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DEPARTMENT OF CONSUMER AFFAIRS • OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	August 15, 2024
TO	Board Members -Osteopathic Medical Board of California
FROM	Terri Thorfinnson, Administrative Services Program Manager
SUBJECT	Discussion and Possible Action to Reconsider Previously Approved Text, and to Consider Initiation of a Rulemaking to Amend Sections 1635, 1636, 1638, 1641, 1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35 and Repeal Sections 1639 and 1640 in Title 16 of the California Code of Regulations (Requirements for Continuing Medical Education and Citation and Fines)

Background

The Board approved the stand-alone Continuing Medical Education (CME) and Audit regulatory language January 19, 2023. At the August 17, 2023, Board meeting, the Board approved the proposed CME Audit and Cite and Fine regulatory language that merged the CME and Audit Language and the Cite and Fine language into one combined regulatory package. The combined regulatory package was working its way through the departmental review process when OMBC Regulations Legal Counsel identified some necessary updates that needed to be included to complete this package as further described below. Since this regulatory language, once approved and implemented, will be the basis for evaluating compliance with continuing medical education compliance through audits, it requires that the Board update all mandatory CME requirements that exist in statute. The focus of this reconsideration is on updating sections Title 16, California Code of Regulations (CCR) Sections 1635 and 1636 related to Continuing Medical Education and 1633 Citations for Unlicensed Practice only. The rest of the Board approved language remains unchanged from the version last approved by the Board in August 2023.

The prior Board approved CME Audit and Cite and Fine regulatory Text and Staff Memos from the January 19, 2023, and August 17, 2023, Board meetings include the following documents can be found as these links below:

[Agenda Item 10 Handout 1 Staff Memo Explaining Policy Merging CME with Cite and Fine Policy into Single Regulatory Package](#)

[Agenda Item 10 handout 2 Staff Memo Explaining CME Policy approved by Board January 19,2023](#)

[Agenda Item 10 Handout 3 Addendum B Proposed Merged Text Approved by the Board August 17, 2023](#)

[Agenda Item 10 Handout 4 Addendum C Franchise Tax Board's Interagency Intercept Collection Program Overview](#)

Continuing Medical Education

The Osteopathic Initiative Act provides that “the law governing licentiates of the Osteopathic Medical Board of California is found in the Osteopathic Act and in Chapter 5 of Division 2,1 relating to medicine.” (See Business and Professions Code (BPC) section 3600.) BPC section 2452 provides, in part: “This chapter applies to the Osteopathic Medical Board of California so far as consistent with the Osteopathic Act.” Provisions relating to CME for all physicians and surgeons are contained in Article 10 (commencing with Section 2190) of the Medical Practice Act (Chapter 5 of Division 2 of the BPC), which contains provisions mandating certain CME standards as well as authorizing the Board to consider other forms of dedicated CME. BPC section 2454.5 in Article 21 of the Medical Practice Act also contains specific authority for this Board to adopt and administer standards for continuing education for osteopathic physicians and surgeons as well as specific requirements for the amount and type of CME hours to be completed. This revised proposal is intended to capture, in one convenient location, all CME standards, waivers, exemptions and requirements for CME consistent with current Board practice. At this time, staff do not recommend that the Board consider mandating any other forms of dedicated CME as authorized in Article 10 of the Medical Practice Act (see, e.g., starting with BPC section 2191 that allows the Board “to consider” mandating specified subjects), other than those required by law to allow licensees more discretion in determining their professional educational development.

Proposed changes to the previously approved text are **highlighted** for ease of reference in Attachment 2.

Title 16, California Code of Regulations (CCR) Section 1635 Required Continuing Medical Education (CME) is the section that defines the requirements for CME. In making the proposed revisions, the Board is ensuring that all existing statutorily mandated CME requirements are referenced in one location, which is section 1635. The prior Board approved language focused on the recent statutory changes and not all existing statutory requirements related to CMEs. The proposed revisions to 1635 add references to existing statutorily mandated provisions within BPC sections [2190.1](#), [2190.15](#), 2190.3, and [2190.6](#). Additionally, exemptions and waivers missing from the prior approved text have been added to the proposed language for the Board's consideration.

On page 1, the first change is to add a cross-reference to the regulatory [section 1637](#) which provides a criterion for the Board granting a waiver from otherwise being required to meet the CME requirements. This proposed addition completes all references

and provisions for waivers or exemptions from compliance with section 1635 CME requirements. The Board previously approved language in section 1635 already contains reference to an “exemption” that is detailed in section 1636, but this reference to the waiver was missing and is now being added.

The next set of amendments on pages 1 and 2 are updates that add references to existing statutory requirements that have mandates contained within the statutory sections. Including these specific CME mandates in this regulatory section puts all of the statutory mandates and requirements in this section that defines CME requirements in one location for ease of reference.

The first amendment is 1635 (c) (1) “Any CME course that includes a direct patient care component and is offered by CME provider located in this state shall contain curriculum that includes cultural and linguistic competency and an understanding of implicit bias in the practice of medicine as provided in Section 2190.1 of the Code.” “Direct patient care” shall have the meaning as set forth in paragraph (2) of subsection (f),” to ensure consistency in interpretation throughout the Board’s regulations. Not all of BPC section 2190.1 is mandatory but the requirement that curriculum include “cultural and linguistic competency:” and an understanding of “implicit bias” are mandatory provisions and should be included in this section defining CME requirements to ensure consistent application of public policy in these areas across the physician and surgeon professions.

The next amendment 1635 (c) (2) “Any CME courses taken that meet the criteria in Section 2190.15 of the Code shall not together comprise more than 15 hours of the total hours of CME completed by an osteopathic physician and surgeon to satisfy the continuing educational requirement established by Section [2454.5](#) of the Code.” BPC Section 2190.15 allows licensees to take other CME not otherwise related to clinical competency but the mandate within this section is that non-clinical competency related topics such as practice management content designed to provide better service to patients or management content designed to support managing a health care facility cannot comprise more than 15 hours total. This helps ensure that the CME focus is on maintaining clinical competency for the protection of the public.

On page 2, the minor changes include adding the word “waiver” to fully define any exception to the requirements of 1635 and renumbering and adding clarifying subsections to ensure advance notice and a more complete list of the Board mandated CME standards.

On page 3, subsection (e) (3) is added to define an existing statutory CME mandate contained in BPC section 2190.3 *“if applicable, all general internists and family osteopathic physicians who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 10 hours in a course required by Section 2190.3 of the Code.”* This amendment references the mandated requirement for dedicated CME in this practice area as specified by BPC section 2190.3, and defines the required hours as 10 hours (the statute says “20 percent” of the mandated CME) for ease of use and better guidance to licensees regarding statutory

requirements for CME for those licensees in this practice area.

On pages 4 and 5, subsection (f) (5) and (6) are added to detail the exemption details related to BPC Section 2190.6 which provides an alternative to the mandatory requirements set forth in BPC section 2190.5 for taking a 12-hour course in the subjects of pain management and the treatment of terminally ill and dying patients. BPC 2190.6 (below) that reference equivalent course and other alternatives as specified by provisions in federal law that defines “qualifying physician” and state that those who meet the requirements of taking an alternative course or being a “qualifying physician” are deemed to have met the requirements in both BPC sections 2190.6 and [2190.5](#).

Business and Professions Code section 2190.6 provides:

(a) As an alternative to Section 2190.5, a physician and surgeon may complete a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders.

*(b) A physician and surgeon who meets the requirements, as determined by the board, of a “qualifying physician” under clause (ii) of subparagraph (G) of paragraph (2) of subsection (g) of Section 823 of Title 21 of the United States Code, the Comprehensive Addiction Recovery Act of 2016 (Public Law 114-198), **as that clause read on January 1, 2018**, shall be deemed to have met the requirements of subdivision (a).*

(c) A physician and surgeon who chooses to comply with this section as an alternative to Section 2190.5 shall complete the requirements of this section by the physician and surgeon’s next license renewal date.

*(d) The board shall determine whether a physician and surgeon has met the requirements of this section.
(Emphasis added above.)*

The language in subsection (b) refers to a federal law, originally enacted as the federal Drug Addiction Treatment Act of 2000 (as part of Title XXXV, Section 3502 of the Children's Health Act in 21 U.S.C. § 823), that permits physicians who meet certain qualifications to treat opioid addiction with Schedule III, IV, and V narcotic medications that have been specifically approved by the Food and Drug Administration for that indication. The “qualifying physician” definition for that federal law has been amended numerous times since 2000 and 2018 (the words “qualifying physician” have been struck and “qualifying practitioner” replaced it with new criteria), making it unclear what a “qualifying physician” means under the federal law cited in BPC section 2190.6(b) as “it read on January 1, 2018.” This makes it difficult for the regulated community and Board staff to implement this alternative, which is essentially an

exemption from the BPC section 2190.5 12-hour course requirement.

After extensive research by Regulations Counsel, it was determined that the law as it read in 2018 was the law enacted in 2016 by Public Law 114-198 and a copy of the law as so enacted and read in 2018 is attached in **Attachment 3**. The proposed amendments on pages 4 and 5, subsection (f) (5) and (6) would resolve this confusion by listing the requirements to qualify for this “qualifying physician” and equivalent course exemptions and meet the mandates specified in either BPC sections 2190.5 or 2190.6. The proposed amendments would read as follows:

“(5) Physicians who have completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or,

(6) Physicians who are deemed a “qualifying physician” as specified in Section 2190.6 of the Code, which means a physician meets any of the following conditions:

(A) The physician holds a board certification in addiction psychiatry or addiction medicine from the American Board of Medical Specialties,

(B) The physician holds an addiction certification from the American Society of Addiction Medicine or the American Board of Addiction Medicine,

(C) The physician holds a board certification in addiction medicine from the American Osteopathic Association.

(D) The physician has completed not less than eight hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, or the American Psychiatric Association. Such training shall include:

(aa) opioid maintenance and detoxification;

(bb) appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder;

(cc) initial and periodic patient assessments (including substance use monitoring);

(dd) individualized treatment planning, overdose reversal, and relapse prevention;

(ee) counseling and recovery support services;

*(ff) staffing roles and considerations;
(gg) diversion control; and,
(hh) other best practices.*

(E) The physician has participated as an investigator in one or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the U.S. Secretary of Health and Human Services by the sponsor of such approved drug.”

These amendments define the details of the exemption that is referenced in BPC Section 2190.6. By adding these amendments to BPC section 1635, all of the existing statutorily required CMEs are now included in in this section to define all of the CME requirements and acceptable alternatives.

Title 16, California Code of Regulations (CCR) Section 1636 Continuing Medical Education Documentation. This is the section that lists the required documentation of CME compliance. As a result of adding new CME requirements to section 1635, we must include the documentation requirements for those added exemption or waivers. Specific documentation requirements are important to provide notice to applicants what documentation is required and deemed acceptable by the Board. Not meeting either the CME requirements in section 1635 and/or the documents requirement in this section would be a violation of the CME requirements. These amendments add documentation requirements related to the amendments to section 1635 and that are commonly used to substantiate these types of CME education, specialty training or exemptions. In the case of investigator in a clinical trial leading to approval of a narcotic drug, this documentation requirement is contained in the applicable federal law discussed above and listed in Attachment 3.

On page 6 and 7, subsection(b) (4) (E) and (F) are added as amendments related to licensees demonstrating that they are eligible for an exemption to BPC Sections 2190.5 and 2190.6. The proposed amendment to subsection (b) (4) (E) and (F):

(E) The licensee completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or,

(F) The licensee meets one of the conditions listed in paragraph (6) of subsection (f) of Section 1635 for a “qualifying physician.”

On page 7, subsection(b) (6) is added to include reference to a waiver of the CME requirement pursuant to Section 1637, an existing regulatory section. As a result of the amendments to this section, the subsections need to be renumbered and the subsection (b) (7) is renumbered and the revised to include subsections (1) through (6) as being the complete list of what the licensee is certifying under penalty of perjury.

On page 7, subsection (d) adds wording that covers “conditions” and “exemptions” to what documentation must be retained pursuant to this subsection for 6 years.

On page 8, subsection (d) (4) is added to list the required documentation for exemptions pursuant to subsections (b) (4). The documentation requirements are listed in newly added starting from subsections (d) (4) including subsections (A), (B), (C), (D)(i). Subsection (D) (i) includes subsections: (aa), (bb), (cc), (dd), (ee), (ff), (gg) and the provision that deems the American Osteopathic Association (AOA) Official Physician Profile Report to satisfy the required documentation of CMEs completed. The Official Physician Profile contains substantially all of what the Board staff believe is necessary to verify receipt of mandated training or receipt of specialty certifications and its electronic delivery directly to the Board helps ensure the accuracy and authenticity of the information reported for the licensee. Subsection (ii) specifies documentation requirement for CME exemption for BPC 2190.6 if the exemption is related to an investigator in one or more clinical trials leading to approval of a narcotic drug as specified in section 1635.

Title 16, California Code of Regulations (CCR) Section 1638 CME Requirement for Inactive Certificate sets standards for inactive certificate holders, including requirements for restoring an inactive certificate to active status in subsection (b). Upon review, however, it was discovered that subdivision (b) is inconsistent with the requirements for restoring an inactive certificate to active status in CCR section 1646(b), which requires a fee to also be paid to reinstate to active status. Changes are proposed to address this problem by striking existing subdivision (b) of this section and instead cross-referencing to requirements in CCR section 1646. Additionally, CCR section 1646 is amended to include language defining the time frame for acceptable CME.

Title 16, California Code of Regulations (CCR) Section 1646 Procedure for Obtaining an Inactive Certificate or for Restoration to Active Status sets requirements for obtaining an inactive certificate, restoring an inactive certificate to active status and specifies the Board’s authority to institute or continue disciplinary proceedings despite the inactive status of the certificate. It also contains a cross-reference to outdated references to “CME categories” in CCR section 1635 that are proposed to be repealed in CCR section 1635 and was inadvertently left of prior text presented to the Board. This proposal would strike existing subsection (d) to remove reference to a section that would be

repealed under this rulemaking and also strike references to the “A” in existing references to “Category 1-A” CME requirements in subsection (b), as the Board currently accepts both Category 1-A and 1-B CME to satisfy this requirement. This change is also consistent with the biennial renewal requirements in BPC section 2454.5 for accepting Category 1, without further restriction. In addition, this proposal would further specify in subsection (b) of this section the Board’s requirements for an inactive licensee to submit a completed application for restoration of their license to an active status, including payment of the required fees.

Cite and Fine Revisions

Title 16, California Code of Regulations (CCR) Section 1659.33 Citations for Unlicensed Practice authorizes the Board to issue citations for unlicensed practice. The revisions include additional procedural provisions involving collection of the delinquent fees through the Franchise Tax Board (FTB) Interagency Intercept Program that works in conjunction with the State Controller’s Office to collect delinquent liabilities owed to state, local agencies, and colleges. This addition is necessary to comply with standards set by the Department of General Services in the State Administrative Manual (SAM) section 8293.1 and Franchise Tax Board's state agency instructions for authorizing tax refund intercepts (**Attachments 4 and 5**).

On pages 18 and 19, subsection (b) (1) is added:

(b)(1) If any fine amount remains unpaid after the effective date of the final citation order, the executive director or their designee shall send a written notice at intervals of 30, 60 and 90 days from the effective date of the final citation order to the cited person containing, at a minimum, the following statements:

“Our records show that you have a \$[insert citation amount owed] delinquent debt due to the Osteopathic Medical Board of California. You have 30 days to voluntarily pay this amount before we submit your account to the Franchise Tax Board (FTB) for interagency intercept collection.

FTB operates an intercept program in conjunction with the State Controller's Office, collecting delinquent liabilities individuals owed to state, local agencies, and colleges. FTB intercepts tax refunds, unclaimed property claims, and lottery winnings owed to individuals. FTB redirects these funds to pay the individual's debts to the agencies, including this Board. (Government Code Sections 12419.2 and 12419.5.)

If you have questions or do not believe you owe this debt, contact us within 30 days from the date of this letter. A representative will review your questions/objections. If you do not contact us within that time, or if you do not provide sufficient objections, we will proceed with intercept collections.”

After the initial 30-day notice, any subsequent notices shall contain references to any prior notice(s), including the date any prior notice was sent, and what further actions, including collection fees, may be taken in the collection process.

On page 19, subsection (b) (2) is revised to add the text highlighted in yellow to the existing prior approved text for this section:

(b)(2) If, after providing notice in accordance with paragraph (1), any fine amount remains unpaid six months after the effective date of the final citation order, the executive director or their designee shall submit to the FTB a request for interagency intercept collection of any tax refund due the cited person pursuant to Government Code sections 12419.2 and 12419.5 that includes the cited person’s name, social security number and the amount of their unpaid fine.

The amendments to this section include newly added subsections and revisions (above) to the prior board approved amendments to this section to ensure adequate notice of the administrative requirements for enforcing debt collection by way of the Franchise Tax Board’s tax intercept program. Reference to Government Code Section 12419.5 highlighted above in yellow was added to the text and as reference authority to further specify the program’s processes and procedures and the types of revenues (tax refunds but not online game prizes of ninety-nine dollars (\$99) or lower by California State Lottery Retailers) that may be impacted by this program.

Attachments:

1. Revised originally proposed regulatory language, which incorporates by reference the following attached forms to be repealed:
 - (1) the American Osteopathic Association’s “Continuing Medical Education Guide,” incorporated by reference and published in 1992 and,
 - (2) the “Physicians Recognition Award Information Booklet,” published by the American Medical Association in January, 1986.
2. Same originally proposed regulatory language as noted in Attachment 1 with modifications noted in yellow to the proposed text for ease of reference for reviewing.

3. Research on the Federal Comprehensive Addiction Recovery Act of 2016 (Public Law 114-198)

4. Franchise Tax Board Form FTB 2288

5. SAM section 8293.1

Staff Recommendation:

Approve the proposed regulatory text to amend 1635, 1636, 1638, 1641, 1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35 and Repeal Sections 1639 and 1640 in Title 16 of the California Code of Regulations as set forth in **Attachment 1**, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day public comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations as noticed.

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

PROPOSED REGULATORY LANGUAGE

Continuing Education Requirements and Citations and Fines

The amendment format is as follows: Existing language remains unchanged; proposed changes to regulation text are indicated in single underline for additions and single ~~strike through~~ for deletions.

The Osteopathic Medical Board of California hereby proposes to amend its regulations in Sections 1635, 1636, 1638, 1641, 1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35, and repeal Sections 1639 and 1640 of Division 16 of Title 16 of the California Code of Regulations to read as follows:

§1635. Required Continuing Medical Education (CME).

(a) Each osteopathic physician and surgeon submitting the tax and registration fee shall submit satisfactory proof to the Board of ongoing compliance with the provisions of this article at the times specified herein.

(b) ~~Commencing January 1, 1989, a~~ As a condition of renewal, each osteopathic physician and surgeon shall complete 150 hours within a three-year period shall complete the continuing medical education (CME) requirements set forth in Section 2454.5 of the Code and this section during the two years immediately preceding their license expiration date, unless otherwise provided in this section or a waiver is obtained as provided in Section 1637. to satisfy the CME requirement; t~~This three~~ two-year period is defined as the "CME requirement period." Each osteopathic physician and surgeon shall provide satisfactory documentation of their CME completion or exemption to the Board as specified in Section 1636.

