

CHAPTER 32 - NORTH CAROLINA MEDICAL BOARD

SUBCHAPTER 32A - ORGANIZATION

21 NCAC 32A .0101 LOCATION

The location of the office of the North Carolina Medical Board is 3127 Smoketree Court, Raleigh, North Carolina 27604.

History Note: Authority G.S. 90-2;
Eff. February 1, 1976;
Amended Eff. July 1, 2004; August 1, 2002; September 1, 1995; July 1, 1993; May 1, 1989;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. December 1, 2020.

21 NCAC 32A .0102 PURPOSE

21 NCAC 32A .0103 STRUCTURE

History Note: Authority G.S. 90-2; 90-3; 90-16;
Eff. February 1, 1976;
Amended Eff. November 1, 1982;
Repealed Eff. May 1, 1989.

21 NCAC 32A .0104 MEETINGS

The Board meets at scheduled intervals to carry out Board business. Other meetings may be called by the President of the Board or upon written request of the majority of the members of the Board.

History Note: Authority G.S. 90-5; 90-5.1;
Eff. February 1, 1976;
Amended Eff. May 1, 1990; May 1, 1989;
Readopted Eff. July 1, 2017.

21 NCAC 32A .0105 REQUIREMENT EXCEPTION

21 NCAC 32A .0106 PROVISIONS FOR PETITION FOR A RULE CHANGE

History Note: Authority G.S. 90-6; 90-11; 150B-20;
Eff. February 1, 1976;
Amended Eff. September 1, 1995; May 1, 1989; November 1, 1985;
Repealed Eff. August 1, 2002.

21 NCAC 32A .0107 DECLARATORY RULINGS

History Note: Authority G.S. 150B-17;
Eff. February 1, 1976;
Amended Eff. May 1, 1989; November 1, 1985;
Repealed Eff. February 1, 2007.

21 NCAC 32A .0108 RECORDS ON FILE

History Note: Authority G.S. 150-13;
Eff. February 1, 1976;
Repealed Eff. May 1, 1989.

21 NCAC 32A .0109 FORMS

History Note: Authority G.S. 90-11;

Eff. November 1, 1985;
Repealed Eff. May 1, 1989.

21 NCAC 32A .0110 DISCARDING APPLICATION MATERIAL

History Note: Authority G.S. 90-6;
Eff. September 1, 1986;
Repealed Eff. May 1, 1989.

21 NCAC 32A .0111 REQUEST FOR DECLARATORY RULING

(a) All requests for declaratory rulings shall be written and mailed to the Board at 1203 Front Street, Raleigh, North Carolina 27609. The envelope containing the request shall bear the notation: "REQUEST FOR DECLARATORY RULING."

(b) Each Request for Declaratory Ruling shall include the following information:

- (1) the name and address of the person requesting the ruling;
- (2) the statute or rule to which the request relates;
- (3) a concise statement of the manner in which the requesting person is affected by the statute or rule or its potential application to that person;
- (4) a statement whether an oral hearing is desired and, if so, the reason.

History Note: Authority G.S. 90-5.1; 150B-4;
Eff. February 1, 2007;
Readopted Eff. July 1, 2017.

21 NCAC 32A .0112 DISPOSITION OF REQUEST

(a) Upon receipt of a Request for Declaratory Ruling, the Board shall determine whether a ruling is appropriate under the facts stated.

(b) When the Board determines that the issuance of a declaratory ruling is inappropriate, the Board shall notify, in writing, the person requesting the ruling, stating the reasons for the denial of the request.

(c) The Board shall decline to issue a declaratory ruling where:

- (1) there has been a similar controlling factual determination made by the Board in a contested case;
- (2) the rule-making record shows that the factual issues raised by the request were specifically considered prior to adoption of the rule; or
- (3) the subject-matter of the request is involved in pending litigation in any state or federal court in North Carolina;
- (4) the petitioner fails to show that the circumstances are so changed since the adoption of the statute or rule that a ruling is warranted.

History Note: Authority G.S. 150B-4;
Eff. February 1, 2007;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32A .0113 PROCEDURE FOR DECLARATORY RULING

Prior to issuing a declaratory ruling, the Board shall give notice of the declaratory ruling proceedings to any person(s) it deems appropriate and shall direct that fact-finding proceedings appropriate to the circumstances of the particular request be conducted. The proceedings may consist of written submissions, an oral hearing, or other proceedings.

History Note: Authority G.S. 150B-4;
Eff. February 1, 2007;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32A .0114 SUSPENSION OF AUTHORITY TO EXPEND FUNDS

In the event the Board's authority to expend funds is suspended pursuant to G.S. 93B-2(d), the Board shall continue to issue and renew licenses and all fees tendered shall be placed in an escrow account maintained by the Board for this purpose. Once the Board's authority is restored, the funds shall be moved from the escrow account into the general operating account.

