DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

MEDICINE - GENERAL RULES

These rules become effective immediately upon filing with the Secretary of State unless adopted under section 33, 44, or 45(a)(6) of 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.


PART 1. GENERAL PROVISIONS

R 338.2301 Definitions. Rescinded.

Rule 1. As used in these rules:

(a) "Board" means the board of medicine.
(b) "Code" means 1978 PA 368, MCL 333.1101 to 333.25211.
(c) "Completed the requirements for a degree in medicine" means that the applicant graduated from a medical educational program which is not less than 130 weeks and does not award credit for any course taken by correspondence. The core curriculum of a medical educational program includes, at a minimum, all of the following courses in the basic sciences and clerkships in the clinical sciences:

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

(A) Anatomy.
(B) Physiology.
(C) Biochemistry.
(D) Microbiology.
(E) Pathology.
(F) Pharmacology and therapeutics.
(G) Preventive medicine.

(ii) Clerkships in the clinical sciences, which means core clinical clerkships completed either in a hospital or institution located in the United States, its territories, the District of Columbia, or Canada that is approved by the board or in a hospital or institution that offers a postgraduate clinical training program in the content area of the clinical clerkship. Clerkships in the clinical sciences include clinical clerkships in all of the following:

(A) Internal medicine.
(B) General surgery.
(C) Pediatrics.
(D) Obstetrics and gynecology.
(E) Psychiatry.
(d) "Department" means the department of licensing and regulatory affairs.

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 Rescinded.

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

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

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

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

R 338.2304 Delegation to physician’s assistants; written authorization; requirements. Rescinded.

Rule 4. (1) A physician who supervises a physician’s assistant under sections 17048 and 17049 of the code shall establish a written authorization that delegates to a physician’s assistant the performance of medical care services or the prescribing of schedule 2 to 5 controlled substances, or both. The written authorization shall contain all of the following information:

(a) The name, license number, and signature of the supervising physician.
(b) The name, license number, and signature of the physician’s assistant.
(c) The limitations or exceptions to the delegation of any medical care services or prescription of schedule 2 to 5-controlled substances.
(d) The effective date of the delegation.

(2) A delegating physician shall review and update a written authorization prior to the renewal of a physician’s assistant’s license or in the interim as needed. A delegating physician shall note the review date on the written authorization.

(3) A delegating physician shall maintain a written authorization in each separate location of the physician's office where the delegation occurs.

(4) A delegating physician shall ensure that an amendment to the written authorization is in compliance with subrule (1)(a) to (d) of this rule.

(5) A delegating physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.
Rule 5. (1) A physician may delegate the prescription of controlled substances listed in schedules 3 to 5 to a registered nurse who holds specialty certification under section 17210 of the code, with the exception of a nurse anesthetist, if the delegating physician establishes a written authorization that contains all of the following information:

(a) The name, license number, and signature of the delegating physician.
(b) The name, license number, and signature of the nurse practitioner or nurse midwife.
(c) The limitations or exceptions to the delegation.
(d) The effective date of the delegation.

(2) A delegating physician shall review and update a written authorization on an annual basis from the original date or the date of amendment, if amended. A delegating physician shall note the review date on the written authorization.

(3) A delegating physician shall maintain a written authorization in each separate location of the physician's office where the delegation occurs.

(4) A delegating physician shall ensure that an amendment to the written authorization is in compliance with subrule (1) (a) to (d) of this rule.

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

(a) The delegating physician and nurse practitioner or nurse midwife are practicing within a health facility as defined in section 20106(d), (g), or (i) of the code; specifically, freestanding surgical outpatient facilities, hospitals, and hospices.
(b) The patient is located within the facility described in subdivision (a) of this subrule.
(c) The delegation is in compliance with this rule.

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

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

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

(a) The extent to which the licensee obtained financial benefit from conduct comprising part of the violation found by the board.
(b) The willfulness of the conduct found to be part of the violation determined by the board.
(c) The public harm, actual or potential, caused by the violation found by the board.
(d) The cost incurred in investigating and proceeding against the licensee.
R 338.2313 Standards for approval of medical schools, hospitals, and postgraduate clinical training programs; adoption by reference. Rescinded.

Rule 13. (1) The board approves and adopts by reference the standards for accrediting schools of medicine developed by the liaison committee on medical education on February 19, 1985, and ratified by the council on medical education of the American medical association on March 1, 1985, and ratified by the executive council of the association of American medical colleges on April 4, 1985, entitled "Functions & Structure of a Medical School." The board shall consider any school of medicine that is accredited by the liaison committee on medical education as a school approved by the board.

