commission for foreign medical graduates examination.

**History:** Amended effective April 1, 1996.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

### ~~50-02-05-02. Requirements for licensure by reciprocity or endorsement.~~

~~Graduates of medical schools not located within the United States or Canada who have a license from another state will not be licensed in North Dakota by either reciprocity or endorsement unless licensure was secured by passing the federation licensing examination, or the United States medical licensing examination (USMLE), and the candidate has fulfilled other North Dakota licensure requirements. However, those applicants seeking licensure by either reciprocity or endorsement who passed a written examination in another state before the advent of the federation licensing examination may be considered on an individual basis. Those candidates may also be required to pass the special purpose examination (SPEX) administered by the federation of state medical boards of the United States.~~

**History:** Amended effective December 1, 1988; November 1, 1995; April 1, 1996.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-21

### ~~50-02-05-03. American specialty board certificate requirements.~~

~~A graduate from a foreign medical school who has an American specialty board certificate must also present an educational commission for foreign medical graduates standard certificate with a grade of seventy-five or better for admission to the North Dakota medical board examinations. For such a specialist, under special circumstances, the educational commission for foreign medical graduates standard certificate requirement may be waived by unanimous approval of the board.~~

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

**~~50-02-05-04. Canadian medical school graduate licensure by endorsement.~~**

~~A graduate of a Canadian medical school may be licensed by endorsement if the board deems it to be in the best interest of this state. However, such graduate must first present to the board satisfactory evidence establishing that the graduate has legally been licensed in another state or Canada in which the requirements for such license with respect to qualifications are equivalent to the requirements of this state.~~

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

**50-02-05-05. Licentiates of medical council of Canada accepted by endorsement.**

Repealed effective May 1, 2002.

**50-02-05-06. FLEX examination requirements.**

Repealed effective November 1, 1995.

**50-02-05-07. Passing requirements for FLEX examination.**

~~The minimum passing score for each component of the federal licensing examination is seventy-five percent as scored by the federation of state medical boards.~~

**History:** Effective February 1, 1985; amended effective December 1, 1988; November 1, 1993.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18(4)

**50-02-05-08. Fees for examination.**

Repealed effective December 1, 1988.

**50-02-05-09. Exception to statutory qualifications for license - When available.**

Repealed effective December 1, 2000.

**CHAPTER 50-02-06 AMERICAN STUDENTS IN FOREIGN  
MEDICAL SCHOOLS  
[Repealed effective ]**

~~50-02-06-01—Fifth Pathway Program  
50-02-06-02—Supervised Clinical Training  
50-02-06-03—Requirements for Supervised Clinical Training  
50-02-06-04—Effect of Supervised Clinical Training  
50-02-06-05—Consideration for Licensure [Repealed]~~

~~**50-02-06-01. Fifth pathway program.**~~

~~A pathway for entrance to approved programs of graduate medical education is available for students who have fulfilled all of the following conditions:~~

- ~~1.—Completion, in an accredited American college or university, of undergraduate premedical work of the quality acceptable for matriculation in an accredited United States medical school.~~
- ~~2.—Study of medicine at a medical school located outside the United States, Puerto Rico, and Canada, which is listed in the world directory of medical schools, published by the world health organization.~~
- ~~3.—Completion of all of the formal requirements of the foreign medical school except internship or social service, or both. Those who have completed all of these requirements including internship or social service, or both, are not eligible.~~

~~**History:** Amended effective December 1, 1988.~~

~~**General Authority:** NDCC 28-32-02~~

~~**Law Implemented:** NDCC 43-17-18~~

~~**50-02-06-02. Supervised clinical training.**~~

~~Students who have completed the academic curriculum in residence in a foreign medical school and who have fulfilled the conditions of section 50-02-06-01 may be offered the opportunity to substitute for an internship required by a foreign medical school, an academic year of supervised clinical training (such as a clinical clerkship or junior internship) prior to entrance into the first year of approved graduate medical education. The supervised clinical training must be under the direction of a medical school approved by the liaison committee on medical education.~~

~~**General Authority:** NDCC 28-32-02~~

~~**Law Implemented:** NDCC 43-17-18~~

~~**50-02-06-03. Requirements for supervised clinical training.**~~

~~Before beginning the supervised clinical training, said students must have their academic records reviewed and approved by the medical schools supervising their clinical training and must attain a score satisfactory to the sponsoring medical school on a screening examination or procedure acceptable to the council on medical education, such as part I of the national board examinations, or the educational commission for foreign medical graduates examination, or the federation licensing examination. The council on medical education will consider the acceptability of any other screening examination or procedure proposed by a sponsoring medical school.~~

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

**~~50-02-06-04. Effect of supervised clinical training.~~**

~~Students who are judged by the sponsoring medical schools to have completed successfully the supervised clinical training are eligible to enter the first year of approved graduate training programs without completing social service obligations required by the foreign country or obtaining educational commission for foreign medical graduates certification.~~

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

**~~50-02-06-05. Consideration for licensure.~~**

~~Repealed effective May 1, 2002.~~

## CHAPTER 50-02-07.1 PHYSICIAN LICENSE FEES

- 50-02-07.1-01 License Fees
- 50-02-07.1-02 ~~Late-Unlicensed practice~~ Fees
- 50-02-07.1-03 Administrative Sanctions

### **50-02-07.1-01. License fees.**

The fee for licensure in North Dakota, whether it be by qualification, ~~reciprocity, endorsement compact, locum tenens,~~ or special license, is two hundred dollars per year. ~~The fee for a locum tenens license is two hundred dollars and the annual registration fee for all licensed physicians is two hundred dollars. The fee to convert from a locum tenens license to permanent licensure status is two hundred dollars.~~

**History:** Effective January 1, 2010; amended effective October 1, 2011.

**General Authority:** NDCC 43-17-25

**Law Implemented:** NDCC 43-17-25

### **50-02-07.1-02. ~~Late-Unlicensed practice~~ fees.**

A physician seeking to renew ~~the annual registration~~ license who has failed to complete the annual registration process within the time specified by the North Dakota board of medicine ~~three years from the expiration date~~, must be assessed a fee equal to three times the normal annual registration fee, in addition to such other penalties as are authorized by law, if that physician is found to have been practicing medicine in this state after the physician's license expired.

**History:** Effective January 1, 2010.

**General Authority:** NDCC 43-17-25

**Law Implemented:** NDCC 43-17-26.1

#### 50-02-07.1-02.1. Arrearage

A physician whose license has expired may renew the expired license upon payment of two hundred dollars per year, up to three years, for each year past the renewal deadline.