History note: Authority G.S. 93B-2(d);
Eff. March 1, 2011;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

SUBCHAPTER 32B – LICENSE TO PRACTICE MEDICINE

SECTION .0100 - GENERAL

21 NCAC 32B .0101 DEFINITIONS
21 NCAC 32B .0102 DISCARDING APPLICATION MATERIAL

History Note: Authority G.S. 90-6;
Eff. May 1, 1989;
Amended Eff. July 1, 2004; July 1, 1993; January 1, 1992; March 1, 1991;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0103 FORMS

History Note: Authority G.S. 150B-11;
Eff. May 1, 1989;
Repealed Eff. August 1, 2002.

21 NCAC 32B .0104 CRIMINAL BACKGROUND CHECK

History Note: Authority G.S. 90-6; 90-9; 90-11;
Temporary Adoption Eff. December 1, 2002;
Eff. August 1, 2004;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0105 FEDERATION CREDENTIAL VERIFICATION SERVICE PROFILE
21 NCAC 32B .0106 DATA BANK REPORTS

History Note: Authority G.S. 90-6; 90-11;
Eff. October 1, 2006;
Repealed Eff. August 1, 2010.

SECTION .0200 - LICENSE BY WRITTEN EXAMINATION

21 NCAC 32B .0201 MEDICAL EDUCATION
21 NCAC 32B .0202 ECFMG CERTIFICATION
21 NCAC 32B .0203 CERTIFICATION OF GRADUATION

History Note: Authority G.S. 90-6; 90-9; 90-10;
Eff. February 1, 1976;
Amended Eff. March 1, 1987; November 1, 1985;
Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
Amended Eff. January 1983; October 29, 1979;
Recodified from 21 NCAC 32B .0101-.0103 Eff. April 5, 1989;
Amended Eff. May 1, 1989;

Repealed Eff. August 1, 2002.

21 NCAC 32B .0204 CERTIFIED PHOTOGRAPH AND CERTIFICATION OF GRADUATION

*History Note: Authority G.S. 90-9;
Eff. February 1, 1976;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0104 Eff. April 5, 1989;
Amended Eff. July 1, 2004; May 1, 1989;
Repealed Eff. April 1, 2008.*

21 NCAC 32B .0205 CITIZENSHIP

*History Note: Filed as a Temporary Repeal Eff. February 16, 1990, for a period of 135 days to expire on July 1, 1990;
Filed as a Temporary Repeal Eff. September 5, 1989 for a period of 180 days to expire on March 3, 1990;
Filed as a Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
Statutory Authority G.S. 90-9;
Eff. February 1, 1976;
Amended Eff. November 1, 1985; May 1, 1985;
Recodified from 21 NCAC 32B .0105 Eff. April 5, 1989;
Amended Eff. May 1, 1989;
ARRC Objection Lodged October 19, 1989;
ARRC Objection Lodged March 15, 1990;
Repealed Eff. May 1, 1990.*

21 NCAC 32B .0206 APPLICATION FORMS

21 NCAC 32B .0207 LETTERS OF RECOMMENDATION

*History Note: Authority G.S. 90-9; 90-11;
Eff. February 1, 1976;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0106 Eff. April 5, 1989;
Recodified from 21 NCAC 32B .0107 Eff. April 5, 1989;
Amended Eff. July 1, 2004; May 1, 1989;
Repealed Eff. April 1, 2008.*

21 NCAC 32B .0208 MILITARY STATUS

*History Note: Authority G.S. 90-9;
Eff. February 1, 1976;
Recodified from 21 NCAC 32B .0108 Eff. April 5, 1989;
Repealed Eff. May 1, 1989.*

21 NCAC 32B .0209 FEE

*History Note: Authority G.S. 90-15;
Eff. February 1, 1976;
Amended Eff. December 1, 1984;
Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
Amended Eff. March 1, 1989; December 1, 1985; May 1, 1985;
Recodified From 21 NCAC 32B .0109 Eff. April 5, 1989;
Amended Eff. July 1, 2007; July 1, 2004; April 1, 1994; July 1, 1993; May 1, 1989;
Repealed Eff. April 1, 2008.*

21 NCAC 32B .0210 REQUIRED APPLICATION MATERIALS

History Note: Authority G.S. 90-9;
 Eff. February 1, 1976;
 Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
 Amended Eff. September 1, 1987; November 1, 1985; May 1, 1985;
 Recodified from 21 NCAC 32B .0110 Eff. April 5, 1989;
 Amended Eff. July 1, 2004; July 1, 1993; May 1, 1989;
 Repealed Eff. April 1, 2008.

21 NCAC 32B .0211 PASSING SCORE

History Note: Authority G.S. 90-9; 90-12; 90-15;
 Eff. February 1, 1976;
 Amended Eff. January 1, 1983; November 8, 1977;
 Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
 Amended Eff. November 1, 1985; May 1, 1985;
 Recodified from 21 NCAC 32B .0111 Eff. April 5, 1989;
 Amended Eff. September 1, 2007; July 1, 2004; July 1, 1993; May 1, 1989;
 Repealed Eff. April 1, 2008.