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

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

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

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

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

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

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

(4) To be eligible to sit for USMLE step 3, an applicant shall establish both of the following:
(a) That the applicant has passed 1 of the following examinations or combinations of examination parts:
   (i) FLEX component 1.
   (ii) NBME part I and NBME part II.
   (iii) NBME part I and USMLE step 2.
   (iv) USMLE step 1 and NBME part II.
   (v) USMLE step 1 and USMLE step 2.
(b) That the applicant has completed not less than 6 months of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution.
(5) An applicant who fails to achieve a passing score on USMLE step 3 within 5 years from the first time he or she sat for USMLE step 3 shall not be eligible to again sit for USMLE step 3 until the applicant has completed 1 year of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution. If the applicant thereafter fails USMLE step 3, the applicant may repeat the examination without limitation if the applicant, subsequent to each failure, first completes 1 year of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution before sitting for the USMLE step 3.
(6) The examination sequence as specified in this rule is subject to the limitations set forth in section 17012(2) of the code.

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

Rule 16. (1) An applicant for Michigan medical licensure by examination from a medical school located other than in the United States, its territories, the District of Columbia, or the Dominion of Canada shall submit a completed application, on a form provided by the department, together with the requisite fee. In addition to meeting the other requirements of the code and the administrative rules promulgated pursuant thereto, an applicant shall satisfy the requirements of this rule.
(2) An applicant shall establish that he or she has completed the requirements for a degree in medicine.
(3) An applicant shall have passed 1 of the following examinations or combinations of examination parts:
   (a) FLEX.
   (b) FLEX component 1 and FLEX component 2.
   (c) FLEX component 1 and USMLE step 3.
   (d) USMLE step 1, USMLE step 2, and FLEX component 2.
   (e) USMLE step 1, USMLE step 2, and USMLE step 3.
(4) An applicant shall have passed an examination in the basic and clinical medical sciences conducted by the educational commission for foreign medical graduates and satisfy either of the following requirements:
   (a) An applicant who has passed the visa qualifying examination, the foreign medical graduate examination in the medical sciences, parts I and II of the examination developed by the national board of medical examiners and conducted by the educational commission for foreign medical graduates, or USMLE step 1 and USMLE step 2 shall have satisfactorily completed 2 years of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution.
Public Act 198 of 1984, as amended, \( \cdot \) \( \cdot \) \( \cdot \)

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

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

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

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

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

(a) FLEX.
(b) FLEX component 1 and FLEX component 2.
(c) FLEX component 1 and USMLE step 3.
(d) One of each of the following examination parts:
(i) NBME part I or USMLE step 1.
(ii) NBME part II or USMLE step 2.
(iii) NBME part III, USMLE step 3, or FLEX component 2.

(4) An applicant shall have satisfactorily completed 2 years of postgraduate clinical training in a program approved by the board in a board-approved hospital or institution. Certification of satisfactory completion of postgraduate clinical training shall be accepted by the board 15 days before completion of the training.

R 338.2318 Licensure by endorsement; applications; qualifications. Rescinded.

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

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

(3) If an applicant does not meet the requirements of subrule (2) of this rule, the applicant, in addition to meeting the requirements of the code, shall satisfy the following requirements:
(a) The applicant shall have been licensed in another state after having passed an examination deemed by the board to have been conducted in accordance with standards substantially equivalent to those which were applicable to examinations given by the board in the same year, as provided by R 338.2319.

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

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

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

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

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

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

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

R 338.2319 Licensure by endorsement; substantially equivalent examinations. Rescinded.

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

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

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

(a) A certified copy of the examination.
(b) An affidavit from a responsible official from the appropriate state agency describing the examination and setting forth the legal standards that were in effect at the time of the examination.

c) An affidavit describing the examination from a responsible official within a state medical society or other organization who has knowledge of the examination.

d) Other credible evidence.

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

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

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

R 338.2326 Availability of standards. Rescinded.

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

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

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

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

R 338.2327a Clinical academic limited licenses. **Rescinded.**

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

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

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

R 338.2329a Educational limited licenses. **Rescinded.**

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

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

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

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

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

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

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

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

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

**PART 5. CONTINUING MEDICAL EDUCATION**
R 338.2371 Continuing medical education as prerequisite for license renewal or relicensure. Rescinded.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Receiving tutorial experience is a category 1 activity. A maximum of 150 credit hours may be earned during the 3-year period immediately preceding the application for being tutored in a hospital or institution. Notwithstanding any additional requirement of these rules, the board will not give credit for being tutored unless information on the tutorial program and the qualifications of the tutor, as well as any other data requested by the board, is first submitted to the board to establish the quality of the tutorial program and the board approves the tutorial program before the commencement thereof.