(c) ~~The requirement of 150 hours during the three-year CME requirement period shall include a minimum of 60 hours of CME in Category 1-A or 1-B defined by the American Osteopathic Association (AOA). The balance of the CME requirement of 90 hours may consist of CME as defined by either the American Osteopathic Association (AOA) or the American Medical Association (AMA) and may be completed within the entire three-year CME requirement period.)~~CME courses shall also meet the following criteria to be acceptable:

(1) Any CME course that includes a direct patient care component and is offered by a CME provider located in this state shall contain curriculum that includes cultural and

linguistic competency and an understanding of implicit bias in the practice of medicine as provided in Section 2190.1 of the Code. "Direct patient care" shall have the meaning as set forth in paragraph (2) of subsection (f).

(2) Any CME courses taken that meet the criteria in Section 2190.15 of the Code shall not together comprise more than 15 hours of the total hours of CME completed by an osteopathic physician and surgeon to satisfy the continuing educational requirement established by Section 2454.5 of the Code.

(d) ~~Effective January 1, 1989, the three-year CME period shall commence for those licensed on or before January 1, 1989. For those osteopathic physicians and surgeons licensed subsequent to on or after January 1, 1989~~2023, the initial CME requirement period shall ~~commence their three-year CME requirement period on a prorata basis commencing the first full calendar year subsequent to initial licensure~~shall be from the date of initial licensure to the first license expiration date. Subsequent ~~three-two-year~~ CME requirement periods shall not include CME earned during a preceding ~~three-two-year~~ CME requirement period.

(e) In addition to meeting the requirements of subsections (b) and (c), as a condition of renewal, unless otherwise exempted or a waiver is obtained as specified in this section, osteopathic physicians and surgeons shall complete the following:

(1) a one-time, 12-hour CME course in pain management and the treatment of terminally ill and dying patients meeting the requirements of this section and Section 2190.5 of the Code within four years of their initial license or by their second renewal date, whichever occurs first.

(A) At a minimum, course content for a course in pain management and the treatment of terminally ill and dying patients shall include the practices for pain management in medicine, palliative and end-of-life care for terminally ill and dying patients, and the risks of addiction associated with the use of Schedule II drugs.

(B) For the course component involving the risks of addiction associated with the use of Schedule II drugs mentioned in subsection (d)(1)(A), at a minimum, the course content shall include regulatory requirements for prescribers and dispensers, strategies for identifying substance use, and procedures and practices for treating and managing substance use disorder patients.

(C) CME hours earned in fulfillment of this requirement shall be counted by the Board towards the total CME hours each osteopathic physician is

required to complete during each CME requirement period as provided by Section 2454.5 of the Code.

(2) a course on the risks of addiction associated with the use of Schedule II drugs that contains, at a minimum, the course content specified in subsection (d)(1)(B).

(A) CME hours earned in fulfillment of this requirement shall be counted by the Board towards the total CME hours each osteopathic physician is required to complete during each CME requirement period as provided by Section 2454.5 of the Code.

(B) The Board shall deem this requirement to be met for the applicable CME requirement period if the osteopathic physician completed the 12-hour CME course specified in subsection (d)(1) during that CME requirement period.

(3) if applicable, all general internists and family osteopathic physicians who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 10 hours in a course required by Section 2190.3 of the Code.

~~(e) Category 1-A, or other CME is defined by the American Osteopathic Association (AOA), set forth in the American Osteopathic Association's "Continuing Medical Education Guide," and is hereby incorporated by reference and can be obtained from the AOA at 142 E. Ontario Street, Chicago, IL 60611; it is published once every three years by the AOA most recently in 1992. Category 1 defined by the American Medical Association is set forth in "Physicians Recognition Award Information Booklet," and is hereby incorporated by reference and can be obtained from the American Medical Association, 515 North State Street, Chicago, IL 60610; it is published on an occasional basis by the AMA, most recently in January, 1986.~~

(f) Osteopathic physicians and surgeons ("physicians") meeting any of the following criteria at the time of renewal shall be deemed exempt from the requirements of subsection (e)(1):

(1) Physicians practicing in pathology or radiology specialty areas as required by Section 2190.5 of the Code;

(2) Physicians not engaged in direct patient care, meaning no personal or face-to-face interaction with the patient, including health assessments, counseling, treatments, patient education, prescribing or administering medications, or any task authorized by the Act or described in Sections

2051 or 2052 of the Code that involves personal interaction with the patient;

- (3) Physicians that do not provide patient consultations;
- (4) Physicians that do not reside in the State of California;
- (5) Physicians who have completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or,
- (6) Physicians who are deemed a “qualifying physician” as specified in Section 2190.6 of the Code, which means a physician meets any of the following conditions:
 - (A) The physician holds a board certification in addiction psychiatry or addiction medicine from the American Board of Medical Specialties,
 - (B) The physician holds an addiction certification from the American Society of Addiction Medicine or the American Board of Addiction Medicine,
 - (C) The physician holds a board certification in addiction medicine from the American Osteopathic Association,
 - (D) The physician has completed not less than eight hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, or the American Psychiatric Association. Such training shall include:
 - (aa) opioid maintenance and detoxification;
 - (bb) appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder;
 - (cc) initial and periodic patient assessments (including substance use monitoring);

(dd) individualized treatment planning, overdose reversal, and relapse prevention;

(ee) counseling and recovery support services;

(ff) staffing roles and considerations;

(gg) diversion control; and,

(hh) other best practices.

(E) The physician has participated as an investigator in one or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the U.S. Secretary of Health and Human Services by the sponsor of such approved drug.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018, 2190.5, 2454.5, 2456.1 and 3600-1, Business and Professions Code. Reference: Section 2190.1, 2190.15, 2190.3, 2190.5, 2190.6, 2452, 2454.5, Business and Professions Code.

§1636. Continuing Medical Education Progress Report Documentation.

(a) Osteopathic Pphysicians and surgeons shall report the total number of continuing medical education (CME) hours as provided in subsection (b) to the Board with the renewal application. ~~This may be accomplished by:~~

~~(a) The physician sending the Board a copy of their computer printout of CME activity as compiled from documents submitted to the AOA Division of Continuing Medical Education by both sponsors and the physician (Individual Activity Report) which will list the amount of CME credit hours, or~~

~~(b) Sending the Board copies of any certificates given for the CME credit hours of attendance at any program approved by the Board, or~~

~~(c) Reports from any program approved by the Board, to be furnished by the physician, showing his CME credit hours of attendance hours as verified by the program organizer.~~

~~(d) CME categories are defined by Section 1635(e).~~

(b) For the purposes of Section 1635, satisfactory documentation shall mean a written statement to the Board, signed and dated by the osteopathic physician and surgeon ("licensee"), that includes disclosures of all of the following:

(1) The following personally identifying information:

(A) Licensee's full legal name (first, middle, last, suffix (if any)),

(B) Licensee's license number,

(C) Mailing address,

(D) Telephone number; and,

(E) Email address, if any.

(2) Whether during the two years immediately preceding their license expiration date, the licensee completed a minimum of 50 hours of American Osteopathic Association (AOA) CME, of which at least:

(A) 20 hours were completed in AOA Category 1 CME as defined in Section 2454.5 of the Code, and,

(B) the remaining 30 CME hours were earned for coursework accredited by either the AOA or the American Medical Association (AMA).

(3) Whether within four years of their initial licensure or by their second renewal, the licensee completed a one-time 12-hour CME course in the subjects of pain management and the treatment of terminally ill or dying patients ("pain management course") as specified by Section 1635.

(4) If the licensee has not completed the pain management course referenced in subsection (b)(3), whether the licensee meets any of the following criteria:

(A) The licensee is practicing in pathology or radiology specialty areas,

(B) The licensee is not engaged in direct patient care as defined in Section 1635,

(C) The licensee does not provide patient consultations,

(D) The licensee does not reside in the State of California;

(E) The licensee completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients,

including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or,

(F) The licensee meets one of the conditions listed in paragraph (6) of subsection (f) of Section 1635 for a “qualifying physician.”

(5) Whether during the two years immediately preceding their license expiration date, the licensee completed a course on the risks of addiction associated with the use of Schedule II drugs as specified in Section 1635, including a course in pain management as referenced in subsection (b)(3).

(6) Whether the licensee obtained a waiver from the Board for all of any portion of the current CME requirements specified in Section 1635 for this CME reporting period in accordance with Section 1637.

(7) A certification by the licensee under penalty of perjury under the laws of the State of California that all statements made in response to disclosures required by subsections (b)(1)-(6) are true and correct.

(c) Licensees who have reported CME compliance as specified in this section shall be subject to random audit of their CME hours. Within 65 days of the date of the Board's written request, those licensees selected for audit shall be required to document their compliance with the CME requirements of this article and shall be required to respond to any inquiry by the Board regarding compliance with this article and/or provide to the Board the records retained pursuant to subsection (d).

(d) Each licensee shall retain documents demonstrating compliance as provided in this subsection for each CME requirement period for six years from the completion date of the course(s) or condition(s) claimed as credit towards satisfaction of, or exemption from, the requirements of Section 1635. Those licensees selected for audit shall be required to submit documentation of their compliance with the CME requirements as specified by this article. Documents demonstrating compliance include any of the following:

(1) A copy of their individual CME Activity Summary report as compiled from documents submitted to the AOA's Continuing Medical Education Program by both sponsors and the licensee which includes, at a minimum, all of the following on official AOA letterhead or other document issued by the AOA bearing an AOA insignia:

(A) Licensee's name;

(B) Licensee's license number, and,

(C) All CME course credits reported to the AOA during the relevant CME reporting requirement period, including: (i) CME course or activity name, (ii) CME sponsor/provider name, (iii) CME credit type (e.g., Category type, for example Category 1A or 1B), (iv) CME credit hours earned or each course or activity by the licensee and submitted by the licensee for AOA approval, (v) all credits applied or accepted by the AOA by course or activity, and, (vi) completion dates for each CME course or activity.

(2) Copies of any transcripts or certificates of completion from a CME course provider accredited by the AOA or AMA which list, at a minimum, all of the following:

(A) the name of the licensee,

(B) the title of the course(s)/program(s) attended,

(C) the amount of CME credit hours earned,

(D) the dates of attendance,

(E) the name of the CME provider, and,

(F) For AOA accredited courses, CME credit type (e.g., Category type, for example Category 1A or 1B).

(3) For AMA accredited CME course hours earned, reports from any CME course provider accredited by AMA, to be furnished by the licensee, and listing at a minimum:

(A) the name of the licensee,

(B) the title of the course(s)/program(s) attended,

(C) the amount of CME credit hours earned,

(D) the dates of attendance, and,

(E) the name of the CME provider.

(4) For any exemptions from CME requirements claimed by the licensee in paragraph (4) of subsection (b), the following documentation, as applicable:

(A) For claims of practice exemption per paragraph (4), subparagraphs (A)-(C) of subsection (b), copies of employment records or letters or other documents from an employer showing the licensee's name, dates of practice, and confirming the type of practice claimed as represented by the licensee on their report;

(B) For claims of out of state residency per paragraph (4), subparagraph (D) of subsection (b), copies of an unexpired drivers' license or other state-issued identification in the name of the licensee, or utility bills, bank or mortgage statements, vehicle registration or insurance documents, or tax documents showing the licensee's name and out of state address and dated within the last 3 months prior to the date of submission to the Board.

(C) For claims of completion of alternative CME coursework as specified in paragraph (4), subparagraphs (D) or (E) of subsection (b), any of the documents specified in paragraphs (1)-(3) of this subsection.

(D) (i) For claims of exemption as a "qualifying physician" based on specialty certification as specified in paragraph (4), subparagraph (F), certification received directly from the applicable certifying body of the licensee's certification in a specialty that includes a document containing, at minimum, the following:

(aa) Licensee's name;

(bb) Licensee's address,

(cc) Name of the specialty board,

(dd) Name of specialty,

(ee) Date certification in the specialty was issued,

(ff) Date certification in the specialty expires, and,

(gg) on official letterhead or other document issued by the specialty organization bearing their insignia.

Submission of a licensee's Official Physician Profile Report from the American Osteopathic Association directly to the Board electronically that lists the specialty certifications claimed by the licensee shall be deemed compliant with the requirements of this paragraph.

(ii) For claims of exemption as a “qualifying physician” due to the licensee being an investigator in one or more clinical trials leading to the approval of a narcotic drug as specified by Section 1635, a copy of a letter or other document, signed and dated by the sponsor showing submission of a statement from the sponsor to the U.S. Secretary of Health and Human Services that includes the licensee’s name and that the licensee was an investigator in one or more clinical trials leading to the approval of a specified narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018 and 3600-1, Business and Professions Code. Reference: Sections 2190.6, 2190.5, and 2452 and 2454.5, Business and Professions Code.

§1638. CME Requirement for Inactive Certificate.

(a) The holder of an inactive certificate is exempt from CME requirements.

(b) In order to restore a certificate to active status the licensee shall ~~have completed a minimum of 20 hours Category 1-A as defined by the American Osteopathic Association (AOA) during the 12-month period immediately preceding the licensee’s application for restoration~~ comply with the requirements for restoring an inactive certificate to an active status in Section 1646.

~~(c) CME categories are defined by sections 1635 (e).~~

NOTE: Authority cited: Osteopathic Act (initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2454.5, and 3600-1, Business and Professions Code. Reference: Sections 704, and 2454.5, Business and Professions Code.

§1639. Approved Continuing Medical Education.

~~The following CME programs are approved for credit:~~

~~(a) Those programs certified by the American Osteopathic Association (AOA) as category I and II credit and those certified by the American Medical Association (AMA) as category I.~~

~~(b) Those programs which qualify for prescribed credit from the AOA specialty groups.~~

~~(c) Those programs meeting the criteria set forth in Section 1640 and offered by other organizations and institutions.~~

~~(d) CME categories are defined by Section 1635 (e).~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1223, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 2190, and 2452, Business and Professions Code.

§1640. Criteria for Approval of CME Programs.

~~(a) Each program in which a license participates shall be administered in a responsible, professional manner.~~

~~(b) Programs referred to in Section 1639 (c) shall be measured on a clock hour to clock hour basis and shall meet the following criterial in order to be approved.~~

~~(1) Faculty: the program organizer shall have a faculty appointment in an educational institution accredited or approved pursuant to the Education Code Section 94310 or 94312, or be qualified in other specialized fields directly related to the practice of medicine. The curriculum vitae of all faculty members and organizers shall be kept on file by the program organizer.~~

~~(2) Rationale: The need for the program and how the need was determined shall be clearly stated and maintained on file by the program organizer.~~

~~(3) Program Content: Program content shall be directly related to patient care, community or public health.~~

~~(4) Education Objectives: Each program shall clearly state educational objectives that can be realistically accomplished within the framework of the program.~~

~~(5) Method of Instruction: Teaching methods for each program shall be described, e.g., lecture, seminar, audio-visual, simulation, workshops or other acceptable modalities.~~

~~(6) Evaluation: Each program shall include an evaluation method which documents that educational objectives have been met, e.g., written evaluation by each participant (questionnaire).~~

~~(7) Course organizers shall maintain a record of attendance of each participant.~~

~~(c) The Board will randomly audit courses or programs submitted for credit in addition to any course or program for which a complaint is received. If an audit is made, course organizers will be asked to submit to the Board:~~

~~(1) Organizer(s) faculty curriculum vitae;~~

- ~~(2) Rationale for course;~~
- ~~(3) Course content;~~
- ~~(4) Educational objectives;~~
- ~~(5) Teaching methods;~~
- ~~(6) Evidence of evaluation;~~
- ~~(7) Attendance records.~~

~~(d) Credit toward the required hours of continuing education will not be received for any course deemed unacceptable by the Board after an audit has been made pursuant to this section.~~

~~Note: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 2190 and 2452, Business and Professions Code.~~

§1641. Sanctions for Noncompliance.

(a) Any osteopathic physician and surgeon who has not satisfied the CME requirements completed 150 hours of approved CME or the prorated share pursuant to Section 1635(d) during the three two-year CME requirement period will be required to make up any deficiency unless a waiver is obtained pursuant to Section 1637. Any physician and surgeon who fails to complete the deficient hours or provide satisfactory documentation of CME completion as provided in Section 1636 shall be ineligible for renewal of ~~his or her~~ their license to practice medicine until such time as the deficient hours of CME are documented to the Board.

(b) It shall constitute unprofessional conduct and grounds for a citation and fine or disciplinary action, including the filing of an accusation, for any osteopathic physician and surgeon to misrepresent ~~his or her~~ their compliance with the provisions of this article, to fail to provide accurate or complete information in response to a Board inquiry, or ~~who~~ to fails to comply with the provisions of this article.

~~(c) Each physician shall retain records for a minimum of four years of all CME programs attended which indicate the title of the course or program attended, dates of attendance, the length of the course or program, the sponsoring organization and the accrediting organization, if any.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 125.9, 2018, 2454.5 and 3600-1, Business and Professions Code.

Reference: Sections 125.9, 2234, 2452 and 2454.5, Business and Professions Code.

§ 1646. Procedure for Obtaining an Inactive Certificate or for Restoration to Active Status.

(a) Any physician and surgeon desiring an inactive certificate shall submit an application to the Board (License Renewal OMB.2 or OMB.2a Rev.11/94).

(b) In order to restore an inactive certificate to an active status, the licensee shall have completed a minimum of 20 hours of Category 1-A CME as defined by the American Osteopathic Association (AOA) during the ~~preceding~~ 12-month period immediately preceding the licensee's completed application for restoration, submit a completed application for restoration, and pay the fee set forth in Section 1690 of this Division and the Controlled Substance Utilization Review and Evaluation System (CURES) fee currently required by Section 208 of the Code. A completed application for restoration includes the following:

(1) Licensee's Full Name (First), (Middle), (Last), (Suffix, if any),

(2) Licensee's License (Certificate) Number,

(3) Licensee's Address,

(4) Licensee's Email Address,

(5) Licensee's Telephone Number,

(6) An affirmative statement that during the 12-month period immediately preceding the date of the filing of this application, the licensee completed a minimum of 20 hours in AOA Category 1 CME, and,

(7) The following statement, signed and dated by the licensee: "I am requesting that the Osteopathic Medical Board of California activate my license."

(c) The inactive status of a certificate holder shall not deprive the Board of its authority to institute or continue a disciplinary proceeding against the licensee on any ground

provided by law or to enter an order suspending or revoking the certificate or otherwise taking disciplinary action against the licensee on any ground.

~~(d) CME categories are defined by Section 1635(e).~~

(ed) The processing times for obtaining an inactive certificate or reactivating an inactive certificate to active status are set forth in Section 1691.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p, xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 701, 704 and 2454.5, Business and Professions Code.

§1659.30. Authority to Issue Citations and Fines.

(a) For purposes of this article, “executive director” shall mean the executive director of the bBoard.

(b) The executive director or their designee is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement, and administrative fines, or both, for violations by a licensed osteopathic physician and surgeon or a postgraduate training licensee of the statutes and regulations referred to in Section 1659.31.

(c) A citation shall be issued whenever any fine is levied, or any order of abatement is issued. Each citation shall be in writing and shall describe with particularity the nature and facts of the violation, including a reference to the statute or regulations alleged to have been violated. The citation shall be served upon the individual personally, or by certified mail return receipt requested, or by regular mail at their last known address in accordance with Section 124 of the Code if the cited individual is a licensee.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-4, Business and Professions Code. Reference: Sections 124, 125.9, ~~and 148~~ and 2064.5, Business and Professions Code.

§1659.31. ~~Citable Offenses.~~ Fine Amounts and Criteria to Be Considered

The amount of any fine to be levied by the executive director or their designee shall take into consideration the applicable factors listed in ~~subdivision section (b)(3) of Section 125.9 of the code~~ and also the extent to which such person has mitigated or attempted

~~to mitigate any damage or injury caused by the violation.~~ The fine shall be within the ranges set forth below in subsections (a) or (c), as applicable.