21 NCAC 32B .0212 EXAMINATION TIMES

History Note: Authority G.S. 90-5;
 Eff. February 1, 1976;
 Recodified from 21 NCAC 32B .0112 Eff. April 5, 1989;
 Amended Eff. July 1, 2004; April 1, 1994; July 1, 1993; May 1, 1985;
 Repealed Eff. April 1, 2008.

21 NCAC 32B .0213 GRADUATE MEDICAL EDUCATION AND TRAINING FOR LICENSURE

History Note: Authority G.S. 90-9;
 Eff. November 8, 1977;
 Amended Eff. November 1, 1985;
 Recodified from 21 NCAC 32B .0113 Eff. April 5, 1989;
 Amended Eff. July 1, 2007; July 1, 2004; July 1, 1993; May 1, 1989;
 Repealed Eff. April 1, 2008.

21 NCAC 32B .0214 PERSONAL INTERVIEW

History Note: Authority G.S. 90-6;
 Eff. May 1, 1985;
 Temporary Rule Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
 Amended Eff. November 1, 1985;
 Recodified from 21 NCAC 32B .0114 Eff. April 5, 1989;
 Amended Eff. May 1, 1989;
 Temporary Amendment Eff. September 5, 1989 for a period of 180 days to expire on March 3, 1990;
 ARRC Objection Lodged October 19, 1989;
 Temporary Amendment Eff. February 16, 1990, for a period of 135 days to expire on July 1, 1990;
 ARRC Objection Lodged March 15, 1990;
 Amended Eff. July 1, 2004; September 1, 1995; July 1, 1993; May 1, 1990;
 Repealed Eff. April 1, 2008.

21 NCAC 32B .0215 EXAMINATION COMBINATIONS

History Note: Authority G.S. 90-6; 90-9; 90-11;
 Eff. July 1, 1993;
 Repealed Eff. July 1, 2004.

SECTION .0300 – LICENSE BY ENDORSEMENT

21 NCAC 32B .0301 MEDICAL EDUCATION
21 NCAC 32B .0302 ECFMG CERTIFICATION

History Note: Authority G.S. 90-6; 90-9; 90-10; 90-13;
 Eff. February 1, 1976;
 Amended Eff. January 1, 1983; October 29, 1979;
 Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
 Amended Eff. March 1, 1987; November 1, 1985; May 1, 1985;
 Recodified from 21 NCAC 32B .0201 Eff. April 5, 1989; (Rule .0301);
 Recodified from 21 NCAC 32B .0202 Eff. April 5, 1989; (Rule .0302);
 Amended Eff. July 1, 2004; May 1, 1989;
 Repealed Eff. August 1, 2010.

21 NCAC 32B .0303 CITIZENSHIP

History Note: Filed as a Temporary Repeal Eff. February 16, 1990, for a period of 135 days to expire on
 July 1, 1990;
 Filed as a Temporary Repeal Eff. September 5, 1989 for a period of 180 days to expire on
 March 3, 1990;
 Statutory Authority G.S. 90-13;
 Eff. February 1, 1976;
 Amended Eff. November 1, 1985;
 Recodified from 21 NCAC 32B .0203 Eff. April 5, 1989;
 Amended Eff. May 1, 1989;
 ARRC Objection Lodged October 19, 1989;
 ARRC Objection Lodged March 15, 1990;
 Repealed Eff. May 1, 1990.

21 NCAC 32B .0304 APPLICATION FORMS
21 NCAC 32B .0305 EXAMINATION BASIS FOR ENDORSEMENT
21 NCAC 32B .0306 LETTERS OF RECOMMENDATION
21 NCAC 32B .0307 CERTIFIED PHOTOGRAPH AND CERTIFICATION OF GRADUATION
21 NCAC 32B .0308 FEE

History Note: Authority G.S. 90-8.1; 90-9.1(c); 90-10; 90-13; 90-15;
 Eff. February 1, 1976;
 Amended Eff. November 1, 1985; December 1, 1984; November 1, 1982;
 Recodified from 21 NCAC 32B .0204 Eff. April 5, 1989; (Rule .0304);
 Recodified from 21 NCAC 32B .0205 Eff. April 5, 1989; (Rule .0305);
 Recodified from 21 NCAC 32B .0206 Eff. April 5, 1989; (Rule .0306);
 Recodified from 21 NCAC 32B .0207 Eff. April 5, 1989; (Rule .0307);
 Recodified from 21 NCAC 32B .0208 Eff. April 5, 1989; (Rule .0308);
 Amended Eff. August 1, 2008; July 1, 2007; July 1, 2004; February 1, 1995; April 1, 1994;
 January 1, 1992; May 1, 1989;
 Repealed Eff. August 1, 2010.