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

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

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

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

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

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


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

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

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

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

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

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

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

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

(4) Participation on a hospital staff committee dealing with quality patient care or utilization review, or both, are category 5 activities. A maximum of 18 credit hours in the 3-year period may be earned for participation on a hospital staff committee dealing with quality patient care or utilization review.
   Rule 79. Full-time participation in a postgraduate clinical training program is a category 6 activity. A maximum of 50 credit hours per year may be earned for satisfactorily participating, in the 3-year period immediately preceding the application, in a postgraduate clinical training program in a hospital or institution that is approved by the board pursuant to the provisions of R 338.2313. A minimum of 5 months of participation per year is required for 50 hours of credit.

R 338.2380 Requests for approval of continuing medical education credit; monitoring of programs. Rescinded.
   Rule 80. (1) A person who seeks board approval of continuing medical education credit pursuant to these rules shall request forms and instructions from the department.
         (2) The board shall not consider a request for approval until such time as the information indicated in the forms and instructions is submitted.
         (3) The board shall deny a request for approval if it appears that the request fails to demonstrate compliance with the legislative intent to further educate licensees on subjects related to the practice of medicine.
         (4) All continuing medical education programs may be personally monitored by the board or its authorized agent.

R 338.2381 Certification of compliance; additional evidence. Rescinded.
   Rule 81. (1) By submitting an application for license renewal, a licensee certifies that he or she has complied with the continuing medical education requirement.
         (2) The board may require an applicant or licensee to submit evidence to demonstrate compliance with the continuing medical education requirement. It is the responsibility of an applicant or licensee to maintain evidence of his or her compliance with the continuing medical education requirement for a period of 4 years from the date of application. Failure to provide such evidence creates a rebuttable presumption that the licensee has made a false and fraudulent statement in applying for a license to practice medicine.

R 338.2382 Availability of adopted standards. Rescinded.
   Rule 82. (1) The standards adopted by the committee on continuing medical education accreditation of the Michigan state medical society on December 6, 1984, are available for inspection at the offices of the Michigan Board of Medicine, P.O. Box 30018, Lansing, Michigan 48909. Copies may be obtained, at no cost, from either the office of the Michigan board of medicine or the Committee on Continuing Medical Education Accreditation, Michigan State Medical Society, 120 East Saginaw, East Lansing, Michigan 48823.
         (2) The standards adopted by the accreditation council for continuing medical education on October 29, 1982, are available for inspection at the offices of the Michigan board of medicine. Copies may be obtained, at no cost, from either the offices of the Michigan board of medicine or
PART 1. GENERAL PROVISIONS

R 338.2401 Definitions.
Rule 101. As used in these rules:
(1) “Board” means the board of medicine created in section 17021 of the code, MCL 333.17021.
(2) “Code” means 1978 PA 368, MCL 333.1101 to 333.25211
(3) “Department” means the department of licensing and regulatory affairs.

R 338.2403 English language requirement.
Rule 103. An applicant for a medical license or an educational limited medical license whose educational program was taught in a language other than English shall meet the requirements of the code and these rules and shall demonstrate a working knowledge of the English language. To demonstrate a working knowledge of the English language, the applicant shall establish that he or she obtained a total score of not less than 80 on the test of English as a foreign language internet-based test (TOEFL-IBT) administered by the educational testing service.

R 338.2405 Name of practitioner; display name.
Rule 105. A licensee shall not engage in the practice of medicine under a personal name other than the name under which he or she is licensed by the board.

Rule 338.2409 Delegation to physician’s assistants; written authorization; requirements.
Rule 109. (1) A physician who supervises a physician’s assistant under sections 17048 and 17049 of the code, MCL 333.17048 and 333.17049, shall establish a written authorization that delegates to the physician’s assistant the performance of medical care services or the prescribing of schedule 2 to 5 controlled substances, or both. The written authorization shall contain all of the following information:
(a) The name, license number, and signature of the supervising physician.
(b) The name, license number, and signature of the physician’s assistant.
(c) The limitations or exceptions to the delegation of any medical care services or prescription of scheduled 2 to 5 controlled substances.
(d) The effective date of delegation.
(2) The supervising physician shall review and update a written authorization prior to the renewal of the physician’s assistant’s license or in the interim as needed. A supervising physician shall note the review date on the authorization.
(3) The supervising physician shall maintain the written authorization at the supervising physician’s primary place of practice.
(4) The supervising physician shall provide a copy of the signed, written authorization to the physician's assistant.

(5) The supervising physician shall ensure that an amendment to the written authorization is in compliance with subrules (1), (2), (3), and (4) of this rule.

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

Rule 338.2411 Delegation of prescribing controlled substances to nurse practitioner or nurse midwife; limitation.

