

RULES OF THE BOARD OF MEDICAL PRACTICE

SECTION I. GENERAL PROVISIONS

1.0 Overview

1.1 Purpose

The purpose of the Board of Medical Practice is to protect the public health, safety and welfare. The Board does this by setting standards for issuing licenses and certifications, by licensing and certifying only qualified applicants, by investigating unprofessional conduct and unlicensed practice of medicine, by disciplining and regulating the practices of license and certificate holders, and by providing licensees with guidelines, policies, and continuing medical education.

1.2 Authority

This rule is adopted pursuant to 26 V.S.A. § 1351(e) and 3 V.S.A. § 831(d).

1.3 Scope

This rule establishes requirements for the licensing or certification, and regulation of physicians, physician assistants, podiatrists, anesthesiologist assistants, and radiologist assistants by the Board of Medical Practice.

2.0 Definitions

2.1 "ABMS" means the American Board of Medical Specialties.

2.2 "Accredited Medical School" means a medical school accredited by the LCME or the Canadian equivalent.

2.3 "ACGME" means the Accreditation Council for Graduate Medical Education.

2.4 "AMA" means the American Medical Association.

2.5 "Board" means the Board of Medical Practice created by 26 V.S.A. Chapter 23.

2.6 "Board-approved medical school" means a medical school that:

2.6.1 Appears on the official California Recognized Medical Schools list; or

- 2.6.2 A foreign medical school that has been accredited under the system for medical school accreditation established by the Educational Commission for Foreign Medical Graduates (ECFMG) and deemed to meet the minimum requirements substantially equivalent to the requirements of medical schools accredited by the Liaison Committee on Medical Education or the Committee on Accreditation of Canadian Medical Schools; or
 - 2.6.3 A medical school that was approved as provided by the standards established by the United States National Committee on Foreign Medical Education and Accreditation Certification, but only if the applicant holds American Board of Medical Specialties board certification, or meets all eligibility requirements for such certification and is only lacking current licensure.
- 2.7 “CACMS” means the Committee on Accreditation of Canadian Medical Schools.
 - 2.8 “CFPC” means the College of Family Physicians of Canada.
 - 2.9 “CME” means continuing medical education as defined by the Accreditation Council for Continuing Medical Education (ACCME).
 - 2.10 “CPME” means Council on Podiatric Medical Education of the American Podiatric Medical Association.
 - 2.11 “Delegation Agreement” means a document identifying the medical acts that the PA may perform pursuant to the delegation by the primary supervising physician and detailing the means by which supervision will occur.
 - 2.12 "ECFMG" means the Educational Commission for Foreign Medical Graduates.
 - 2.13 "Fifth pathway" means a program of medical education that meets the following requirements:
 - 2.13.1 Completion of two years of pre-medical education in a college or university of the United States.
 - 2.13.2 Completion of all the formal requirements for the degree corresponding to doctor of medicine except internship and social service in a medical school outside the United States which is recognized by the World Health Organization.
 - 2.13.3 Completion of one academic year of supervised clinical training sponsored by an approved medical school in the United States or Canada.
 - 2.13.4 Completion of one year of graduate medical education in a program approved by the Liaison Committee on Graduate Medical Education of the American Medical Association.
 - 2.14 "FLEX" means the Federation Licensing Examination.
 - 2.15 "Foreign medical school" means a legally chartered medical school in a sovereign state other than the United States or Canada.

- 2.16** "Immediate family" means the following: a spouse (or spousal equivalent), parent, grand-parent, child, sibling, parent-in-law, son/daughter-in-law, brother/sister-in-law, step-parent, step-child, step-sibling, or any other person who is permanently residing in the same residence as the licensee. The listed familial relationships do not require residing in the same residence.
- 2.17** "Lapsed license" means a license that has expired or is no longer valid due to the licensee's failure to complete the requirements for renewal of that license.
- 2.18** "Limited temporary license" means a license issued for the purpose of completing post-graduate training and allows the licensee to practice under the supervision and control of a Vermont-licensed physician in an ACGME-accredited training program.
- 2.19** "LCME" means the Liaison Committee on Medical Education of the AMA.
- 2.20** "LMCC" means the Licentiate of the Medical Council of Canada.
- 2.21** "MCCQE" means Medical Council of Canada Qualifying Examination.
- 2.22** "National Boards" means the examination given by the National Board of Medical Examiners.
- 2.23** "NCCPA" means National Commission for the Certification of Physician Assistants.
- 2.24** "PA" means physician assistant.
- 2.25** "Physician" means a medical doctor or holder of an equivalent degree that qualifies a person to be licensed as an allopathic physician. It does not mean doctor of osteopathy when used in these rules unless specified.
- 2.26** "PMLexis" means the Podiatric Medical Licensure Examination for States.
- 2.27** "Primary supervising physician" means a Vermont-licensed Medical Doctor or Doctor of Osteopathy who supervises the practice of a PA in accordance with these rules.
- 2.28** "Professional" means a member of one of the health care professions licensed by the Board: medical doctor; physician assistant; podiatrist; anesthesiologist assistant, and radiologist assistant.
- 2.29** "RCPSC" means the Royal College of Physicians and Surgeons of Canada, which is the accrediting body for postgraduate medical education in Canada.
- 2.30** "Referral" means sending a patient to a non-supervising practitioner for diagnosis and treatment.
- 2.31** "RRC" means the Residency Review Committee of the ACGME.
- 2.32** "Secondary supervising physician" means a Vermont-licensed Medical Doctor or Doctor of Osteopathy who supervises the practice of a PA in accordance with these rules when the primary supervising physician is unavailable.

- 2.33 "Specialty Board certification" means the certification granted upon successfully completing the educational and examination requirements of a specialty board of the American Board of Medical Specialties.
- 2.34 "Supervision" means, with regard to physician assistants, the direction provided and review performed by the supervising physician of medical services provided by a physician assistant. The supervising physician need not be present on the premises where the physician assistant renders medical services and may provide supervision by telephone or electronic means of communication.
- 2.35 "USMLE" means the United States Medical Licensing Examination.
- 2.36 "Verification" means documentation that is provided to the Board that comes directly from the original issuing authority, or recognized successor entity, in a format acceptable to the Board, or from the Federation Credential Verification Service (FCVS) or other record repository as may be recognized by the Board.
- 2.37 "V.S.A." means Vermont Statutes Annotated.

3.0 Hearings Before the Board

- 3.1 **Hearing Committee:** The Board chair may designate a hearing committee constituting less than a quorum, with a minimum of one public member and one physician member of the Board, to conduct hearings which would otherwise be heard by a full hearing panel. When a hearing is conducted by a hearing committee of the Board, the committee shall report its findings and conclusions to the Full Board Hearing Panel within 60 days of the conclusion of the hearing unless the Board grants an extension. The committee's report shall be considered at a hearing of the Board.
- 3.2 **Full Board Hearing Panel:** Hearings before the Board require five members, including at least one public member. Members of a committee designated under section 26 V.S.A. § 1355 shall not participate in or be present during deliberations of the Board but may be present for all other parts of the hearing.
- 3.3 Hearings shall be open to the public, except when required or permitted to be closed pursuant to law.

4.0 Applicant's Right to a Written Decision

- 4.1 The Board must document, in writing, all decisions on whether an applicant is granted or denied a license or certification. The Board may stay its decision on an application for a license or certification from an applicant who is the subject of an unresolved licensing board investigation or a criminal complaint in another jurisdiction that involves or relates to the practitioner's care of patients or fitness to practice medicine. If an application is stayed, the Board may require the applicant to update some or all parts of the application when the stay is removed and the application is to be considered.

- 4.2 Whenever the Board intends to deny an applicant a license, it shall first issue a Notice of Intent to Revoke, which shall include:
 - 4.2.1 The specific reasons for the license denial;
 - 4.2.2 Notice that the applicant has the right to request a hearing at which the Board shall review the preliminary decision, and that such request must be filed with the Board within 30 days of the date the decision was sent to the applicant.
- 4.3 At the hearing to review the preliminary decision to deny the license application, the applicant shall be given the opportunity to show compliance with the licensing requirements;
- 4.4 After the hearing, the Board shall affirm or reverse the preliminary decision, and shall issue a final written decision and order setting forth its reasons for the decision. The decision and order shall be signed by the chair or vice-chair of the Board and the Board shall enter the order. A decision and order is effective upon entry.
- 4.5 Notice of both the preliminary decision and the final decision and order shall be sent to the applicant by certified mail.

5.0 Applicant's Right to Appeal

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and the Vermont Rules of Appellate Procedure. For further rules concerning appeals, see 3 V.S.A, ch. 25 Administrative Procedures.

6.0 Fees

- 6.1 Application fees are established in 26 V.S.A. §§ 374, 378, 1401a, 1662, 1740, and 2862.
- 6.2 Physician fee waivers.
 - 6.2.1 Pro Bono Clinic Waiver. A physician who will limit practice in Vermont to providing pro bono services at a Board-recognized free or reduced fee health care clinic, as provided by 26 V.S.A. § 1401a(c), shall meet all license requirements, but may apply for a waiver of licensing fee, by submitting a fee waiver request to the Board which shall include the following information:
 - 6.2.1.1 The name and address of the free or reduced fee health clinic(s) where the pro bono services shall be performed;

- 6.2.1.2 Certification that the licensee shall perform only pro bono services in Vermont, and shall only perform such services at the listed clinics;
- 6.2.1.3 The clinic director's certification that the licensee shall perform only pro bono services at the clinic.
- 6.2.2 Medical Reserve Corps Waiver. A physician who will limit practice in Vermont to service with the Medical Reserve Corps, as provided in 26 V.S.A. § 1401a(c) shall meet all license requirements, but may apply for a waiver of licensing fee, by submitting a fee waiver request to the Board using the appropriate form.
- 6.2.3 A physician granted this a waiver request must reapply for the waiver at each biennial renewal. A physician may obtain a fee waiver under each basis; if volunteering under each basis, the necessary documentation must be submitted for each. The licensee's failure to follow the terms of the certifications submitted or the provisions of this rule may constitute unprofessional conduct as set forth in 26 V.S.A. §§ 1354 and 1398 and may result in disciplinary action.

7.0 Renewing a License or Certification

- 7.1 Licenses and certifications are renewed on a fixed biennial schedule. A professional must renew his or her license or certification before it lapses. The date on which a license or certification shall lapse is printed on it. 90 days before such date, the Board will provide each professional with notice of renewal to the email address last provided to the Board. If a professional does not complete the renewal application, submit all required documentation, and pay the renewal fee to the Board by the date on which the license or certification shall lapse, the license or certification will lapse automatically.
- 7.2 A professional whose initial license or certification is issued within 90 days of the next-occurring renewal date, will not be required to renew or pay the renewal fee. Instead, the license or certification will be issued with an expiration date at the end of the next full period of licensure or certification. A professional who is issued an initial license or certification more than 90 days prior to the next-occurring expiration date will be required to renew and pay the renewal fee or the license or certification will lapse.
- 7.3 Professionals have a continuing obligation during each two-year renewal period to promptly notify the Board of any change to the answers on the initial or renewal application last filed with the Board, including but not limited to disciplinary or other action limiting or conditioning the license, certification, or ability to practice in any jurisdiction. Failure to do so may subject the professional to disciplinary action by the Board.
- 7.4 Limited training licenses (LTLs) are issued on a fixed annual schedule. Otherwise, these provisions apply to holders of LTLs.