**History:** Effective \_\_\_\_\_.

**General Authority:** NDCC 43-17-25

**Law Implemented:** NDCC 43-17-26.1

### **50-02-07.1-03. Administrative sanction.**

An administrative sanction shall be imposed in the amount of three times the normal annual registration fee for any applicant or licensed physician who provides false or deceptive information with regard to any material fact concerning eligibility for initial licensure or renewal after verifying or certifying that the information provided is true. This includes all material information provided in an initial license application, an annual registration renewal, or a report of compliance with mandatory continuing education requirements.

The imposition of an administrative sanction under this section is not a disciplinary action of the board; however, it does not preclude the board from also imposing disciplinary action, or other penalties provided by law, for the same conduct in appropriate cases.



An applicant or licensed physician may challenge the imposition of an administrative sanction under this section in a hearing under North Dakota Century Code chapter 28-32 before an administrative law judge.

**History:** Effective January 1, 2010.

**General Authority:** NDCC 43-17-07.1(3)

**Law Implemented:** NDCC 43-17-25

**CHAPTER 50-02-10**  
**PATIENT RECORDS**  
**(~~Repealed Effective \_\_\_\_\_~~)**

Section

~~50-02-10-01 Patient Records Relating to Psychiatric Care~~

~~**50-02-10-01. Patient records relating to psychiatric care.**~~

~~Psychiatric records may be transferred or released to the patient or the patient's representative upon request of the patient whenever the treating physician believes that such action is not contrary to the patient's best interests. In other instances, psychiatric records shall be transferred to another physician or released to a representative of the patient when requested on behalf of the patient by another physician.~~

~~**History:** Effective July 1, 1992.~~

~~**General Authority:** NDCC 28-32-02~~

~~**Law Implemented:** NDCC 43-17-34~~

## CHAPTER 50-02-11 EXAMINATIONS

### Section

50-02-11-01	Eligibility for Examination
50-02-11-02	Successful Completion of Examination - Time Limitation [Repealed]
50-02-11-03	Limitation on Attempts at Examination Passage [Repealed]
50-02-11-03.1	Limitation on Attempts at Examination Passage
50-02-11-04	Examination Combinations Acceptable

### **50-02-11-01. Eligibility for examination.**

To be eligible for steps 1 and 2 of USMLE (United States medical licensing examination), the applicant must be in one of the following categories:

1. A medical student officially enrolled in, or a graduate of, a United States or Canadian medical school accredited by the liaison committee on medical education (LCME).
2. A medical student officially enrolled in, or a graduate of, a United States osteopathic medical school accredited by the American osteopathic association (AOA).
3. A medical student officially enrolled in, or a graduate of, a foreign medical school and eligible for examination by the educational commission for foreign medical graduates (ECFMG) for its certificate.

To be eligible for USMLE step 3, the applicant must (a) have obtained the MD degree or the DO degree; and (b) have completed successfully both parts I and II of the national board examination or steps 1 and 2 of the USMLE or part I and step 2 or step 1 and part II or FLEX component 1; ~~(c) if a graduate of a foreign medical school, be certified by the ECFMG or have successfully completed a fifth pathway program; and (d) have completed, or be within six months of having completed, at least one postgraduate training year in a program of graduate medical education accredited by the accreditation council for graduate medical education or the American osteopathic association or the royal college of physicians and surgeons of Canada or the college of family physicians of Canada or be enrolled in an approved postgraduate training program within the state of North Dakota.~~

**History:** Effective November 1, 1993; amended effective November 1, 1995; December 1, 1996; December 1, 2000; July 26, 2001; March 1, 2003.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

### **50-02-11-02. Successful completion of examination - Time limitation.**

Repealed effective April 1, 2020.

### **50-02-11-03. Limitation on attempts at examination passage.**

Repealed effective August 1, 2003.

### **50-02-11-03.1. Limitation on attempts at examination passage.**

1. An applicant is permitted a maximum of three attempts to pass each step or part or component of a licensing examination. This rule does not apply to an individual who required more than

three attempts to pass USMLE step 1 or USMLE step 2 if that individual was enrolled in a postgraduate training program in North Dakota prior to July 10, 2005, and if:

- a. The individual is still enrolled in the program when the application for licensure is submitted to the board's office; or
- b. The individual has completed the program successfully.

Parts, steps, and components may not be combined so as to enlarge the number of attempts permitted under this rule.

2. Upon review of an individual applicant, the board may allow an exception to this rule if it finds that it is in the best interest of the state and the applicant:
  - a. Is validly licensed as a physician in another state;
  - b. Has practiced a minimum of ~~ten~~ five years;
  - c. Has no disciplinary actions imposed by any other state medical licensing board; and
  - d. Is certified by a specialty board recognized by the American board of medical specialties or by the royal college of physicians and surgeons of Canada.
3. Upon review of an individual applicant, the board may allow an exception to this rule if it finds that it is in the best interest of the state and the applicant shows a documented disability as determined by the board.

**History:** Effective June 1, 2005; amended effective October 1, 2011; April 1, 2020.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

#### **50-02-11-04. Examination combinations acceptable.**

Any applicant who has successfully completed part I (NBME) or step 1 (USMLE) plus part II or step 2 plus part III or step 3; or FLEX component 1 plus step 3; or part I or step 1, plus part II or step 2, plus FLEX component 2 shall be deemed to have successfully completed a medical licensure examination as required by subsection 4 of North Dakota Century Code section 43-17-18, if such combination of testing was completed before January 1, 2000:

1. USMLE Step 1 + USMLE Step 2 + USMLE Step 3
2. NBME Part I + NBME Part II + NBME Part III
3. FLEX Component 1 + FLEX Component 2
4. USMLE Step 1 + NBME Part II + NBME Part III
5. USMLE Step 1 + USMLE Step 2 + NBME Part III
6. USMLE Step 1 + NBME Part II + USMLE Step 3
7. NBME Part I + USMLE Step 2 + USMLE Step 3
8. NBME Part I + USMLE Step 2 + NBME Part III
9. NBME Part I + NBME Part II + USMLE Step 3
10. FLEX Component 1 + USMLE Step 3
11. FLEX Component 2 + USMLE Step 1 + NBME Part II
12. FLEX Component 2 + USMLE Step 1 + USMLE Step 2
13. FLEX Component 2 + NBME Part I + USMLE Step 2
14. FLEX Component 2 + NBME Part I + NBME Part II