Rule 111. (1) A physician may delegate the prescription of controlled substances listed in schedules 2 to 5 to a registered nurse who holds a specialty certification under section 17210 of the code, MCL 333.17210, with the exception of a nurse anesthetist, if the supervising physician establishes a written authorization that contains all of the following information:

(a) The name, license number, and signature of the supervising physician.

(b) The name, license number, and signature of the nurse practitioner or nurse midwife.

(c) The limitations or exceptions to the delegation.

(d) The effective date of the delegation.

(2) The supervising physician shall review and update a written authorization on an annual basis from the original date or the date of amendment, if amended. The supervising physician shall note the review date on the written authorization.

(3) The supervising physician shall maintain a written authorization at the supervising physician’s primary place of practice.

(4) The supervising physician shall provide a copy of the signed, written authorization to the nurse practitioner or nurse midwife.

(5) The supervising physician shall ensure that an amendment to the written authorization is in compliance with subrules (1), (2), (3), and (4) of this rule.

(6) A supervising physician shall not authorize a nurse practitioner or a nurse midwife to issue a prescription for a schedule 2 controlled substance with a quantity greater than a 30-day supply.

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

Rule 338.2413 Training standards for identifying victims of human trafficking; requirements.

Rule 113. (1) Pursuant to section 16148 of the code, MCL 333.16148, an individual seeking licensure or licensed shall complete training in identifying victims of human trafficking that meets the following standards:

(a) Training content shall cover all of the following:

(i) Understanding the types and venues of human trafficking in this state or the United States.

(ii) Identifying victims of human trafficking in health care settings.
(iii) Identifying the warning signs of human trafficking in health care settings for adults and minors.
(iv) Resources for reporting the suspected victims of human trafficking.
(b) Acceptable providers or methods of training include any of the following:
(i) Training offered by a nationally recognized or state-recognized, health-related organization.
(ii) Training offered by, or in conjunction with, a state or federal agency.
(iii) Training obtained in an educational program that has been approved by the board for initial licensure, or by a college or university.
(iv) Reading an article related to the identification of victims of human trafficking that meets the requirements of subdivision (a) of this subrule and is published in a peer review journal, health care journal, or professional or scientific journal.
(c) Acceptable modalities of training may include any of the following:
(i) Teleconference or webinar.
(ii) Online presentation.
(iii) Live presentation.
(iv) Printed or electronic media.
(2) The department may select and audit a sample of individuals and request documentation of proof of completion of training. If audited by the department, an individual shall provide an acceptable proof of completion of training, including either of the following:
(a) Proof of completion certificate issued by the training provider that includes the date, provider name, name of training, and individual’s name.
(b) A self-certification statement by an individual. The certification statement shall include the individual’s name and either of the following:
(i) For training completed pursuant to subrule (1)(b)(i) to (iii) of this rule, the date, training provider name, and name of training.
(ii) For training completed pursuant to subrule (1)(b)(iv) of this rule, the title of article, author, publication name of peer review journal, health care journal, or professional or scientific journal, and date, volume, and issue of publication, as applicable.
(3) Pursuant to section 16148 of the code, MCL 333.16148, the requirements specified in subrule (1) of this rule apply to license renewals beginning with the first renewal cycle after the promulgation of this rule and for initial licenses issued 5 or more years after the promulgation of this rule.

PART 2. LICENSES

R 338.2421 Accreditation standards for approval of medical schools and medical residency programs.

Rule 121. (1) The board approves and adopts by reference the standards for accrediting medical schools developed and adopted by the Liaison Committee on Medical Education, 2450 N Street NW, Washington D.C. 20037, set forth in the publication entitled “Functions and Structures of a Medical School”, June 2013 edition, which is available at no cost on the committee’s website at: www.leme.org. The board shall consider any medical school accredited by the liaison committee on medical education approved by the board.
(2) The board approves and adopts by reference the standards for approval of a postgraduate training program developed and adopted by the Accreditation Council for Graduate Medical Education, Suite 2000, 515 North State Street, Chicago, IL 60654, effective January 1, 2014, and are available at no cost on the council’s website at: www.acgme.org/acgmeweb. The board shall consider any medical postgraduate training program accredited by the acgme approved by the board.

(3) The board approves and adopts by reference the standards for approval of a resident training program by the College of Family Physicians of Canada, 2630 Skymark Avenue, Mississauga, Ontario, Canada L4W 5A4, set forth in the publication entitled “Specific Standards for Family Medicine Training Programs Accredited by the College of Family Physicians of Canada,” 2013 edition available at no cost from the college’s website at: http://www.cfpc.ca/Residency_Program_Accreditation. The board shall consider any residency program accredited by the college of family physicians of Canada approved by the board.