- 7.5 Additional, specific requirements for renewal as a physician assistant, radiologist assistant, or anesthesiologist assistant are listed in the sections specific to those professions.

8.0 Lapsed Licenses or Certifications

If a license or certification has not been renewed by the required date, it lapses. A professional regulated by the Board may not legally practice in Vermont after a license or certification has lapsed. The professional must halt practice immediately and completely until the license or certification has been reinstated.

9.0 Reinstatement of a License or Certification

- 9.1 Reinstating a License or Certification after It Has Been Lapsed for Less Than One Year (364 days or less).

9.1.1 To seek reinstatement after failing to renew, a professional must complete in full the renewal application and tender it to the Board with any required documentation and a late fee in addition to the fee required for renewal, within a year of lapsing. The Board may seek or request such additional information as it deems needed to make a determination as to the renewal application. The Board may deny the renewal of a license or certification on grounds of unprofessional conduct as set forth under Vermont law, after notice and opportunity to be heard has been provided to the professional.

- 9.2 Reinstating a License or Certification after It Has Lapsed for One Year or More (365 days or more).

9.2.1 If a license or certification has been lapsed for one year or more the professional must complete a reinstatement application in full and pay the application fee for an initial application. The reinstatement application requires additional information beyond that required in the standard renewal application. This includes but is not limited to the requirement to submit a chronological accounting of all professional activities in other jurisdictions during the period the Vermont license or certification was lapsed.

9.2.2 The professional submitting a renewal for a license or certification lapsed for one year or more must provide:

9.2.2.1 For physicians or any other professional who held hospital privileges, a form completed by the chief of staff of the hospital where privileges were most recently held during the period when the Vermont license was lapsed;

9.2.2.2 For professionals who are required to practice under supervision, a form completed by each supervisor who

provided supervision during the period when the Vermont license or certification was lapsed; and

9.2.2.3 A verification from each state in which the professional held an active license or certification during the period when the Vermont license or certification was lapsed.

9.2.3 Reinstatement may be denied on grounds of unprofessional conduct as set forth under Vermont law or for other good cause, after notice and opportunity to be heard has been provided to the professional.

10.0 Stale Applications

10.1 An application that becomes stale under these provisions is terminated without Board action and without refund of any fees paid.

10.2 An application becomes stale if six months pass from the time that the applicant is notified that additional information or documentation is needed and the information or documentation has not been provided. Once an application has become stale, verifications and documentation as determined by the Board must be resubmitted and the fee must be paid again if the applicant desires to resume the application process.

10.3 An application that has been forwarded to the licensing committee may be determined by the licensing committee to be incomplete. An application becomes stale while before the licensing committee if the licensing committee requests additional information and the information is not submitted within sixty days. An applicant may request more time from the licensing committee, which shall rule finally on all matters of whether the application was completed in a timely matter.

11.0 Enforcement of Child Support

The Board licenses or certifies five professions: Physicians, Physician Assistants, Podiatrists, Anesthesiologist Assistants, and Radiologist Assistants. Per 15 V.S.A. § 795, the Board may not issue or renew a professional license or certification to practice these professions or be a trainee if the applicant is under an obligation to pay child support and is not in good standing or in full compliance with a plan to pay the child support due. The Board requires that each applicant for the issuance or renewal of a license or certification sign a statement that the applicant is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed.

12.0 Tax Compliance

The Board licenses or certifies five professions: Physicians, Physician Assistants, Podiatrists, Anesthesiologist Assistants, and Radiologist Assistants. Per 32 V.S.A. § 3113, the Board may not issue or renew a professional license or certification to practice

those professions or be a trainee unless the applicant is in good standing with respect to or in full compliance with a plan to pay any and all taxes due. The Board requires that each applicant for the issuance or renewal of a license or certification sign a statement that the applicant is in good standing with respect to or in full compliance with a plan to pay any and all taxes due.

13.0 Professional Standards.

13.1 Change of Name or Address.

All professionals are responsible for notifying the Board within 10 days of any change of name, mailing address, or telephone number. All professionals who hold a Vermont license or certification are required to keep the Board informed of a current email address; email is used to provide important notices to all professionals regulated by the Board. A professional who holds a Vermont license but who has not been engaged in practice in Vermont shall notify the Board at least 30 days in advance of the intended starting date of the Vermont practice.

13.2 Self-Prescribing and Prescribing for Family Members.

13.2.1 **Controlled Substances:** It is unacceptable medical practice and unprofessional conduct for a licensee to prescribe or dispense controlled substances listed in US Drug Enforcement Agency (“D.E.A.”) Schedules II, III, or IV for the licensee’s own use. It also is unacceptable medical practice and unprofessional conduct for a licensee to prescribe or dispense Schedule II, III, or IV controlled substances to a member of the licensee’s immediate family, as defined in subsection 2.16, except in a bona fide emergency, of short-term and unforeseeable character. Prescribing for self or immediate family members, as defined in these Rules, constitutes a violation of 26 V.S.A. § 1354.

13.2.2 **Non-controlled Substances:** It is discouraged for a licensee to prescribe or dispense non-controlled prescription substances for the licensee’s own use. It is also discouraged for licensee to prescribe or dispense non-controlled prescription substances to a member of the licensee’s immediate family, as defined in subsection 2.16. Licensees who do prescribe non-controlled substances for their own use or that of a family member are required to meet all standards of appropriate care, including proper establishment of a professional relationship with the patient and maintenance of appropriate patient records.

13.3 Methadone Prescribing. Federal law prohibits prescribing methadone outside of a certified opioid treatment program, unless it is prescribed or dispensed as an analgesic. A licensee must include the words “FOR PAIN” in a prescription for methadone.

SECTION II. PHYSICIANS

14.0 License Required

No one may practice medicine in the state unless licensed by the Board, or when exempt under the provisions contained in 26 V.S.A. § 1313. Before allowing a physician who is not licensed in Vermont to practice pursuant to the exemption stated in 26 V.S.A. §1313(a)(4), a medical school or teaching hospital must first verify through primary source verification the physician's qualifications and credentials, including that the physician has a valid, unrestricted license to practice medicine in the current jurisdiction of practice. Such documentation shall be submitted to the Executive Director for review; the Executive Director may approve the exemption or may elect to refer the matter to the Licensing Committee and/or Board. If referred directly to the Board, there is no requirement for review by the Licensing Committee.

15.0 Requirements for Licensing

15.1 In order to be granted a license to practice medicine an applicant must meet the following eligibility requirements:

- 15.1.1 At least 18 years of age;
- 15.1.2 Competent in speaking, writing and reading the English language;
- 15.1.3 Completed high school and at least two years of college or the equivalent;
- 15.1.4 A graduate of a Board-approved medical school, or a medical school accredited by the LCME or CACMS;
- 15.1.5 Meets the Board's criteria for Postgraduate Training;
- 15.1.6 Meets the Board's criteria for License by Examination; or License by Appointment to the faculty of a Vermont medical college; and
- 15.1.7 Meets requirement for moral character and professional competence.

15.2 For each applicant for licensure as a physician the Board must receive, in a form satisfactory to the Board:

- 15.2.1 A complete online application;
- 15.2.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
- 15.2.3 If applicable, an ECFMG certificate. An ECFMG certificate is required if an applicant graduated from a medical school outside of the United

- States or Canada, unless the applicant successfully completed a fifth pathway program.
- 15.2.4 Evidence of completion of high school and at least two years of college;
 - 15.2.5 For each medical school attended, the Uniform Application Medical School Verification Form for primary source documentation of graduation from a Board-approved medical school or a medical school accredited by the LCME or CACMS;
 - 15.2.6 For each postgraduate training program attended, the Uniform Application Postgraduate Training Verification Form for primary source documentation of all postgraduate training;
 - 15.2.7 Verification of every medical license ever held in any state, territory, or province to practice medicine at any level, including permanent, temporary, and training licenses.
 - 15.2.8 Verification of medical licensing examination results; sent directly by the applicable examining authority in accordance with the Board of Medical Practice examination requirements;
 - 15.2.9 Board of Medical Practice Reference Forms completed and submitted directly by the chief of service (or equivalent) and two other active physician staff members of the hospital where the applicant currently holds, or most recently held, privileges. If an applicant has not held privileges at a hospital within two years of the date of submission of the application, or cannot provide references as indicated, the Board in its discretion may accept references from other physicians who have knowledge of the applicant's moral character and professional competence. An applicant shall indicate in the application if asking the Board to accept references that do not meet the above-stated standard;
 - 15.2.10 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 15.2.11 American Medical Association Profile. This must be a current Profile issued within 60 days of submission of the application;
 - 15.2.12 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application;
 - 15.2.13 The applicant's CV (curriculum vitae) or résumé; and
 - 15.2.14 If specialty board-certified, a copy of the specialty board certificate.
- 15.3** All applicants must submit a completed Board application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.

15.4 At the discretion of the licensing committee or the Board any applicant may be required to be interviewed by a Board member.

16.0 License by Examination

16.1 All applicants entering the examination system after December 31, 1994 must use and pass the USMLE three-step sequence. Primary source documentation of a passing grade on each of the three USMLE steps is required. All three steps must be completed within seven (7) years of the first examination attempt, or ten (10) years if the applicant completed an MD/PhD or equivalent program. Applicants may retake USMLE Step I and II multiple times without limit until successful, subject to the time limit of seven or ten years. Applicants may retake USMLE Step III two times, for a total of three attempts. Additional attempts, even if successful, do not qualify the applicant for a Vermont license unless granted a waiver as provided in section 16.2 below.

16.2 Applicants who do not meet the requirement to have passed all three Steps of the USMLE within a seven-year period, or ten-year period for an MD/PhD applicant, or have required more than three attempts to pass Step III may apply for a waiver of the requirement if they meet all the following criteria:

16.2.1 Hold a full unrestricted license in another U.S. or Canadian jurisdiction;

16.2.2 Hold an active ABMS, RCPSC, or CFPC specialty certification; and

16.2.3 Have successfully completed an ACGME, RCPSC, or CFPC approved post-graduate training program.

16.3 Applicants who first took a medical licensing exam on or before December 31, 1994, must satisfy at least one of the following criteria, as evidenced by primary source documentation:

16.3.1 Applicants who successfully completed the National Boards Parts 1, 2, and 3 or FLEX Component 1 and 2 with a grade of at least 75 on all segments of either exam meet the examination criteria of the Board. All segments of either exam must have been completed within seven (7) years. The final clinical segment (Part 3 or Component 2) must have been passed on the first or second attempt to qualify for a Vermont license; or

16.3.2 Applicants who entered, but did not complete, either the NBME or FLEX sequences before the discontinuance of FLEX or National Boards may combine some parts (components) from the two discontinued exam systems with USMLE for completion of an acceptable examination sequence. Each of the following combinations are acceptable:

(1)	NBME Part I or USMLE Step 1	plus	NBME Part II or USMLE Step 2	plus	NBME Part III or USMLE Step 3
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OR					
(2)	FLEX Component I	plus	USMLE Step 3		
OR					
(3)	NBME Part I Or USMLE Step 1	plus	NBME Part II Or USMLE Step 2	plus	FLEX Component 2

16.3.3 Applicants who took and passed a medical licensing examination administered by one of the United States or its Territories with a minimum passing grade of 75% meet the examination requirements.