(a)(1) The executive director or their designee may issue a citation under section 1659.30 for a violation against a licensee of the provisions listed in this section. Unless otherwise provided in this section, ~~the fine for a violation of the following code sections shall not be less than \$100 and shall not exceed \$2500, except as specified in items 34 and 41 below:~~

- ~~(1A)~~ Business and Professions Code Section 119
- ~~(2B)~~ Business and Professions Code Section 125
- ~~(3C)~~ Business and Professions Code Section 125.6
- ~~(4D)~~ Business and Professions Code Section 475(a)(1)
- ~~(5E)~~ Business and Professions Code Section 490
- ~~(6F)~~ Business and Professions Code Section 580
- ~~(7G)~~ Business and Professions Code Section 581
- ~~(8H)~~ Business and Professions Code Section 582
- ~~(9I)~~ Business and Professions Code Section 583
- ~~(10J)~~ Business and Professions Code Section 650
- ~~(11K)~~ Business and Professions Code Section 651
- ~~(12L)~~ Business and Professions Code Section 654
- ~~(13M)~~ Business and Professions Code Section 654.1
- ~~(14N)~~ Business and Professions Code Section 654.2
- ~~(15O)~~ Business and Professions Code Section 655.5
- ~~(16)~~ ~~Business and Professions Code Section 655.6~~
- ~~(17)~~ (P) Business and Professions Code Section 702
- ~~(18)~~ (Q) Business and Professions Code Section 730

- (19) (R) Business and Professions Code Section 732
- (20) (S) Business and Professions Code Section 802(b) (a)
- (21) (T) Business and Professions Code Section 802.1
- (22) (U) Business and Professions Code Section 810
- ~~(23) Business and Professions Code Section 2021~~
- ~~(24) Business and Professions Code Section 2052~~
- ~~(25) Business and Professions Code Section 2054~~
- ~~(26) Business and Professions Code Section 2216~~
- ~~(27) Business and Professions Code Section 2216.1~~
- ~~(28) Business and Professions Code Section 2216.2~~
- ~~(29) Business and Professions Code Section 2221.1~~
- ~~(30) Business and Professions Code Section 2236~~
- ~~(31) Business and Professions Code Section 2238~~
- ~~(32) Business and Professions Code Section 2240~~
- ~~(33) Business and Professions Code Section 2243~~
- ~~(34) Business and Professions Code Section 2244 (\$1,000)~~
- ~~(35) Business and Professions Code Section 2250~~
- ~~(36) Business and Professions Code Section 2255~~
- ~~(37) Business and Professions Code Section 2256~~
- ~~(38) Business and Professions Code Section 2257~~
- ~~(39) Business and Professions Code Section 2259~~
- ~~(40) Business and Professions Code Section 2261~~

~~(41) Business and Professions Code Section 2262 (\$500)~~

~~(42) Business and Professions Code Section 2263~~

~~(43) Business and Professions Code Section 2264~~

~~(44) Business and Professions Code Section 2266~~

~~(45) Business and Professions Code Section 2271~~

~~(46) Business and Professions Code Section 2272~~

~~(47) Business and Professions Code Section 2276~~

~~(48) Business and Professions Code Section 2285~~

~~(49) Business and Professions Code Section 2415~~

~~(50) Business and Professions Code Section 2454.5~~

~~(51) Business and Professions Code Section 2456.1~~

~~(52) (V) Business and Professions Code Section 17500~~

~~(53) (W) Health and Safety Code Section 123110~~

~~(54) Title 16 Cal. Code Regs. 1604~~

~~(55) Title 16 Cal. Code Regs. 1633~~

~~(56) Title 16 Cal. Code Regs. 1685~~

(X) Civil Code Section 56.10

(Y) Any provision of the Act

(Z) Any provision of the Medical Practice Act (Business and Professions Code section 2000, et seq.) relating to persons holding or applying for physician's and surgeon's certificates issued by the Board under the Act

(AA) Any regulation adopted by the Board under Division 16 of Title 16 of the California Code of Regulations

(BB) Any other statute or regulation upon which the Board may base a disciplinary action.

(2) For fines issued for violations of Sections 2244 and 2262 of the Code and Civil Code section 56.10, the amount of any fine to be levied by the Executive Director or their designee shall not exceed the amounts specified in Sections 2244 or 2262 of the Code, or Section 56.36(c) of the Civil Code, as applicable.

(b)(1) Except for fines assessed for a violation of Section 56.10 of the Civil Code, the following factors shall be considered by the Executive Director or their designee when determining the amount of an administrative fine:

(A) The good or bad faith of the cited person.

(B) The gravity of the violation.

(C) Evidence that the violation was willful.

(D) History of previous violations.

(E) The extent to which the cited person has cooperated with the Board.

(F) The extent to which the cited person has mitigated or attempted to mitigate any danger or injury caused by the violation.

(2) When determining the amount of the fine to be assessed for a violation of Civil Code section 56.10, the Executive Director or their designee shall consider the factors listed in Section 56.36(d) of the Civil Code.

(bc) Notwithstanding the administrative fine amounts specified in subsection (a)(1), a citation may include a fine between \$2501 and \$5000, if at least one or more of the following circumstances apply:

1. The citation involves a violation that has an immediate ~~relationship~~threat to the health and safety of another person;
2. The cited person has a history of two or more prior citations of the same or similar violations;
3. The citation involves multiple violations that demonstrate a willful disregard of the law;

4. The citation involves a violation or violations perpetrated against a senior citizen or a disabled person.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code; Section 56.36, Civil Code.

§1659.32. Compliance with Orders of Abatement.

(a) If a cited person who has been issued an order of abatement is unable to complete the correction within the time set forth in the citation because of conditions beyond ~~his or her~~ their control after the exercise of reasonable diligence, the person cited may request an extension of time in which to complete the correction from the executive director or their designee. Such a request shall be in writing and shall be made within the time set forth for abatement.

(b) An order of abatement shall either be personally served or mailed by certified mail, return receipt requested. The time allowed for the abatement of a violation shall begin when the order of abatement is final and has been served or received. When an order of abatement is not contested or if the order is appealed and the person cited does not prevail, failure to abate the violation charged within the time allowed shall constitute a violation and a failure to comply with the order of abatement. Such failure may result in disciplinary action being taken by the board or other appropriate judicial relief being taken against the person cited.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§1659.33. Citations for Unlicensed Practice.

(a) The executive director or their designee is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines against persons, partnerships, corporations or associations who are performing or who have performed services for which licensure as an osteopathic physician and surgeon or postgraduate training licensee under the Medical Practice Act is required. ~~The executive director is authorized to issue citations and orders of abatement and levy fines only in the case of (a) an osteopathic physician and surgeon who has practiced with a delinquent license or (b) an applicant for licensure who practices prior to issuance of a license.~~ Each citation issued shall contain an order of abatement. Where appropriate, the executive director or their designee shall levy a fine for such unlicensed activity in accordance with subdivision (b)(3) of Section 125.9 of the code.

(b)(1) If any fine amount remains unpaid after the effective date of the final citation order, the executive director or their designee shall send a written notice at intervals of 30, 60 and 90 days from the effective date of the final citation order to the cited person containing, at a minimum, the following statements:

“Our records show that you have a \$[insert citation amount owed] delinquent debt due to the Osteopathic Medical Board of California. You have 30 days to voluntarily pay this amount before we submit your account to the Franchise Tax Board (FTB) for interagency intercept collection.

FTB operates an intercept program in conjunction with the State Controller's Office, collecting delinquent liabilities individuals owed to state, local agencies, and colleges. FTB intercepts tax refunds, unclaimed property claims, and lottery winnings owed to individuals. FTB redirects these funds to pay the individual's debts to the agencies, including this Board. (Government Code Sections 12419.2 and 12419.5.)

If you have questions or do not believe you owe this debt, contact us within 30 days from the date of this letter. A representative will review your questions/objections. If you do not contact us within that time, or if you do not provide sufficient objections, we will proceed with intercept collections.”

After the initial 30-day notice, any subsequent notices shall contain references to any prior notice(s), including the date any prior notice was sent, and what further actions, including collection fees, may be taken in the collection process.

(b)(2) If, after providing notice in accordance with paragraph (1), any fine amount remains unpaid six months after the effective date of the final citation order, the executive director or their designee shall submit to the FTB a request for interagency intercept collection of any tax refund due the cited person pursuant to Government Code sections 12419.2 and 12419.5 that includes the cited person's name, social security number and the amount of their unpaid fine.

(c) The provisions of Sections 1659.30 and 1659.32 shall apply to the issuance of citations for unlicensed activity under this subsection. The sanction authorized under this section shall be separate from and in addition to any other civil or criminal remedies.

(d) “Final” for the purposes of this section shall mean: (a) the Board's contested citation decision is effective and the cited person has exhausted all methods for contesting the citation under section 1659.34, or, (b) the cited person did not contest the citation decision and the timeframes for contesting a citation under section 1659.34 have passed.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9, ~~and 148 and 2064.5~~, Business and Professions Code; Sections 12419.2 and 12419.5, Government Code.

§1659.34. Contest of Citations.

(a) In addition to requesting a hearing as provided for in subdivision (b)(4) of Section 125.9 of the code, the person cited may, within 15 calendar days after service of the citation, notify the executive director in writing of ~~his or her~~their request for an informal conference with the executive director regarding the acts charged in the citation. The time allowed for the request shall begin the first day after the citation has been served.

(b) The executive director shall, within 30 calendar days from the receipt of the request, hold an informal conference with the person cited ~~and/or his or her~~their legal counsel or authorized representative. The conference may be held telephonically. At the conclusion of the informal conference the executive director may affirm, modify or dismiss the citation, including any fine levied or order of abatement issued. The executive director shall state in writing the reasons for ~~his or her~~their action and serve or mail a copy of ~~his or her~~their findings and decision to the person cited within 15 calendar days from the date of the informal conference, as provided in subsection (b) of section 1659.32. This decision shall be deemed to be a final order with regard to the citation issued, including the fine levied and the order of abatement.

(c) The person cited does not waive ~~his or her~~their request for a hearing to contest a citation by requesting an informal conference after which the citation is affirmed by the executive director. If the citation is dismissed after the informal conference, the request for a hearing on the matter of the citation shall be deemed to be withdrawn. If the citation, including any fine levied or order of abatement, is modified, the citation originally issued shall be considered withdrawn and a new citation issued. If a hearing is requested for the subsequent citation, it shall be requested within 30 calendar days in accordance with subdivision (b)(4) of Section 125.9 of the code.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§1659.35. Public Disclosure; Records Retention.

Every citation that is issued pursuant to this article shall be disclosed to an inquiring member of the public. Citations that have been resolved, by payment of the administrative fine or compliance with the order of abatement, shall be purged ten (10) years from the date of ~~resolution~~issuance. A citation that has been withdrawn or dismissed shall be purged immediately upon being withdrawn or dismissed.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 803.1, Business and Professions Code.

The Physician's Recognition Award



AMERICAN
MEDICAL ASSOCIATION

Effective January 1, 1986

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Introduction

The Physician's Recognition Award (PRA) was established by the House of Delegates of the American Medical Association in December of 1968. The purpose of the Award is to encourage physician participation in continuing medical education and to recognize physicians who have voluntarily completed programs of continuing medical education.

In 1985, over 35,000 PRA certificates were issued. Currently there are over 101,000 valid certificates held by physicians. Awardees represent all states of the United States and all medical specialties. Over 422,000 certificates have been issued since the Award was established.

The basic requirement for the PRA certificate, completion of 150 hours of continuing medical education during a consecutive three-year period, is standard among most organizations providing certificates. Reciprocity arrangements have been made with 20 other medical organizations, including both state medical societies and medical specialty societies. A list of the reciprocity arrangements in effect as of June 30, 1985 is provided on page 40.

The House of Delegates has adopted the policy that continuing medical education should be voluntary, that is, that it should not be required for membership in medical societies or for reregistration for licensure to practice medicine. In accordance with this policy the PRA is not required for membership in the AMA, or for any membership benefits.

The Award is accepted by eleven state licensing boards as evidence that a physician has completed continuing medical education that satisfies the board's requirements for reregistration for licensure. As of June 30, 1985, the eleven states that accept the certificate for this purpose are Arizona, California, Hawaii, Iowa, Kansas, Massachusetts, New Hampshire, New Mexico, Pennsylvania, Utah, and Washington.

While the AMA has not supported mandatory reporting of continuing medical education, the Association has supported the idea that all physicians should participate in continuing medical education throughout their careers, and that physicians have professional responsibility for such participation. Physicians should be responsible for choosing educational activities that meet their individual needs and learning styles.

The PRA program is administered by the Office of Physician Credentials and Qualifications. Policies and administrative procedures for the PRA program are the responsibility of the Council on Medical Education. Recommendations concerning PRA policy are made to the Council by the Continuing Medical Education Advisory Committee.

PART 1 - Information for Physicians Completing the PRA Application

Definition of Continuing Medical Education

The following definition of continuing medical education was adopted by the House of Delegates in July 1982 for use by the PRA program:

Continuing Medical Education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

It is believed that this definition and the rules applied by the PRA program are sufficiently broad to permit physicians to undertake continuing medical education activities relevant to their professional responsibilities. All continuing medical education reported for the PRA should comply with this definition, regardless of whether it is reported under AMA/PRA Category 1 or under Category 2.

Information on activities that are not continuing medical education in the sense of this definition is provided on page 14.

Eligibility

Physicians who hold valid current licenses issued by one of the U.S. licensing jurisdictions or one of the provinces in Canada, or who are engaged in residency training in an accredited program in the United States can apply for the PRA, without regard to citizenship or membership in the AMA or state medical societies. This rule applies both to graduates of U.S. and of foreign medical schools. Information about an applicant's U.S. license or his appointment to residency training must be included in the AMA Physician Masterfile. The PRA cannot be provided to foreign medical graduates who do not reside in the U.S. unless they are members of the AMA. Foreign medical graduates who give up residence in the U.S. are not eligible for the Award unless they are members of the AMA.

Requirements for the PRA

In order to qualify for the Award, an applicant must report 150 credit hours of continuing medical education during a consecutive three-year period immediately preceding the date of the application. Of these 150 hours, at least 60 must be in AMA/PRA Category 1.

Ninety hours of education can be in Category 2 which combines the former Categories 2 through 6. Credit hours are based on hour-for-hour participation in a continuing medical education activity (except the reports of residency and fellowship training and publishing journal articles) with the number of hours rounded to the nearest whole hour.

The categories, with the credit-hour limitation and descriptions of each, are listed below.

AMA/PRA Category 1 No Credit Hour Limit
CME Activities Designated Category 1 by an Accredited Sponsor

Category 2 90 Hour Limit

- a) CME Lectures and Seminars not Designated as Category 1 by an Accredited Sponsor
- b) Medical Teaching
- c) Articles, Publications, Books and Exhibits
- d) Non-Supervised Individual CME
 - 1) Self-Instruction
 - 2) Consultation
 - 3) Patient Care Review
 - 4) Self Assessment
- e) Other Meritorious Learning Experiences

CATEGORY 1: Continuing Medical Education

Activities so Designated by an Accredited Sponsor

A minimum of 60 credit hours in AMA/PRA Category 1 is required for the PRA; however, all 150 hours may be in this category. In order to meet the criteria for AMA/PRA Category 1, a continuing medical education activity must meet the following requirements:

1. Be sponsored by an organization accredited for continuing medical education by one of the state medical associations or by the Accreditation Council for Continuing Medical Education (ACCME) and
2. be designated as AMA/PRA Category 1 education by that organization.

Organizations sponsoring continuing medical education activities are responsible for informing participants

whether a program has been designated AMA/PRA Category 1 and, if so, how many credit hours are provided for completing the activity.

Sponsoring organizations should use the designation statement provided on page 23 of this booklet to indicate the number of credit hours earned for completing an activity. In order to be designated as AMA/PRA Category 1, activities must meet certain educational standards. These standards are described in the section of this booklet dealing with organizational sponsorship of continuing medical education. (See page 19.)

When CME activities are sponsored jointly, the accredited sponsor should be listed on the PRA application form.

Continuing medical education self-study materials such as videotapes and films can, in specific instances, be designated AMA/PRA Category 1. Rules covering this are provided on page 20.

CATEGORY 2: All Other Categories of CME

Education reported under Category 2 must meet the definition of continuing medical education and fit one of the descriptions of education provided below. All 90 hours of education which can be reported under Category 2 can be reported in one of the sub-categories described below. For instance, 90 hours of credit may be claimed for medical teaching or for the publication of journal articles.

Category 2 education can be provided by either an accredited or an unaccredited organization. No designation statement concerning category or amount of credit should be used in program brochures for Category 2 activities. Physicians report Category 2 activities for the PRA if they find that the activities meet the definition of continuing medical education and fulfill an educational need.

- a) CME Lectures and Seminars not designated Category 1

Lectures and seminars provided by unaccredited organizations can be reported under Category 2, as well as lectures and seminars provided by accredited organizations that are not designated AMA/PRA Category 1. The fact that a program is not designated AMA/PRA Category 1 does not indicate that it is of poor quality, but only that it does not meet all of the educational requirements established for AMA/PRA Category 1 programs.

b) Medical Teaching

Credit may be claimed in Category 2 for contact hours of teaching medical students, preceptees, residents, practicing physicians, and other health care professionals. Please note, however, that all continuing medical education, including teaching, is by definition an activity that a physician undertakes outside of his major professional responsibility; consequently, teaching medical students and residents should not be reported as continuing medical education by full-time faculty.

c) Articles, Publications, Books, and Exhibits

Ten hours of credit may be claimed for publication of a medical or medically related article, for each chapter of a medical or medically related book, or other medical education materials. Articles must be published in a recognized medical journal; that is, the journal of an organization which requires a medical or medically related degree for membership, or a journal that is read primarily by physicians or members of other health professions.

Credit may be claimed only once for the medical or educational content of a publication regardless of its being reissued in a changed format. For instance, information appearing at one time as a journal article and at another as a chapter of a book should be claimed only once.

Credit also can be claimed only once for preparation of an exhibit that is displayed at a continuing medical education meeting or at another educational activity. Ten credit hours can be claimed for preparation of an exhibit.

d) Non-Supervised CME

(1) Self-Instruction

Reading of medical literature and the use of self-instructional materials may be reported. The reading matter and self-instructional materials used need not be sponsored by an organization accredited for continuing education, nor do they need to meet the definition of a planned program of continuing medical education. (See page 20 for the definition of a planned program.)

Examples of self-instructional materials include:

- Audiovisual materials, such as videotapes, audiotapes, films, filmstrips, slides, used individually and without direct supervision
- open- or closed-circuit television and radio broadcasts, and instruction using telephone networks when used individually.

- Programmed medical education materials, teaching devices, and computer-assisted instruction and learning. (Such education can be accumulated in less than one hour units but should be reported on the PRA application in one-hour blocks).

(2) Consultation

The education that a physician receives from a consultant may be reported provided that the consultation is organized in such a way as to meet the definition of a planned program of CME. The instruction period should not be less than an hour.

An activity provided by an individual instructor without institutional sponsorship can be reported under this category.

Ordinary case consultation should not be reported in this or in other categories.

The consultant or instructor providing the education reported under this category can report the teaching activity.