21 NCAC 32B .0309 PERSONAL INTERVIEW

History Note: Authority G.S. 90-13;
Eff. February 1, 1976;
Amended Eff. November 1, 1985; November 8, 1977;
Recodified from 21 NCAC 32B .0209 Eff. April 5, 1989;
Amended Eff. May 1, 1989;
ARRC Objection Lodged October 19, 1989;
Temporary Amendment Eff. September 5, 1989 for a period of 180 days to expire on March 3, 1990;
Temporary Amendment Eff. February 16, 1990, for a period of 135 days to expire on July 1, 1990;
ARRC Objection Lodged March 15, 1990;
Amended Eff. May 1, 1990;
Temporary Amendment Eff. February 15, 1991 for a period of 180 days to expire on August 15, 1991;
ARRC Objection Lodged February 25, 1991;
Temporary Amendment Expired August 15, 1991;
Amended Eff. July 1, 2004; September 1, 1995; July 1, 1993; September 1, 1991;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0310 DEADLINE

History Note: Authority G.S. 90-6;
Eff. February 1, 1976;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0210 Eff. April 5, 1989;
Amended Eff. May 1, 1989;
Repealed Eff. July 1, 2004.

21 NCAC 32B .0311 ENDORSEMENT RELATIONS

21 NCAC 32B .0312 ROUTINE INQUIRIES

History Note: Authority G.S. 90-6; 90-11; 90-13;
Eff. February 1, 1976;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0212 Eff. April 5, 1989; (Rule .0312);
Recodified from 21 NCAC 32B .0211 Eff. April 5, 1989; (Rule .0311);
Amended Eff. October 1, 2006; July 1, 2004; May 1, 1989;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0313 GRADUATE MEDICAL EDUCATION AND TRAINING

History Note: Authority G.S. 90-13;
Eff. November 8, 1977;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0213 Eff. April 5, 1989;
Amended Eff. July 1, 2004; May 1, 1989;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0314 PASSING EXAM SCORE

History Note: Authority G.S. 90-6; 90-10; 90-13;
Eff. January 1, 1983;
Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
Amended Eff. November 1, 1985; May 1, 1985;
Recodified from 21 NCAC 32B .0214 Eff. April 5, 1989;

*Amended Eff. September 1, 2007; October 1, 2006; July 1, 2004; July 1, 1993; January 1, 1992;
May 1, 1989;
Repealed Eff. August 1, 2010.*

21 NCAC 32B .0315 TEN-YEAR QUALIFICATION

*History Note: Authority G.S. 90-11; 90-13;
Eff. March 1, 1991;
Amended Eff. July 1, 2004; February 1, 1995; July 1, 1993; January 1, 1992;
Repealed August 1, 2010.*

21 NCAC 32B .0316 SPEX FEE

*History Note: Authority G.S. 90-15;
Eff. March 1, 1991;
Repealed Eff. July 1, 2004.*

SECTION .0400 - TEMPORARY LICENSE BY ENDORSEMENT OF CREDENTIALS

21 NCAC 32B .0401 CREDENTIALS

21 NCAC 32B .0402 TEMPORARY LICENSE FEE

*History Note: Authority G.S. 90-13; 90-15;
Eff. February 1, 1976;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0301 Eff. April 5, 1989 (Rule .0401);
Recodified from 21 NCAC 32B .0302 Eff. April 5, 1989 (Rule .0402);
Amended Eff. April 1, 1994; May 1, 1989;
Repealed Eff. August 1, 2010.*

21 NCAC 32B .0403 HARDSHIP

*History Note: Authority G.S. 90-13;
Eff. February 1, 1976;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0303 Eff. April 5, 1989;
Repealed Eff. May 1, 1989.*

- 21 NCAC 32B .0404 CITIZENSHIP**
- 21 NCAC 32B .0405 STATE BOARD INQUIRIES**
- 21 NCAC 32B .0406 AMA REPORT**
- 21 NCAC 32B .0407 DEA REPORT**
- 21 NCAC 32B .0408 MILITARY STATUS**
- 21 NCAC 32B .0409 FOREIGN MEDICAL GRADUATES**
- 21 NCAC 32B .0410 FEE**
- 21 NCAC 32B .0411 HARDSHIP**
- 21 NCAC 32B .0412 PERSONAL APPEARANCE**
- 21 NCAC 32B .0413 BOARD INTERVIEW**

*History Note: Filed as a Temporary Amendment Eff. January 31, 1985 For a Period of 120 Days to Expire
on May 30, 1985;
Statutory Authority G.S. 90-6; 90-10; 90-13; 90-15;
Eff. February 1, 1976;
Amended Eff. May 1, 1985; December 1, 1984; January 1, 1983; October 29, 1979;
Repealed Eff. November 1, 1985;*

Recodified from 21 NCAC 32B .0304-.0313 Eff. April 5, 1989.