**History:** Effective November 1, 1993; amended effective November 1, 1995.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

**CHAPTER 50-02-12**  
**NOTICE OF DENIAL OR LIMITATION OF LICENSURE**

Section

50-02-12-01 Notice of Denial or Limitation of Licensure

**50-02-12-01. Notice of denial or limitation of licensure.**

In the event the board makes an initial determination that an applicant does not meet the requirements for licensure, or that an applicant should be granted a limited or conditioned license, the board shall promptly give the applicant notice, personally or by certified mail, that it has made an informal decision to deny the application or to place conditions or limitations on the applicant's license. The board shall also advise the applicant as follows:

1. The applicant has the right to have the merits of the application considered at a formal hearing in accordance with the provisions of the North Dakota Administrative Agencies Practices Act, North Dakota Century Code chapter 28-32.
2. To secure a formal hearing on the merits of the application, the applicant must contact the board to request the hearing within ~~sixty~~thirty days of being given notice of the board's informal decision.

In the event an applicant does not request a formal hearing within ~~sixty~~thirty days of the date on which the applicant is given notice that the board has made an informal decision to deny the application or to place conditions or limitations on the applicant's license, then the board's informal decision will become the final order of the board.

**History:** Effective April 1, 1999.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

## **CHAPTER 50-02-13 RESIDENT LICENSURE**

### Section

50-02-13-01	Definitions
50-02-13-02	License Requirement
50-02-13-02.1	License Requirement - Exception
50-02-13-03	Qualifications
50-02-13-04	Applications
50-02-13-05	Scope of Practice
50-02-13-06	Discipline
50-02-13-07	Period of Licensure
50-02-13-08	Reporting Requirements
50-02-13-09	Fees

### **50-02-13-01. Definitions.**

As used in this chapter:

1. "Approved postgraduate training program" means a postgraduate training program approved by the accreditation council for graduate medical education.
2. "Board" means the North Dakota board of medicine.
3. "Resident" means a person who is enrolled in an approved postgraduate training program.

**History:** Effective May 1, 2000.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

### **50-02-13-02. License requirement.**

A person may not participate in a postgraduate training program in this state unless that person has first been granted a license by the board.

**History:** Effective May 1, 2000.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

### **50-02-13-02.1. License requirement - Exception.**

The provisions of section 50-02-13-02 notwithstanding, a resident who is enrolled in a postgraduate training program in another state may complete a rotation in this state without obtaining a North Dakota license if:

1. The out-of-state postgraduate training program is accredited by the accreditation council for graduate medical education;
2. Participation in the North Dakota rotation is an official component of the participant's postgraduate training program;
3. The North Dakota rotation will be completed within ninety days or less; and

4. The participant holds a valid unencumbered license to participate in postgraduate training programs in the state in which the participant's postgraduate training program is located. If that state does not require residents to hold a license, then the individual must obtain a North Dakota license before beginning the rotation in this state.

The director of the post graduate training program shall provide written notice to the board with the names of individuals and the state of licensure who are practicing under this exception within 20 days.

**History:** Effective November 1, 2002.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

#### **50-02-13-03. Qualifications.**

The board may issue a postgraduate training license to an applicant who meets each of the following requirements:

1. The applicant is enrolled in an approved postgraduate training program within the state of North Dakota;
2. The applicant meets all qualifications for permanent licensure except those requirements pertaining to postgraduate training and the examination requirement specified in North Dakota Century Code section 43-17-18; and
3. The applicant has paid the prescribed fee.

**History:** Effective May 1, 2000.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

#### **50-02-13-04. Applications.**

Applications for a postgraduate training license or the annual renewal of a postgraduate training license must be submitted to the office of the board upon such forms as are supplied by the board or otherwise approved by the board. The board may require any applicant to appear for an interview regarding the applicant's qualifications for licensure. The board shall establish a policy setting forth the criteria used in determining which applicants will be required to appear for such interviews.

**History:** Effective May 1, 2000.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

#### **50-02-13-05. Scope of practice.**

A postgraduate training license only authorizes the person receiving that license to practice within the context of an approved postgraduate training program and does not authorize that person to engage in the private practice of medicine or otherwise practice medicine outside the scope of the postgraduate training program.

**History:** Effective May 1, 2000.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18



### **50-02-13-06. Discipline.**

Individuals who have been granted a postgraduate training license are subject to the board's disciplinary authority as specified in North Dakota Century Code chapters 43-17 and 43-17.1 and a postgraduate training license may be revoked if:

1. The individual to whom that license was issued ceases to be enrolled in a postgraduate training program in this state; or
2. The individual to whom that license was issued engages in the practice of medicine outside the scope of a postgraduate training program.

Upon verification under 50-02-13-08 that a resident has been terminated or resigned from the post graduate training program, the license will automatically expire. The expiration of a resident's license does not preclude the board from taking disciplinary action as provided in this section.

**History:** Effective May 1, 2000.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

### **50-02-13-07. Period of licensure.**

A postgraduate training license may, in the discretion of the board, be issued for a period of one or more years. However, in no event shall the license be issued for a period of time exceeding the date on which the applicant is reasonably expected to complete the postgraduate training program for which the license is being issued.

In the event a license is issued for a period of time exceeding one year, the board may nevertheless require the licensee to periodically supply information to the board regarding the licensee's credentials and ~~physical and mental health~~ ability to practice in a competent and safe manner. Failure to provide that information to the board will constitute a violation of subsection 28(1)(bb) of North Dakota Century Code section 43-17-31.

The board may issue a temporary postgraduate training license to allow the applicant to participate in postgraduate training between the time the application is submitted to the board's office and the time of the next meeting of the board. A temporary postgraduate training license may not be issued if the application file contains significant derogatory information.

**History:** Effective May 1, 2000; amended effective April 1, 2006.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

### **50-02-13-08. Reporting requirements.**

A person holding a postgraduate training license is subject to the mandatory reporting requirements specified in North Dakota Century Code section 43-17.1-05.1. In addition to the requirements imposed under North Dakota Century Code section 43-17.1-05.1, post graduate training licensee and the director of each postgraduate training program must ~~promptly~~ report within ten days the following circumstances to the board's investigative panels:

1. The termination or resignation of a resident for any reason, including poor academic performance.

2. The imposition of sanctions against a resident for reasons other than poor academic performance.

**History:** Effective May 1, 2000.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

**50-02-13-09. Fees.**

The fee for a postgraduate training license is one hundred dollars for the duration of the postgraduate training program. That fee shall be paid in full at the time the license is issued.