(3) Patient Care Review

Credit can be reported for participation in review and evaluation of patient care. This includes such activities as peer review, medical audit, case conference, and chart audit. (See page 14 for information about activities that do not earn continuing medical education credit.)

Service on hospital medical staff committees for issue review, infections, death conference, pharmacy, etc., may also be claimed when the committees are concerned with some aspect of medical care rather than with administration.

(4) Self-Assessment

Credit may be claimed for the time spent in taking a self-assessment examination. To be acceptable, the examinations must be scored and the results made known to the participants so they can plan activities based on the needs identified.

Continuing medical education undertaken by a physician in preparation for a self-assessment examination, or later study based on the results of a self-assessment examination, should be claimed in Category 2 unless the examination has been designated AMA PRA Category 1 by an accredited sponsor.

(e) Other Meritorious Learning Experiences

"Other Meritorious Learning Experiences" refers to

educational activities that have been of a unique educational benefit to a physician but that do not fit the descriptions of educational activities provided above. The report of these activities should be made in a narrative form, and attached to the application. The narrative must include the following:

1. The educational need that the activity served,
2. a description of the activity, including the educational content and the way in which learning occurred,
3. the amount of time spent on the project, and
4. the number of credit hours claimed.

If teachers or educational institutions were involved in the project, they should be identified.

Credit should not be claimed for service to medical societies or other medical organizations, for public service, or for research activities.

Credit cannot be allowed unless information is provided in regard to the four points listed above. This will be reviewed by a staff committee, and a judgment made as to the acceptability of the credit.

Obtaining a PRA Application

The AMA House of Delegates has directed that an application be mailed each year to all physicians practicing in the U.S. who do not hold a valid PRA certificate. Additionally, applications are mailed to physicians who hold valid PRA certificates about three months before the certificates expire. Applications can be obtained at any time from the AMA Office of Physician Credentials and Qualifications either through writing or through telephoning (312) 645-4664.

When to Apply for the PRA: Dating the Application

There are no set reporting periods for the PRA; physicians can apply for a certificate whenever they have completed 150 hours of continuing medical education within a consecutive three-year period. The education reported must have occurred within the 36 months prior to the date entered on the application; the date entered on the application form may not be more than one calendar year earlier than the date on which the application is submitted for processing. For instance, an application may be dated June 1, 1984 and submitted on June 1, 1985. Applications may not include educational activ-

ities in process (except residency training), nor can the application be dated with a future date.

The expiration date entered on a PRA certificate is based on the date of the application form. Ordinarily, a certificate has an expiration date three years from the first day of the month following the date of the application except for certificates issued through reciprocity.

Thus, an application dated February 14, 1985, will result in a PRA certificate with an expiration date of March 1, 1988. Applicants who need special dates on their PRA certificates are asked to attach a note to the application asking for that date.

PRA certificates provided through reciprocity have the same expiration date as that of the certificate being reciprocated with. Since some medical organizations issue certificates with expiration dates more than three years in the future, PRA certificates issued through reciprocity will in those instances also have dates more than three years in advance. (See page 10 for the list of organizations with which the PRA Program has arranged reciprocity.)

Credit hours are based on hour-for-hour participation in educational activities, except in the case of residency training and publications. It is expected that the three-year period during which a certificate is valid will be used to accumulate credit for another certificate. An application can be submitted before an earlier one has expired; thus, a physician can have certificates with overlapping dates. Educational activities should not be reported twice; for instance, a publication based on research reported on a previous PRA application should not be included on a second application.

Fees

An application fee is charged to AMA members. A \$25.00 application fee is charged to non-members. The fee covers the cost of reviewing an application and is not refundable. No fee is charged to a physician who was in an accredited residency program or a fellowship program at any time during the year preceding the date of the application. (See Residents and Fellows, Page 12).

AMA/PRA CATEGORY 1: Credit and Reciprocity
Detailed information on the characteristics of AMA/PRA Category 1 continuing medical education is provided in the section of this booklet entitled "Information for Orga-

nizations Providing Continuing Medical Education." Physicians should note that only an organization accredited for continuing medical education can designate an activity AMA/PRA Category 1.

Organizations that are accredited for continuing medical education should include a statement on their brochures and printed programs for AMA/PRA Category 1 activities indicating that the organization is accredited, that the activity concerned is AMA/PRA Category 1, and that completing the activity provides a specified amount of credit. The designation statement is the following:

The (name of accredited sponsor) designates this continuing medical education activity for (____) credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

When providing reports of educational activities on their PRA applications, physicians should be careful to provide the exact name of the *accredited sponsor*. It should be kept in mind that an activity may be sponsored by an unaccredited organization and jointly sponsored by an accredited organization; in that case the name of the *accredited organization* should be listed on the application. Please note that frequently it is a medical school or an academic health science center that is accredited for continuing medical education rather than an affiliated hospital; in that case applications should indicate the medical school or the center as the *accredited sponsor* of the program rather than the hospital where the program was provided.

When there is doubt as to what organization was the accredited sponsor, an inquiry should be made of the sponsors of the program. Care should be taken also to use the exact name of the organization concerned; staff members are not always able to identify abbreviations or short forms of names, particularly of hospitals.

Reciprocal arrangements have been completed as of June 30, 1985, so that a PRA certificate can be provided to physicians who meet the continuing medical education requirements of the organizations listed below.

American Academy of Dermatology (AAD)
American Academy of Family Physicians (AAFP)
American Association of Neurological Surgeons/
Congress of Neurological Surgeons (AANS/CNS)
American College of Obstetricians and
Gynecologists (ACOG)
American College of Preventive Medicine (ACPM)
American Psychiatric Association (APA)
American Society of Clinical Pathologists/
College of American Pathologists (ASCP/CAP)

American Society of Colon and Rectal Surgeons
(ASCRS)

American Society of Plastic and Reconstructive
Surgeons (ASPRS)

American Urological Association, Inc. (AUA)

Arizona Medical Association (ArMA)

California Medical Association (CMA)

Massachusetts Medical Society (MMS)

Medical Society of the District of Columbia
(MSDC)

Medical Society of New Jersey (MSNJ)

Medical Society of Virginia (MSV)

National Medical Association (NMA)

Pennsylvania Medical Society (PMS)

The reciprocal arrangements provide that these organizations will send letters to those physicians who meet their requirements informing them that the letter can be forwarded to the PRA program for reciprocity purposes. Applicants are requested to make use of these letters.

The PRA certificate satisfies the continuing medical education requirements of the following organizations:

American Association of Neurological Surgeons/
Congress of Neurological Surgeons

American Society of Colon and Rectal Surgeons

American Psychiatric Association

The PRA program periodically informs these organizations of physician members who have been provided with the PRA certificate.

Participation in Continuing Medical Education Programs in Canada; Applications for the PRA from Canadian Physicians

The Accreditation Council for Continuing Medical Education has entered into a reciprocity agreement with the Committee on Accreditation of Canadian Medical Schools. Medical schools whose CME programs are accredited by this Committee are recognized as accredited by ACCME. Consequently, U.S. and Canadian physicians, who participate in continuing medical education programs sponsored by Canadian medical schools can report that participation for AMA/PRA Category 1 credit toward the Physician's Recognition Award.

Please note that continuing education programs provided by Canadian organizations that are not accredited by the Committee on Accreditation of Canadian Medical

Schools cannot be reported for AMA/PRA Category 1 credit; they can be reported for Category 2 credit.

Canadian physicians who are licensed in one of the Provinces of Canada can make application for the Physician's Recognition Award. Sixty hours of Category 1 education provided by a Canadian medical school will satisfy the AMA/PRA Category 1 requirement for the Award.

Signature and Records Maintenance

Physicians who apply for the PRA are not required to present certificates of attendance.

Instead, the signature of a physician on the application form is accepted as evidence that the physician completed the education that is reported on the application. Unsigned applications are returned for signature.

When it is more convenient to do so, physicians may attach transcripts of continuing medical education activities to applications instead of completing the application form. The transcript should include information as to what agency provided it; in every instance it must be clear that the physician intends the transcript to serve as an application for the PRA.

The AMA does not maintain records of continuing medical education for physicians except in the case of programs sponsored by the AMA. Further, PRA applications are returned to physicians after they are processed; copies of the applications are not maintained at the AMA. Physicians are responsible for maintaining their own records of continuing medical education, either through maintaining the records themselves or contracting with an agency to do so.

Residents and Fellows

Fifty hours of AMA/PRA Category 1 credit is allowed toward the PRA for each full year of an accredited residency or fellowship which is completed. Full-time graduate study for part of a year is accepted as one credit hour per week. During the time a physician is in full-time training in an accredited program, no other credits toward a PRA certificate can be earned.

Part-time study should be claimed in AMA/PRA Category 1 on a pro rata basis, one hour for each 5 days. If a resident participates in an approved residency program one-half of each day, credit should be claimed at the rate of one-half hour per week.

Training outside the United States as part of an

ACGME-approved program may be claimed in AMA/PRA Category 1.

Application forms are mailed to resident physicians who have completed three years of residency training. The name of the institution providing the training (either the hospital or the medical school), the city in which the training is provided, the field of training, and the dates of the training should be entered in the section of the application provided for reporting AMA/PRA Category 1 education. There is no fee for physicians who have been in a residency training program or a fellowship for any part of the year prior to the time application is made.

Residency training can be reported as part of the 150 hours needed for the Award. For instance, 50 hours can be reported for residency training and 100 hours reported for regular continuing medical education activities. Please note, however, that credit cannot be reported for continuing medical education activities undertaken while residency training is in progress.

Residents in programs sponsored by the Armed Forces may report residency training occurring over a period longer than three consecutive years, so long as one of the years is in an armed forces residency program.

Medically Related Degrees

Study for a medically related degree, such as a Master's Degree in Public Health, may be claimed for 50 credit hours per year in AMA/PRA Category 1, if the educational program is provided in a school accredited by one of the regional accrediting associations. The physician applying for credit in AMA/PRA Category 1 under this provision must include with the application an explanation of how the degree or the study toward the degree is to be used in the practice of medicine. For example, a Master's Degree in Business Administration a physician intends to use to establish a business or to improve personal investments would not be acceptable toward the PRA. However, a Master's Degree in Business Administration would be acceptable if reported by the Medical Director of a hospital whose professional responsibilities included the administrative aspects of the delivery of medical care.

Full-time study for a part of a year is accepted as one credit hour per week. Credit for part-time study should be claimed on the same basis as part-time participation in an approved residency. (See page 12.)

Activities That Do Not Earn Credits Toward the PRA

The PRA is earned only by participation in continuing medical education activities. It is not intended as a means of honoring physicians for acts of charity or long and faithful service to the field of medicine. No credit for the PRA can be earned for service on councils, committees, executive committees, task forces, etc. except as noted in the paragraph on page 7 entitled "Patient Care Review." Further, the certificate for the PRA is neither a character reference nor a certificate of competence and cannot be used for these purposes. The PRA certificate remains the property of the AMA and must be returned to the AMA if requested.

Since the PRA is not intended to certify competence, passing examinations intended to measure competence, such as license examinations or specialty board certification or recertification examinations, is not accepted toward qualification for the PRA. However, the study a physician does in preparation for these types of examinations is accepted toward qualifying for the PRA.

Credit should not be claimed for education which is incidental to the regular professional activities or practice of a physician, such as learning that occurs from clinical experience, or the conduct of research.

No credit for the PRA can be earned for medical editing. Credit can be earned for viewing exhibits.

Alaska	Idaho	New Hampshire*
Arizona*	Maine*	New Mexico*
Arkansas	Maryland*	Ohio*
California*	Massachusetts*	Pennsylvania
Hawaii*	Michigan*	Puerto Rico
Illinois	Minnesota*	Rhode Island*
Iowa*	Nebraska	Utah*
Kansas*	Nevada*	Washington*
		Wisconsin*

Eleven state medical societies have continuing medical education requirements for continued membership. A list of these follows. More detailed information about these requirements is also provided in the CME Fact Sheet.

Delaware	Kansas	Oregon
District of Columbia	New Jersey	Pennsylvania
Florida	New York	Vermont
	North Carolina	Virginia

States with Continuing Medical Education Requirements for Reregistration of the License to Practice Medicine

As of July 1, 1985, 25 states had rules in regard to reporting continuing medical education in connection with reregistration for the license to practice medicine. Of the 25 states, 18 have implemented the rules and require reports to be submitted. The states that have reporting requirement rules, are listed below. Those marked with an asterisk at present require reports to be submitted. Additional information is provided in the Continuing Medical Education Fact Sheet which is issued semi-annually; copies can be obtained from the Office of Physician Credentials and Qualifications.

PART II - Information for Organizations Sponsoring Continuing Medical Education Programs

Institutional Accreditation for Continuing Medical Education

Only an institution or organization accredited for continuing medical education can designate a CME activity as earning AMA/PRA Category 1 credit.

The Accreditation Council for Continuing Medical Education (ACCME) is responsible for CME accreditation of medical schools, state medical societies, and other institutions and organizations which design their CME activities for a national or regional audience of physicians. The Council, established on January 1, 1981, is sponsored by seven national organizations: The American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards.

State medical societies are responsible for the accreditation of institutions and organizations which design their CME activities primarily for physicians within the state or bordering states. All institutions and organizations accredited by state medical societies are recognized by the ACCME and placed on the one national list of CME accredited institutions and organizations.

Only institutions and organizations are accredited. During the period of accreditation, the accredited sponsors may designate any of their CME activities which meet the criteria for AMA/PRA Category 1 as earning AMA/PRA Category 1 credit.

The ACCME and state medical societies do not accredit nor approve individual CME activities, nor does the AMA review and evaluate individual CME activities for purposes of granting credit. The responsibility for designating AMA/PRA Category 1 credit rests solely with the CME accredited institutions and organizations, following the criteria and regulations established by the AMA/PRA Program.

Institutions and organizations interested in obtaining CME accreditation should contact the ACCME or a state medical society. The address of ACCME is

Definition of Continuing Medical Education (CME)

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

This broad definition of CME recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work, and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning, and appreciation of literature and music, are not CME.

This definition of CME applies to both categories of the PRA. Thus, there is no subject matter which is suitable for Category 2 but not for AMA/PRA Category 1.

Definition of AMA/PRA Category 1 CME

An activity can be designated AMA/PRA Category 1 if it is sponsored or jointly sponsored by an institution or organization accredited for continuing medical education by ACCME or by a state medical society, and if the

activity meets the following criteria:

- (1) It conforms to the AMA definition of continuing medical education,
- (2) it is based on perceived or demonstrated educational need,
- (3) it is intended to meet the continuing medical education needs of an individual physician or a specific group of physicians,
- (4) the educational objectives for the activity are stated,
- (5) the content is appropriate for the specified objectives,
- (6) the teaching/learning methodologies and techniques are suitable for the objectives and format of the activity,
- (7) evaluation mechanisms are defined to assess the quality of the activity and its relevance to the stated needs and objectives, and
- (8) there is documentation of physicians' participation by the sponsoring institution/organization.

Individual CME activities are not accredited; only organizations and institutions are accredited. Accredited institutions designate programs AMA PRA Category 1, if these programs meet the definition of AMA/PRA Category 1 education.

Responsibilities of an Accredited Organization for Joint Sponsorship of a CME Activity Designated AMA/PRA Category 1

An accredited sponsor may jointly sponsor a CME activity with an institution or organization which is not accredited, and designate this CME activity AMA PRA Category 1. In joint sponsorship, the accredited sponsor must meet the requirements of Essential 7 of the ACCME Essentials. The accredited sponsor must participate integrally in the planning and implementation of the CME activity and conduct an evaluation of the activity. In other words, the accredited sponsor must exercise the same responsibility for the CME activity that it jointly sponsors as for a CME activity which is completely its own.

The name of the accredited sponsor should appear on all promotional materials and on the printed program of the jointly sponsored activity. If more than one accredited sponsor jointly sponsors a CME activity, one should assume responsibility for the activity and designate the AMA/PRA Category 1 credit.

Definition of a Planned Program of CME

For the purposes of the PRA, a planned program of continuing medical education is defined as one that covers a subject area in the depth that is appropriate for the intended audience and that is planned, administered, and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained.

Many formats can be modified to meet the definition of a planned program. They include:

Lecture Series	Seminars
Grand Rounds	Workshops
Teaching Rounds	Clinical Traineeships
Departmental	Mini-Residencies
Scientific Meetings	

Multimedial Self-Instruction Programs

Continuing medical education activities of State and County Medical Societies and Specialty Societies, including local, regional, state, national or international meetings

Periodic activities, such as a lecture series or grand or teaching rounds, can be planned and presented systematically so that over a designated period of time, all significant areas of a specialty or subspecialty are covered.

Educational objectives for a planned program of CME should be based on clearly identified needs and should identify the target group. Frequently group or individual needs can be determined from a practice profile, peer review, self-assessment, case audits, or individually identified needs. New medical knowledge can also serve as a basis for developing the educational objectives that are specific for a particular knowledge level or performance capability.

Brochures and announcements for continuing medical education activities must state educational objectives and the intended audience as a means of helping physicians decide whether to participate.

Criteria for AMA/PRA Category 1 Educational Materials

Under most circumstances, the use of educational materials meets the criteria for Category 2. When audio-visual materials are used as an integral part of an activity which is designated as meeting the criteria for AMA PRA Category 1, the time spent in using these

materials is included in the total instruction time reported. The same principle applies for educational materials used in activities reported under Category 2.

For the purposes of the PRA, the term "educational materials" includes printed educational material, audiotapes, videocassettes, films, filmstrips, slides and computer-assisted instruction. It also includes education disseminated by open- and closed-circuit networks, broadcasts by satellite or radio with or without two-way communication, and electronic teaching aids and devices.

When any of the above "educational materials" are to be designated AMA/PRA Category 1 for Educational Materials, they must meet all of the following criteria:

1. Be sponsored or jointly sponsored by an organization accredited for CME by the ACCME or a state medical society.
2. Meet the definition of a planned program of CME.
3. Provide a clear, concise statement of educational objectives and indicate the intended audience.
4. Provide clearly stated instructions to the learner.
5. Provide supplemental materials to amplify, clarify and reinforce specific information, as well as to give the activity breadth and balance.

These supplemental materials should form an integral part of the activity and contain all of the following, unless inappropriate or duplicative:

- a) an outline or study guide,
 - b) references for both the body of knowledge presented and for later individual extended study beyond the content covered in the educational material,
 - c) graphic or demonstration materials,
 - d) audio materials, and
 - e) systems that require student interaction to reinforce the education, such as answering questions or considering a patient-management problem.
6. Be evaluated in terms of the educational objectives of the activity and their ability to convey information correctly.

Deficiencies found in the process of the evaluation should be corrected and the material re-evaluated prior to distribution. Information about the methods of evaluation and the findings and action taken should be available upon request.

For materials periodically produced, each subject, area, series, or educational unit should be evaluated prior to release.

Although an examination is not required in order for an activity to meet the criteria for AMA/PRA Category 1 for Educational Materials, it is often used as a means of evaluation and of verifying physician participation.

If an examination is used as a method of evaluating the materials after distribution, it should measure whether the physician has acquired the basic information, and whether the physician can integrate, analyze, and apply it in a simulated problem.

Examinations should be scored confidentially. Individual scores, including relative performance on individual questions, should be returned to individual physicians, on a confidential basis, so they can use this information in planning their personal programs of continuing medical education. Composite scores should be made available to the accredited sponsoring organization so that the scores can be used to evaluate and improve the activity. Tests should be sent to the accredited sponsoring organization or to a bonded organization for scoring.