(4) The board approves and adopts by reference the standards for approval of a resident training program by the Royal College of Physicians and Surgeons of Canada, 774 Echo Drive, Ottawa, Ontario, Canada K1S 5N8 set forth in the publication entitled “General Standards of Accreditation,” June 2013 edition, available at no cost from the college’s website: http://www.royalcollege.ca/portal/page/portal/rc/credentials. The board shall consider any residency program accredited by the royal college of physicians and surgeons as approved by the board.

(5) The board approves and adopts by reference the standards for approval of a resident training program by the Canadian Medical Association’s Conjoint Accreditation Services, 1867 Alta Vista Drive, Ottawa, Ontario, Canada K1G 5W8, set forth in the publication entitled “Requirements for Accreditation,” 2014 edition, available at no cost from the association’s website at: http://www.cma.ca/learning/conjointaccreditation. The board shall consider any residency program accredited by the conjoint accreditation service to be approved by the board.

(6) Copies of the standards and criteria adopted by reference in subrules (1), (2), (3), (4), and (5) of this rule are available for inspection and distribution at cost from the Board of Medicine, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, 611 W. Ottawa, P.O. Box 30670, Lansing, MI 48909.

Rule 338.2423 Medical doctor; license requirements; United States and Canadian graduates.

Rule 123. An applicant for a medical license who graduated from a medical school in the United States, its territories, or the Dominion of Canada shall submit the required fee and a completed application on a form provided by the department. In addition to meeting the requirements of the code and these rules, the applicant shall meet all of the following requirements:

(a) The applicant shall possess a degree from a medical school that meets the standards set forth in R 338.2421(1).

(b) The applicant shall have passed all components of the licensure examination for medical doctors adopted by the board under R 338.2431.
(c) The applicant shall have completed a minimum of 2 years postgraduate clinical training in a program that meets the requirements of R 333.2421(2), (3), (4), or (5). A certificate of completion of the postgraduate training may be submitted to the department 15 days prior to the scheduled date of completion.

R 338.2425 Licensure; foreign graduates; qualifications.
Rule 125. To establish eligibility for licensure as a medical doctor, an applicant who graduated from a medical school located outside the United States, its territories, or the Dominion of Canada, the applicant shall complete the following requirements:
(a) Submit the required fee and a completed application on a form provided by the department.
(b) Submit evidence of certification by the educational commission on foreign medical graduates directly to the department.
(c) Successfully have passed part 3 of the United States medical licensure examination adopted in R 338.2431(1)(c).
(d) Complete two years of postgraduate training in a program that satisfies R 338.2421(2), (3), (4) or (5).
(e) Demonstrate a working knowledge of the English language if the applicant’s educational program was taught in a language other than English. To demonstrate a working knowledge of the English language, the applicant shall establish that he or she meets the requirements in R 338.2403.

R 338.2427 Licensure by endorsement.
Rule 127. (1) An applicant for a Michigan medical license by endorsement shall submit the required fee and a completed application on a form provided by the department. An applicant who satisfies the requirements of the code and this rule is presumed to meet the requirements of section 16186(1)(a) and (b) of the code, MCL 333.16186(1)(a) and (b).
(2) An applicant for a medical license shall meet either of the following requirements:
(a) Has first been licensed in another state to actively engage in the practice of medicine for 10 years before the date of the filing the application for a Michigan license.
(b) Has been licensed in another state, has completed 3 years of post-graduate training, and has passed all components of the United States medical licensure examination adopted in R 338.2431.
(3) An applicant’s license shall be verified by the licensing agency of any state of the United States in which the applicant holds a current license or has ever held a license as a medical doctor. Verification includes, but is not limited to, showing proof that the applicant’s license is in good standing and, if applicable, any disciplinary action taken or pending against the applicant.

R 338.2429 Educational limited license.
Rule 129. (1) An individual not eligible for a Michigan medical license shall obtain an educational limited license before engaging in postgraduate training.
(2) An applicant for an educational limited license who is from a medical school located in the United States, its territories, or the Dominion of Canada, in addition to meeting the requirements of the code and these rules, shall satisfy all of the following:

(a) Submit the required fee and a completed application on a form provided by the department.

(b) Have documentation provided directly to the department from a medical school that meets the requirements of R 338.2421(1) verifying that the applicant has graduated or is expected to graduate in 3 months of the date of the application.

(c) Have documentation provided directly to the department verifying that the applicant has been accepted into a post graduate training program that meets the requirements of R 338.2421(2).