**History:** Effective May 1, 2000; amended effective April 1, 2006; July 1, 2013.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-18

## CHAPTER 50-02-15 TELEMEDICINE

### Section

50-02-15-01 Definitions

50-02-15-02 Prescribing

#### **50-02-15-01. Definitions.**

As used in this chapter:

1. "Telemedicine" means the practice of medicine using electronic communication, information technologies, or other means between a licensee in one location and a patient in another location, with or without an intervening health care provider. It includes direct interactive patient encounters as well as asynchronous store-and-forward technologies and remote monitoring.
2. "Licensee" means a physician or physician assistant licensed to practice in North Dakota. A physician assistant practicing telemedicine from another state is subject to the rules regarding physician supervisioncollaboration, except that supervisioncollaboration may must be by a North Dakota licensed physician who is practicing telemedicine in North Dakota and need not be by a North Dakota licensed physician who is physically located in North Dakota.

**History:** Effective January 1, 2018.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17

#### **50-02-15-02. Prescribing.**

A licensee who has performed a telemedicine examination or evaluation meeting the requirements of this chapter may prescribe medications according to the licensee's professional discretion and judgment. Opioids may only be prescribed through telemedicine if done so as a federal food and drug administration-approved medication-assisted treatment for opioid use disorder. Opioids may not be prescribed through a telemedicine encounter for any other purpose.

Licensees who prescribe controlled substances, as defined by North Dakota law, in circumstances allowed under this rule, must comply with all state and federal laws regarding the prescribing of controlled substances, and must participate in the North Dakota prescription drug monitoring program.

**History:** Effective January 1, 2018.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 19-02.1-15.1, 19-03.1-22.4, 19-03.5-09, 43-17



**ARTICLE 50-03**  
**PHYSICIAN ASSISTANTS ~~AND TECHNICIANS~~**

Chapter	
50-03-01	Physician Assistants
50-03-02	Technicians <u>[Repealed]</u>
50-03-03	Emergency Medical Technicians <u>[Repealed]</u>
50-03-04	Fluoroscopy Technologists [Repealed]

**CHAPTER 50-03-01**  
**PHYSICIAN ASSISTANTS**

Section	
50-03-01-01	Description and Authority of Physician Assistant [Repealed]
50-03-01-01.1	Description and Scope of Practice of the Physician Assistant
50-03-01-02	Examination Requirements
50-03-01-03	Supervision Contract Requirements [Repealed]
50-03-01-03.1	Collaboration With Physicians and Other Health Care Providers
50-03-01-03.2	Practice Requirements
50-03-01-04	Supervising Physician's Responsibility [Repealed]
50-03-01-05	Designation of Substitute Supervising Physician [Repealed]
50-03-01-06	Assistant's Functions Limited [Repealed]
50-03-01-07	Drug Therapy [Repealed]
50-03-01-07.1	Medication Dispensation [Repealed]
50-03-01-08	Assignment of Tasks by Supervising Physician [Repealed]
50-03-01-09	Number of Assistants Under Physician's Supervision Limited [Repealed]
50-03-01-09.1	Physician Assistant for More Than One Physician [Repealed]
50-03-01-09.2	Physician Assistants Under Physician's Supervision [Repealed]
50-03-01-10	Assistant's Services Limited [Repealed]
50-03-01-10.1	Disciplinary Action
50-03-01-10.2	Disciplinary Proceedings
50-03-01-11	Grounds for Disciplinary Action
50-03-01-12	Physician's Delegation to Qualified Person Not Restricted [Repealed]
50-03-01-13	Fees
50-03-01-14	License Renewal Requirements
50-03-01-15	Forms of Licensure
50-03-01-16	Renewal of Licenses
50-03-01-17	Late Fees
50-03-01-18	Physician Assistant - Use of Certain Words or Initials Prohibited

**50-03-01-01. Description and authority of physician assistant.**

Repealed effective January 1, 2020.

**50-03-01-01.1. Description and scope of practice of the physician assistant.**

The physician assistant is a medical professional qualified by academic and clinical training to provide patient services, including the diagnosing of illnesses, developing and managing treatment plans, prescribing medications, and often serving as a patient's principal health care provider in collaboration with physicians and other health care providers.

1. A physician assistant may:

- a. Provide a legal medical service for which a physician assistant is prepared by education, training, and experience and is competent to perform, including:
    - (1) Obtaining and performing a comprehensive health history and physical examination;
    - (2) Evaluating, diagnosing, managing, and providing medical treatment;
    - (3) Ordering and evaluating a diagnostic study and therapeutic procedure;
    - (4) Performing a diagnostic study or therapeutic procedure not involving the use of medical imaging as defined in North Dakota Century Code section 43-62-01 or radiation therapy as defined in North Dakota Century Code section 43-62-01;
    - (5) Performing limited sonography on a focused imaging target to assess specific and limited information about a patient's medical condition or to provide real-time visual guidance for another procedure;
    - (6) Educating a patient on health promotion and disease prevention;
    - (7) Providing consultation upon request; and
    - (8) Writing a medical order;
  - b. Obtain informed consent;
  - c. Supervise, delegate, and assign therapeutic and diagnostic measures not involving the use of medical imaging as defined in North Dakota Century Code section 43-62-01 or radiation therapy as defined in North Dakota Century Code section 43-62-01 to licensed or unlicensed personnel;
  - d. Certify the health or disability of a patient as required by any local, state, or federal program;
  - e. Authenticate any document with the signature, certification, stamp, verification, affidavit, or endorsement of the physician assistant if the document may be authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician; and f. Pronounce death.
2. A physician assistant:
- a. May prescribe, dispense, administer, and procure drugs and medical devices;
  - b. May plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions, including durable medical equipment, nutrition, blood and blood products, and diagnostic support services, including home health care, hospice, and physical and occupational therapy;
  - c. May prescribe and dispense schedule II through V substances as designated by the federal drug enforcement administration and all legend drugs;
  - d. May not dispense a drug, unless pharmacy services are not reasonably available, dispensing is in the best interest of the patient, or an emergency exists;
  - e. May request, receive, and sign for a professional sample, and may distribute a professional sample to a patient; and

- f. If prescribing or dispensing a controlled substance, shall register with the federal drug enforcement administration and shall comply with appropriate state and federal laws.