7. Have a means of verifying physician participation.
8. Provide a local instructor when audiovisual materials designated AMA/PRA Category 1 for Educational Materials are used by groups of physicians.

The instructor may be selected by the medical organizations having the local responsibility for the program. When a local instructor is required, a suitable instructor's kit must be provided far enough in advance of the program to allow the instructor to be well prepared. The kit should include additional materials, such as

- a) an instructor's guide,
- b) questions for discussion,
- c) additional patient-management problems,
- d) materials for display or demonstration,
- e) copies of the photographs, charts, graphs, slides, and audio materials used in the audiovisual program,
- f) materials designed for a review of the basic points of the presentation,
- g) additional or supplemental materials for distribution.

The local instructor is expected to participate actively in the activity by leading the discussion. Physicians who serve as local instructors may claim credit in Category 2.

Physicians who are authors of self-instructional materials may claim 10 hours credit in Category 2 for each activity that is designated AMA/PRA Category 1 for Educational Materials.

Category and Credit Hour Designation Statements for the PRA

Organizations and institutions are responsible for the designation of the category and hours of credit provided for activities they sponsor or jointly sponsor. The following designation statements should be used on brochures, printed programs, and educational materials that are designated AMA/PRA Category 1. No designation statement is used for Category 2 programs or materials.

Designation Statement for AMA/PRA Category 1 Activities and Materials

The (name of accredited sponsor) designates this continuing medical education activity for (____) credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Designation Statement for AMA/PRA Category 1 Meetings with Concurrent Sessions

The (name of the accredited sponsor) designates this continuing medical education activity as Category 1 of the Physician's Recognition Award of the American Medical Association. One credit hour may be claimed for each hour of participation by the individual physician.

If a program includes activities that do not meet the definition of continuing medical education, then only the portions that do meet the definition should be designated for credit.

In addition to the designation statement, brochures should include the following:

1. Title of course
2. List of topics to be included
3. Intended audience
4. Educational objective of the program
5. List of faculty

Consultation and Appeals

Brochures and announcements are monitored by the staff of the PRA program. When circumstances indicate, followup inquiries are made to determine whether

or not the designated criteria for the category and hours are met. In most circumstances, incorrect designations are based on misunderstandings which can be resolved easily by consultation.

The PRA staff offers consultation to individuals and organizations regarding questions about the correct AMA/PRA category and number of hours for a specific activity. Unfavorable interpretations made by the PRA staff may be appealed to the Continuing Medical Education Advisory Committee and, if necessary, to the Council on Medical Education.

REPEALED

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To <i>David Potter</i>	From <i>Linda Bryan</i>
Co.	Co.
Dept.	Phone #
Fax #	Fax #

OSTEOPATHIC MEDICAL BOARD
OF CALIFORNIA

92 JAN -9 AM 10:25

Continuing Medical Education

REPEALED



**DIVISION OF CONTINUING
MEDICAL EDUCATION**

**AMERICAN OSTEOPATHIC
ASSOCIATION**

142 E. ONTARIO STREET
CHICAGO, ILLINOIS 60611
(312) 280-5800

GUIDE

**AMERICAN OSTEOPATHIC
ASSOCIATION**

1992-1994

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INTRODUCTION

This edition of the CME Guide includes certain changes in the requirements, guidelines and procedures of the American Osteopathic Association's program on continuing medical education effective as of January 1, 1992.

These changes reflect both experiences accumulated by the Committee on CME in administering the program since it was initiated on June 1, 1973, as well as many specific recommendations made by those participating in the program.

While the objectives of the CME program remain the same, these changes are intended to simplify administrative procedures and make all requirements, guidelines and procedures more easily understood.

This document is designed to serve as a handy reference which should answer most, if not all, questions concerning the CME program. It can serve its intended purpose, however, only if it is read thoroughly in context and then referred to as specific questions arise. The special summary found on the center pages should be particularly helpful in answering the most common questions.

The Committee welcomes comments and suggestions from all individuals and organizations participating in the program. These should be directed to the Division of CME, American Osteopathic Association, 142 E. Ontario Street, Chicago, Illinois 60611.

Chairman
Committee on Continuing
Medical Education.

BASIC GUIDELINES

The basic objectives of continuing medical education are the growth of knowledge, the refinement of skills, and the deepening of understanding.

The ultimate goals of continuing medical education are continued excellence of patient care and improving the health and well-being of the individual patient and the public.

The American Osteopathic Association's mandatory program of continuing medical education is designed to encourage and assist osteopathic physicians in achieving these objectives and goals.

This is implemented, in part, by granting credits to osteopathic physicians for their participation in approved CME activities sponsored by recognized organizations, institutions and agencies.

Specifically excluded from credit, however, are educational programs leading to any formal advanced standing within the profession. These include pre-doctoral courses in colleges of osteopathic medicine, internships, residencies, preceptorships and fellowships.

Approved educational activities may be formal or informal, full-or-part-time. These include, but are not limited to, scientific seminars, workshops, refresher and postgraduate courses, lectures, home study, and local, state, regional and national medical meetings.

The American Osteopathic Association grants CME credits to osteopathic physicians for their participation in educational activities meeting specific criteria. These criteria, depending on the type of activity, are described on subsequent pages.

In all cases, credit is granted only after the educational activity has been completed and documented. Sponsors may seek AOA recognition for conducting a formal osteopathic program, or may submit programs in advance to the AOA Division of Continuing Medical Education for review. If a program meets criteria, the sponsor will be notified that "initial" approval has been granted, or that the program may be "eligible" for CME credits. Mention of such approval or eligibility may be included in announcements of the program and the printed program itself.

Osteopathic physicians wishing to know if a particular program is eligible for CME credit should first review the criteria under the appropriate category in the Guide. If the program meets the criteria, they may assume it is eligible and that they will be granted CME credits by properly reporting and documenting their participation. If in doubt, they should contact the Division of Continuing Medical Education at the AOA.

It is not mandatory, however, that a program be approved in advance to be eligible for CME credit since final determination of credits and categories are made only after a program has

been completed.

Physicians are encouraged to consult various AOA publications, including the *AOA COMING EVENTS*, to plan their CME activities in advance, compatible with their personal and professional interests and needs. It is recommended that annually each physician obtain CME credit in an AIDS related program.

The Committee on Continuing Medical Education is devoting increased attention to the educational quality and value of programs it approves for CME credit.

While "quality" and "value" admittedly are subjective, there are objective standards of evaluation which can help determine if an educational activity does in fact meet educational needs. The Committee gradually will integrate these standards into its evaluation procedures.

In particular, the Committee expects all CME planning groups to include three guidelines to help insure that the program is a meaningful educational experience.

First, the program should provide a clear statement of its educational objectives.

Next, the program should selectively utilize the faculty, format and educational modalities best suited to the topic.

Finally, the program should conclude with some form of evaluation to determine if the educational objectives have been accomplished.

With these guidelines the physician can determine if the program meets his specific educational needs and thus become more intelligently selective in his CME activities.

The AOA CME quality guidelines are:

1. CME will be systematically organized and administered.
2. The program should focus on the needs of the participants. The programs should be based on some type of needs assessment when possible; that is, using a needs-identifying-process to form a priority list for educational programs in *advance*—based on deficiencies, problems, and needs. (that is, every program is to be a planned program of learning, not just one of trial and error conceived by a program chairman.) Some examples of these needs assessments are as follows:
 - A. Medical Audit (Identifying Needs)
 1. Develop criteria of excellence (such as P.R.O.)
 2. Collect and summarize data.
 3. Analyze and interpret data.
 - B. Pre-Test item analysis (Identified Needs)
 - C. Self-Assessment (Identified Needs and Felt Needs)
 - D. Questionnaire (Physician Felt Needs)
3. Establish a faculty for CME with adequate credentials.
4. Every program should have stated and printed educational objectives. The objectives should state what the physician should know or be able to do at the end of the program, for example: correction of outdated knowledge, and new knowledge in specific areas; master new skills, change

attitudes or habits, etc.

5. Primary evaluation responsibility lies with the CME sponsors.
6. CME programs should include a variety of course-class alternatives and encourage innovative program development.
7. Each program should have a statement as to the type of audience for whom the program is designed—for example: general practitioners, surgeons, cardiologists, etc.—and the program should be relevant to the practice needs of this audience.
8. The sponsors should encourage active participation by the learner wherever possible.
9. Attendance records should be kept as means of assuring that those attending a program are given proper credit toward their CME requirements.
10. Sponsors shall conduct post-course evaluation to determine the effectiveness of the program and whether the stated objectives were met. Examples of evaluation methods are:
 - A. Pre and post testing.
 - B. Self-assessment.
 - C. Practice in hospital medical audits.
 - D. Post-course critique.
11. The sponsors should assure that proper facilities and equipment are provided to enable the presenter to teach effectively.

CALENDAR

The American Osteopathic Association grants credit for Continuing Medical Education on a three year calendar period. The prior "three-year" period of the CME program was January 1, 1989 through December 31, 1991. Required CME credit hours were earned at any time within that calendar period.

No credit, however, was granted for activities pursued prior to January 1, 1989. No credits, likewise, can be carried beyond December 31, 1991.

Thus, as of January 1, 1992, all osteopathic physicians participating in the program begin an entirely new calendar and will be expected to meet all CME requirements for each new calendar period thereafter.

REQUIREMENTS

All AOA Members - All AOA members engaged in active clinical practice are required to participate in the CME program and meet specified CME credit hour requirements to remain eligible for continued membership in the Association. Certified or board eligible D.O.'s must meet additional requirements related to their basic certification.

An "active" practitioner is defined as one who renders patient care, whether on a full-or-part-time basis.

Except as indicated in the exemptions, and reduction or waiver of requirements sections below, AOA members are required to obtain a minimum of 150 CME credit hours for each 3-year calendar period.

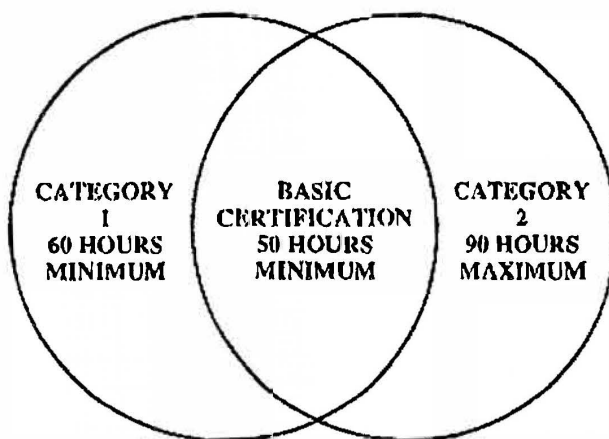
A minimum of 60 credits of the total requirement *must* be obtained under Category 1-A or 1-B, described below. However, the *full* CME requirement may be earned under category 1, in which case a maximum of 90 credits may be applied to Category 1-B.

A maximum of 90 credit hours of the total requirement may be earned under Category 1, described below.

Certified Physician - Physicians who are board certified or board eligible *must* earn a minimum of 50 credit hours or more as may be mandated by the board of their basic certification in each 3-year CME period. These hours may be earned in Category 1 or Category 2. Failure to maintain this requirement will result in loss of certification or board eligibility.

Physicians who are board certified or board eligible in more than one specialty will be monitored in the basic certification area of their most recently obtained certification unless they submit a formal request to be monitored in one of their other specialties.

Physicians will be monitored in one specialty only.



EXEMPTION

AOA members specifically exempted from the CME program requirements include the following:

- Regular members not engaged in active clinical practice.
- Retired members.
- Associate members.
- Regular members outside the limits of the U.S. and Canada.
- Student members.
- Members actively engaged in formal postgraduate programs such as internships, residencies and other approved training programs which lead to formal advanced standing within the profession.
- Members actively participating in other AOA recognized postgraduate programs will qualify for exemption for the period of such training.
- Military members assigned positions other than their specialty.

Any osteopathic physician may participate in the AOA program and have his credits entered on the CME computer record. This record may be necessary to satisfy CME requirements of his divisional society, practice affiliate, state licensing boards, or the osteopathic hospital in which he practices.

REDUCTION OR WAIVER OF REQUIREMENTS

The Committee on Continuing Medical Education will formally consider requests for reduction or waiver of CME requirements based on individual mitigating circumstances. Such requests, submitted in writing, should contain complete information indicating why reduction or waiver is indicated. All information will be held strictly confidential. Formal notification of the Committee's decision will be forwarded to the applicant as soon as possible.

Requirements also are reduced for AOA members who experience a change in membership or practice status between the beginning and end of each 3-year calendar period. Examples include completing postdoctoral training and entering clinical practice, temporarily leaving practice for health or other personal reasons, re-entering practice or becoming an AOA member for the first time.

In such instances the number of credit hours required is reduced on a pro-rated formula, and the change entered on the physician's CME activity report.

The Committee on CME may consider the waiver of up to the maximum of 10 hours of Category 1 requirement per year for osteopathic physicians on active duty in the military or public health service within the 48 contiguous states. The

Committee may consider the waiver of the Category 1 requirement for physicians on active duty in the military and public health services outside the 48 contiguous states. However, in each instance, the physician must meet or exceed the total requirement of 150 hours per 3-year period or justify a request for waiver of hours from the Committee on Continuing Medical Education.

Further, this policy applies to physicians on active duty who participate in medical programs authorized for uniformed physicians.

The Committee on CME may consider the waiver of up to the maximum of 10 hours of Category 1 requirement per year for osteopathic physicians residing in small states. Small states refers to areas or states within the United States and its territories in which the population of practicing osteopathic physicians is less than 200, excluding members on active duty in the military or public health services.

CME ACTIVITY BY CATEGORY

Category 1. A minimum of SIXTY (60) credit hours of the total 150-hour requirements are mandatory under this general category. Participants who are required to meet less than 150 hours must earn two-fifths of their total credits under Category 1. However, any physician may fulfill all AOA CME requirements under this category.

Category 1-A. Formal educational programs sponsored by AOA recognized institutions, organizations, and their affiliates which meet the quality standards as defined by the AOA.

Category 1-A Quality Standards

The sponsors agree to apply quality standards as defined below:

1. The sponsor shall provide that at least 50% of the presenters shall be D.O.'s or staff members of osteopathic institutions.
2. The sponsor shall provide that at least 50% of the lecture hours shall be presented by osteopathic physicians or staff members of osteopathic institutions.
3. The sponsor must provide evidence of integrating osteopathic principles and practice into the program.
4. The sponsor shall identify and use presenters who will teach in a planned program. The suggested criteria for presented selection include:
 - A. Appropriate Credentials
 - B. Competence as a teacher
 - C. Knowledge of content area
 - D. Qualification by experience

5. The sponsor must provide the AOA with the name and telephone number of the chairperson responsible for administration of Category 1-A CME activities.
6. Involved faculty must have credentials appropriate to expertise required.
7. Advertising and promotion of CME activities must be carried out in a responsible fashion, clearly showing the educational objectives of the activity; the nature of the audience that may benefit from the activity; the cost of the activity to the participant and the items covered by the cost; the amount of CME credit that can be earned in compliance with the AOA CME GUIDE; and the credentials of the faculty.
8. Maintenance and availability of records of participation in CME activities should be adequate to serve the needs of participants and those requiring this information.
9. The participants must be provided with a certificate or some other document attesting to the satisfactory completion of the CME activity.
10. The sponsor must have a written policy dealing with procedures for the management of grievances and fee refunds.
11. The sponsor should assure that a sound financial base is established for the planned CME programs and activities. Budget planning for CME should be clearly projected. The program should not be presented for the sole purpose of profit.
12. An appropriate number of qualified faculty for each activity shall be secured by the sponsor.
13. Adequate supportive personnel to assist with administrative matters and technical assistance shall be available.
14. The sponsor provides a means for adequately monitoring the quality of faculty presentations.
15. The sponsor must insure adequate program participant evaluation as suggested in the quality standards.

NOTE: Moderators will not be considered faculty if they simply introduce speakers and their topics. To fulfill the definition of faculty, they must actively participate in the educational program.

Some formal educational programs co-sponsored by recognized osteopathic institutions and organizations may be eligible for Category 1-A credit, depending on individual circumstances.

STANDARDIZED LIFE SUPPORT COURSES

The following standardized life support courses are eligible for Category 1-A credit:

1. Advanced trauma life support
2. Advanced cardiac life support
3. Basic cardiac life support

4. Cardiopulmonary resuscitation and emergency care
5. Basic resuscitation
6. CPR certification
7. CPR recertification
8. ACLS recertification
9. Pediatric advanced life support
10. Advanced neonatal life support

Category 1-B Development and publication of scientific papers and electronically communicated osteopathic educational programs, osteopathic medical teaching, serving as osteopathic hospital and college accreditation approval inspectors or consultants, conducting and developing certifying board examinations, AOA accredited or approved hospital committee and departmental conferences with the review and evaluation of patient care, other osteopathic CME activities and programs, and other CME programs approved for Category 1 credit by the Committee on Continuing Medical Education.

Maximum credit allowed for acceptance of the above activities under any combination of Category 1 is ninety (90) per 3-year period.

SCIENTIFIC PAPERS/PUBLICATIONS

This category includes development and presentation of scientific papers and electronic communication programs intended for physicians education.

An original scientific paper is defined as one which reflects a search of literature, appends a bibliography, and contains original data gathered by the author. Its initial presentation must be before a postdoctoral audience qualified to critique the author's statements.

Preparation in published form of electronic communication activities includes audio, video, teleconference, closed-circuit, and computer-assisted instruction programs.

Maximum allowable credit for a presentation will be ten (10) credit hours. A copy of the paper or electronic communication program in finished form shall be submitted to the office of CME. Publication of a paper or electronic communication program recognized by the AOA may, on recommendation from the AOA editorial department, receive a maximum of fifteen (15) hours of credit.

OSTEOPATHIC MEDICAL TEACHING

Serving as a teacher, lecturer, preceptor or moderator-participant in any AOA approved osteopathic medical educational program. Such teaching would include classes in colleges of osteopathic medicine, lecturing to hospital interns, residents and staff. One hour of credit will be granted for each hour of actual instruction.

CONDUCTING HOSPITAL INSPECTIONS/ SPECIALTY BOARD EXAMINATIONS

Participating in inspection programs for AOA-accreditation and/or approval of hospitals and colleges; conducting clinical examinations of osteopathic certifying boards. Five (5) credits will be granted for each hospital or college inspection or examination.

NOTE: CME credit may be granted to physicians administering clinical examinations but not to those taking the examination.

HOSPITAL EDUCATION/OSTEOPATHIC

Attendance at AOA-accredited and/or approved hospital committee and departmental conference concerned with the review and evaluation of patient care.

Examples of such peer review activities might include:

- (a) Tumor Board and Tissue Committee Conferences;
 - (b) Mortality Reviews;
 - (c) Clinical Pathological Conferences;
 - (d) Chart and Medical-Record Audits and Discharge Reviews;
 - (e) Utilization Review.
- Hospital staff, departmental and divisional educational meetings may be granted CME credit under this category.

No credit may be granted for meetings entirely devoted to a hospital's business or administrative affairs.

OTHER OSTEOPATHIC CME

Other osteopathic CME activities approved by the Committee on Continuing Medical Education. This will include osteopathic self-evaluation tests, qualified osteopathic medical education, qualified legislative osteopathic seminars, osteopathically sponsored audio/video-taped programs, and computer assisted instruction, and osteopathically sponsored quality assurance and risk management seminars.

For audio and video taped programs, credit will be awarded at the rate of one credit per hour of program playing time if an accompanying CME quiz is completed and returned to the AOA. For computer assisted instruction, credit will be awarded at the rate of one-half credit per hour of time spent in

completion of the program, if sponsor generated documentation of the number of hours and the program's completion is received by the AOA.