(3) An applicant for an educational limited license who is from a medical school located outside the United States, its territories, or the Dominion of Canada, in addition to meeting the requirements of the code and these rules, shall satisfy all of the following:

(a) Submit the required fee and a completed application on a form provided by the department.

(b) Have certification provided directly from the education commission on foreign graduates verifying that the applicant has satisfied both of the following requirements:
   (i) Graduated from a medical school listed in the international medical education directory.
   (ii) Successfully completed all components of the examination adopted in R 338.2431(1).

(c) Have documentation provided directly to the department verifying that the applicant has been accepted into a postgraduate training program that meets the requirements of R 338.2421(2).

(d) That the applicant has working knowledge of the English language if the applicant’s education program was taught in a language other than English. To demonstrate a working knowledge of the English language, the applicant shall establish that he or she meets the requirements in R 338.2403.

(4) Pursuant to section 17012(2) of the code, MCL 333.17012(2), an educational limited license may be renewed not more than 5 years.

R 338.2431 Examination; adoption; passing scores.
Rule 131. (1) The board adopts the United States Medical License Examination (USMLE) developed and administered by the Federation of State Medical Boards (FSMB) which consists of the following components:

(a) USMLE – part 1.
(b) USMLE – part 2.
(c) USMLE – part 3.

(2) The passing score for each component of the USMLE accepted for licensure shall be the passing score established by the FSMB.

R 338.2433 Examination eligibility; limitation on attempts.
Rule 133. (1) To be eligible to sit for any component of the USMLE adopted in R 338.2431, an applicant shall satisfy the requirements of the FSMB.
(2) An applicant shall make not more than 3 attempts to pass any part of the USMLE.

(3) An applicant shall successfully pass all components of the USMLE within 7 years from the date that he or she first passed any component of the USMLE.

(4) If an applicant fails to pass the USMLE-part 3 within 4 years of first sitting for the USMLE-part 3, he or she shall complete 1 year of postgraduate training that meets the standards adopted by reference in R 338.2421(2), (3), (4), or (5) before again sitting for the USMLE-part 3.

R 338.2435 Clinical academic limited license.

Rule 135. (1) An applicant for a clinical academic limited license shall submit the required fee and a completed application on a form provided by the department. In addition to meeting the requirements of the code and these rules, the applicant shall satisfy both the following requirements:

(a) Have graduated from a medical school that satisfies either of the following requirements:
   (i) Meets the standards set forth in R 338.2421(1).
   (ii) Is certified by the Educational Commission on Foreign Medical Graduates (ECFMG).

(b) Be appointed to a teaching or research position in an academic institution as defined in section 17001(1)(a) of the code, MCL 333.17001(1)(a).

(2) An applicant whose program was taught in a language other than English shall demonstrate a working knowledge of the English language. To demonstrate a working knowledge of the English language, the applicant shall establish that he or she meets the requirements in R 338.2403.

R 338.2437 Relicensure.

Rule 137. (1) An applicant whose Michigan medical license has lapsed for less than 3 years preceding the date of application for relicensure may be relicensed under section 16201(3) of the code, MCL 333.16201(3), if the applicant meets both of the following requirements:

(a) Submits the required fee and a completed application on a form provided by the department.

(b) Submits proof to the department of accumulating not less than 150 hours of continuing education that meets the requirements of R 338.2443 during the 3 years immediately preceding the date of the application for relicensure.

(2) An applicant whose Michigan medical license has been lapsed for 3 years but less than 5 years shall satisfy the requirements of R 338.2437(1) and any of the following requirements:

(a) Presents evidence to the department that he or she was actively licensed as a medical doctor in another state at any time during the 3-year period immediately preceding the date of application.

(b) Takes and passes the Special Purpose Examination (SPEX) offered by the FSMB. The passing score shall be the score established by the FSMB for passing.

(c) Successfully completes a postgraduate training program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).
(d) Successfully completes a physician re-entry program that satisfies either of the following requirements:

(i) Accredited by the coalition for physician enhancement.

(ii) Affiliated with a medical school that satisfies the requirements of R 338.2421(1).

(3) An applicant whose Michigan medical license has been lapsed for 5 years or more shall satisfy the requirements of R 338.2437(1) and any of the following requirements:

(a) Presents evidence to the department that he or she was actively licensed as a medical doctor in another state at any time during the 3-year time period immediately preceding the date of application.

(b) Successfully completes a post-graduate training program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).

(c) Successfully completes a physician re-entry program that satisfies either of the following requirements:

(i) Accredited by the coalition for physician enhancement.

(ii) Affiliated with a medical school that satisfies the requirements of R 338.2421(1).

(4) If required to complete the requirements of subrule (2)(c), (2)(d), (3)(b), or 3(c) of this rule, the applicant may obtain an educational limited license for the sole purpose of completing that training.