**History:** Effective January 1, 2020.

**General Authority:** NDCC 43-17-02.1

**Law Implemented:** NDCC 43-17-02.1

**50-03-01-02. Examination-Licensure requirements.**

Every applicant for licensure shall file a written application, on forms provided by the board, showing to the board's satisfaction that the applicant satisfies all of the requirements for licensure, including:

1. Satisfactory proof of graduation from a physician assistant program;
2. Successful passage of ~~No individual may be licensed as a physician assistant without passing~~ the certifying examination of the national commission on certification of physician assistants or other certifying examinations approved by the North Dakota board of medicine. ~~The physician assistant must maintain certification with the national commission on certification of physician assistants or other certifying entity approved by the board during the entire period of licensure;~~
3. Payment of the fee as required by section 50-03-01-13;
4. Submission to a statewide and nationwide criminal history record check pursuant to subsection 4 of N.D.C.C. 43-17-07.1; and
5. A history free of any finding by the board, any other state medical licensure board, or any court of competent jurisdiction, of the commission of any act that would constitute grounds for disciplinary action.

**History:** Amended effective July 1, 1988; November 1, 1993; January 1, 2020.

**General Authority:** NDCC 43-17

**Law Implemented:** NDCC 43-17-02.1

**50-03-01-03. Supervision contract requirements.**

Repealed effective January 1, 2020.

**50-03-01-03.1. Collaboration with physicians and other health care providers.**

A physician assistant shall collaborate with, consult with, or refer to the appropriate member of the health care team as indicated by the condition of the patient, the education, experience, and competence of the physician assistant, and the standard of care. The degree of collaboration must be determined at the practice which may include decisions made by the employer, group, hospital service, and the credentialing and privileging systems of a licensed facility. A physician assistant is responsible for the care provided by that physician assistant and a written agreement is not required.

**History:** Effective January 1, 2020.

**General Authority:** NDCC 43-17-02.1

**Law Implemented:** NDCC 43-17-02.1

**50-03-01-03.2. Practice requirements.**

1. A physician assistant shall practice at a:

- a. ~~licensed~~ health care facility licensed by the Department of Health and Human Services;
- b. Facility with a credentialing and privileging system; or
- c. Physician owned facility or practice.; ~~or~~

2. If a physician assistant is not practicing at a facility under (1) or at a correctional, state, or federal facility, the physician assistant may apply to the Board for approval to practice independently with the following criteria:

- a. the practice is at a physical location in a rural, medically underserved area in North Dakota as determined by the board;
- b. collaboration with a North Dakota licensed physician who will perform chart reviews at periodic intervals as required by the board; and
- c. If a physician assistant has less than four thousand hours of practice experience and seeks to practice at a facility or practice that is not a licensed health care facility, a facility with a credentialing and privileging system, or a physician-owned facility or practice, the physician assistant must execute a written collaborative agreement with a North Dakota licensed physician that describes how collaboration with that physician will occur and provide it to the board upon request.

3. A physician assistant shall comply with any privileging and credentialing systems at the facility at which the physician assistant practices.

**History:** Effective January 1, 2020.

**General Authority:** NDCC 43-17-02.1

**Law Implemented:** NDCC 43-17-02.1

**50-03-01-04. Supervising physician's responsibility.**

Repealed effective January 1, 2020.

**50-03-01-05. Designation of substitute supervising physician.**

Repealed effective January 1, 2020.

**50-03-01-06. Assistant's functions limited.**

Repealed effective January 1, 2020.

**50-03-01-07. Drug therapy.**

Repealed effective January 1, 2010.

**50-03-01-07.1. Medication dispensation.**

Repealed effective January 1, 2020.

**50-03-01-08. Assignment of tasks by supervising physician.**



Repealed effective July 1, 1988.

**50-03-01-09. Number of assistants under physician's supervision limited.**

Repealed effective January 1, 2010.

**50-03-01-09.1. Physician assistant for more than one physician.**

Repealed effective January 1, 2020.

**50-03-01-09.2. Physician assistants under physician's supervision.**

Repealed effective January 1, 2020.

**50-03-01-10. Assistant's services limited.**

Repealed effective July 1, 1988.

**50-03-01-10.1. Disciplinary action.**

The board is authorized to take disciplinary action against a licensed physician assistant [in accordance with North Dakota Century Code chapter 43-17.1](#) by any one or more of the following means, as it may find appropriate:

1. Revocation of license.
2. Suspension of license.
3. Probation.
4. Imposition of stipulations, limitations, or conditions relating to the duties of a physician assistant.
5. Letter of censure.
6. Require the licensee to provide free public or charitable service for a defined period.
7. Impose fines, not to exceed five thousand dollars for any single disciplinary action. Any fines collected by the North Dakota board of medicine must be deposited in the state general fund.

**History:** Effective August 1, 2002; amended effective October 17, 2002.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-02(10)

**50-03-01-10.2. Disciplinary proceedings.**

In any order or decision issued by the board in resolution of a disciplinary proceeding in which disciplinary action is imposed against a physician assistant, the board may direct any physician assistant to pay the board a sum not to exceed the reasonable and actual costs, including reasonable attorney's fees, incurred by the board and its investigative panels of the board in the investigation and prosecution of the case. If applicable, the ~~physician's or~~ physician assistant's license may be suspended until the costs are paid to the board. A physician assistant may challenge the reasonableness of any cost item in a hearing under North Dakota Century Code chapter 28-32 before an administrative law judge. The

administrative law judge may approve, deny, or modify any cost item, and the determination of the judge is final. The hearing must occur before the physician assistant's license may be suspended for nonpayment.