16.3.4 Graduates of Canadian medical schools, in addition to the above examination options, can qualify for a Vermont license by successfully passing the MCCQE, Part I and Part II.

17.0 License by Faculty Appointment

The Board may license without examination a resident of a foreign country who is a licensed physician in good standing in the country of residence and who presents verifiable evidence of outstanding academic and clinical achievements and potential. To qualify for a Vermont license under this rule the applicant must present evidence that the applicant will be appointed to the University of Vermont College of Medicine full-time faculty at the rank of associate professor or higher. The license is issued only for the duration of the faculty appointment and is dependent on favorable faculty evaluations conducted according to the usual College of Medicine procedures. The licensee shall share these evaluations with the Board if requested.

18.0 Postgraduate Training Requirements

18.1 Graduates of accredited U.S. or Canadian medical schools must have successfully completed two years of postgraduate training accredited by the ACGME, RCPSC, or CFPC. The training should be a progression of directed experience. Multiple first-year programs are not acceptable. Applicants who are currently licensed and in good standing in another U.S. or Canadian jurisdiction who were first licensed to practice in the U.S. or Canada on or before December 31, 1994 must have successfully completed one year of a postgraduate training program accredited by the ACGME, RCPSC, or CFPC.

18.2 Graduates who hold a diploma from a Board-approved medical school outside of the United States or Canada must complete one of the following additional requirements:

- 18.2.1 Three years of postgraduate training in programs approved by the ACGME, the RCPSC, or the CFPC. The training should be a progression of directed experience, preferably in a single program. Multiple first year programs are not acceptable;
 - 18.2.2 Specialty certification by a specialty board recognized by the ABMS, the RCPSC, or CFPC may be substituted for 18.1; or
 - 18.2.3 Three years as a full-time faculty member at or above the level of assistant professor in a clinical discipline in a medical school approved by the LCME, with documentation of the applicant's clinical training and competence and the school's method of evaluating that competence. The evaluation must be part of the school's normal established procedure. The documentation shall include letters from the chairperson and two senior members of the applicant's department, special honors or awards that the applicant has achieved, and articles that the applicant has published in reputable medical journals or medical textbooks.
- 18.3** Fifth Pathway graduates are not required to submit an ECFMG certificate and are eligible for a Vermont license after three years of postgraduate training in an ACGME, RCPSC, or CFPC-accredited program.

19.0 Application to Take USMLE in Vermont

- 19.1** The Federation of State Medical Boards and the National Board of Medical Examiners administer the United States Medical Licensing Examination (USMLE). Applicants for Vermont licensure shall contact the Federation to apply to take the USMLE.
- 19.2** General eligibility requirements to take USMLE Step 3 are:
- 19.2.1 Certification of graduation from an accredited medical school in the United States or Canada, or a Board-approved medical school located in another country;
 - 19.2.2 Verification of ECFMG certificate if the applicant is a graduate of a medical school outside the United States or Canada. Fifth Pathway graduates are not required to submit an ECFMG certificate;
 - 19.2.3 Certification that the applicant has completed at least seven months of postgraduate training in a program approved by the ACGME, the RCPSC, or the CFPC.

20.0 Limited Temporary License.

- 20.1** A limited temporary license is issued for the purpose of completing postgraduate training and allows the licensee to practice under the supervision and control of a Vermont-licensed physician in an ACGME-accredited training program. The applicant must be enrolled in an ACGME-accredited program of postgraduate

training or in sub-specialty clinical fellowship training in an institution that has an accredited program in the parent specialty. A limited temporary license may be renewed or reissued, upon submission of a completed renewal application.

20.2 Application for a limited temporary license shall include:

20.2.1 Completed online application,

20.2.2 The required fee,

20.2.3 A copy of the applicant's medical school diploma,

20.2.4 A supervising physician's/ program director's statement, acknowledging statutory responsibility for the applicant's negligent or wrongful acts or omissions,

20.2.5 Direct verification of medical education,

20.2.6 ECFMG if applicable,

20.2.7 Verification of other state licensure,

20.2.8 NPDB self-query, and

20.2.9 Any additional forms or documentation required by the Board.

21.0 Professional Standards Specific to Physicians

Grounds for disciplinary action are set forth in 26 V.S.A. §§ 1354, 1398, and 1739a. Additional grounds are set forth in 3 V.S.A. § 129a and 18 V.S.A. § 1852.

21.1 Additional professional standards that apply to all professionals are in section 13.0 of these rules.

21.2 Physician Assistant Supervision. Physicians supervising PAs shall adhere to requirements found in 27.0.

21.2.1 When the Board investigates practice by a PA who is unlicensed, or by a PA at a work site that has not been documented with the Board, the Board's investigation will include inquiry into which physician or physicians associated with the work site may be responsible.

21.2.2 If a Delegation Agreement has been signed by a physician as a supervising physician but not filed with the Board, the physician may be held accountable as a supervising physician regardless of the fact that the document has not been accepted by the Board.

21.2.3 If no Delegation Agreement has been prepared or signed, the Board will make inquiry as to which physician or physicians have supervisory or managerial authority for the location. In a physician-owned partnership in which no partner(s) are identified as having supervisory or managerial authority, any or all of the partners may be held accountable for the PA's practice.

- 21.3** It is unprofessional conduct for a physician to delegate professional responsibilities to a person whom the physician knows or has reason to know is not qualified by training, experience, education, or licensing credentials to perform. See 26 V.S.A. § 1354(a)29. In addition, under 26 V.S.A. § 1739a, inappropriate use of the services of a physician assistant by a physician constitutes unprofessional conduct by the physician.
- 21.4** Requesting or Receiving a Prescription from a Physician Assistant Supervised by the Physician. A physician shall not request or receive the dispensing of or a prescription for controlled substances listed in D.E.A. Schedules II, III, or IV for the physician's own use from a physician assistant who is supervised by the physician.
- 21.5** Requesting or Receiving a Prescription from an Advanced Practice Registered Nurse with Whom the Physician Has an Agreement to Act as the Collaborating Provider. A physician shall not request or receive the dispensing of or a prescription for controlled substances listed in D.E.A. Schedules II, III, or IV for the physician's own use from an advanced practice registered nurse with whom the physician has an agreement to act as the collaborating provider.

22.0 Continuing Medical Education

22.1 Minimum Education Requirement - Hours and Subjects

- 22.1.1 Except as provided in the following subparagraph, each physician applying for renewal of a license to practice medicine must the completion of at least thirty hours of qualifying CME during the most recent two-year licensing period.
- 22.1.1.1 The licensee is not required to file documentation of CME that verifies completion at the time that it is reported, however it is the licensee's responsibility to retain documentation for four years from the time the information is submitted to the Board.
- 22.1.1.2 The Board may audit records of CME for up to four years from the time of submission; a licensee is required to promptly submit documentation of CME completion in response to a request from the Board.
- 22.1.2 For physicians licensed in Vermont for the first time during the most recent two-year licensing period, if licensed in Vermont for less than one year, there is no requirement for CME at the time of the first renewal. If licensed for one year or more during that initial period of Vermont licensure, the licensee shall complete at least 15 hours of approved CME activity and those 15 hours shall include any subject-specific CME required by these rules.
- 22.1.3 Time is calculated from the date the license was approved by the Board until the date of expiration. Any physician who has not completed the

required continuing medical education shall submit a make-up plan with a renewal application, as specified in these rules.

22.1.4 Except for required subjects that are mandated by these rules, all CME hours completed in satisfaction of this requirement shall be designed to assure that the licensee has updated knowledge and skills within their own specialties and also has kept abreast of advances in other fields for which patient referrals may be appropriate. A licensee's "own area of practice" shall not be interpreted narrowly; it is acknowledged that training in many other fields may be reasonably related to a practitioner's own specialties.

22.1.5 Required Subject: Hospice, Palliative Care, Pain Management. 26 V.S.A. § 1400(b) mandates that the Board of Medical Practice shall require physician licensees to provide "evidence of current professional competence in recognizing the need for timely appropriate consultations and referrals to assure fully informed patient choice of treatment options, including treatments such as those offered by hospice, palliative care, and pain management services." Accordingly, all physician licensees who are required under these rules to complete CME shall certify at the time of each renewal that at least one of the hours of qualifying CME activity has been on the topics of hospice, palliative care, or pain management services.

22.1.6 Required Subject: Prescribing Controlled Substances.

All physician licensees who are required to certify completion of CME and who prescribe controlled substances shall certify at the time of each renewal that at least two hours of qualifying CME activity on controlled substances prescribing. The following topics must be covered, as required by Vermont law: abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; the appropriate use of the Vermont Prescription Monitoring System; risk assessment for abuse or addiction; pharmacological and nonpharmacological alternatives to opioids for managing pain; medication tapering and cessation of the use of controlled substances; and relevant State and federal laws and regulations concerning the prescription of opioid controlled substances. Each licensee who is registered with the D.E.A. and who holds a D.E.A. number to prescribe controlled substances, or who has submitted a pending application for one, is presumed to prescribe controlled substances and must meet this requirement.

22.1.7 Licensees who are not in active practice shall still complete CME, including all required subjects, to be relicensed. For purposes of subsection (b), a physician not in active practice may consider the last area of practice as the area of practice to which activity shall relate, or the activity may relate to any intended new area of practice.

22.1.8 Licensees who are members of the armed forces and who are subject to a mobilization and/or deployment for all or part of a licensing cycle will be

treated the same as licensees who are licensed for the first time during a licensing cycle. E.g., a licensee whose military mobilization/deployment covers a year or more is not required to complete CME for that cycle. A licensee whose military duties during the two-year cycle total less than one year shall be required to meet the CME requirement of at least 15 hours, including any required subjects.

22.1.9 A licensee who allows a license to lapse by not timely applying for renewal shall certify completion of all CME that would have been required to remain licensed in order to be granted a renewal license.

22.2 Qualifying Continuing Medical Education Activities

22.2.1 Only CME activities that are approved for American Medical Association Physician's Recognition Award Category 1 Credit AMA PRA Category 1 Credit™ qualify as approved Vermont CME.

22.2.2 Credit for providing training. The Board accepts all AMA PRA Category 1 Credit™ activity. The AMA PRA program grants two hours of credit for each hour of training presented by a physician. The Board recognizes those credits the same as the AMA PRA program.

22.2.3 Special Rule for holders of a full, unlimited license who are participants in a residency or fellowship program approved by a nationally-recognized body that approves graduate medical education (GME). Some physicians who are still in a GME program obtain full licensure in addition to a limited temporary license for training. As fully-licensed physicians, if licensed for a year or more (see Section 22.1.2) they must complete at least 15 hours of CME. If licensed the full period, they must complete 30 hours of CME. However, the Board will recognize participation in a GME program as qualifying for CME credit to the extent provided here.

22.2.3.1 The licensee must have successfully completed the program or continue to be in good standing in the GME program throughout the licensing period to have GME count as CME.

22.2.3.2 Successful completion of a year of full-time participation in an approved program during the two-year licensing period may count for 15 hours of CME to be used to satisfy a CME requirement for that licensing period. Licensees who wish to use participation in a GME program to satisfy part of the CME requirement shall submit a letter to the Board stating so and attesting to successful completion of the GME program year.