Category 2 A maximum of ninety (90) credit hours of the 150 hours may be earned under this general category, with specific maximum credits indicated under the subcategories described below.

This broad category is intended to encourage the widest possible selection of both formal and informal educational activities and allow CME credits for many educational programs already engaged in by osteopathic physicians.

REPEALED



DIVISION OF CONTINUING MEDICAL EDUCATION
AMERICAN OSTEOPATHIC ASSOCIATION
142 E. ONTARIO, CHICAGO, IL 60611

INDIVIDUAL ACTIVITY REPORT

THIS REPORT OF YOUR CONTINUING MEDICAL EDUCATION ACTIVITIES HAS BEEN COMPILED FROM DOCUMENTS SUBMITTED TO AND VERIFIED BY THE AOA DIVISION OF CME AS OF THE DATE INDICATED. ALL ACCEPTABLE CME HOURS HAVE BEEN RECORDED, EVEN THOUGH THEY MAY EXCEED THE MAXIMUM ALLOWABLE FOR A PARTICULAR CATEGORY. TOTAL HOURS APPLICABLE TO YOUR AOA CME REQUIREMENT ARE INDICATED IN THE STATISTICAL SUMMARY. COMPLETE INFORMATION CONCERNING REQUIREMENTS, GUIDELINES AND PROCEDURES OF THE AOA PROGRAM MAY BE FOUND IN THE CME GUIDE. IF YOU FEEL AN ERROR HAS BEEN MADE IN THIS REPORT, PLEASE CONTACT THE CME OFFICE AND SUPPLY APPROPRIATE DOCUMENTATION SO THAT YOUR RECORD MAY BE CORRECTED.

JOHN DOE, D.O.
12345 MAIN STREET
CHICAGO, IL 60611

X

150

CME HOURS REQUIRED TO

0/0/92

12/31/94

CME HOURS RECORDED AS OF

12/31/94

REPEALED

DATE	ACTIVITY	CATEGORY	HOURS
02/10/92	00002 PAPER/PUBLISHED	1-B	10.0
06/30/92	00005 HOSPITAL EDUCATION/NON OSTEOPATHIC	2-B	30.0
06/30/92	00010 HOSPITAL EDUCATION/OSTEOPATHIC	1-B	15.0
08/20/92	00100 ANNUAL CONVENTION/U-CA	3-A	20.0
09/15/92	00109 *EMERG MED ASSEMBLY/ACEP	2-A	16.0
	HRS APPLIED TO PRI SPEC REQ		16.0
10/04/92	00150 *1989 ANNUAL CONVENTION/AOA	1-A	22.0
	HRS APPLIED TO PRI SPEC REQ		22.0
11/10/92	00165 *ACLS COURSE/AMERICAN HEART ASSN	1-A	16.0
	HRS APPLIED TO PRI SPEC REQ		16.0
11/11/92	00009 SCIENTIFIC EXHIBIT	2-B	10.0
12/31/92	00008 *HOME STUDY	2-B	24.0
	HRS APPLIED TO PRI SPEC REQ		24.0



1-A 1-B
38.0 25.0
2-A 2-B
36.0 64.0

TOTAL ACCEPTABLE
HOURS RECORDED

63.0

HOURS APPLICABLE
TOWARD REQUIREMENT

63.0

AOA
REQUIRED HOURS

150.0

TOTAL CATEGORY 1-B

100.0

TOTAL CATEGORY 1-B

90.0

REQUIREMENT
FULFILLED

YES

TOTAL CATEGORY 1-B

78.0

TOTAL CATEGORY 1-B

78.0

YES

SUMMARY OF AOA CONTINUING

Total Requirement:

Maximum of 150 credits per 3-year period

CATEGORY 1—Minimum of 60 hours required in Category 1-A or 1-B

- 1-A Formal education programs sponsored by recognized osteopathic institutions, organizations and their affiliates which meet the definition of "osteopathic" CME, and standardized life support courses *DO speaker*
- 1-B Development and publication of scientific papers and electronically communicated programs
- 1-B Osteopathic medical teaching
- 1-B Conducting osteopathic hospital inspections and certifying board examinations. (5 credits per inspection or examination)
- 1-B AOA-accredited and/or approved hospital committee and departmental conferences concerned with the review and evaluation of patient care
- 1-B Other CME activities and programs approved for Category 1 credit by AOA Committee on Continuing Medical Education

CATEGORY 2—Maximum of 90 hours allowed

- 2-A Formal education programs sponsored by recognized institutions, organizations and agencies *Speaker.*
- 2-B Non-AOA accredited and/or approved hospital committee and departmental conferences concerned with the review of patient care
- 2-B Home Study
- 2-B Scientific Exhibits
- 2-B Other CME activities and programs approved for Category 2 credit by AOA Committee on Continuing Medical Education

MEDICAL EDUCATION PROGRAMCredit Limits
per 3-year period

No Limit

90 hours maximum
for any combination
of Category 1-B

*1 student: 40 hr for 4 wks
160 hrs
max 90 per 3 yr period
by AOA*

90 hours maximum
for any combination
of Category 2-A
and/or 2-B

*Write to
CME Committee
Sub-specialty
limited hrs.*

Category 2-A Formal educational programs sponsored by recognized institutions, organizations and agencies.

This category is intended to allow osteopathic physicians the widest possible freedom of choice in attending formal educational programs of all sponsors recognized by the Committee.

Examples of recognized sponsors include but are not limited to:

- Accredited medical schools and hospitals.
- Medical societies and specialty practice organizations.
- Continuing medical education institutes.
- Governmental health agencies and institutions.

NOTE: Formal educational programs sponsored by recognized osteopathic institutions, organizations, and their affiliates which do not meet the criteria under Category 1-A may be granted credit under Category 2-A.

Category 2-B Other CME activities and programs approved for Category 2 credit by the AOA Committee.

Continuing Medical Education, including scientific exhibits, home study and non-AOA accredited or approved hospital committee and departmental conferences concerned with the review of patient care, formal and informal educational activities specifically approved by the Committee conducted by non-recognized sponsors.

HOSPITAL EDUCATION/NON-OSTEOPATHIC

Attendance at non-AOA accredited and/or approved hospital committee and departmental conferences of an educational nature, such as tumor board and tissue committee conferences, mortality review, medical records audits, and utilization review. Hospital staff, departmental and division educational meetings may be granted credit under this category.

No credit may be granted for meetings entirely devoted to a hospital's business or administrative affairs.

HOME STUDY

Home Study — The Committee strongly believes that participation in formal CME programs is essential in fulfilling a physician's total educational needs. The Committee is also concerned that the content and educational quality of many unsolicited home study materials are not subject to impartial professional review and evaluation.

For those reasons, the Committee has limited the number of credits which may be granted for home study, and has adopted strict guidelines in granting those credits.

Reading — CME credits may be granted for reading the Journal of the AOA, THE D.O., and other selected journals published by AOA affiliated and recognized osteopathic organizations.

One-half credit per issue is granted alone. An additional one-half credit per issue is granted if the CME quiz found in the AOA Journal is completed and returned to the Division of Continuing Medical Education.

CME credit for all other reading is limited to recognized scientific journals listed in *Index Medicus*. Copies of the *Index Medicus* can be found in the medical libraries. A list of English-language journals excerpted from *Index Medicus* appears periodically in THE D.O. magazine.

One-half credit per issue is granted for reading these recognized journals.

CME credits may be granted for mediated physician education programs recognized by the AOA or those considered to be in conformance with guidelines set by the CME Committee. These educational experiences could include audio cassette programs, video cassette programs, or computer assisted instruction.

For audio and video tape programs, credit will be awarded at the rate of one credit per hour of program playing time if an accompanying CME quiz is completed and returned to the AOA. For computer assisted instruction, credit will be awarded at the rate of one-half credit per hour of time spent in completion of the program, if sponsor generated documentation of the number of hours and the program's completion is received by the AOA.

Other Home Study Courses — Subject-oriented and refresher home study course and programs sponsored by recognized professional organizations may be eligible for CME credit, at the discretion of the Committee. The number of credit hours indicated by the sponsor will be considered in the Committee's evaluation of the program.

SCIENTIFIC EXHIBITS

Preparation and personal presentation of a scientific exhibit at a county, regional, state or national professional meeting. Appropriate documentation must be submitted with the request for credit. Ten credits will be granted for each new and different scientific exhibit.

OTHER APPROVED CME

All other programs and modalities of continuing medical education as they may be requested, verified and documented by the Committee on CME.

Included under this category are formal and informal educational activities such as educational development; faculty development, physician administrator training; quality assessment programs; observation at medical centers; medical economics; programs dealing with experimental and investigative areas of medical practice; and programs specifically approved by the Committee conducted by non-recognized sponsors.

REQUESTS FOR INITIAL APPROVAL

Recognized sponsor may request initial approval for formal educational programs in advance from the Division of Continuing Medical Education.

Requests should be made as early as possible, and must include all the following information:

- 1) The full name of the sponsoring organization or institution, and all co-sponsors.
- 2) The program's title or subject.
- 3) The location and date(s) of the program.
- 4) The faculty presenting the program, identified by name, title, or affiliation, and professional degree.
- 5) A list of each speaker's topic and the time allotted. Closing times for all sessions should be indicated.
- 6) The total number of educational hours, not including coffee breaks, lunches, etc.

Programs will be initially submitted and non-certified by mail if initial approval has been granted or if the program may be eligible for CME credit. The category and number of CME credits approved will be indicated. Mention of such approval or eligibility may be included in announcements and the printed program.

It is not mandatory, however, that the program be approved in advance to be eligible for CME credits. Final credits, in all cases, are granted only after a program has been completed and attendance documented.

Quality guidelines for the approval of Category 1-A credit were adopted at the July, 1979 meeting of the AOA Board of Trustees. These guidelines provide a new method for identifying sponsors of Category 1-A credit. (See page).

AOA-CME Sponsor — Definition: An AOA-CME sponsor of Category 1-A programs is defined as an osteopathic institution, organization, or affiliate that presents programs that qualify for AOA CME credit.

If two or more sponsors act in association, the responsibility for complying with the standards for quality is held jointly. If an approved sponsor acts in association with others in the development, distribution and/or presentation of CME activities, it is mandatory that the identity of the AOA approved sponsor or sponsors be identified in the title, advertising and promotional materials and the responsibility for adherence to the standards of quality must rest with the AOA approved sponsor. The sponsor shall insure that sound educational goal planning takes place in all programs.

Approval process for formal osteopathic sponsors:

Prospective "formal" CME sponsors will seek recognition by following an AOA approval process. If an applying sponsor gains AOA approval, then that sponsor may conduct programs in Category 1-A which follow basic AOA guidelines.

NOTE: Category 1-A programs may also be sponsored by osteopathic institutions, organizations, and affiliates providing evidence that AOA standards are being met. These sponsors must seek prior approval of such programs.

An osteopathic institution, organization, or affiliate seeking recognition as a "formal sponsor" shall be considered by the AOA Committee on Continuing Medical Education only after certain minimum criteria are met. These criteria may be met when the items listed below are received in the AOA Department of Education.

1. A completed application form.
2. Documentary evidence that the AOA quality standards for CME are being applied.
3. Each sponsoring group must provide assurance that at least 5% of each program or that sponsor's listing is planned and presented by osteopathic physicians.
4. The sponsor will inform the AOA of program developments in a timely and systematic manner.

The AOA will publish as part of the AOA Coming Events, with a special designation, the programs of recognized sponsors. Each sponsor must reapply to retain the right to be recognized and to have special designations on the program published in the *AOA Coming Events*. The approval review will be conducted every three years, but the AOA Committee on Continuing Medical Education retains the right to terminate approval for cause. Due process is provided through the Bureau of Professional Education appeal mechanism and procedures. The AOA will notify each applicant of the disposition of the recognition request in a prompt and timely manner.

REPORTING CME ACTIVITIES

Reporting of CME activities may be submitted to the Division of Continuing Medical Education by either sponsor or individual physicians.

It is mandatory, however, that each report of CME activities be submitted on the appropriate form. Only in this way can appropriate credits under the appropriate category be entered on the individual physician's CME computer record.

Sponsors and physicians should not indicate more than one program or type of activity on a single form. Copies of appropriate forms may be obtained from the Division of Continuing

Medical Education. These forms may be copied or reproduced as desired.

Sponsors should report physician participation in CME activities using either the "Roster of Attendance" or "Hospital Peer Review Activity" form.

The Roster of Attendance form is used to document attendance at formal educational programs sponsored by recognized organizations and institutions. This form is provided to the sponsor by the Division of CME, usually with the notification of "initial" approval.

Each physician attending the program should be listed on the form by entering the appropriate AOA number, name, college and year of graduation. The AOA number can be found on the physician's AOA membership card. The completed form, together with a copy of the printed program, should be forwarded to the Division of CME by the sponsor, as soon as possible following the meeting.

NOTE: If this procedure is followed, physicians need not and should not submit individual certification of attendance. It is the sponsor's responsibility, however, to inform physicians attending a program that this form is being submitted on the Roster of Attendance form.

The Hospital Peer Review Activity form is used to document participation by staff physicians in hospital CME activities and programs as described under Category 1-B.

The form is designed to serve as a cumulative record of each staff physician's Category 1-B CME activities. No other activities or programs should be included on this form.

Copies of the form are provided to Director of Medical Education of accredited osteopathic hospitals by the Division of CME. Completed forms for all staff physicians should be returned to the Division at one time, preferably quarterly.

NOTE: If these procedures are followed, staff physicians need not and should not submit individual certifications of Category 1-B activities.

Attendance at special programs, seminars and meetings sponsored by the hospital should be reported on the "Roster of Attendance" form described above.

Physicians practicing in joint-staff hospitals should request copies of the Hospital Peer Review Activity form from the Division of Continuing Medical Education.

The Home Study form is intended to document individual reading of recognized scientific journals, listening to approved audio-tapes, and other approved home study courses and programs under the criteria described for Category 2-B.

Only one type of home study, such as reading, should be indicated on a Single form, though multiple issues of scientific journals may be listed.

This form should not be used, however, when CME quiz cards for the AOA Journal, and AOA Audio-Educational tape programs are submitted separately.

The Individual Certification form is intended for use by individual physicians to document all other CME activities not reported on other forms.

Copies of the Individual Certification form may be obtained from the Division of CME.

Examples of CME activities to be reported on this form include:

- Development and publication of scientific papers and electronically communicated programs — Category 1-B.
- Medical teaching — Category 1-B.
- Other osteopathic CME programs and activities approved by the Committee on Continuing Medical Education — Category 1-B.
- Attendance at formal educational programs sponsored by recognized institutions, organizations and agencies at which the "Roster of Attendance" form is not submitted by the sponsor — Category 2-A. These include most non-osteopathic programs.
- Scientific publishing — Category 2-B.
- All other programs and modalities of CME as they may be requested, verified and documented by the Committee on Continuing Medical Education — Category 2-B.

Only one CME activity or program may be reported on each Individual Certification form. It is mandatory that documentation, appropriate to the program or activity, be enclosed with each form. Forms listing more than one CME activity, or forms received without sufficient documentation, will be returned.

GRANTING CME CREDITS

The Committee on Continuing Medical Education reserves the right to evaluate all programs and activities on an individual basis, and to deny CME credits at its discretion to those which do not fulfill criteria described in this Guide.

For most CME programs, credit is granted on the formula of one credit for each hour of educational activity. That formula may be modified at the Committee's discretion, depending on individual circumstances. In no case, however, will CME credit be granted for coffee breaks, social functions, or time allotted to business or administrative matters.

The number of CME credits indicated for a program by other organizations will be considered by the Committee in its total evaluation. However, in all cases, the Committee reserves the right to make final determination of the number and category of credits granted.

Reports of CME activities which meet criteria will be accepted and appropriate credits entered on the physician's

record. All credits will be reported on the Individual Activity Report, described below. Sponsors and physicians will be notified if CME credits are granted. For these reasons, it is essential that both sponsors and physicians keep duplicate copies of all forms submitted for CME credits.

If the Committee has any reason to question a CME program or activity, the sponsor or physician will be requested to clarify specific matters before final approval is granted and credits are recorded. Sponsors and physicians will be notified by mail in all cases where CME credits are reduced or denied, with the reasons for such action indicated.

RIGHT OF APPEAL

All osteopathic physicians and affiliated osteopathic organizations and institutions participating in the CME program have the right to request reconsideration or appeal of any decision made by the Committee on Continuing Medical Education.

Procedures for reconsideration and appeal are described in a formal document available on request from the Division of Continuing Medical Education.

All requests for reconsideration and appeal should be initiated as soon as possible after the decision under question has been made.

INDIVIDUAL ACTIVITY REPORTS

AOA members will receive Individual Activity Reports of their CME credits at appropriate intervals. The report will be a computer print-out of CME activity as compiled from documents submitted to the Division of Continuing Medical Education by both sponsors and the physician.

All acceptable CME hours will be indicated, even though they may exceed the maximum allowable for a particular category. Total hours applicable to each physician's CME requirement will be indicated in a statistical summary at the bottom of the report.

The main portion of the report will be a line-by-line listing of each CME activity or program recorded for the physician. Each line will indicate the date of the activity, the unique program number assigned to it for computer recording, the title of the program, the category under which credits were granted, and the number of hours granted.

Any physician who believes an error has been made in this report should contact the Division of CME and supply appropriate documentation so the record may be corrected.

A charge will be made for Individual Activity Reports requested by AOA non-members.

NOTE: Individual Activity Reports will be mailed to physicians. It is the physician's right and responsibility to forward duplicate copies of this report to others, as necessary.

CME CERTIFICATES

An AOA-CME Certificate may be purchased in the third year of the CME cycle by those who have successfully completed the required 150 hours of Continuing Medical Education necessary to maintain membership in the association. This certificate is available at a nominal fee and may be used to advise your patients of your interest in keeping current with new advances in osteopathic medicine.

Member doctors who qualify for a certificate will be notified by the Division of CME in March of the third year of the AOA-CME cycle.

REPEALED

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

PROPOSED REGULATORY LANGUAGE

Continuing Education Requirements and Citations and Fines

The amendment format is as follows: Existing language remains unchanged; proposed changes to regulation text are indicated in single underline for additions and single ~~strike through~~ for deletions.

The Osteopathic Medical Board of California hereby proposes to amend its regulations in Sections 1635, 1636, 1638, 1641, 1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35, and repeal Sections 1639 and 1640 of Division 16 of Title 16 of the California Code of Regulations to read as follows:

§1635. Required Continuing Medical Education (CME).

(a) Each osteopathic physician and surgeon submitting the tax and registration fee shall submit satisfactory proof to the Board of ongoing compliance with the provisions of this article at the times specified herein.

(b) ~~Commencing January 1, 1989, a~~ As a condition of renewal, each osteopathic physician and surgeon shall complete 150 hours within a three-year period shall complete the continuing medical education (CME) requirements set forth in Section 2454.5 of the Code and this section during the two years immediately preceding their license expiration date, unless otherwise provided in this section or a waiver is obtained as provided in Section 1637. ~~to satisfy the CME requirement; t~~ This three ~~two-year~~ period is defined as the "CME requirement period." Each osteopathic physician and surgeon shall provide satisfactory documentation of their CME completion or exemption to the Board as specified in Section 1636.