**History:** Effective January 1, 2020.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-31.1

**50-03-01-11. Grounds for disciplinary action.**

The board may deny an application for licensure or may take disciplinary action against a physician assistant upon any of the following grounds:

1. Failing to demonstrate the qualifications for licensure under this act or the regulations of the board.
2. Soliciting or receiving any form of compensation from any person other than the physician assistant's employer or third-party payer for services performed as a physician assistant.
3. The use of any false, fraudulent, or forged statement or document or the use of any fraudulent, deceitful, dishonest, or immoral practice in connection with any of the licensing requirements.
4. The making of false or misleading statements about the physician assistant's skill or the efficacy of any medicine, treatment, or remedy.
5. The conviction of any misdemeanor, determined by the board to have a direct bearing upon a person's ability to serve the public as a physician assistant, or any felony. A license may not be withheld contrary to the provisions of North Dakota Century Code chapter 12.1-33.
6. The habitual or excessive use of intoxicants or drugs.
7. Physical or mental disability materially affecting the ability to perform the duties of a physician assistant in a competent manner.
8. Aiding or abetting the practice of medicine by a person not licensed by the board or by an incompetent or impaired person.
9. Gross negligence in the performance of the person's duties as a physician assistant.
10. Manifest incapacity or incompetence to perform as a physician assistant.
11. The willful or negligent violation of the confidentiality between physician assistant and patient, except as required by law.
12. The performance of any dishonorable, unethical, or unprofessional conduct.
13. Obtaining any fee by fraud, deceit, or misrepresentation.
14. The violation of any provision of a physician assistant practice act or the rules and regulations of the board, or any action, stipulation, condition, or agreement imposed by the board or its investigative panels.
15. Representing himself or herself to be a physician.
16. The advertising of the person's services as a physician assistant in an untrue or deceptive manner.

17. Sexual abuse, misconduct, or exploitation related to the licensee's performance of the licensee's duties as a physician assistant.
18. The prescription, sale, administration, distribution, or gift of any drug legally classified as a controlled substance or as an addictive or dangerous drug for other than medically accepted therapeutic purposes.
19. The failure to comply with the reporting requirements of North Dakota Century Code section 43-17.1-05.1.
20. A continued pattern of inappropriate care as a physician assistant.
21. The use of any false, fraudulent, or deceptive statement in any document connected with the performance of the person's duties as a physician assistant.
22. The prescribing, selling, administering, distributing, or giving to oneself or to one's spouse or child any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug.
23. The violation of any state or federal statute or regulation relating to controlled substances.
24. The imposition by another state or jurisdiction of disciplinary action against a license or other authorization to perform duties as a physician assistant based upon acts or conduct by the physician assistant that would constitute grounds for disciplinary action as set forth in this section. A certified copy of the record of the action taken by the other state or jurisdiction is conclusive evidence of that action.
25. The lack of appropriate documentation in medical records for diagnosis, testing, and treatment of patients.
26. The failure to furnish the board or the investigative panel, their investigators or representatives, information legally requested by the board or the investigative panel.
27. Noncompliance with the physician health program established under North Dakota Century Code chapter 43-17.3.

**History:** Amended effective July 1, 1988; November 1, 1993; April 1, 1996; October 1, 1999; August 1, 2002; January 1, 2020.

**General Authority:** NDCC 43-17-13

**Law Implemented:** NDCC 43-17-02(10)

**50-03-01-12. Physician's delegation to qualified person not restricted.**

Repealed effective April 1, 1999.

**50-03-01-13. Fees.**

The fee for initial licensure of a physician assistant is fifty dollars per year. The ~~annual~~ renewal fee is fifty dollars per year. The fee for license verification is thirty dollars. ~~The fee for a change in practice location is twenty five dollars.~~

**History:** Effective July 1, 1988; amended effective November 1, 1993; December 1, 1996; October 1, 1999; January 1, 2020.

**General Authority:** NDCC 43-17-13

**Law Implemented:** NDCC 43-17-02(10)

**50-03-01-14. License renewal requirements.**

~~Every second year after the initial certification of a physician assistant, the~~The physician assistant's license renewal application must be accompanied with evidence of ~~the successful completion of one hundred hours of continued education for physician assistants as verified by~~ current certification by the national commission on certification of physician assistants or other certifying entity approved by the board.

**History:** Effective August 1, 1989; amended effective November 1, 1993; October 1, 1999; July 1, 2013; January 1, 2020.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 43-17-02(9)

**50-03-01-15. Forms of licensure.**

The North Dakota board of medicine may recognize the following forms of licensure for a physician assistant and may issue licenses accordingly:

1. Permanent licensure - which will continue in effect so long as the physician assistant meets all requirements of the board.
2. Locum tenens permit - which may be issued for a specific health care facility and for a period not to exceed three months.

**History:** Effective July 1, 1994; October 1, 1999.

**General Authority:** NDCC 43-17-13

**Law Implemented:** NDCC 43-17-02(10)

**50-03-01-16. Renewal of licenses.**

Provided that all renewal requirements are deemed by the board to be met, a physician assistant who applies for renewal of a physician assistant license within thirty-one days of the expiration date of that license shall be granted a license with an effective date of the first day following expiration of the physician assistant's license. Nothing in this rule shall be construed to affect the board's ability to impose statutory fines or other disciplinary action against a physician assistant for failing to renew a license prior to its expiration date or for practicing with an expired license. A physician assistant whose license lapsed more than three years before the physician assistant petitioned the board for reinstatement must submit a new application for licensure.

**History:** Effective October 1, 2011.

**General Authority:** NDCC 43-17-07.1

**Law Implemented:** NDCC 43-17-02(9)

**50-03-01-17. Late fees.**

A physician assistant seeking to renew the ~~annual~~ license who has failed to complete the annual registration process within ~~the time specified by the North Dakota board of medicine~~three years from the expiration date must be assessed a fee equal to three times the normal ~~annual~~ license registration fee, in addition to such other penalties as are authorized by law, if that physician assistant is found to have

been practicing in this state after the physician assistant's license expired. A physician assistant may renew the expired license upon payment of fifty dollars per year, up to three years, for each year past the renewal deadline.

**History:** Effective October 1, 2011.

**General Authority:** NDCC 43-17-07.1

**Law Implemented:** NDCC 43-17-02(9)

**50-03-01-18. Physician assistant - Use of certain words or initials prohibited.**

A person that is not a physician assistant may not represent oneself as a physician assistant or act as a physician assistant or use any combination or abbreviation of the term or title "physician assistant" or "PA" to indicate or imply the person is a physician assistant. However, an individual who is not licensed as a physician assistant under this chapter but who meets the qualifications for licensure as a physician assistant under this chapter may use the title "physician assistant" or "PA" but may not act or practice as a physician assistant unless licensed under this chapter.