(5) An applicant with an educational limited license may be relicensed under section 16201(3) or (4) of the code, MCL 333.16201(3) or (4), if he or she complies with subrule (1) of this rule and R 338.2429.

(6) An applicant shall have his or her license verified by the licensing agency of any state of the United States in which the applicant holds or has ever held a license to practice as a medical doctor. Verification shall include information the license is in good standing and, if applicable, the record of any disciplinary action taken or pending against the applicant.

PART 3. CONTINUING EDUCATION

Rule 338.2441 License renewals.

Rule 141. (1) This part applies to an application for renewal of a medical license under section 17031 of the code, MCL 333.17031 and a medical special volunteer license under section 16184 of the code, MCL 333.16184.

(2) An applicant for license renewal who has been licensed in the 3-year period immediately preceding the application for renewal shall accumulate a minimum of 150 hours of continuing education in activities approved by the board under R 338.2443 during the 3 years immediately preceding the application for renewal.

(3) Submission of an application for renewal shall constitute the applicant’s certification of compliance with the requirements of this rule. The licensee shall retain documentation of meeting the requirements of this rule for 4 years from the date of applying for license renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221(h).

(4) The department may select and audit a sample of licensees who have renewed their license and request proof of compliance with subrule (2). If audited, a licensee shall submit documentation as specified in R 338.2443.
Rule 338.2443 Acceptable continuing education; requirements; limitations.

Rule 143. (1) The 150 hours of continuing education required pursuant to R 338.2441 shall comply with the following, as applicable:
(a) Credit for a continuing education program or activity that is identical or substantially identical to a program or activity for which the licensee has already earned credit during the renewal period shall not be granted.
(b) A minimum of 1 hour of continuing education shall be earned in the area of medical ethics.
(c) Beginning 1 year after the effective date of these rules, a minimum of 3 hours of continuing education shall be earned in the area of pain and symptom management pursuant to section 17033(2) of the code, MCL 333.17033(2). Continuing education hours in pain and symptom management may include, but are not limited to, any of the following:
(i) Public health burden of pain.
(ii) Ethics and health policy related to pain.
(iii) Michigan pain and controlled substance laws.
(iv) Pain definitions.
(v) Basic sciences related to pain including pharmacology.
(vi) Clinical sciences related to pain.
(vii) Specific pain conditions.
(viii) Clinical physician communication related to pain.
(ix) Management of pain, including evaluation and treatment and non-pharmacological and pharmacological management.
(x) Ensuring quality pain care.
(xi) Michigan programs and resources relevant to pain.
(d) A minimum of 75 continuing education credits shall be obtained through category 1 programs listed in subrule (2) of this rule.

(2) The board shall consider any of the following as acceptable category 1 continuing education:

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<th>Activity and Proof of Completion</th>
<th>Number of Continuing Education Hours granted/permitted for activity</th>
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<td>Attendance at or participation in a continuing education program or activity related to the practice of medicine, which includes but is not limited to, live in-person programs, interactive or monitored teleconference, audio-conference, or web-based programs, online programs, and journal articles with a self-study component or other self-study programs approved or offered by any of the following:</td>
<td>The number of continuing education hours for a specific program or activity shall be the number of hours approved by the sponsor or the approving organization for the specific program. A maximum of 150 hours of continuing education may be earned for this activity during the renewal period.</td>
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<td>American Medical Association</td>
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<td>Michigan State Medical Society</td>
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<td><strong>Accreditation Council for Continuing Medical Education</strong>&lt;br&gt;<strong>American Osteopathic Association.</strong>&lt;br&gt;<strong>Michigan Osteopathic Association.</strong></td>
<td>If audited, the licensee shall submit a copy of the letter or certificate of completion showing the licensee’s name, number of continuing education hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or the activity completed.</td>
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<td><strong>b</strong> Taking and passing a specialty board certification or recertification examination for a board recognized by the American Board of Medical Specialties.</td>
<td>Fifty hours of continuing education credit shall be granted for each specialty board certification or recertification examination successfully passed during the renewal period. A maximum of 50 hours of continuing education may be earned for this activity in each renewal period.</td>
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<td><strong>c</strong> Successfully completing an activity that is required for maintenance of a specialty certification for a board recognized by the American Board of Medical Specialties that does not meet the requirements of subdivision (a) or (b) of this rule.</td>
<td>One hour of continuing education shall be granted for every 60 minutes spent on the activity. A maximum of 30 hours may be earned for this activity in each renewal period.</td>
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<td><strong>d</strong> Participation in a clinical training program that satisfies any of the requirements of R 338.2421(2), (3), (4) or (5) or is accredited by a board recognized by the American Board of Medical Specialties. To receive credit,</td>
<td>Fifty hours of continuing education credit per year may be granted for this activity. A maximum of 150 hours of continuing education credit shall be granted per a renewal period.</td>
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the licensee shall be enrolled for a minimum of 5 months in a 12-month period.