21 NCAC 32B .0414 POSTGRADUATE TRAINING

*History Note: Authority G.S. 90-13;
Eff. November 8, 1977;
Repealed Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0314 Eff. April 5, 1989.*

21 NCAC 32B .0415 PASSING FLEX SCORE

*History Note: Filed as a Temporary Amendment Eff. January 31, 1985 For a Period of 120 Days to Expire
on May 30, 1985;
Statutory Authority G.S. 90-6; 90-10; 90-13;
Eff. January 1, 1983;
Amended Eff. May 1, 1985;
Repealed Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0315 Eff. April 5, 1989.*

SECTION .0500 - RESIDENT'S TRAINING LICENSE

- 21 NCAC 32B .0501 APPLICATION FORM**
- 21 NCAC 32B .0502 CERTIFICATION OF GRADUATION**
- 21 NCAC 32B .0503 CERTIFIED PHOTOGRAPH**
- 21 NCAC 32B .0504 LETTERS OF RECOMMENDATION**
- 21 NCAC 32B .0505 APPOINTMENT LETTER**
- 21 NCAC 32B .0506 FEE**
- 21 NCAC 32B .0507 ECFMG CERTIFICATION**

*History Note: Authority G.S. 90-15
Eff. February 1, 1976;
Amended Eff. November 1, 1985; December 1, 1984; October 29, 1979;
Recodified from 21 NCAC 32B .0401 Eff. April 5, 1989 (Rule .0501);
Recodified from 21 NCAC 32B .0402 Eff. April 5, 1989 (Rule .0502);
Recodified from 21 NCAC 32B .0403 Eff. April 5, 1989 (Rule .0503);
Recodified from 21 NCAC 32B .0404 Eff. April 5, 1989 (Rule .0504);
Recodified from 21 NCAC 32B .0405 Eff. April 5, 1989 (Rule .0505);
Recodified from 21 NCAC 32B .0406 Eff. April 5, 1989 (Rule .0506);
Recodified from 21 NCAC 32B .0407 Eff. April 5, 1989 (Rule .0507);
Amended Eff. July 1, 2007; May 1, 1989;
Repealed Eff. August 1, 2010.*

21 NCAC 32B .0508 MEDICAL EDUCATION

*History Note: Authority G.S. 90-15;
Eff. December 1, 1985;
Recodified from 21 NCAC 32B .0408 Eff. April 5, 1989;
Amended Eff. August 1, 2002; May 1, 1990; May 1, 1989;
Repealed Eff. August 1, 2010.*

SECTION .0600 - SPECIAL LIMITED LICENSE

- 21 NCAC 32B .0601 APPLICATION AND LIMITATION**
- 21 NCAC 32B .0602 CERTIFICATION OF GRADUATION**

History Note: Authority G.S. 90-12;

Eff. February 1, 1976;
Amended Eff. November 1, 1985;
Recodified from 21 NCAC 32B .0501 Eff. April 5, 1989 (Rule .0601);
Recodified from 21 NCAC 32B .0502 Eff. April 5, 1989 (Rule .0602);
Amended Eff. May 1, 1989;
Repealed Eff. March 1, 2011.

21 NCAC 32B .0603	CERTIFIED PHOTOGRAPH
21 NCAC 32B .0604	LETTERS OF RECOMMENDATION
21 NCAC 32B .0605	DIPLOMA OF PSYCHOLOGICAL MEDICINE
21 NCAC 32B .0606	FEE
21 NCAC 32B .0607	ECFMG CERTIFICATION
21 NCAC 32B .0608	PERSONAL INTERVIEW

History Note: Authority G.S. 90-11; 90-12; 90-15;
Eff. February 1, 1976;
Amended Eff. November 1, 1985; December 1, 1984; October 29, 1979;
Recodified from 21 NCAC 32B .0503 Eff. April 5, 1989 (Rule .0603);
Recodified from 21 NCAC 32B .0504 Eff. April 5, 1989 (Rule .0604);
Recodified from 21 NCAC 32B .0505 Eff. April 5, 1989 (Rule .0605);
Recodified from 21 NCAC 32B .0506 Eff. April 5, 1989 (Rule .0606);
Recodified from 21 NCAC 32B .0507 Eff. April 5, 1989 (Rule .0607);
Recodified from 21 NCAC 32B .0508 Eff. April 5, 1989 (Rule .0608);
Amended Eff. July 1, 2004; May 1, 1989;
Repealed Eff. August 1, 2010.

SECTION .0700 - CERTIFICATE OF REGISTRATION FOR VISITING PROFESSORS

21 NCAC 32B .0701	REQUEST FOR THE CERTIFICATE OF REGISTRATION
21 NCAC 32B .0702	MEDICAL LICENSURE
21 NCAC 32B .0703	LIMITATION
21 NCAC 32B .0704	DURATION
21 NCAC 32B .0705	PERSONAL INTERVIEW
21 NCAC 32B .0706	FEE FOR VISITING PROFESSORS CERTIFICATE OF REGISTRATION

History Note: Authority G.S. 90-12; 90-15;
Eff. February 1, 1976;
Amended Eff. December 1, 1985; November 1, 1985; December 1, 1984;
Recodified from 21 NCAC 32B .0601 Eff. April 5, 1989 (Rule .0701);
Recodified from 21 NCAC 32B .0602 Eff. April 5, 1989 (Rule .0702);
Recodified from 21 NCAC 32B .0603 Eff. April 5, 1989 (Rule .0703);
Recodified from 21 NCAC 32B .0604 Eff. April 5, 1989 (Rule .0704);
Recodified from 21 NCAC 32B .0605 Eff. April 5, 1989 (Rule .0705);
Recodified from 21 NCAC 32B .0606 Eff. April 5, 1989 (Rule .0706);
Amended Eff. July 1, 2004; September 1, 1995; April 1, 1994; May 1, 1989;
Repealed Eff. August 1, 2010.