22.2.3.3 GME students who are fully licensed must meet the subject-specific requirement for hospice, palliative care, or pain management services if fully licensed for a year or more. See section 22.1.5. GME students who are fully licensed for a year or more and who have applied for or hold a DEA number must

satisfy the statutory requirement for two hours of CME on controlled substances prescribing. See Section 22.1.6.

22.3 Make-Up Plans

- 22.3.1 Any physician who has not completed the minimum number of hours of CME, or who has not completed the required subject-specific training, as of the deadline for submission of license renewal applications, will not be granted a renewal license unless the application includes an acceptable make-up plan signed by the licensee. The Board Executive Director is authorized to review and determine if make-up plans are acceptable.
- 22.3.2 An acceptable make-up plan must include a timeline for making up all CME that needs to be completed to satisfy the requirements of these Rules. The timeline shall identify the approved activities that the licensee plans to attend. The licensee may later substitute activities, but the plan shall indicate that it is the licensee's good faith intent to complete the activities listed at the time of submission. A licensee shall have up to one hundred twenty (120) days to complete the CME make-up plan.
- 22.3.3 Any licensee who will not complete a make-up plan within the time specified by the plan shall contact the Board at least 30 days in advance of the date on which the period will end to notify the Board and submit a revised plan and request for extension of time.
 - 22.3.3.1 The request for extension of time must include an explanation of the reasons why the licensee was unable to complete the required training in accordance with the plan.
 - 22.3.3.2 Extensions of the make-up plan period are limited to 90 days, during which the licensee shall complete the required CME. Further extensions will be granted only for good cause shown, for reasons such as: serious illness of the licensee or a family member; death of an immediate family member; significant personal hardship, such as a house fire; significant and ongoing medical staff shortage during the make-up period; or similarly compelling reasons.
 - 22.3.3.3 The Board may delegate to the Board Executive Director the authority to approve requests to extend the time for a make-up plan in accordance with these rules. Any request for extension not granted by the Executive Director shall be considered by the Board.
- 22.3.4 CME activity completed as part of a make-up plan does not count toward satisfaction of the requirement to complete CME during that current licensing cycle; activity may only be counted once. If a multi-hour activity is performed partly in satisfaction of a make-up plan and partly for the CME requirement associated with the current licensing cycle, the licensee shall clearly document the allocation.

22.4 Failure to Certify Completion of Required CME, File a Make-Up Plan, or Complete a Make-Up Plan

- 22.4.1 A licensee who has failed to submit certification of completion of CME as required by law and these rules, or who having failed to certify completion of CME has failed to submit a make-up plan with a license renewal application, will be notified of such failure and have not more than 15 days from receipt of notice to file with the Board either a certification of completion of CME or a make-up plan.
- 22.4.2 A licensee who fails to file a certificate of completion of CME at the end of a make-up period, or to file a request for an extended make-up period, shall be notified of such failure and have not more than 15 days from receipt of notice to file with the Board either a certificate of completion of CME or another request for extension of time in which to make up CME.
- 22.4.3 A licensee who submits a certificate of completion at the time of submission of the license renewal application, or who has filed an acceptable make-up plan with the renewal application and is in the make-up period, or who having failed to complete the first make-up plan has received approval from the Board for an extended make-up period that has not yet expired, is in good standing with respect to CME requirements.
- 22.4.4 Any licensee not in good standing with respect to CME requirements is subject to investigation by the Board for unprofessional conduct.

22.5 Grounds for Disciplinary Action

- 22.5.1 Grounds for disciplinary action include the conduct set forth in 26 V.S.A. §§ 1354, 1398, 1739a and 18 V.S.A. § 1852.

22.6 Disciplinary Action

- 22.6.1 All complaints and allegations of unprofessional conduct shall be processed in accordance with Section V of these rules.
- 22.6.2 After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant or physician found guilty of unprofessional conduct, as provided by 3 V.S.A. § 809, and 26 V.S.A. §§ 1361(b), including but not limited to:
- 22.6.2.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of license;
 - 22.6.2.2 Required completion of continuing education;
 - 22.6.2.3 Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board.

22.7 Right to Appeal

- 22.7.1 A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the

SECTION III. PHYSICIAN ASSISTANTS

23.0 Introduction.

- 23.1 Physician assistants practice medicine with physician supervision. Physician assistants may perform those duties and responsibilities, including the prescribing and dispensing of drugs and medical devices, that are delegated by their supervising physicians.
- 23.2 Physician assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities, including but not limited to, the ordering of diagnostic, therapeutic and other medical services.
- 23.3 It is the obligation of each team of physician(s) and the physician assistant to ensure that the written Delegation Agreement filed with the Board clearly delineates the role of the physician assistant in the medical practice of the supervising physician(s), as further specified in these rules.

24.0 Initial Licensure.

- 24.1 For each applicant for licensure as a physician assistant the Board must receive, in a form satisfactory to the Board:
 - 24.1.1 A complete online application;
 - 24.1.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
 - 24.1.3 Verification of certification or licensure in all other states, territories, or provinces where currently or ever certified or licensed to practice at any level, including permanent, temporary, and training licenses or certifications;
 - 24.1.4 Two reference forms from supervising allopathic or osteopathic physicians, including one from the most recent primary supervising physician;
 - 24.1.4.1 Applicants with less than six months of substantially full-time (at least 30 hours per week) practice must provide a reference from their physician assistant training program director in place of one of the references from a supervising physician.

- 24.1.5 The Board of Medical Practice’s Certificate of Physician Assistant Education form for primary source documentation of completion of a Board-approved physician assistant program sponsored by an institution of higher education, completed and submitted by the institution;
 - 24.1.6 An original certification from NCCPA. Primary source documentation of current certification sent directly to the Board by NCCPA;
 - 24.1.7 Completed primary supervising physician application form (for applications who do not have a current employment offer when applying for licensure, see 24.2);
 - 24.1.8 Secondary supervising physician form, if applicable, for each physician who will be a secondary supervisor;
 - 24.1.9 A Delegation Agreement that meets the requirements of section 27.0;
 - 24.1.10 A completed Employment Contract Form;
 - 24.1.11 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 24.1.12 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application;
 - 24.1.13 The applicant’s CV (curriculum vitae) or résumé; and
 - 24.1.14 The required fee.
- 24.2 Upon written request of the applicant, an application may be considered complete and be processed by the Board without supervising physician documentation, a delegation agreement, and the Employment Contract Form. However, if a license is issued it will be inoperable and the applicant will not be able to engage in Vermont practice until all the required documentation has been accepted by the Board.
- 24.3 At the discretion of the licensing committee or the Board, any applicant may be required to be interviewed by a Board member.

25.0 Physician Assistant Renewal. In addition to the general renewal requirements set forth in section 7.0 for renewal, a physician assistant must submit: current contract; updated Delegation Agreement; updated Primary Supervisor Form; and, if applicable, updated Secondary Supervisor Form(s). A physician assistant who is not in active practice may renew, but cannot practice until those documents are filed with and accepted by the Board.

26.0 Changes in Employment, Supervision or Practice Site

- 26.1 All required notifications and any additional requested materials must be received and accepted by the Board prior to a PA's practice in a new location or with a new primary supervisor. PAs and supervising physicians shall verify that the documentation has been accepted by the Board as indicated in the Board's online system.
 - 26.1.1 Adding a New Employer. If the physician assistant adds a new employer, such as an additional or new institution, clinic, department, or other agency, the following information shall be submitted:
 - 26.1.1.1 Primary supervising physician form;
 - 26.1.1.2 Secondary supervising physician form, if applicable;
 - 26.1.1.3 A Delegation Agreement that meets the requirements of section 27.0;
 - 26.1.1.4 A completed Employment Contract Form;
 - 26.1.2 The following information shall be submitted prior to a change of Primary Supervising Physician when Secondary Supervising Physician Remains the Same:
 - 26.1.2.1 Primary supervising physician form; and
 - 26.1.2.2 A Delegation Agreement as defined by 2.11 and described in 27.0;
 - 26.1.3 When a change or addition of a Secondary Supervising Physician occurs but the Primary Supervising Physician Remains the Same, a Secondary Supervising Physician Form shall be submitted prior to the change.
 - 26.1.4 Prior to any changes in tasks, duties, or terms of primary supervision, a new Delegation Agreement shall be submitted.

27.0 Supervision, Responsibilities, Delegation Agreement, Prescribing

- 27.1 Supervision, as defined in section 2.34 and designed around board expectation as stated in 27.7, shall include but not be limited to:
 - 27.1.1 Regular and effective access to the supervising physician, either in person or electronically, for consultation regarding on-going patient care while they are being treated by the PA;
 - 27.1.2 Regular, retrospective review of selected PA-generated charts by the supervising physician, with documentation of such review (see 2.7 for adequacy of supervision);
 - 27.1.3 Regularly scheduled and documented discussions of cases selected by the supervising physician and may also include additional cases chosen by the PA;
- 27.2 Responsibilities.

- 27.2.1 The Physician Assistant shall:
 - 27.2.1.1 Ensure adequate supervision of practice is occurring in accordance with these rules, as specified in section 27.1 and the Delegation Agreement.
 - 27.2.1.2 During periods of unavailability of the primary supervising physician, practice only if the PA has verified the availability of a secondary supervising physician, who is identified in documentation on file with the Board.
 - 27.2.1.3 Verify on-line that documentation regarding supervising physician(s) has been accepted as indicated in the Board's online system.
- 27.2.2 The Primary Supervising Physician shall:
 - 27.2.2.1 Supervise PAs only in the field(s) of medicine in which the physician is qualified and actively practices;
 - 27.2.2.2 Ensure that the PA's tasks/duties are appropriate given the PA's training, experience, and practice setting;
 - 27.2.2.3 When supervising, be available for consultation and review in accordance with the plan set forth in the Delegation Agreement;
 - 27.2.2.4 Ensure a copy of the PA's Delegation Agreement is available at each location where the PA practices under the physician's supervision;
 - 27.2.2.5 Notify the Board promptly but no more than three days from the discontinuation of the PA's employment and the reason(s) therefor. Notification shall be submitted using the Board's form and shall include the reasons for termination of employment and any allegation of unprofessional conduct as described in 26 V.S.A. §1736;
 - 27.2.2.6 Sign a statement certifying that the primary supervision physician has read the statutes and Board rules governing PAs; and
 - 27.2.2.7 Verify online that documentation regarding supervising physician(s) has been accepted as indicated by the Board's online system.
- 27.2.3 The Secondary Supervising Physician shall:
- 27.2.4 Supervise PAs only in the field(s) of medicine in which the secondary supervising physician is qualified and actively practices;
- 27.2.5 Be available for consultation as secondary supervising physician;
- 27.2.6 Have read the Delegation Agreement submitted to the Board;

- 27.2.7 Notify the Board no later than the next business day in writing of the termination of secondary supervision and the reason(s) for termination. Notification is required if the scope of practice changes or there is a change in the secondary supervising physician(s);
- 27.2.8 Sign a statement, provided by the form, certifying that the secondary supervising physician has read the statutes and Board rules governing physician assistants.
- 27.3 The Delegation Agreement document shall be signed by the primary supervising physician and the PA, and shall cover at least the following:
 - 27.3.1 Narrative: A description of the practice setting, patient population common to the practice and a general overview of the role of the physician assistant in that practice.
 - 27.3.2 Supervision:
 - 27.3.2.1 A detailed description of the manner in which on-site and off-site physician supervision and communication will occur;
 - 27.3.2.2 A detailed description of the manner in which secondary supervising physicians will be utilized, and the means by which communication with them will be managed;
 - 27.3.2.3 A detailed description of the manner in which emergency conditions will be handled in the absence of an on-site physician, including:
 - 27.3.2.3.1 Plans for immediate care,
 - 27.3.2.3.2 Means of accessing emergency transport;
 - 27.3.2.4 A detailed description of the physician's supervision plan for the PA's practice; and
 - 27.3.2.5 A detailed description of the physician's plan for retrospective review of PA charts which must at least include the following:
 - 27.3.2.5.1 The frequency with which these reviews will be conducted;
 - 27.3.2.5.2 The minimum number or percentage of charts that will be reviewed;
 - 27.3.2.5.3 The method by which charts will be selected for review; and
 - 27.3.2.5.4 The methods by which the review will be documented;
 - 27.3.3 Sites of Practice: Name, physical address and type of facility for each practice site.