If audited, the licensee shall submit a letter from the program director verifying the licensee participated in the program.

(3) The board shall consider any of the following as acceptable category 2 continuing education:

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<th>Activity and Proof of Completion</th>
<th>Number of Continuing Education Hours granted/permitted for activity</th>
</tr>
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<tbody>
<tr>
<td>a Serving as a clinical instructor for medical students engaged in a postgraduate training program that satisfies requirements of R 338.2421(2), (3), (4), or (5). To receive credit, the clinical instructorship shall not be the licensee’s primary employment function. If audited, the licensee shall submit proof of scheduled instructional hours and a letter from the program director verifying the licensee’s role.</td>
<td>Two hours of continuing education shall be granted for each 50 to 60 minutes of scheduled instruction. Additional credit for preparation of a lecture shall not be granted. A maximum of 48 hours of continuing education may be earned for this activity in each renewal period.</td>
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<td>b Initial presentation of a scientific exhibit, poster, or paper to a professional medical organization. If audited, the licensee shall submit a copy of the document presented with evidence of presentation or a letter from the program sponsor verifying the date of the presentation.</td>
<td>Two hours of continuing education shall be granted for each presentation. No additional credit shall be granted for preparation of the presentation. A maximum of 24 hours of continuing education may be earned in this activity in each renewal period. Pursuant to R 338.2443(1)(a), credit for a presentation shall be granted only once per renewal period.</td>
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<td>c Publication of a scientific article relating to the practice of medicine in a peer-reviewed journal or periodical. If audited, the licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter and documentation of the peer-review process.</td>
<td>Six hours of continuing education shall be granted for serving as the primary author. Three hours of continuing education shall be granted for serving as a secondary author. A maximum of 24 hours of continuing education may be earned for this activity in each renewal period. Pursuant to R 338.2443(1)(a), credit for an article shall be granted once per renewal period.</td>
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<td>Initial publication of a chapter or a portion of a chapter related to the practice of medicine in either of the following:</td>
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| d | - A professional health care textbook.  
- A peer-reviewed textbook.  
If audited, the licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter. |                                                                                                                                                                                                  |
| e | Participating on any of the following:  
- A peer review committee dealing with quality of patient care as it relates to the practice of medicine.  
- A committee dealing with utilization review as it relates to the practice of medicine.  
- A health care organization committee dealing with patient care issues related to the practice of medicine.  
- A national or state committee, board, council, or association related to the practice of medicine.  
Participation in a committee, board, council, or association is considered acceptable by the board if it enhances the participant’s knowledge and understanding of the field of medicine. If audited, the licensee shall submit a letter from an organization official verifying the licensee’s participation in at least 50% of the regularly scheduled meetings of the committee, board, council, or association. | Eighteen hours of continuing education shall be granted for participating on a committee. A maximum of 18 hours of continuing education may be earned for this activity in each renewal period. |
<p>| f | Until 3 years after the effective date of this rule, attendance at or participation in a continuing education program that | The number of continuing education hours for a specific program or activity shall be the number of hours approved |</p>
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<th>had been approved by the board prior to the effective date of this rule but does not satisfy the requirements of subrule (2)(a) of this rule.</th>
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<td>If audited, the licensee shall submit a copy of the letter or certificate of completion showing the licensee’s name, number of continuing education hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or the activity was completed.</td>
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<td>Independently reading a peer-reviewed journal that does not satisfy the requirements of subrule (2)(a) of this rule. The reading shall have been completed prior to the effective date of this rule.</td>
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<td>If audited, a licensee shall submit a bibliography listing the journal, article, authors, publication date, and date read.</td>
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<td>h</td>
<td>Prior to the effective date of this rule, completing a multi-media self-assessment program that does not meet the requirements of subrule (2)(a) of this rule. The self-assessment program shall improve the licensee’s knowledge and understanding of the practice of medicine.</td>
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<td>If audited, the licensee shall submit a certificate of self-assessment provided by the program sponsor.</td>
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<td>by the board. A maximum of 36 hours of continuing education may be earned for this activity.</td>
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<td>Two hours of continuing education credit shall be granted for each article read. A maximum of 18 hours of continuing education may be earned for this activity.</td>
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<td>The number of continuing education hours shall be the number of hours approved by the activity sponsor. A maximum of 18 hours of continuing education credit may be earned for this activity.</td>
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