21 NCAC 32B .0707	CERTIFIED PHOTOGRAPH
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History Note: Authority G.S. 90-12;
Eff. March 1, 1988;
Recodified from 21 NCAC 32B .0607 Eff. April 5, 1989;
Amended Eff. May 1, 1989;
Repealed Eff. August 1, 2010.

SECTION .0800 - MEDICAL SCHOOL FACULTY LICENSE

21 NCAC 32B .0801	DEFINITION OF PRACTICE
21 NCAC 32B .0802	ELIGIBILITY REQUIREMENTS
21 NCAC 32B .0803	APPLICATION
21 NCAC 32B .0804	FEE
21 NCAC 32B .0805	CERTIFIED PHOTOGRAPH AND CERTIFICATE OF GRADUATION
21 NCAC 32B .0806	VERIFICATION OF MEDICAL LICENSURE
21 NCAC 32B .0807	LETTERS OF RECOMMENDATION
21 NCAC 32B .0808	PERSONAL INTERVIEW

History Note: Authority G.S. 90-12;
Eff. October 1, 1993;
Amended Eff. July 1, 2004; September 1, 1995;
Repealed Eff. March 1, 2011.

SECTION .0900 - SPECIAL VOLUNTEER LICENSE

21 NCAC 32B .0901	DEFINITION OF PRACTICE
21 NCAC 32B .0902	QUALIFICATION FOR LICENSURE

History Note: Authority G.S. 90-13; 90-15;
Eff. December 1, 1995;
Repealed Eff. August 1, 2010.

SECTION .1000 - PRESCRIBING

21 NCAC 32B .1001 AUTHORITY TO PRESCRIBE

(a) A license to practice medicine issued under this Subchapter allows the physician to prescribe medications, including controlled substances, so long as the physician complies with all state and federal laws and regulations governing the writing and issuance of prescriptions.

(b) A physician must possess a valid United States Drug Enforcement Administration ("DEA") registration in order for the physician to supervise any other health professional (physician assistant, nurse practitioner, clinical pharmacist practitioner) with prescriptive authority for controlled substances. The DEA registration of the supervising physician must include the same schedule(s) of controlled substances as the supervised health professional's DEA registration.

(c) A physician shall not prescribe controlled substances, as defined by the state and federal controlled substance acts for:

- (1) the physician's own use;
- (2) the use of the physician's immediate family;
- (3) the use of any other person living in the same residence as the licensee; or
- (4) the use of any person with whom the physician is having a sexual relationship.

As used in this Paragraph, "immediate family" means a spouse, parent, child, sibling, parent-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, step-parent, step-child, step-sibling.

History Note: Authority G.S. 90-2(a); 90-5.1;
Eff. June 1, 2007;
Amended Eff. August 1, 2012;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

SECTION .1100 – REACTIVATION OF FULL LICENSE

21 NCAC 32B .1101 APPLICATION FORMS

History Note: Authority G.S. 90-6; 90-15.1;
Eff. January 1, 2008;

Repealed Eff. August 1, 2010.

21 NCAC 32B .1102 FEE

*History Note: Authority G.S. 90-6; 90-15.1;
Eff. February 5, 2008;
Repealed Eff. August 1, 2010.*

**21 NCAC 32B .1103 PERSONAL INTERVIEW
21 NCAC 32B .1104 ROUTINE INQUIRIES
21 NCAC 32B .1105 CME**

*History Note: Authority G.S. 90-6; 90-14; 90-15.1;
Eff. January 1, 2008;
Repealed Eff. August 1, 2010.*

SECTION .1200 – REINSTATEMENT OF FULL LICENSE

**21 NCAC 32B .1201 APPLICATION FORMS
21 NCAC 32B .1202 LETTERS OF RECOMMENDATION**

*History Note: Authority G.S. 90-6; 90-14; 90-15.1;
Eff. January 1, 2008;
Repealed Eff. August 1, 2010.*

21 NCAC 32B .1203 FEE

*History Note: Authority G.S. 90-6; 90-14; 90-15.1;
Eff. February 5, 2008;
Repealed August 1, 2010.*

**21 NCAC 32B .1204 PERSONAL INTERVIEW
21 NCAC 32B .1205 ROUTINE INQUIRIES
21 NCAC 32B .1206 ECFMG CERTIFICATION**

*History Note: Authority G.S. 90-6; 90-14; 90-15.1;
Eff. January 1, 2008;
Repealed Eff. August 1, 2010.*