- 27.3.4 Duties: A list of the tasks and duties delegated to the PA, which shall include only activities within the supervising physician's scope of practice. The supervising physician may only delegate those tasks for which the physician assistant is qualified by education, training and experience to perform.
- 27.3.5 Authorization To Prescribe. A PA may prescribe only those drugs that are within the scope of practice of both the PA and the primary supervising physician as documented in the Delegation Agreement. If authorized to prescribe prescription drugs and/or devices, the delegation agreement must address all of the following (if applicable):
- 27.3.5.1 Whether the PA is authorized to prescribe controlled substances;
 - 27.3.5.2 The PA's DEA number; and
 - 27.3.5.3 The specific schedules authorized.
- 27.4 At no time shall the scope of practice of the PA exceed the normal scope of either the primary or secondary supervising physician(s)' practice.
- 27.5 Advertising or communications with the public from the PA or regarding the PA and/or the availability of the PA's services shall clearly identify the PA's supervising physician by name and shall not state, imply, or otherwise lead the public to believe that the PA practices independently of such supervision.
- 27.6 Filing of a Delegation Agreement with the Board to establish a work site for a PA does not constitute Board approval of the substance of the Delegation Agreement, nor is it evidence that the Board finds the plan for supervision adequate. Acceptance of the filing is only acknowledgement that the Board has received the completed documentation.
- 27.7 Adequacy of Supervision. If the question of adequacy of supervision is presented in a case before the Board, the Board will consider:
- 27.7.1.1 Whether the documented plan for supervision was followed;
 - 27.7.1.2 The PA's experience level in terms of time and quality;
 - 27.7.1.3 The physician's familiarity with the PA's capabilities based upon the length of time the two have worked together and the degree to which the physician has had the opportunity to observe the PA's performance;
 - 27.7.1.4 The complexity, difficulty, and seriousness of the medical procedures that the PA is allowed to undertake pursuant to the Delegation Agreement;
 - 27.7.1.5 The degree to which the supervisor or other physicians are readily available to immediately consult or take over care in the event of difficulty;

27.7.1.6 Any adverse information that the physician supervisor knows about or reasonably should know about regarding specific risks, such as a history of discipline of the PA or indications of impairments that may impact quality of care.

27.8 **Notice to Patients of Use of Physician Assistant.** Any physician, clinic, or hospital that uses the services of a physician assistant must post a clear public notice to that effect.

28.0 Physician Assistant Professional Standards; Disciplinary Procedures

28.1 **Prescribing Controlled Substances for Supervisors.** It is unprofessional conduct for a physician assistant to prescribe or dispense controlled substances listed in D.E.A. Schedules II, III, or IV for a physician who is the PA's primary or secondary supervisor.

28.2 **Prescribing or Treating Supervisors.** It is discouraged for a PA to prescribe or dispense non-controlled prescription substances for the PA's primary or secondary supervisor. PAs who treat a supervisor are required to meet all standards of appropriate care, including proper establishment of a professional relationship with the patient and maintenance of appropriate patient records.

28.3 Continuing Education.

28.3.1 As evidence of continued competence in the knowledge and skills of a physician assistant, all physician assistants shall complete a continuing medical education program of 100 approved credit hours every two years. A minimum of 50 credit hours shall be from Category 1. Proof of completion shall be submitted to the Board with the application for renewal of certification.

28.3.2 Certification or recertification by the NCCPA at any time during a 2-year licensure period may be accepted in lieu of 100 hours continuing medical education credits for that 2-year period. PAs must also comply with any applicable continuing medical education requirements established by Vermont law or Board Rule.

28.3.3 **Required CME for PAs With DEA Number.** All licensees who prescribe controlled substances shall certify at the time of each renewal that they have completed at least two hours of CME activity on controlled substances prescribing. The activity must be accredited as AMA PRA Category 1 Credit™ training or American Academy of Physician Assistants Category 1 training. The following topics must be covered, as required by Vermont law: abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; the appropriate use of the Vermont Prescription Monitoring System; risk assessment for abuse or addiction; pharmacological and nonpharmacological alternatives to opioids for managing pain; medication tapering and cessation of the use of controlled substances; and relevant State and federal laws and regulations

concerning the prescription of opioid controlled substances. Each licensee who is registered with the D.E.A. and who holds a D.E.A. number to prescribe controlled substances, or who has submitted a pending application for one, is presumed to prescribe controlled substances and must meet this requirement. Any physician assistant who is required to certify completion of this CME to renew, but who cannot, will be subject to the provisions regarding makeup of missing CME in subsections 22.3 and 22.4.

28.4 Grounds for Disciplinary Action

28.4.1 Grounds for disciplinary action include the conduct set forth in 26 V.S.A. § 1736. Under 26 V.S.A. § 1734(e), failure to maintain competence in the knowledge and skills of a physician assistant may result in revocation of license, following notice of the deficiency and an opportunity for a hearing.

28.5 Disciplinary Action

28.5.1 All complaints and allegations of unprofessional conduct shall be processed in accordance with Section V of these rules.

28.5.2 After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant or physician assistant found guilty of unprofessional conduct, as provided by 3 V.S.A. § 809, and 26 V.S.A. §§ 1361(b) and 1737, including but not limited to:

28.5.2.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of license;

28.5.2.2 Required completion of continuing education;

28.5.2.3 Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board.

28.6 Right to Appeal

28.6.1 A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and 3 V.S.A. § 815.

SECTION IV. PODIATRISTS

29.0 License Required.

No person shall practice or attempt to practice podiatry or hold himself or herself out as being able to do so in this state without possessing a valid, current license issued by the

Board. In addition, no person shall use in connection with the person's name letters, words, or insignia indicating or implying that the individual is a podiatrist unless licensed by the Board.

30.0 General Requirements for Licensing.

30.1 In order to be granted a license to practice podiatry an applicant must meet the following eligibility requirements:

30.1.1 Be at least 18 years of age;

30.1.2 Be competent in speaking, writing and reading the English language;

30.1.3 Hold a diploma or certificate of graduation from a school of podiatric medicine accredited by the CPME and approved by the Board;

30.1.4 Have satisfactorily completed one year's postgraduate training in a United States hospital program or preceptor-ship which is approved by the Board and which meets the minimum requirements set by the CPME;

30.1.5 Have successfully completed the following examinations given by the National Board of Podiatry Examiners: Part I and Part II of the National Board of Podiatric Medical Examiners examination followed in sequence by the PMLexis examination; and

30.1.6 Meet the requirements for moral character and professional competence.

30.2 For each applicant for licensure as a podiatrist the Board must receive, in a form satisfactory to the Board:

30.2.1 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;

30.2.2 For each podiatric medical school attended, the Board of Medical Practice Podiatric Medical Education Form;

30.2.3 For each postgraduate training program attended, the Board of Medical Practice Verification of Postgraduate Podiatric Training Form for primary source documentation of all postgraduate training;

30.2.4 Verification of podiatric medical licensing examination results; sent directly to the Board by the National Board of Podiatric Medical Examiners;

30.2.5 Verification of all podiatric medical licenses ever held in any state, territory, or province at any level, including permanent, temporary, and training licenses;

30.2.6 The Uniform Application Affidavit and Authorization for Release of Information Form.

- 30.2.7 Federation of Podiatric Medical Boards Disciplinary Inquiry Report. This must be a current report issued within 60 days of submission of application.
 - 30.2.8 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application.
 - 30.2.9 The applicant's CV (curriculum vitae) or résumé.
 - 30.2.10 Board of Medical Practice Reference Forms completed and submitted directly by the chief of service (or equivalent) and two other active physician or podiatrist staff members of the hospital where the applicant currently holds, or most recently held, privileges. At least one reference must be from a podiatrist. If an applicant has not held privileges at a hospital within two years of the date of submission of the application, or cannot provide references as indicated, the Board in its discretion may accept references from other podiatrists or physicians who have knowledge of the applicant's moral character and professional competence. An applicant shall indicate in the application if asking the Board to accept references that do not meet the above-stated standard.
- 30.3** All applicants must submit a completed Board application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.
- 30.4** At the discretion of the licensing committee or the Board any applicant may be required to be interviewed by a Board member.

31.0 Licensure Without Examination

- 31.1** To qualify for licensure without examination, an applicant must present evidence satisfactory to the Board that the applicant:
- 31.1.1 Holds a current and unrestricted podiatrist license in another jurisdiction;
 - 31.1.2 Has met licensing requirements in the other jurisdiction that are substantially equal to the Board's requirements for podiatric licensure;
 - 31.1.3 Has presented current reference letters as to moral character and professional competence; and
 - 31.1.4 Is professionally qualified; the Board may, in its discretion, require an applicant to take and pass the PMLexis examination prior to licensure.
- 31.2** At the discretion of the licensing committee, any applicant may be required to be interviewed by a Board member.

32.0 Limited Temporary License

32.1 A limited temporary license may be issued for the purpose of completing postgraduate training and allows the licensee to practice under the supervision and control of a Vermont-licensed podiatrist in a CPME-accredited training program. The applicant must be enrolled in a CPME-accredited program of postgraduate training or in sub-specialty clinical fellowship training in an institution that has an accredited program in the parent specialty. A limited temporary license may be renewed or reissued, upon submission of a completed renewal application, including fee and required documentation.

32.2 Application for a limited temporary license shall include:

32.2.1 Completed online application;

32.2.2 The required fee;

32.2.3 A copy of the applicant's podiatric medical school diploma;

32.2.4 A supervising podiatrist's / program director's statement acknowledging statutory responsibility for the applicant's negligent or wrongful acts or omissions;

32.2.5 Direct verification of medical education;

32.2.6 ECFMG if applicable;

32.2.7 Verification of other state licensure;

32.2.8 NPDB self-query; and

32.2.9 Any additional forms or documentation required by the Board.

33.0 Podiatrists' Professional Standards

33.1 Continuing Medical Education. Required CME: Prescribing Controlled Substances. All podiatry licensees who prescribe controlled substances shall certify at the time of each renewal that they have completed at least two hours of CME activity on controlled substances prescribing. The activity must be accredited as AMA PRA Category 1 CreditTM training or Council on Podiatric Medical Education approved training. The following topics must be covered, as required by Vermont law: abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; the appropriate use of the Vermont Prescription Monitoring System; risk assessment for abuse or addiction; pharmacological and nonpharmacological alternatives to opioids for managing pain; medication tapering and cessation of the use of controlled substances; and relevant State and federal laws and regulations concerning the prescription of opioid controlled substances. Each licensee who is registered with the U.S. Drug Enforcement Agency (D.E.A.) and who holds a D.E.A. number to prescribe controlled substances, or who has submitted a pending application for one, is presumed to prescribe controlled substances and must meet this requirement. Any podiatrist who is required to certify completion of this CME to renew, but who

cannot, will be subject to the provisions regarding makeup of missing CME in 22.3 and 22.4.