**History:** Effective January 1, 2020.

**General Authority:** NDCC 43-17-02.2

**Law Implemented:** NDCC 43-17-02.2

50-03-01-19. Physician assistant – reporting requirements

A physician assistant is subject to the mandatory reporting requirements specified in North Dakota Century Code section 43-17.1-05.1. In addition to the requirements imposed under North Dakota Century Code section 43-17.1-05.1, the physician assistant must report to the board within ten days if the individual no longer holds a valid certification from the national commission on certification of physician assistants. Upon verification that the physician assistant no longer holds the certification, the license will automatically expire. The expiration of the physician assistant license under this section does not preclude the board from taking disciplinary action.

**History:** Effective \_\_\_\_\_.

**General Authority:** NDCC 43-17-07.1

**Law Implemented:** NDCC 43-17-02(9)

**CHAPTER 50-03-02**  
**TECHNICIANS**  
**(Repealed Effective )**

Section

~~50-03-02-01 Use of Technicians Authorized - Restrictions~~

~~50-03-02-02 Technicians Not Considered To Be Practicing Optometry or Medicine **50-03-02-01.**~~

~~**Use of technicians authorized - Restrictions.**~~

~~Any technician may aid or assist a physician licensed under North Dakota Century Code chapter 43-17, and act under such physician's direction in making size measurements, and in duplicating, adapting, fitting, or readjusting spectacles or frames, or inserting or changing lenses therein, whether in contact with the eye or not; but such technician shall not advise concerning the capability of an individual to wear glasses or lenses, nor shall the technician determine by measurements the optical strength of glass or lens an individual might need for optical correction.~~

~~**General Authority:** NDCC 43-17-13~~

~~**Law Implemented:** NDCC 43-17-02~~

~~**50-03-02-02. Technicians not considered to be practicing optometry or medicine.**~~

~~Technicians acting under the provisions of this chapter shall not be considered as practicing optometry within the definitions of North Dakota Century Code section 43-13-01, nor considered as practicing medicine within the definitions of North Dakota Century Code section 43-17-01.~~

~~**General Authority:** NDCC 43-17-13~~

~~**Law Implemented:** NDCC 43-17-02~~

## CHAPTER 50-03-03 EMERGENCY MEDICAL TECHNICIANS

~~[Repealed effective \_\_\_\_\_]~~

### Section

- ~~50-03-03-01 — Scope of Services Regulated~~
- ~~50-03-03-02 — Certification Required~~
- ~~50-03-03-03 — Certification Requirement Exemption~~
- ~~50-03-03-04 — Certification of Emergency Medical Technicians~~
- ~~50-03-03-05 — Supervision~~
- ~~50-03-03-06 — Agreement Termination~~

#### ~~50-03-03-01. Scope of services regulated.~~

~~This chapter applies to all persons except physicians licensed under North Dakota Century Code chapter 43-17, providing, or offering to provide, emergency medical services except control of bleeding, immobilization of fractures, nonelectrical heart stimulation, basic airway management, basic treatment of shock, and other services of the same level of basic life support.~~

~~History: Effective February 1, 1985.~~

~~General Authority: NDCC 43-17-13~~

~~Law Implemented: NDCC 43-17-02(10)~~

#### ~~50-03-03-02. Certification required.~~

~~No person except as provided by section 50-03-03-03 may hold oneself out to provide, nor be employed in this state to provide, emergency medical services within the scope of this chapter unless certified as provided in this chapter and acting under the direction of a licensed physician.~~

~~History: Effective February 1, 1985.~~

~~General Authority: NDCC 43-17-13~~

~~Law Implemented: NDCC 43-17-02(10)~~

#### ~~50-03-03-03. Certification requirement exemption.~~

~~Any person possessing emergency medical services skills over and above those defined by the state department of health as basic life support skills may perform those skills only if under the direction of a physician who has assumed responsibility for the services of that person through a written statement on file with the office of the state department of health, division of emergency health services. That person must have met the training requirements of the state department of health for such skills.~~

~~History: Effective February 1, 1985; amended effective November 1, 1995; May 1, 2000.~~

~~General Authority: NDCC 43-17-13~~

~~Law Implemented: NDCC 43-17-02(10)~~

#### ~~50-03-03-04. Certification of emergency medical technicians.~~

~~The certification of emergency medical technicians as required by this chapter means certification by the division of emergency health services of the state department of health as EMT-1 or EMT-P. It does not include certification for basic services.~~

~~History: Effective February 1, 1985.~~

**General Authority:** NDCC 43-17-13

**Law Implemented:** NDCC 43-17-02(10)

#### **50-03-03-05. Supervision.**

~~Every emergency medical technician certified to perform emergency medical services must be under the direction and responsibility of at least one physician licensed to practice medicine in this state. This responsibility must be by the written express agreement of the physician or physicians, a copy of which is on file in the office of the state department of health, division of emergency health services.~~

**History:** Effective February 1, 1985; amended effective May 1, 2000.

**General Authority:** NDCC 43-17-13

**Law Implemented:** NDCC 43-17-02(10)

#### **50-03-03-06. Agreement termination.**

~~When any physician terminates an agreement to supervise and be responsible for a certified emergency medical technician or any other person as stated in this chapter, the termination is not effective until written notification thereof has been received by the state department of health, division of emergency health services, at its office in Bismarck, North Dakota.~~

**History:** Effective February 1, 1985; amended effective May 1, 2000.

**General Authority:** NDCC 43-17-13

**Law Implemented:** NDCC 43-17-02(10)



**ARTICLE 50-04  
CONTINUING MEDICAL EDUCATION**

Chapter  
50-04-01            Continuing Medical Education Standards

**CHAPTER 50-04-01  
CONTINUING MEDICAL EDUCATION STANDARDS**

Section  
50-04-01-01        Requirements  
50-04-01-02        Exceptions  
50-04-01-03        Credits Accepted  
50-04-01-04        Compliance

**50-04-01-01. Requirements.**

Except as is otherwise specified in this chapter, every physician licensed to practice medicine in North Dakota shall complete no less than sixty hours of board-approved continuing medical education (CME) every three years. One hour of credit will be allowed for each clock-hour of participation in approved continuing medical education activities.

**History:** Effective November 1, 1998.

**General Authority:** NDCC 43-17-27.1

**Law Implemented:** NDCC 43-17-27.1

**50-04-01-02. Exceptions.**

The following physicians are not required to meet the requirements of this chapter.