(c) ~~The requirement of 150 hours during the three-year CME requirement period shall include a minimum of 60 hours of CME in Category 1-A or 1-B defined by the American Osteopathic Association (AOA). The balance of the CME requirement of 90 hours may consist of CME as defined by either the American Osteopathic Association (AOA) or the American Medical Association (AMA) and may be completed within the entire three-year CME requirement period.~~ CME courses shall also meet the following criteria to be acceptable:

(1) Any CME course that includes a direct patient care component and is offered by a CME provider located in this state shall contain curriculum that includes cultural and

linguistic competency and an understanding of implicit bias in the practice of medicine as provided in Section 2190.1 of the Code. "Direct patient care" shall have the meaning as set forth in paragraph (2) of subsection (f).

(2) Any CME courses taken that meet the criteria in Section 2190.15 of the Code shall not together comprise more than 15 hours of the total hours of CME completed by an osteopathic physician and surgeon to satisfy the continuing educational requirement established by Section 2454.5 of the Code.

(d) ~~Effective January 1, 1989, the three-year CME period shall commence for those licensed on or before January 1, 1989. For those osteopathic physicians and surgeons licensed subsequent to on or after January 1, 1989~~2023, the initial CME requirement period shall ~~commence their three-year CME requirement period on a prorata basis commencing the first full calendar year subsequent to initial licensure~~shall be from the date of initial licensure to the first license expiration date. Subsequent ~~three-two-year~~ CME requirement periods shall not include CME earned during a preceding ~~three-two-year~~ CME requirement period.

(e) In addition to meeting the requirements of subsections (b) and (c), as a condition of renewal, unless otherwise exempted or a waiver is obtained as specified in this section, osteopathic physicians and surgeons shall complete the following:

(1) a one-time, 12-hour CME course in pain management and the treatment of terminally ill and dying patients meeting the requirements of this section and Section 2190.5 of the Code within four years of their initial license or by their second renewal date, whichever occurs first.

(A) At a minimum, course content for a course in pain management and the treatment of terminally ill and dying patients shall include the practices for pain management in medicine, palliative and end-of-life care for terminally ill and dying patients, and the risks of addiction associated with the use of Schedule II drugs.

(B) For the course component involving the risks of addiction associated with the use of Schedule II drugs mentioned in subsection (d)(1)(A), at a minimum, the course content shall include regulatory requirements for prescribers and dispensers, strategies for identifying substance use, and procedures and practices for treating and managing substance use disorder patients.

(C) CME hours earned in fulfillment of this requirement shall be counted by the Board towards the total CME hours each osteopathic physician is

required to complete during each CME requirement period as provided by Section 2454.5 of the Code.

(2) a course on the risks of addiction associated with the use of Schedule II drugs that contains, at a minimum, the course content specified in subsection (d)(1)(B).

(A) CME hours earned in fulfillment of this requirement shall be counted by the Board towards the total CME hours each osteopathic physician is required to complete during each CME requirement period as provided by Section 2454.5 of the Code.

(B) The Board shall deem this requirement to be met for the applicable CME requirement period if the osteopathic physician completed the 12-hour CME course specified in subsection (d)(1) during that CME requirement period.

(3) if applicable, all general internists and family osteopathic physicians who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 10 hours in a course required by Section 2190.3 of the Code.

~~(e) Category 1-A, or other CME is defined by the American Osteopathic Association (AOA), set forth in the American Osteopathic Association's "Continuing Medical Education Guide," and is hereby incorporated by reference and can be obtained from the AOA at 142 E. Ontario Street, Chicago, IL 60611; it is published once every three years by the AOA most recently in 1992. Category 1 defined by the American Medical Association is set forth in "Physicians Recognition Award Information Booklet," and is hereby incorporated by reference and can be obtained from the American Medical Association, 515 North State Street, Chicago, IL 60610; it is published on an occasional basis by the AMA, most recently in January, 1986.~~

(f) Osteopathic physicians and surgeons ("physicians") meeting any of the following criteria at the time of renewal shall be deemed exempt from the requirements of subsection (e)(1):

- (1) Physicians practicing in pathology or radiology specialty areas as required by Section 2190.5 of the Code;
- (2) Physicians not engaged in direct patient care, meaning no personal or face-to-face interaction with the patient, including health assessments, counseling, treatments, patient education, prescribing or administering medications, or any task authorized by the Act or described in Sections

2051 or 2052 of the Code that involves personal interaction with the patient;

- (3) Physicians that do not provide patient consultations;
- (4) Physicians that do not reside in the State of California;
- (5) Physicians who have completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or.
- (6) Physicians who are deemed a “qualifying physician” as specified in Section 2190.6 of the Code, which means a physician meets any of the following conditions:
 - (A) The physician holds a board certification in addiction psychiatry or addiction medicine from the American Board of Medical Specialties.
 - (B) The physician holds an addiction certification from the American Society of Addiction Medicine or the American Board of Addiction Medicine.
 - (C) The physician holds a board certification in addiction medicine from the American Osteopathic Association.
 - (D) The physician has completed not less than eight hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, or the American Psychiatric Association. Such training shall include:
 - (aa) opioid maintenance and detoxification;
 - (bb) appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder;
 - (cc) initial and periodic patient assessments (including substance use monitoring);

(dd) individualized treatment planning, overdose reversal, and relapse prevention;

(ee) counseling and recovery support services;

(ff) staffing roles and considerations;

(gg) diversion control; and,

(hh) other best practices.

(E) The physician has participated as an investigator in one or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the U.S. Secretary of Health and Human Services by the sponsor of such approved drug.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018, 2190.5, 2454.5, 2456.1 and 3600-1, Business and Professions Code. Reference: Section 2190.1, 2190.15, 2190.3, 2190.5, 2190.6, 2452, 2454.5, Business and Professions Code.

§1636. Continuing Medical Education Progress-Report Documentation.

(a) Osteopathic Pphysicians and surgeons shall report the total number of continuing medical education (CME) hours as provided in subsection (b) to the Board with the renewal application. This may be accomplished by:

(a) The physician sending the Board a copy of their computer printout of CME activity as compiled from documents submitted to the AOA Division of Continuing Medical Education by both sponsors and the physician (Individual Activity Report) which will list the amount of CME credit hours, or

(b) Sending the Board copies of any certificates given for the CME credit hours of attendance at any program approved by the Board, or

(c) Reports from any program approved by the Board, to be furnished by the physician, showing his CME credit hours of attendance hours as verified by the program organizer.

(d) CME categories are defined by Section 1635(e).

(b) For the purposes of Section 1635, satisfactory documentation shall mean a written statement to the Board, signed and dated by the osteopathic physician and surgeon ("licensee"), that includes disclosures of all of the following:

(1) The following personally identifying information:

(A) Licensee's full legal name (first, middle, last, suffix (if any)),

(B) Licensee's license number,

(C) Mailing address,

(D) Telephone number; and,

(E) Email address, if any.

(2) Whether during the two years immediately preceding their license expiration date, the licensee completed a minimum of 50 hours of American Osteopathic Association (AOA) CME, of which at least:

(A) 20 hours were completed in AOA Category 1 CME as defined in Section 2454.5 of the Code, and,

(B) the remaining 30 CME hours were earned for coursework accredited by either the AOA or the American Medical Association (AMA).

(3) Whether within four years of their initial licensure or by their second renewal, the licensee completed a one-time 12-hour CME course in the subjects of pain management and the treatment of terminally ill or dying patients ("pain management course") as specified by Section 1635.

(4) If the licensee has not completed the pain management course referenced in subsection (b)(3), whether the licensee meets any of the following criteria:

(A) The licensee is practicing in pathology or radiology specialty areas,

(B) The licensee is not engaged in direct patient care as defined in Section 1635,

(C) The licensee does not provide patient consultations,

(D) The licensee does not reside in the State of California;

(E) The licensee completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients.

including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or,

(F) The licensee meets one of the conditions listed in paragraph (6) of subsection (f) of Section 1635 for a “qualifying physician.”

(5) Whether during the two years immediately preceding their license expiration date, the licensee completed a course on the risks of addiction associated with the use of Schedule II drugs as specified in Section 1635, including a course in pain management as referenced in subsection (b)(3).

(6) Whether the licensee obtained a waiver from the Board for all of any portion of the current CME requirements specified in Section 1635 for this CME reporting period in accordance with Section 1637.

(7) A certification by the licensee under penalty of perjury under the laws of the State of California that all statements made in response to disclosures required by subsections (b)(1)-(6) are true and correct.

(c) Licensees who have reported CME compliance as specified in this section shall be subject to random audit of their CME hours. Within 65 days of the date of the Board’s written request, those licensees selected for audit shall be required to document their compliance with the CME requirements of this article and shall be required to respond to any inquiry by the Board regarding compliance with this article and/or provide to the Board the records retained pursuant to subsection (d).

(d) Each licensee shall retain documents demonstrating compliance as provided in this subsection for each CME requirement period for six years from the completion date of the course(s) or condition(s) claimed as credit towards satisfaction of, or exemption from, the requirements of Section 1635. Those licensees selected for audit shall be required to submit documentation of their compliance with the CME requirements as specified by this article. Documents demonstrating compliance include any of the following:

(1) A copy of their individual CME Activity Summary report as compiled from documents submitted to the AOA’s Continuing Medical Education Program by both sponsors and the licensee which includes, at a minimum, all of the following on official AOA letterhead or other document issued by the AOA bearing an AOA insignia:

(A) Licensee’s name;

(B) Licensee's license number, and,

(C) All CME course credits reported to the AOA during the relevant CME reporting requirement period, including: (i) CME course or activity name, (ii) CME sponsor/provider name, (iii) CME credit type (e.g., Category type, for example Category 1A or 1B), (iv) CME credit hours earned or each course or activity by the licensee and submitted by the licensee for AOA approval, (v) all credits applied or accepted by the AOA by course or activity, and, (vi) completion dates for each CME course or activity.

(2) Copies of any transcripts or certificates of completion from a CME course provider accredited by the AOA or AMA which list, at a minimum, all of the following:

(A) the name of the licensee,

(B) the title of the course(s)/program(s) attended,

(C) the amount of CME credit hours earned,

(D) the dates of attendance,

(E) the name of the CME provider, and,

(F) For AOA accredited courses, CME credit type (e.g., Category type, for example Category 1A or 1B).

(3) For AMA accredited CME course hours earned, reports from any CME course provider accredited by AMA, to be furnished by the licensee, and listing at a minimum:

(A) the name of the licensee,

(B) the title of the course(s)/program(s) attended,

(C) the amount of CME credit hours earned,

(D) the dates of attendance, and,

(E) the name of the CME provider.

(4) For any exemptions from CME requirements claimed by the licensee in paragraph (4) of subsection (b), the following documentation, as applicable:

(A) For claims of practice exemption per paragraph (4), subparagraphs (A)-(C) of subsection (b), copies of employment records or letters or other documents from an employer showing the licensee's name, dates of practice, and confirming the type of practice claimed as represented by the licensee on their report;

(B) For claims of out of state residency per paragraph (4), subparagraph (D) of subsection (b), copies of an unexpired drivers' license or other state-issued identification in the name of the licensee, or utility bills, bank or mortgage statements, vehicle registration or insurance documents, or tax documents showing the licensee's name and out of state address and dated within the last 3 months prior to the date of submission to the Board.

(C) For claims of completion of alternative CME coursework as specified in paragraph (4), subparagraphs (D) or (E) of subsection (b), any of the documents specified in paragraphs (1)-(3) of this subsection.

(D) (i) For claims of exemption as a "qualifying physician" based on specialty certification as specified in paragraph (4), subparagraph (F), certification received directly from the applicable certifying body of the licensee's certification in a specialty that includes a document containing, at minimum, the following:

(aa) Licensee's name;

(bb) Licensee's address,

(cc) Name of the specialty board,

(dd) Name of specialty,

(ee) Date certification in the specialty was issued,

(ff) Date certification in the specialty expires, and,

(gg) on official letterhead or other document issued by the specialty organization bearing their insignia.

Submission of a licensee's Official Physician Profile Report from the American Osteopathic Association directly to the Board electronically that lists the specialty certifications claimed by the licensee shall be deemed compliant with the requirements of this paragraph.

(ii) For claims of exemption as a “qualifying physician” due to the licensee being an investigator in one or more clinical trials leading to the approval of a narcotic drug as specified by Section 1635, a copy of a letter or other document, signed and dated by the sponsor showing submission of a statement from the sponsor to the U.S. Secretary of Health and Human Services that includes the licensee’s name and that the licensee was an investigator in one or more clinical trials leading to the approval of a specified narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018 and 3600-1, Business and Professions Code. Reference: Sections 2190.6, 2190.5, and 2452 and 2454.5, Business and Professions Code.

§1638. CME Requirement for Inactive Certificate.

(a) The holder of an inactive certificate is exempt from CME requirements.

(b) In order to restore a certificate to active status the licensee shall ~~have completed a minimum of 20 hours Category 1-A as defined by the American Osteopathic Association (AOA) during the 12-month period immediately preceding the licensee’s application for restoration~~ comply with the requirements for restoring an inactive certificate to an active status in Section 1646.

~~(c) CME categories are defined by sections 1635 (e).~~

NOTE: Authority cited: Osteopathic Act (initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2454.5, and 3600-1, Business and Professions Code. Reference: Sections 704, and 2454.5, Business and Professions Code.

§1639. Approved Continuing Medical Education.

~~The following CME programs are approved for credit:~~

~~(a) Those programs certified by the American Osteopathic Association (AOA) as category I and II credit and those certified by the American Medical Association (AMA) as category I.~~

~~(b) Those programs which qualify for prescribed credit from the AOA specialty groups.~~

~~(c) Those programs meeting the criteria set forth in Section 1640 and offered by other organizations and institutions.~~

~~(d) CME categories are defined by Section 1635 (e).~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1223, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 2190, and 2452, Business and Professions Code.

§1640. Criteria for Approval of CME Programs.

~~(a) Each program in which a license participates shall be administered in a responsible, professional manner.~~

~~(b) Programs referred to in Section 1639 (c) shall be measured on a clock hour to clock hour basis and shall meet the following criterial in order to be approved.~~

~~(1) Faculty: the program organizer shall have a faculty appointment in an educational institution accredited or approved pursuant to the Education Code Section 94310 or 94312, or be qualified in other specialized fields directly related to the practice of medicine. The curriculum vitae of all faculty members and organizers shall be kept on file by the program organizer.~~

~~(2) Rationale: The need for the program and how the need was determined shall be clearly stated and maintained on file by the program organizer.~~

~~(3) Program Content: Program content shall be directly related to patient care, community or public health.~~

~~(4) Education Objectives: Each program shall clearly state educational objectives that can be realistically accomplished within the framework of the program.~~

~~(5) Method of Instruction: Teaching methods for each program shall be described, e.g., lecture, seminar, audio-visual, simulation, workshops or other acceptable modalities.~~

~~(6) Evaluation: Each program shall include an evaluation method which documents that educational objectives have been met, e.g., written evaluation by each participant (questionnaire).~~

~~(7) Course organizers shall maintain a record of attendance of each participant.~~

~~(c) The Board will randomly audit courses or programs submitted for credit in addition to any course or program for which a complaint is received. If an audit is made, course organizers will be asked to submit to the Board:~~

~~(1) Organizer(s) faculty curriculum vitae;~~

- ~~(2) Rationale for course;~~
- ~~(3) Course content;~~
- ~~(4) Educational objectives;~~
- ~~(5) Teaching methods;~~
- ~~(6) Evidence of evaluation;~~
- ~~(7) Attendance records.~~

~~(d) Credit toward the required hours of continuing education will not be received for any course deemed unacceptable by the Board after an audit has been made pursuant to this section.~~

~~Note: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 2190 and 2452, Business and Professions Code.~~

§1641. Sanctions for Noncompliance.

(a) Any osteopathic physician and surgeon who has not satisfied the CME requirements completed 150 hours of approved CME or the prorated share pursuant to Section 1635(d) during the three two-year CME requirement period will be required to make up any deficiency unless a waiver is obtained pursuant to Section 1637. Any physician and surgeon who fails to complete the deficient hours or provide satisfactory documentation of CME completion as provided in Section 1636 shall be ineligible for renewal of ~~his or her~~ their license to practice medicine until such time as the deficient hours of CME are documented to the Board.

(b) It shall constitute unprofessional conduct and grounds for a citation and fine or disciplinary action, including the filing of an accusation, for any osteopathic physician and surgeon to misrepresent ~~his or her~~ their compliance with the provisions of this article, to fail to provide accurate or complete information in response to a Board inquiry, or ~~who~~ to fails to comply with the provisions of this article.

~~(c) Each physician shall retain records for a minimum of four years of all CME programs attended which indicate the title of the course or program attended, dates of attendance, the length of the course or program, the sponsoring organization and the accrediting organization, if any.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 125.9, 2018, 2454.5 and 3600-1, Business and Professions Code.

Reference: Sections 125.9, 2234, 2452 and 2454.5, Business and Professions Code.

§ 1646. Procedure for Obtaining an Inactive Certificate or for Restoration to Active Status.

(a) Any physician and surgeon desiring an inactive certificate shall submit an application to the Board (License Renewal OMB.2 or OMB.2a Rev.11/94).

(b) In order to restore an inactive certificate to an active status, the licensee shall have completed a minimum of 20 hours of Category 1 ~~A~~ CME as defined by the American Osteopathic Association (AOA) during the ~~preceding~~ 12-month period immediately preceding the license's application for restoration and pay the fee set forth in Section 1690.

(c) The inactive status of a certificate holder shall not deprive the Board of its authority to institute or continue a disciplinary proceeding against the licensee on any ground provided by law or to enter an order suspending or revoking the certificate or otherwise taking disciplinary action against the licensee on any ground.

~~(d) CME categories are defined by Section 1635(e).~~

~~(ed)~~ The processing times for obtaining an inactive certificate or reactivating an inactive certificate to active status are set forth in Section 1691.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 701, 704 and 2454.5, Business and Professions Code.

§1659.30. Authority to Issue Citations and Fines.

(a) For purposes of this article, “executive director” shall mean the executive director of the Board.

(b) The executive director or their designee is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement.

~~and administrative fines, or both,~~ for violations by a licensed osteopathic physician and surgeon or a postgraduate training licensee of the statutes and regulations referred to in Section 1659.31.

(c) A citation shall be issued whenever any fine is levied, or any order of abatement is issued. Each citation shall be in writing and shall describe with particularity the nature and facts of the violation, including a reference to the statute or regulations alleged to have been violated. The citation shall be served upon the individual personally, ~~or by~~ certified mail return receipt requested, or by regular mail at their last known address in accordance with Section 124 of the Code if the cited individual is a licensee.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-4, Business and Professions Code. Reference: Sections 124, 125.9, ~~and 148 and 2064.5~~, Business and Professions Code.

§1659.31. Citable Offenses. Fine Amounts and Criteria to Be Considered

The amount of any fine to be levied by the executive director or their designee shall take into consideration the applicable factors listed in subdivision section (b)(3) of Section 125.9 of the code and also the extent to which such person has mitigated or attempted to mitigate any damage or injury caused by the violation. The fine shall be within the ranges set forth below in subsections (a) or (c), as applicable.