33.2 Grounds for Disciplinary Action. Grounds for disciplinary action are set out in 3 V.S.A. § 129a, 18 V.S.A. § 1852, and 26 V.S.A. § 375.

33.3 Disciplinary Action.

33.3.1 All complaints and allegations of unprofessional conduct shall be processed in accordance with this rule.

33.3.2 After notice and opportunity for hearing and upon a finding of unprofessional conduct, the Board may take disciplinary action against a licensed podiatrist, applicant, or person who later becomes an applicant as provided in 26 V.S.A. § 376 and 26 V.S.A. § 1361(b). Disciplinary action may include:

33.3.2.1 Refusal to issue or renew a license;

33.3.2.2 Suspension, revocation, limitation, or conditioning of a license;

33.3.2.3 Issuance of a warning or reprimand; and/or

33.3.2.4 Issuance of an administrative penalty.

33.3.3 The Board may approve a negotiated agreement between the parties. The conditions or restrictions that may be included, without limitation, in such an agreement are set forth in 26 V.S.A. § 376(d).

33.4 Right to Appeal. A party aggrieved by a final decision of the Board may, within 30 days of the decision appeal to the Vermont Supreme Court, by filing a notice of appeal with the Executive Director as provided by 26 V.S.A. § 375(d).

SECTION V. PROCEDURE FOR COMPLAINTS MADE AGAINST PHYSICIANS, PODIATRISTS, PHYSICIAN ASSISTANTS, ANESTHESIOLOGIST ASSISTANTS, AND RADIOLOGIST ASSISTANTS

34.0 Initiating a Complaint

34.1 Form of Complaint; Filing

34.1.1 Anyone wishing to make a complaint of unprofessional conduct against a professional regulated by the Board may file a written complaint with the Board. Written complaints must include identifying and contact information for the complainant. The Board provides a printed complaint form for this purpose. Use of a form is preferred, but not required. If applicable, a complainant must provide authorization for the release of relevant medical records using the Board's form.

34.1.2 The Board may open an investigation on its own initiative to evaluate instances of possible unprofessional conduct that may come to its attention. 26 V.S.A. § 1355(a); 3 V.S.A. § 129(b).

35.0 Notice

35.1 Notice to Complainant. The Board will send the complainant a standard letter of acknowledgment stating that the complaint has been received by the Board and that it will be investigated.

35.2 Notice to Respondent.

35.2.1 The Board will send the Respondent a copy of the complaint, a copy of a release of medical records signed by the patient or other authorized person, a copy of the statutory definition of unprofessional conduct, and a standard letter stating that:

35.2.1.1 This complaint has been lodged against him or her;

35.2.1.2 The letter is not a notice of a formal hearing; and

35.2.1.3 The respondent must respond in writing. The response should be addressed to the Investigating Committee at the address of the Board and filed with the Board within 20 days of the date of the letter.

35.2.2 The Respondent is responsible for the accuracy of the response and must sign the response, even if also signed by an attorney.

35.2.3 The Executive Director or Investigator may grant one extension of up to 20 additional days to provide the response. A request for further delay must be submitted to the assigned investigating committee.

35.2.4 In cases where the Board has initiated an investigation, the Board will send the Respondent a letter providing notice of the investigation and describing the matters for which response is requested.

35.2.5 Unlicensed Practice. No notice need be provided to the target of an investigation into unlicensed practice.

36.0 Investigation

36.1 Investigating Committee. A standing investigating committee or one specially appointed, and an assistant attorney general, will investigate each complaint and recommend disposition to the Board. The investigating committee shall be assisted by an investigator from the Board. After the file is received, the investigating committee will discuss the complaint and plan the investigation.

36.2 Cooperation with Investigation; Impeding an Investigation.

36.2.1 Professionals are obligated to cooperate with the Board throughout an investigation. A Respondent may contest a subpoena using the appropriate mechanisms, but in the absence of a delay associated with a bona fide objection to subpoena a failure to respond to a subpoena within a reasonable time constitutes a violation of these rules.

36.2.2 Professionals are prohibited from engaging in any action that may deter a witness from cooperating with a Board investigation and from retaliating against any person based upon the filing of a complaint or cooperation in any way with a Board investigation. Professionals are prohibited from concealing, altering or destroying any evidence that is or may be pertinent to a Board investigation.

36.3 Confidentiality of investigations is addressed in 26 V.S.A. § 1318.

37.0 Suspension Prior to Completion of an Investigation.

37.1 Summary Suspension: the investigating committee may find that certain alleged misconduct poses so grave a threat to the public health, safety, or welfare that emergency action must be taken. In such a case, the committee will request a special meeting of the hearing panel, and recommend that the Board order summary suspension of the Respondent's license or certification, pending a hearing under the authority of 3 V.S.A. § 814(c). If the Board orders summary suspension, a hearing will be scheduled as soon as practical, and the Assistant Attorney General will present the case against the suspended professional.

37.2 Interim Suspension: grounds for entry of such an order are as follow:

37.2.1 Criminal Convictions: the investigating committee shall consider any criminal conviction for which a licensee may be disciplined under 26 V.S.A. § 1354(3) as an unprofessional conduct complaint and may request that the Board immediately suspend the Respondent's license or certification under the authority of 26 V.S.A. § 1365. Upon receipt of the certified copy of the judgment of conviction, the Board may order an interim suspension pending a disciplinary hearing before the Board.

37.2.1.1 The disciplinary hearing shall not be held until the judgment of conviction has become final, unless Respondent requests that the disciplinary hearing be held without delay. The sole issue to be determined at the hearing shall be the nature of the disciplinary action to be taken by the Board.

37.2.1.2 The Respondent, within 90 days of the effective date of the order of interim suspension, may request a hearing concerning the interim suspension at which Respondent shall have the burden of demonstrating why the interim suspension should not remain in effect. The interim suspension shall automatically terminate if Respondent demonstrates that the judgment of conviction has been reversed or otherwise vacated.

37.2.2 **Out-of-State Discipline:** the committee shall consider certain out-of-state disciplinary action as set forth in 26 V.S.A. § 1366 as an unprofessional conduct complaint and may request that the Board immediately suspend the Respondent's license or certification under authority of that statute.

37.2.2.1 Upon receipt of the certified copy of the order or statement regarding the relevant out-of-state disciplinary action, the Board may order an interim suspension pending a disciplinary hearing before the Board.

37.2.2.2 The Respondent, within 90 days of the effective date of the order of interim suspension, may request a hearing concerning the interim suspension at which Respondent shall have the burden of demonstrating why the interim suspension should not remain in effect. The interim suspension shall automatically terminate if Respondent demonstrates that the out-of-state disciplinary action has been reversed or vacated.

38.0 Disposition by the Investigating Committee

38.1 Once the investigating committee determines that the investigation is complete, it shall pursue one of three possible dispositions:

38.1.1 **Concluding the Investigation:** If, after investigating the complaint, the committee and the assistant attorney general determine that the facts established by the investigation do not present cause for pursuing charges of unprofessional conduct, then the committee may recommend that the Board conclude the investigation. If approved by the Board, the case is closed without further action. A concluded investigation may be reopened if new evidence is received, a new and related complaint is made, or upon request for reconsideration.

38.1.2 **Settlement:** If, after investigating the complaint, the committee and the Office of the Attorney General determine that the facts established by the investigation present cause for pursuing charges of unprofessional conduct, the committee shall explore the possibility of stipulated settlements and consent orders, as established in a Stipulation.

38.1.2.1 Recommended Stipulations should include a concession of wrongdoing by the Respondent, terms and conditions, an understanding that this concession may be relied on by the Board in case the licensee is later found to have engaged in unprofessional conduct, and an understanding that this final disposition of the complaint is public and that the Board shall notify the Federation of State Medical Boards Board Action Data Bank, and the National Practitioner Data Bank, and may notify other states of its contents.

- 38.1.2.2 When a Stipulation is filed with the Board, the complainant shall be provided with a copy of the stipulation and notice of any stipulation review scheduled before the Board. The complainant shall have the right to be heard at any stipulation review.
- 38.1.2.3 The Stipulation is finalized only up on acceptance by the full Board. If the investigating committee recommends a disposition in the form of a Stipulation, the Board may vote to ask the committee to change the terms of the Stipulation. If a Stipulation is not accepted by the Board within a reasonable time, the investigating committee may pursue specification of charges.
- 38.1.3 **Specification of Charges:** If after investigation the investigating committee and the Assistant Attorney General determine that the facts established provide a basis to allege unprofessional conduct as defined by 26 V.S.A. § 1354 and the committee believes a settlement cannot be reached or is not warranted on the facts, the committee shall recommend the filing of a Specification of Charges by the Office of the Attorney General. Charges will be signed by the Board Secretary.

39.0 Disciplinary Proceedings

- 39.1 The Board Chair may designate a hearing committee comprised of at least one physician member of the Board and at least one public member. Members may be appointed as provided by 26 V.S.A. § 1355(b).
- 39.2 **Specification of Charges; Notice; Failure to Appear; Default.**
 - 39.2.1 The Board commences disciplinary proceedings by serving a Specification of Charges and a notice of hearing upon the Respondent. The hearing is scheduled no sooner than 30 days after service. Notice shall tell the Respondent that a response may be filed within 20 days of service;
 - 39.2.2 Notice shall be sent to the Respondent or other person or entity entitled to notice by certified mail, return receipt requested, with restricted delivery to addressee only. If service cannot be accomplished by certified mail, the Board will make reasonable attempt to accomplish service by regular mail or by personal service within the state, if feasible. A continuance may be granted upon request for good cause as determined by the Board, hearing committee, or a presiding officer. Copies of the notice shall be sent to the complainant, the Assistant Attorney General, and the Respondent's attorney;
 - 39.2.3 If the Respondent, after proper notice, does not respond to the Specification of Charges or appear at a hearing the Board may take disciplinary action after hearing the evidence. Upon a written motion by the Respondent and a showing of good cause, the Board shall issue a

written decision making a determination on whether to grant a new hearing.

- 39.3 Discovery.** After a specification of charges has been filed, the Board, or its legal counsel on its behalf, shall have authority to conduct a prehearing conference or discovery conference and to issue orders regulating discovery and depositions, scheduling, motions by the parties, and such other matters as may be necessary to ensure orderly preparation for hearing.
- 39.4 Hearing.** The hearing will be conducted according to the hearing provisions of 26 V.S.A. ch. 23 and the contested case provisions of the Administrative Procedure Act, 3 V.S.A. § 809-815. The Board may authorize its legal counsel to act as presiding officer at hearings and pre- and post-hearing conferences for the purpose of making procedural and evidentiary rulings. A presiding officer may administer oaths and affirmations, rule on offers of proof and receive relevant evidence, regulate the course of the hearing, convene and conduct prehearing conferences, dispose of procedural requests and similar matters, and take any other action authorized by the Administrative Procedure Act.
- 39.5 Decision, Order, and Entry; Notice of Decision; Transcripts.** Board legal counsel will prepare the written decision and order in accordance with the Board's instructions, within a reasonable time of the closing of the record in the case. The decision and order will be signed by the chair or vice-chair of the hearing panel and the Board shall enter the order. A decision and order is effective upon entry. Notice of the decision and order will be sent to the Respondent by certified mail. Notice of the decision and order will be sent to the Respondent's attorney, the complainant, and the prosecuting attorney by regular mail or email. A transcript of the proceeding is available at cost.