1. Physicians who are enrolled in full-time graduate medical education programs (residencies and fellowships) which are accredited by the accreditation council on graduate medical education or the American osteopathic association.
2. Physicians who hold a locum tenens permit or a special license and physicians who have not renewed their licenses for the first time since being granted a regular permanent license by the board.
3. Physicians who have retired from the active practice of medicine. This exception is available only to retired physicians who have completely and totally withdrawn from the practice of medicine. Any physician seeking to be excused from completing CME requirements under this subsection must submit an affidavit to the North Dakota board of medicine (on the board's form) certifying that the physician will render no medical services during the term of the next CME reporting period.
4. The board may grant an extension of time or other waiver to a licensee who, because of prolonged illness or other extenuating circumstances, has been unable to meet the CME requirements.

**History:** Effective November 1, 1998.

**General Authority:** NDCC 43-17-27.1

**Law Implemented:** NDCC 43-17-27.1

**50-04-01-03. Credits accepted.**

The board accepts the following as meeting its requirements for board approval:

1. American medical association (AMA) physician's recognition award category 1 credit certified by continuing education providers who are accredited by:
  - a. The accreditation council for continuing medical education (ACCME); or
  - b. Organizations recognized by the ACCME as accrediters of CME for physicians.
2. American osteopathic association (AOA) category 1 credit certified by continuing education providers who are accredited by the AOA.
3. American academy of family physicians prescribed credit and American academy of family physicians elective credit which has been approved for category 1 credit by that organization.
4. Courses approved for section 1 credit as defined by the royal college of physicians and surgeons of Canada.
5. Other courses approved by the North Dakota board of medicine as being equivalent to AMA or AOA category 1 credit.

Except in the case of any requests submitted pursuant to subsection 5, it is the responsibility of the licensee to verify an appropriate credit designation with the source of the program, not with the board. All licensees are encouraged to verify an appropriate credit designation before taking any particular course.

**History:** Effective November 1, 1998; amended effective August 1, 2002.

**General Authority:** NDCC 43-17-27.1

**Law Implemented:** NDCC 43-17-27.1

#### **50-04-01-04. Compliance.**

1. All physicians will periodically be required to answer questions on the board's annual license renewal forms to establish compliance, or eligibility for an exception, pursuant to this chapter. Physicians are not required to provide additional documentation of compliance with continuing education requirements unless specifically requested to do so by the board.

Any physician who is required to report CME credits after having been licensed to practice medicine in North Dakota for more than one year but less than two full years will be required to demonstrate completion of twenty hours of board-approved CME credits during that physician's initial CME reporting period.

Any physician who is required to report CME credits after having been licensed to practice medicine in North Dakota for more than two years but less than three full years will be required to demonstrate completion of forty hours of board-approved CME during that physician's initial CME reporting period.

False statements regarding satisfaction of continuing education requirements on the renewal form or on any documents connected with the practice of medicine may subject the licensee to disciplinary action by the board.

2. ~~Each year the~~The board will audit randomly selected physicians to monitor compliance with the continuing medical education requirements. Any physician so audited will be required to furnish documentation of compliance including the name of the accredited CME provider, name of the

program, hours of continuing medical education completed, dates of attendance, evidence of credit designation (i.e., category 1 designation, prescribed credit designation, etc.), and verification of attendance. Any physician who fails to provide verification of compliance with the CME requirements will be subject to revocation of licensure.

3. In order to facilitate the board's audits, every physician is required to maintain a record of all CME activities in which the physician has participated. Every physician must maintain those records for a period of at least one year following the time when those CME activities were reported to the board.

**History:** Effective November 1, 1998; amended effective July 1, 2013.

**General Authority:** NDCC 43-17-27.1

**Law Implemented:** NDCC 43-17-27.1

**ARTICLE 50-05  
PRESCRIPTIVE PRACTICES**

Chapter	
50-05-01	Expedited Partner Therapy <u>(repealed)</u>
50-05-02	Prescription Drug Monitoring Program Rule

**~~CHAPTER 50-05-01  
EXPEDITED PARTNER THERAPY~~**

Section	
<del>50-05-01-01</del>	<del>Expedited Partner Therapy</del>

~~**50-05-01-01. Expedited partner therapy.**~~

~~Notwithstanding any other provision, a practitioner who diagnoses a sexually transmitted disease, such as chlamydia, gonorrhea, or any other sexually transmitted infection, in an individual patient may prescribe or dispense, and a pharmacist may dispense, prescription antibiotic drugs to that patient's sexual partner or partners, without there having been an examination of that patient's sexual partner or partners.~~

~~**History:** Effective January 1, 2009.  
**General Authority:** NDCC 28-32-02  
**Law Implemented:** NDCC 28-32-02~~

**CHAPTER 50-05-02**  
**PRESCRIPTION DRUG MONITORING PROGRAM RULE**

Section

50-05-02-01 Prescription Drug Monitoring Program Rule

**50-05-02-01. Prescription drug monitoring program rule.**

1. Every practitioner ~~with a drug enforcement agency registration number~~who prescribes a controlled substance in North Dakota shall register with the prescription drug monitoring program.
2.
  - a. When a practitioner determines that reported drugs will be prescribed to a patient for a period to exceed twelve weeks, the practitioner shall request a prescription drug monitoring program report for that patient and, at a minimum, at least semiannually thereafter.
  - b. This requirement does not apply to reported drugs prescribed to patients in a controlled setting in which the drugs are locked and administered to the patient, for example, admitted hospital or hospice patients, long-term care patients or group home residents.
3. In addition to those reports requested under subsection 2, practitioners shall request a prescription drug monitoring program report when it is documented in the prescribing practitioner's medical record for that patient that the patient exhibits signs associated with diversion or abuse, including:
  - a. Selling prescription drugs;
  - b. Forging or altering a prescription;
  - c. Stealing or borrowing reported drugs;
  - d. Taking more than the prescribed dosage of any reported drug;
  - e. Having a drug screen that indicates the presence of additional or illicit drugs;
  - f. Being arrested, convicted, or diverted by the criminal justice system for a drug-related offense;
  - g. Receiving reported drugs from providers not reported to the treating practitioner;
  - h. Having a law enforcement or health professional express concern about the patient's use of drugs.
  - i. Violating any prescribing agreement with the physician;
  - j. Frequently requests early refills of a reported drug for any reason;
  - k. Appears impaired or excessively sedated to the physician in any patient encounter; and
  - l. Has a history of drug abuse dependency.
4. A practitioner shall document the receipt and assessment of prescription drug monitoring program reports made under this rule.

**History:** Effective January 1, 2018.

**General Authority:** NDCC 28-32-02

**Law Implemented:** NDCC 19-03.5-09, 43-17