(a)(1) The executive director or their designee may issue a citation under section 1659.30 for a violation against a licensee of the provisions listed in this section. Unless otherwise provided in this section, the fine for a violation of the following code sections shall not be less than \$100 and shall not exceed \$2500, except as specified in items 34 and 41 below:

(4A) Business and Professions Code Section 119

(2B) Business and Professions Code Section 125

(3C) Business and Professions Code Section 125.6

(4D) Business and Professions Code Section 475(a)(1)

(5E) Business and Professions Code Section 490

(6F) Business and Professions Code Section 580

(7G) Business and Professions Code Section 581

- (8H) Business and Professions Code Section 582
- (9I) Business and Professions Code Section 583
- (10J) Business and Professions Code Section 650
- (11K) Business and Professions Code Section 651
- (12L) Business and Professions Code Section 654
- (13M) Business and Professions Code Section 654.1
- (14N) Business and Professions Code Section 654.2
- (15O) Business and Professions Code Section 655.5
- ~~(16) Business and Professions Code Section 655.6~~
- (17) (P) Business and Professions Code Section 702
- (18) (Q) Business and Professions Code Section 730
- (19) (R) Business and Professions Code Section 732
- (20) (S) Business and Professions Code Section 802(~~b~~) (a)
- (21) (T) Business and Professions Code Section 802.1
- (22) (U) Business and Professions Code Section 810
- ~~(23) Business and Professions Code Section 2024~~
- ~~(24) Business and Professions Code Section 2052~~
- ~~(25) Business and Professions Code Section 2054~~
- ~~(26) Business and Professions Code Section 2216~~
- ~~(27) Business and Professions Code Section 2216.1~~
- ~~(28) Business and Professions Code Section 2216.2~~
- ~~(29) Business and Professions Code Section 2221.1~~

- ~~(30) Business and Professions Code Section 2236~~
- ~~(31) Business and Professions Code Section 2238~~
- ~~(32) Business and Professions Code Section 2240~~
- ~~(33) Business and Professions Code Section 2243~~
- ~~(34) Business and Professions Code Section 2244 (\$1,000)~~
- ~~(35) Business and Professions Code Section 2250~~
- ~~(36) Business and Professions Code Section 2255~~
- ~~(37) Business and Professions Code Section 2256~~
- ~~(38) Business and Professions Code Section 2257~~
- ~~(39) Business and Professions Code Section 2259~~
- ~~(40) Business and Professions Code Section 2261~~
- ~~(41) Business and Professions Code Section 2262 (\$500)~~
- ~~(42) Business and Professions Code Section 2263~~
- ~~(43) Business and Professions Code Section 2264~~
- ~~(44) Business and Professions Code Section 2266~~
- ~~(45) Business and Professions Code Section 2271~~
- ~~(46) Business and Professions Code Section 2272~~
- ~~(47) Business and Professions Code Section 2276~~
- ~~(48) Business and Professions Code Section 2285~~
- ~~(49) Business and Professions Code Section 2415~~
- ~~(50) Business and Professions Code Section 2454.5~~
- ~~(51) Business and Professions Code Section 2456.1~~

~~(52) (V) Business and Professions Code Section 17500~~

~~(53) (W) Health and Safety Code Section 123110~~

~~(54) Title 16 Cal. Code Regs. 1604~~

~~(55) Title 16 Cal. Code Regs. 1633~~

~~(56) Title 16 Cal. Code Regs. 1685~~

(X) Civil Code Section 56.10

(Y) Any provision of the Act

(Z) Any provision of the Medical Practice Act (Business and Professions Code section 2000, et seq.) relating to persons holding or applying for physician's and surgeon's certificates issued by the Board under the Act

(AA) Any regulation adopted by the Board under Division 16 of Title 16 of the California Code of Regulations

(BB) Any other statute or regulation upon which the Board may base a disciplinary action.

(2) For fines issued for violations of Sections 2244 and 2262 of the Code and Civil Code section 56.10, the amount of any fine to be levied by the Executive Director or their designee shall not exceed the amounts specified in Sections 2244 or 2262 of the Code, or Section 56.36(c) of the Civil Code, as applicable.

(b)(1) Except for fines assessed for a violation of Section 56.10 of the Civil Code, the following factors shall be considered by the Executive Director or their designee when determining the amount of an administrative fine:

(A) The good or bad faith of the cited person.

(B) The gravity of the violation.

(C) Evidence that the violation was willful.

(D) History of previous violations.

(E) The extent to which the cited person has cooperated with the Board.

(F) The extent to which the cited person has mitigated or attempted to mitigate any danger or injury caused by the violation.

(2) When determining the amount of the fine to be assessed for a violation of Civil Code section 56.10, the Executive Director or their designee shall consider the factors listed in Section 56.36(d) of the Civil Code.

(b) Notwithstanding the administrative fine amounts specified in subsection (a)(1), a citation may include a fine between \$2501 and \$5000, if at least one or more of the following circumstances apply:

1. The citation involves a violation that has an immediate ~~relationship~~threat to the health and safety of another person;
2. The cited person has a history of two or more prior citations of the same or similar violations;
3. The citation involves multiple violations that demonstrate a willful disregard of the law;
4. The citation involves a violation or violations perpetrated against a senior citizen or a disabled person.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code; Section 56.36, Civil Code.

§1659.32. Compliance with Orders of Abatement.

(a) If a cited person who has been issued an order of abatement is unable to complete the correction within the time set forth in the citation because of conditions beyond ~~his or her~~their control after the exercise of reasonable diligence, the person cited may request an extension of time in which to complete the correction from the executive director or their designee. Such a request shall be in writing and shall be made within the time set forth for abatement.

(b) An order of abatement shall either be personally served or mailed by certified mail, return receipt requested. The time allowed for the abatement of a violation shall begin when the order of abatement is final and has been served or received. When an order of abatement is not contested or if the order is appealed and the person cited does not prevail, failure to abate the violation charged within the time allowed shall constitute a violation and a failure to comply with the order of abatement. Such failure may result in

disciplinary action being taken by the board or other appropriate judicial relief being taken against the person cited.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§1659.33. Citations for Unlicensed Practice.

(a) The executive director or their designee is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines against persons, partnerships, corporations or associations who are performing or who have performed services for which licensure as an osteopathic physician and surgeon or postgraduate training licensee under the Medical Practice Act is required. ~~The executive director is authorized to issue citations and orders of abatement and levy fines only in the case of (a) an osteopathic physician and surgeon who has practiced with a delinquent license or (b) an applicant for licensure who practices prior to issuance of a license.~~ Each citation issued shall contain an order of abatement. Where appropriate, the executive director or their designee shall levy a fine for such unlicensed activity in accordance with subdivision (b)(3) of Section 125.9 of the code.

(b)(1) If any fine amount remains unpaid after the effective date of the final citation order, the executive director or their designee shall send a written notice at intervals of 30, 60 and 90 days from the effective date of the final citation order to the cited person containing, at a minimum, the following statements:

"Our records show that you have a \$[insert citation amount owed] delinquent debt due to the Osteopathic Medical Board of California. You have 30 days to voluntarily pay this amount before we submit your account to the Franchise Tax Board (FTB) for interagency intercept collection.

FTB operates an intercept program in conjunction with the State Controller's Office, collecting delinquent liabilities individuals owed to state, local agencies, and colleges. FTB intercepts tax refunds, unclaimed property claims, and lottery winnings owed to individuals. FTB redirects these funds to pay the individual's debts to the agencies, including this Board. (Government Code Sections 12419.2 and 12419.5.)

If you have questions or do not believe you owe this debt, contact us within 30 days from the date of this letter. A representative will review your questions/objections. If you do not contact us within that time, or if you do not provide sufficient objections, we will proceed with intercept collections."

After the initial 30-day notice, any subsequent notices shall contain references to any prior notice(s), including the date any prior notice was sent, and what further actions, including collection fees, may be taken in the collection process.

(b)(2) If, after providing notice in accordance with paragraph (1), any fine amount remains unpaid six months after the effective date of the final citation order, the executive director or their designee shall submit to the FTB a request for interagency intercept collection of any tax refund due the cited person pursuant to Government Code sections 12419.2 and 12419.5 that includes the cited person's name, social security number and the amount of their unpaid fine.

(c) The provisions of Sections 1659.30 and 1659.32 shall apply to the issuance of citations for unlicensed activity under this subsection. The sanction authorized under this section shall be separate from and in addition to any other civil or criminal remedies.

(d) "Final" for the purposes of this section shall mean: (a) the Board's contested citation decision is effective and the cited person has exhausted all methods for contesting the citation under section 1659.34, or, (b) the cited person did not contest the citation decision and the timeframes for contesting a citation under section 1659.34 have passed.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9, ~~and 148 and 2064.5~~, Business and Professions Code; Sections 12419.2 and 12419.5, Government Code.

§1659.34. Contest of Citations.

(a) In addition to requesting a hearing as provided for in subdivision (b)(4) of Section 125.9 of the code, the person cited may, within 15 calendar days after service of the citation, notify the executive director in writing of ~~his or her~~their request for an informal conference with the executive director regarding the acts charged in the citation. The time allowed for the request shall begin the first day after the citation has been served.

(b) The executive director shall, within 30 calendar days from the receipt of the request, hold an informal conference with the person cited ~~and/or his or her~~and/or their legal counsel or authorized representative. The conference may be held telephonically. At the conclusion of the informal conference the executive director may affirm, modify or dismiss the citation, including any fine levied or order of abatement issued. The executive director shall state in writing the reasons for ~~his or her~~their action and serve or mail a copy of ~~his or her~~their findings and decision to the person cited within 15

calendar days from the date of the informal conference, as provided in subsection (b) of section 1659.32. This decision shall be deemed to be a final order with regard to the citation issued, including the fine levied and the order of abatement.

(c) The person cited does not waive ~~his or her~~their request for a hearing to contest a citation by requesting an informal conference after which the citation is affirmed by the executive director. If the citation is dismissed after the informal conference, the request for a hearing on the matter of the citation shall be deemed to be withdrawn. If the citation, including any fine levied or order of abatement, is modified, the citation originally issued shall be considered withdrawn and a new citation issued. If a hearing is requested for the subsequent citation, it shall be requested within 30 calendar days in accordance with subdivision (b)(4) of Section 125.9 of the code.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§1659.35. Public Disclosure; Records Retention.

Every citation that is issued pursuant to this article shall be disclosed to an inquiring member of the public. Citations that have been resolved, by payment of the administrative fine or compliance with the order of abatement, shall be purged ten (10) years from the date of ~~resolution~~issuance. A citation that has been withdrawn or dismissed shall be purged immediately upon being withdrawn or dismissed.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 803.1, Business and Professions Code.

Attachment 3 : Research on the Federal Comprehensive Addiction Recovery Act of 2016 (Public Law 114-198)

There were no amendments to the qualifying physician criteria in 2017 or 2018 for 21 USC 823 (see: PL 115-83, November 17, 2017, 131 Stat 1267 and PL 115-271, October 24, 2018, 132 Stat 3894), which means the 2016 revisions control with respect to the qualifying physician criteria for interpreting subdivision (b) of Business and Professions Code section 2190.6 and the federal law read as follows as of January 1, 2018:

21 USC 823(g)(2)(G)(ii)

(g) Practitioners dispensing narcotic drugs for narcotic treatment; annual registration; separate registration; qualifications; waiver

(2)(i) The practitioner is a **qualifying physician** (as defined in subparagraph (G)).

(G) For purposes of this paragraph:

(ii) The term "**qualifying physician**" means a physician who is licensed under State law and who meets one or more of the following conditions:

(I) The physician **holds a board certification in addiction psychiatry or addiction medicine** from the American Board of Medical Specialties.

(II) The physician **holds an addiction certification** from the American Society of Addiction Medicine or the American Board of Addiction Medicine.

(III) The physician **holds a board certification in addiction medicine** from the American Osteopathic Association.

(IV) The physician has, with respect to the treatment and management of opiate-dependent patients, **completed not less than eight hours of training** (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause. Such training shall include—

(aa) opioid maintenance and detoxification;

(bb) appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder;

(cc) initial and periodic patient assessments (including substance use monitoring);

(dd) individualized treatment planning, overdose reversal, and relapse prevention;

(ee) counseling and recovery support services;

(ff) staffing roles and considerations;

(gg) diversion control; and

(hh) other best practices, as identified by the Secretary.”;

(V) The physician **has participated as an investigator** in one or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the Secretary by the sponsor of such approved drug.

(VI) The physician has such other training or experience as the State medical licensing board (of the State in which the physician will provide maintenance or detoxification treatment) considers to demonstrate the ability of the physician to treat and manage opiate-dependent patients.

(VII) The physician has such other training or experience as the Secretary considers to demonstrate the ability of the physician to treat and manage opiate-dependent patients. Any criteria of the Secretary under this subclause shall be established by regulation. Any such criteria are effective only for 3 years after the date on which the criteria are promulgated, but may be extended for such additional discrete 3-year periods as the Secretary considers appropriate for purposes of this subclause. Such an extension of criteria may only be effectuated through a statement published in the Federal Register by the Secretary during the 30-day period preceding the end of the 3-year period involved.

(Emphasis added.)



Pre-Intercept Notice Instructions

You are required to send your debtors a *Pre-Intercept Notice* after your agency/college sends us FTB 2280 PC, *Intent to Participate*. We provide a sample *Pre-Intercept Notice* only as reference. The *Pre-Intercept Notice* allows the debtor to resolve or dispute the debt before you intercept their funds. The notice requirement applies to each new debt incurred after you submit the account and before you increase the requested intercept balance. You must allow the debtor 30 days prior to submitting their accounts to us.¹ Sending a *Pre-Intercept Notice* notifies them of the 30-day liability review/protest process. Submit debtor accounts to us after you send the *Pre-Intercept Notice* and allow time for the prescribed review/protest period.

Pre-Intercept Notice Information

Your agency's *Pre-Intercept Notice* should be "identical or substantially similar" to the sample *Pre-Intercept Notice* provided. Send this notice to your debtors by **October 1** for the upcoming process year.

Sending a *Pre-Intercept Notice* to all debtors reduces debtor contacts that occur after intercepts, and you may increase voluntary payments.

Sample of Pre-Intercept Notice

Our records show that you have a \$ _____ delinquent debt due to the _____ Agency/College _____. You have 30 days to voluntarily pay this amount before we submit your account to the Franchise Tax Board (FTB) for interagency intercept collection.

FTB operates an intercept program in conjunction with the State Controller's Office, collecting delinquent liabilities individuals owe to state, local agencies, and colleges. FTB intercepts tax refunds, unclaimed property claims, and lottery winnings owed to individuals. FTB redirects these funds to pay the individual's debts to the agencies/colleges (California Government Code Sections 12419.2, 12419.7, 12419.9, 12419.10, 12419.11, and 12419.12).

If you have questions or do not believe you owe this debt, contact us within 30 days from the date of this letter. A representative will review your questions/objections. If you do not contact us within that time, or if you do not provide sufficient objections, we will proceed with intercept collections.

Pre-Intercept Notice

You are required to send your debtors a *Pre-Intercept Notice* that contains specific due process language, refer to sample FTB 2288. The notice must:

- Provide the Government Code Sections that authorize your agency to submit debts for intercept.
- Allow your debtors 30 days to resolve or dispute the debts, **before** submitting their debts to us.
- Provide your agency's contact information where the debtor can dispute the liability.

We require both new and returning agencies to provide a copy of their *Pre-Intercept Notice* along with FTB 2280 PC and FTB 7904, *Vendor/Contractor Confidentiality Statement*. **Failure to meet this requirement may result in a suspension of intercepts for your agency.**

Effective and Cooperative Communication

It is critical that FTB Intercept Program liaisons listed on FTB 2280 PC effectively communicate with debtors and FTB staff on account information, resolution of issues, and ensuring customer needs are met. **FTB requires agencies to respond to their debtors within 48 hours when contacted by FTB staff to ensure issues are resolved and customer needs are met. Failure to cooperate in effective communication and account resolution may result in a suspension of intercepts for the participating agency.**

¹Wightman v. Franchise Tax Board, 249 Cal. Rptr. 207, 202 Cal App. 3d. 966[1988]

! Collecting Non-Employee Accounts Receivable - 8293.1

Print Section

(Renumbered: 10/2020)

(Revised and renumbered from 8776.6)

Agencies/department will follow the collection procedures and guidelines for amounts owed to the state from non-employees. These procedures are in accordance with the Accounts Receivable Management Act as provided in Government Code sections [16580-16586](#). Some agencies/departments may find it necessary to expand these procedures to fit their particular circumstances.

Locating Debtor

When the address of the debtor is unknown, agencies/departments will attempt to obtain a current address by using any of the following methods:

- Use the internet and/or a data research service.
- Perform a cost-benefit analysis to determine if procuring services to locate debtors would be cost-beneficial.
- Request the debtor's address from the Department of Motor Vehicles by completing a Gov't Agency Request for Driver License/Identification Record Information form, INF 254. For this alternative, the debtor's date of birth or driver's license/identification number is required.

Collection Letters

Three documented letters should be made to collect on non-employee delinquent accounts. However, agencies/departments have the option of making one documented letter before proceeding to the discharge of accountability process for non-employee accounts receivable of \$25 and under. This threshold applies to the total amount owed by the debtor, not to each invoice. An agency/department will send a sequence of three collection letters at a minimum of 30-day intervals.

- If a reply or payment is not received within 30 days after sending the first letter, the department will send a second letter. This follow-up letter will reference the original request for payment letter and will be stated in a stronger tone.
- If a response is still not received from the debtor, a third letter will be sent 30 days later. This last letter will include references to prior letters and will state what further actions, including collection fees, may be taken in the collection process.

Collection Fee

Government Code section [16583.1](#) allows agencies/departments to charge a reasonable fee, not to exceed the actual costs incurred by the department, to recover the department's collection costs on past due ARs. If an agency/department plans to recover costs pursuant to this section, departments should consider actual costs incurred, including, but not limited to, staff time to send out collection letters, postage, equipment costs, and contingency fees for private collectors. The fee should be recorded in revenue Account 4171000, Cost Recoveries-Delinquent Receivables (Legacy source code 162100).

Collection Actions Review

If the three collection letters are unsuccessful, agencies/departments will prepare a cost benefit analysis to determine the most efficient and effective collection method by initiating one or more of the following actions:

1. Offset Procedures—an offset, is the interception and collection from amounts owed by other state departments to the debtor. For more offset information, see SAM section 8293.4.
2. Court Settlements—there may be instances where it would be cost-effective for departments to seek court judgments against debtors. Agencies/departments should consider the possibility of filing an action in small claims courts. For larger sums, department counsel should be consulted for advice.

Collection Agencies

Agencies/departments may consider contracting with another department that has a collection unit or with an outside collection agency.

- The [State Contracting Manual](#), the Public Contract Code section applicable to contracts for services, and Government Code section [19130](#) should be reviewed when a department is considering contracting with a collection agency. Any contract made with a collection agency must specify that all funds collected on behalf of an agency/department will be remitted to that department. The collection agency can then be paid in one of several ways for its services - by a set fee per collection, on an hourly basis, or on a percentage basis, in arrears, based on services rendered.

- Prior to assigning the debt to a collection agency, agency/departments are required by law to notify the debtor in writing at the address of record that the alleged AR debt will be turned over for private collection unless the debt is paid or appealed within a specified time period.
- Sale of ARs—Agencies/departments are authorized to sell ARs to private persons or entities. Agencies/departments will record the net income from the sale in their accounting records. Specific accounting entries for the sale of ARs are detailed in SAM section [10536](#).
- Prior to selling the debt, agencies/departments are required by law to notify the debtor in writing, at the address of record, that the alleged AR debt will be turned over for private collection unless the debt is paid or appealed within a specified time period.

Agencies/departments will select the collection actions that are likely to generate the highest net income and do not compromise future state income collections. In addition, agencies/departments should consult with the Franchise Tax Board or any other state agency/department that has successfully established an effective AR collection system to develop methods for improving their collection rate.