40.0 Compliance Investigation, License or Certification Reinstatement or Removal of Conditions After Disciplinary Action

- 40.1 Assignment of Compliance Investigation.** Upon entry of an order taking disciplinary action against a Respondent, a compliance investigation file will be opened. The file will be assigned to the investigating committee that was responsible for the initial investigation of unprofessional conduct. The committee shall make recommendations for action to the full Board regarding compliance, requests for reinstatement, or modification or removal of conditions established by the order.
- 40.2 License or Certification Reinstatement or Removal of Conditions.** A person licensed or certified by the Board who has been disciplined may petition at a later date for license or certification reinstatement or modification or removal of conditions from the license or certification. In addition to complying with any restrictions or conditions on reinstatement imposed by the Board in its disciplinary order, an applicant applying for reinstatement may be asked to

complete a reinstatement application. An investigating committee will review such information and make a recommendation to the full Board. The Board may hold a hearing to determine whether reinstatement should be granted.

40.3 Appeals. A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision to the Vermont Supreme Court pursuant to ~~18~~ 26 V.S.A. § 1367.

SECTION VI. RULES FOR ANESTHESIOLOGIST ASSISTANTS

41.0 Training and Qualification.

41.1 The eligibility requirements for certification as an anesthesiologist assistant are listed in 26 V.S.A. § 1654 and supplemented by these rules. The requirements for temporary certification are outlined in 26 V.S.A. § 1655 and supplemented by these rules.

41.2 Prior to being certified as an anesthesiologist assistant by the Board of Medical Practice, a person must be qualified by education, training, experience, and personal character to provide medical services under the direction and supervision of an anesthesiologist. The applicant must submit to the Board all information that the Board requests to evaluate the applicant's qualifications.

42.0 Initial Certification.

42.1 For each applicant for initial certification as an anesthesiologist assistant the Board must receive, in a form satisfactory to the Board:

42.1.1 A complete online application;

42.1.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;

42.1.3 Verification of certification or licensure in all other states, territories, or provinces where the applicant is currently or ever was certified or licensed to provide medical services, including permanent, temporary, and training licenses or certifications;

42.1.4 Two Board of Medical Practice reference forms including one from a recent supervising anesthesiologist and one from another prior supervising anesthesiologist;

42.1.4.1 Applicants with less than six months of substantially full-time (at least 30 hours per week) practice must provide a reference form from the director of the applicant's training program and another

reference form from an anesthesiologist who has supervised the applicant in practice or in training;

- 42.1.5 The Board of Medical Practice's Certificate of Anesthesiologist Assistant Education form for primary source documentation of completion of a Board-approved anesthesiologist assistant program sponsored by an institution of higher education, completed and submitted by the institution;
 - 42.1.6 Primary source documentation of current certification sent directly to the Board by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA);
 - 42.1.7 Completed Proposed Primary Supervising Anesthesiologist form signed by the applicant and supervising anesthesiologist;
 - 42.1.8 Completed Proposed Secondary Supervising Anesthesiologist form signed by the secondary supervising anesthesiologist;
 - 42.1.9 A protocol signed by the proposed supervising anesthesiologist;
 - 42.1.10 A copy of the anesthesiologist assistant's employment contract;
 - 42.1.11 The Board of Medical Practice Anesthesiologist Assistant Employment Contract form;
 - 42.1.12 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 42.1.13 The applicant's CV (curriculum vitae) or résumé; and
 - 42.1.14 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application.
- 42.2** All applicants must submit a completed Board application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.
- 42.3** At the discretion of the licensing committee or the Board, any applicant may be required to be interviewed by a Board member.

43.0 Temporary Certification.

- 43.1** The Board may issue a temporary certification to an applicant who meets the educational requirements under 26 V.S.A. § 1654(1) if:
 - 43.1.1 The NCCAA certification examination has not been offered since the applicant became eligible to take it; or

43.1.2 The applicant has taken the NCCAA certification examination one time but has not yet received the results of the examination.

43.2 The holder of a temporary certification shall take and successfully pass the first available NCCAA examination. If the holder of a temporary certification does not take the examination, that temporary certification shall expire on the date of that examination. However, if the holder of a temporary certification can show that there was exceptional cause that prevented the individual from taking the examination, the Board may, in its discretion, and for good cause shown, renew the temporary certification until the date of the next available NCCAA examination.

43.3 If the holder of a temporary certification takes the first available NCCAA examination but does not successfully pass it, the temporary certification shall expire on the day after receiving notice of the failure to pass the examination. In that case, the Board shall not renew the temporary certification. The applicant may re-apply for certification only after having taken and passed the examination.

44.0 Renewal of Certification

44.1 Certification shall be renewable every two years on completion of the online renewal form, payment of the required fee and submission of: current contract; updated copies of primary and secondary supervision forms; updated protocol; and, verification of current, active NCCAA certification.

44.2 Lapsed licenses may be renewed under the provisions of 26 V.S.A. § 1656.

45.0 Change of Certification

45.1 The Board shall be notified and the appropriate applications and documentation filed whenever:

45.1.1 The anesthesiologist assistant's protocol changes;

45.1.2 The anesthesiologist assistant will be working at a different or an additional accredited facility; or

45.1.3 The anesthesiologist assistant will be supervised by a new or an additional anesthesiologist.

45.2 Documents already on file with the Board may be referred to and need not be resubmitted.

46.0 More Than One Supervising Anesthesiologist.

46.1 In any application for initial certification, temporary certification, renewal of certification or change of certification, if there is more than one anesthesiologist at an accredited facility who will supervise an anesthesiologist assistant, then, in addition to the information required to be submitted by these rules, a document

signed by all anesthesiologists who will be supervising the anesthesiologist assistant shall be filed with the Board with the application.

- 46.2** Additional supervising anesthesiologists may be added subsequent to the application, provided the supervising anesthesiologist files a signed document with the Board. In the document, the anesthesiologists shall affirm that each assumes responsibility for all professional activities of the anesthesiologist assistant while the anesthesiologist is supervising the anesthesiologist assistant.

47.0 Termination of Certification.

If the supervisory relationship between the anesthesiologist and the anesthesiologist assistant is terminated for any reason, each party must notify the Board directly and immediately in writing. The notice shall include the reasons for the termination. The anesthesiologist assistant shall cease practice until a new application is submitted by the supervising anesthesiologist and is approved by the Board.

48.0 Practice.

- 48.1** An anesthesiologist assistant shall perform only those tasks assigned on a case-by-case basis by the supervising anesthesiologist. The anesthesiologist assistant shall implement the personalized plan for each patient as individually prescribed by the supervising anesthesiologist after that physician has completed a specific assessment of each patient. In determining which anesthetic procedures to assign to an anesthesiologist assistant, a supervising anesthesiologist shall consider all of the following:

- 48.1.1 The education, training and experience of the anesthesiologist assistant;
- 48.1.2 The anesthesiologist assistant's scope of practice as defined in 26 VSA Chapter 29 and these rules;
- 48.1.3 The conditions on the practice of the anesthesiologist assistant set out in the written practice protocol;
- 48.1.4 The physical status of the patient according to the physical status classification system of the American Society of Anesthesiologists, as in effect at the time the assignment of procedures is made. The classification system is available from the American Society of Anesthesiologists and shall be posted on the Board's website;
- 48.1.5 The invasiveness of the anesthetic procedure;
- 48.1.6 The level of risk of the anesthetic procedure;
- 48.1.7 The incidence of complications of the anesthetic procedure;
- 48.1.8 The physical proximity of the supervising anesthesiologist and the anesthesiologist assistant or assistants the anesthesiologist may be supervising concurrently; and

48.1.9 The number of patients whose care is being supervised concurrently by the supervising anesthesiologist.

48.2 The supervising anesthesiologist retains responsibility for the anesthetic management in which the anesthesiologist assistant has participated.

49.0 Supervision.

49.1 A supervising anesthesiologist shall supervise an anesthesiologist assistant within the terms, conditions, and limitations set forth in a written practice protocol. Anesthesiologist supervision requires, at all times, a direct, continuing and close supervisory relationship between an anesthesiologist assistant and the supervising anesthesiologist.

49.2 Supervision does not, necessarily, require the constant physical presence of the supervising anesthesiologist; however, the anesthesiologist must remain readily available in the facility for immediate diagnosis and treatment of emergencies.

49.3 The supervising anesthesiologist shall be readily available for personal supervision and shall be responsible for pre-operative, intra-operative and post-operative care.

49.4 The supervising anesthesiologist shall personally participate in the most demanding procedures in the anesthesia plan, which shall include induction and emergence.

49.5 The supervising anesthesiologist shall insure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the anesthesiologist assistant. All written entries shall be reviewed, countersigned, and dated by the supervising anesthesiologist. The supervising anesthesiologist's signature on the anesthetic record will fulfill this requirement for all written entries on the anesthetic record.

49.6 Nothing in this section shall prohibit the supervising anesthesiologist from addressing an emergency in another location in the facility.

50.0 Protocol and Scope of Practice.

50.1 At no time shall the scope of practice for the anesthesiologist assistant include procedures or treatments that the supervising anesthesiologist does not perform within that practice.

50.2 The anesthesiologist assistant may assist the anesthesiologist in developing and implementing an anesthesia care plan for a patient. In so doing, the anesthesiologist assistant may, in the discretion of the anesthesiologist, do any of the following:

50.2.1 Obtain a comprehensive patient history and present that history to the anesthesiologist who must conduct a pre-anesthesia interview and

- evaluation sufficient to confirm the anesthesiologist assistant's evaluation;
- 50.2.2 Pretest and calibrate anesthesia delivery systems;
 - 50.2.3 Monitor, obtain and interpret information from the anesthesia delivery systems and anesthesia monitoring equipment;
 - 50.2.4 Place medically accepted monitoring equipment;
 - 50.2.5 Establish basic and advanced airway interventions, including intubations of the trachea and ventilatory support;
 - 50.2.6 Administer vasoactive drugs and start and adjust vasoactive infusions;
 - 50.2.7 Administer anesthetic drugs, adjuvant drugs and accessory drugs;
 - 50.2.8 Administer regional anesthetics;
 - 50.2.9 Administer blood, blood products and supportive fluids;
 - 50.2.10 Participate in administrative activities and clinical teaching activities;
 - 50.2.11 Provide assistance to cardiopulmonary resuscitation teams in response to life-threatening situations;
 - 50.2.12 Prescribe peri-operative medications to be used in the accredited facility; and
 - 50.2.13 Participate in research activities by performing the same procedures listed above.
 - 50.2.14 Any other activity that the Board approves in a protocol to allow for changing technology or practices in anesthesiology.

51.0 Prescriptive Authority.

An anesthesiologist assistant shall not have authority to write prescriptions for medications that will be filled outside of the facility in which the anesthesiologist assistant works.

52.0 Places of Practice.

An anesthesiologist assistant shall work only in a licensed hospital facility with the supervision of an anesthesiologist.