21 NCAC 32B .1207 TEN-YEAR QUALIFICATION

*History Note: Authority G.S. 90-6; 90-10; 90-14; 90-15.1;
Eff. February 1, 2008;
Repealed Eff. August 1, 2010.*

SECTION .1300 - GENERAL

21 NCAC 32B .1301 DEFINITIONS

The following definitions apply to Rules within this Subchapter:

- (1) ABMS - American Board of Medical Specialties;
- (2) ACGME – Accreditation Council for Graduate Medical Education;
- (3) AMA – American Medical Association;
- (4) AMA Physician's Recognition Award – American Medical Association recognition of achievement by physicians who have voluntarily completed programs of continuing medical education;
- (5) AOA – American Osteopathic Association;

- (6) AOIA – American Osteopathic Information Association;
- (7) Area(s) of Practice – the medical or surgical specialty in which a physician or physician assistant has practiced or intends to practice;
- (8) Board –The North Carolina Medical Board;
- (9) CACMS – Committee for the Accreditation of Canadian Medical Schools;
- (10) CAQ – Certificate of Added Qualification conferred by a specialty board recognized by the ABMS, the AOA, CCFP, FRCP or FRCS;
- (11) CCFP – Certificant of the College of Family Physicians;
- (12) CFPC – College of Family Physicians of Canada;
- (13) COCA – Commission on Osteopathic Colleges Accreditation;
- (14) Core Competencies – patient care; medical knowledge; communication; practice-based learning; systems-based care; and professionalism as defined by the ACGME;
- (15) CME – Continuing Medical Education;
- (16) COMLEX – Comprehensive Osteopathic Medical Licensure Examination;
- (17) COMVEX – Comprehensive Osteopathic Medical Variable-Purpose Examination;
- (18) ECFMG – Educational Commission for Foreign Medical Graduates;
- (19) FCVS – Federation Credential Verification Service;
- (20) Fifth Pathway – an avenue for licensure as defined in the AMA's Council on Medical Education Report 1-I-07;
- (21) FLEX – Federation Licensing Examination;
- (22) FRCP – Fellowship of the Royal College of Physicians of Canada;
- (23) FRCS – Fellowship of the Royal College of Surgeons of Canada;
- (24) FSMB – Federation of State Medical Boards;
- (25) GME – Graduate Medical Education;
- (26) HIPDB – Healthcare Integrity and Protection Data Bank;
- (27) IMG – International Medical Graduate – a physician who has graduated from a medical or osteopathic school not approved by the LCME, the CACMS or COCA;
- (28) Intensity of Practice – the number of hours, the number of years and the responsibilities involved in a person's medical practice;
- (29) LCME – Liaison Commission on Medical Education;
- (30) LMCC – Licentiate of the Medical Council of Canada;
- (31) MCCQE – Medical Council of Canada Qualifying Examination;
- (32) Mentoring Physician – a licensed physician with no public disciplinary record in the last 10 years, who is certified by an American Board of Medical Specialties ("ABMS"), the American Osteopathic Association ("AOA") or a board determined by the Medical Board to be equivalent to the ABMS or AOA and who practices in the same or similar area of practice into which the applicant for reentry is reentering. A mentoring physician must have had some experience as a medical educator or mentor, and shall have no conflicts of interest with the reentry applicant that would impair the mentoring physician's ability to provide an objective evaluation of the reentering licensee's competence;
- (33) NBME – National Board of Medical Examiners;
- (34) NBOME – National Board of Osteopathic Medical Examiners;
- (35) NPDB – National Practitioner Data Bank;
- (36) RCPSC – Royal College of Physicians and Surgeons of Canada;
- (37) Reentry Plan – an individualized program of assessment, education and re-assessment intended to confirm the competence to practice in an intended area of practice of an applicant for reentry;
- (38) Reentry Agreement – a public, non-disciplinary agreement which incorporates by reference the Reentry Plan;
- (39) Reentry Period – the duration of Reentry Plan;
- (40) SPEX – Special Purpose Examination; and
- (41) USMLE – United States Medical Licensing Examination.

*History Note: Authority G.S. 90-8.1; 90-14(a)(11a);
Eff. August 1, 2010;
Amended Eff. March 1, 2011;*

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1302 SCOPE OF PRACTICE UNDER PHYSICIAN LICENSE

A physician holding a Physician License may practice medicine and perform surgery in North Carolina.