53.0 Patient Notification and Consent.

Any physician, clinic, or hospital that uses the services of an anesthesiologist assistant must:

- 53.1** Post a clear notice to that effect in a conspicuous place;
- 53.2** Except in case of an emergency, include language in the patient consent form that the anesthesiologist may use an anesthesiologist assistant; and
- 53.3** Require each anesthesiologist assistant to wear a name tag clearly indicating the title anesthesiologist assistant. 26 V.S.A. § 1652.

54.0 Disciplinary Action.

- 54.1** All complaints and allegations of unprofessional conduct shall be processed in accordance with Section IV of these rules.
- 54.2** After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant, anesthesiologist assistant trainee, or anesthesiologist assistant found guilty of unprofessional conduct, as provided by 3 V.S.A. §§ 129 and 809, and 26 V.S.A. § 1658, including but not limited to:
 - 54.2.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of certification;
 - 54.2.2 Required completion of continuing education;
 - 54.2.3 Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board.
- 54.3** The Board may approve a negotiated agreement between the parties. The conditions or restrictions that may be included, without limitation, in addition to those above, in such an agreement are set forth in 3 V.S.A. § 809(d) and 26 V.S.A. § 1659(d).

55.0 Right to Appeal.

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and 3 V.S.A. § 815.

SECTION VII. RULE FOR RADIOLOGIST ASSISTANTS

56.0 Training and Qualification.

- 56.1** The eligibility requirements for certification as a radiologist assistant are listed in 26 V.S.A. § 2854 and supplemented by these rules. The requirements for

temporary certification are outlined in 26 V.S.A. § 2855 and supplemented by these rules.

- 56.2** Prior to being certified as a radiologist assistant by the Board of Medical Practice, a person must be qualified by education, training, experience, and personal character to provide medical services under the direction and supervision of a radiologist. The applicant must submit to the Board all information that the Board requests to evaluate the applicant's qualifications.

57.0 Initial Certification.

- 57.1** An applicant for initial certification as a radiologist assistant shall submit to the Board:

- 57.1.1 A complete online application;
- 57.1.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
- 57.1.3 Verification of current licensure as a radiologic technologist in radiography in Vermont under Chapter 51 of Title 26 V.S.A.;
- 57.1.4 Verification of certification or licensure in all other states, territories, or provinces where the applicant is currently or ever was certified or licensed to provide medical services, including permanent, temporary, and training licenses or certifications;
- 57.1.5 Two Board of Medical Practice reference forms including one from a recent supervising radiologist and one from another prior supervising radiologist;
 - 57.1.5.1 Applicants with less than six months of substantially full-time (at least 30 hours per week) practice must provide a reference form from the director of the applicant's training program and another reference form from a radiologist who has supervised the applicant in practice or in training;
- 57.1.6 The Board of Medical Practice's Certificate of Radiologist Assistant Education form for primary source documentation of completion of a Board-approved radiologist assistant program sponsored by an institution of higher education, completed and submitted by the institution;
- 57.1.7 Primary source documentation of current certification sent directly to the Board by the American Registry of Radiologic Technologists (ARRT);
- 57.1.8 Completed Proposed Primary Supervising Radiologist form signed by the applicant and supervising radiologist;
- 57.1.9 Completed Proposed Secondary Supervising Radiologist form signed by the secondary supervising radiologist;

- 57.1.10 A protocol signed by the proposed primary supervising radiologist;
 - 57.1.11 The Board of Medical Practice Radiologist Assistant Employment Contract form;
 - 57.1.12 A copy of the employment contract with the primary supervising radiologist or the hospital at which the radiologist practices, or in the absence of a contract, other proof of employment by the primary supervising radiologist or by the hospital at which the radiologist practices, as may be determined by the Board;
 - 57.1.13 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 57.1.14 The applicant's CV (curriculum vitae) or résumé; and
 - 57.1.15 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application.
- 57.2** All applicants must submit a completed Board application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.
- 57.3** At the discretion of the licensing committee or the Board, any applicant may be required to be interviewed by a Board member.

58.0 Temporary Certification.

- 58.1** The Board may issue a temporary certification to an applicant who otherwise meets the requirements of 26 V.S.A. § 2854(1), (3) and (4) if:
- 58.1.1 The ARRT certification examination has not been offered since the applicant became eligible to take it; or
 - 58.1.2 The applicant has taken the ARRT certification examination one time but has not yet received the results of the examination.
- 58.2** The holder of a temporary certification shall take and successfully pass the first available ARRT examination. If the holder of a temporary certification does not take the examination, that temporary certification shall expire on the date of that examination. However, if the holder of a temporary certification can show that there was exceptional cause that prevented the from taking the examination, the Board may, in its discretion, and for good cause shown, renew the temporary certification until the date of the next available ARRT examination.
- 58.3** If the holder of a temporary certification takes the first available ARRT examination but does not successfully pass it, the temporary certification shall expire on the day after receiving notice of the failure to pass the examination. In

that case, the Board shall not renew the temporary certification. The applicant may re-apply for certification only after having taken and passed the examination.

59.0 Renewal of Certification.

- 59.1** Certification shall be renewable every two years on completion of the online renewal form, payment of the required fee, and submission of: current contract; updated copies of primary and secondary supervision forms; updated protocol; verification of current licensure as a radiologic technologist in radiography in Vermont under Chapter 51 of Title 26 V.S.A.; and, verification of.
- 59.2** Lapsed licenses may be renewed under the provisions of 26 V.S.A. § 2856.

60.0 Change of Certification.

- 60.1** The Board shall be notified and the appropriate applications and documentation filed whenever:
- 60.1.1 The radiologist assistant's protocol changes;
 - 60.1.2 The radiologist assistant will be working at a different or an additional office or hospital; or
 - 60.1.3 The radiologist assistant will be primarily supervised by a different radiologist.
- 60.2** Documents already on file with the Board may be referred to and need not be resubmitted.

61.0 More Than One Supervising Radiologist

- 61.1** Each application for initial certification, temporary certification, renewal of certification or change of certification shall identify the primary supervising radiologist who shall be responsible for the radiologist assistant's professional activities and sign the protocol required under 26 V.S.A. § 2853.
- 61.2** Subject to the scope of practice restrictions in this rule and Chapter 52 of Title 26, the radiologist assistant may also perform services under the supervision of additional board-certified radiologists working in the same office or hospital as the primary supervising radiologist (“secondary supervising radiologist[s]”), but must file a protocol regarding that supervisory relationship and a statement from the secondary supervising radiologist of the responsibility for the professional activities of the radiologist assistant performed under supervision.

62.0 Termination of Supervision

If the supervisory relationship between the primary supervising radiologist and the radiologist assistant is terminated for any reason, each party must notify the Board directly and immediately in writing, using the Board's Termination of Contract form. The radiologist assistant shall cease practice until a new application is submitted by a primary supervising radiologist and is approved by the Board.

63.0 Practice.

63.1 A radiologist assistant shall perform only those tasks assigned on a case-by- case basis by the supervising radiologist. The radiologist assistant shall implement the personalized plan for each patient as individually prescribed by the supervising radiologist after that physician has completed a specific assessment of each patient. In determining which radiologic procedures to assign to a radiologist assistant, a supervising radiologist shall consider all of the following:

- 63.1.1 The education, training and experience of the radiologist assistant;
- 63.1.2 The radiologist assistant's scope of practice as defined in Chapter 52 of Title 26 and these rules;
- 63.1.3 The conditions on the practice of the radiologist assistant set out in the written practice protocol;
- 63.1.4 The guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the ARRT, as amended from time to time;
- 63.1.5 The physical proximity of the supervising radiologist and the radiologist assistant or assistants the radiologist may be supervising concurrently; and
- 63.1.6 The number of patients whose care is being supervised concurrently by the supervising radiologist.

64.0 Supervision.

64.1 A supervising radiologist shall supervise a radiologist assistant within the terms, conditions, and limitations set forth in the written practice protocol filed with the Board. Radiologist supervision requires, at all times, a direct, continuing and close supervisory relationship between a radiologist assistant and the supervising radiologist.

64.2 Supervision does not, necessarily, require the constant physical presence of the supervising radiologist; however, the radiologist must remain readily available in the facility for immediate diagnosis and treatment of emergencies.

64.3 The supervising radiologist shall ensure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the radiologist assistant. All written

entries shall be reviewed, countersigned, and dated by the supervising radiologist. The supervising radiologist's signature on the medical record will fulfill this requirement for all written entries on the record.

- 64.4** Nothing in this section shall prohibit the supervising radiologist from addressing an emergency in another location in the facility.

65.0 Protocol and Scope of Practice.

- 65.1** At no time shall the scope of practice for the radiologist assistant include procedures or treatments that the supervising radiologist does not perform in within the practice.
- 65.2** A radiologist assistant may not interpret images, make diagnoses, or prescribe medications or therapies.
- 65.3** The radiologist assistant may assist the radiologist in developing and implementing a radiologic care plan for a patient. In so doing, the radiologist assistant may, in the discretion of the radiologist, perform patient assessment, patient management and selected examinations as outlined below:
- 65.3.1 Obtaining consent for and injecting agents that facilitate and/or enable diagnostic imaging;
 - 65.3.2 Obtaining clinical history from the patient or medical record;
 - 65.3.3 Performing pre-procedure and post-procedure evaluation of patients undergoing invasive procedures;
 - 65.3.4 Assisting radiologists with invasive procedures;
 - 65.3.5 Performing fluoroscopy for non-invasive procedures with the radiologist providing direct supervision of the service;
 - 65.3.6 Monitoring and tailoring selected examinations under direct supervision (i.e., IVU, CT program, GI studies, VCUG, and retrograde urethrograms);
 - 65.3.7 Communicating the reports of radiologist's findings to the referring physician or an appropriate representative with appropriate documentation;
 - 65.3.8 Providing naso-enteric and oro-enteric feeding tube placement in uncomplicated patients;
 - 65.3.9 Performing selected peripheral venous diagnostic procedures; and
 - 65.3.10 Any other activity that the Board approves in a protocol to allow for changing technology or practices in radiology.

66.0 Places of Practice.

A radiologist assistant shall work only in the office of the primary supervising radiologist or in the hospital in which the primary supervising radiologist practices.

67.0 Patient Notification and Consent.

Any physician, clinic, or hospital that uses the services of a radiologist assistant must:

- 67.1 Post a clear notice to that effect in a conspicuous place;
- 67.2 Except in case of an emergency, include language in the patient consent form that the radiologist may use a radiologist assistant; and
- 67.3 Require each radiologist assistant to wear a name tag clearly indicating the title radiologist assistant.

68.0 Disciplinary Action.

- 68.1 All complaints and allegations of unprofessional conduct shall be processed in accordance with Section IV of these rules.
- 68.2 After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant, radiologist assistant trainee, or radiologist assistant found guilty of unprofessional conduct, as provided by 3 V.S.A. §§ 129 and 809, and 26 V.S.A. § 2858, including but not limited to:
 - 68.2.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of certification;
 - 68.2.2 Required completion of continuing education;
 - 68.2.3 Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board.
- 68.3 The Board may approve a negotiated agreement between the parties. The conditions or restrictions that may be included, without limitation, in addition to those above, in such an agreement are set forth in 3 V.S.A. § 809(d) and 26 V.S.A. § 2859(e).

69.0 Right to Appeal.

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and 3 V.S.A. § 815.