*History Note: Authority G.S. 90-1.1;
Eff. August 1, 2010;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32B .1303 APPLICATION FOR PHYSICIAN LICENSE

(a) In order to obtain a physician license, an applicant shall:

- (1) submit a completed application, attesting under oath or affirmation that the information on the application is true and complete and authorizing the release to the Board of all information pertaining to the application;
- (2) submit a photograph that shows a front view of the applicant's face;
- (3) submit documentation of a legal name change, if applicable;
- (4) supply a certified copy of applicant's birth certificate if the applicant was born in the U.S. or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status that the Board will use to verify applicant's ability to work lawfully in the U.S.;
- (5) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education and received a medical degree. However, the Board shall waive the 130-week requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS, or AOA approved specialty board within the past 10 years;
- (6) for an applicant who has graduated from a medical or osteopathic school approved by the LCME, the CACMS, or COCA, meet the requirements set forth in G.S. 90-9.1;
- (7) for an applicant graduating from a medical school not approved by the LCME, meet the requirements set forth in G.S. 90-9.2;
- (8) provide proof of passage of an examination testing medical knowledge. In addition to the examinations set forth in G.S. 90-10.1 the Board accepts the following examinations (or their successors) for licensure:
 - (A) COMLEX;
 - (B) MCCQE; and
 - (C) Current certification or current recertification by an ABMS, CCFP, FRCP, FRCS, AOA, ABOMS, or other Board approved speciality board;
- (9) submit proof that the applicant has completed graduate medical education as required by G.S. 90-9.1 or 90-9.2, as follows:
 - (A) A graduate of a medical school approved by LCME, CACMS, or COCA shall have completed at least one year of graduate medical education approved by ACGME, CFPC, RCPSC, or AOA;
 - (B) A graduate of a medical school not approved by LCME shall have completed two years of graduate medical education approved by ACGME, CFPC, RCPSC, or AOA;
 - (C) An applicant may satisfy the graduate medical education requirements of Parts (A) or (B) of this Subparagraph by showing proof of current certification by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS, or AOA;
- (10) submit a FCVS profile:
 - (A) If the applicant is a graduate of a medical school approved by LCME, CACMS, or COCA, and the applicant previously has completed a FCVS profile; or
 - (B) If the applicant is a graduate of a medical school other than those approved by LCME, COCA, or CACMS;
- (11) if a graduate of a medical school other than those approved by LCME, AOA, COCA, or CACMS, furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if: the applicant has

- passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required);
- (12) submit an AMA Physician Profile and, if the applicant is an osteopathic physician, also submit an AOA Physician Profile;
 - (13) if applying on the basis of the USMLE, submit:
 - (A) a transcript from the FSMB showing a score on USMLE Step 1, Step 2, and Step 3; and
 - (B) proof that the applicant has passed each step within three attempts. However, the Board shall waive the three-attempt requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS, AOA, American Board of Oral Maxillofacial Surgery ("ABOMS") approved specialty board within the past 10 years;
 - (14) if applying on the basis of COMLEX, submit:
 - (A) a transcript from the NBOME showing a score on COMLEX Level 1, Level 2 (cognitive evaluation), and Level 3; and
 - (B) proof that the applicant has passed COMLEX within three attempts. However, the Board shall waive the three-attempt requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS, AOA, or ABOMS approved specialty board within the past 10 years;
 - (15) if applying on the basis of any other board-approved examination, submit a transcript showing a passing score;
 - (16) submit two completed fingerprint record cards;
 - (17) submit a signed consent allowing a search of local, state, and national files for any criminal record;
 - (18) provide two original references from persons with no family or marital relationship to the applicant. These references shall be:
 - (A) from physicians who have observed the applicant's work in a clinical environment within the past three years;
 - (B) on forms supplied by the Board;
 - (C) dated within six months of the submission of the application; and
 - (D) bearing the original signature of the writer;
 - (19) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and
 - (20) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- (b) In addition to the requirements of Paragraph (a) of this Rule, the applicant shall submit proof that the applicant has:
- (1) within the past 10 years taken and passed either:
 - (A) an exam listed in G.S. 90-10.1 (a state board licensing examination, NBOME, USMLE, COMLEX, or MCCQE or their successors);
 - (B) SPEX (with a score of 75 or higher); or
 - (C) COMVEX (with a score of 75 or higher);
 - (2) within the past 10 years:
 - (A) obtained certification or recertification or CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS, AOA or American Board of Maxillofacial Surgery;
 - (B) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous certification);
 - (3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC, or AOA; or
 - (4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.
- (c) All reports must be submitted directly to the Board from the primary source.
- (d) An applicant shall appear in person for an interview with the Board or its agent, if the Board determines it needs more information to evaluate the applicant based on the information provided by the applicant and the Board's concerns.
- (e) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

History Note: Authority G.S. 90-5.1(a)(3); 90-8.1; 90-9.1; 90-9.2; 90-13.1; Eff. August 1, 2010;

Amended Eff. December 1, 2013; January 1, 2012; November 1, 2011; October 1, 2011;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
2016;
Amended Eff. May 1, 2022; July 1, 2019.

21 NCAC 32B .1304-.1349 RESERVED FOR FUTURE CODIFICATION

21 NCAC 32B .1350 REINSTATEMENT OF PHYSICIAN LICENSE

(a) "Reinstatement" is for a physician who has held a North Carolina license, but whose license either has been inactive for more than one year, or whose license became inactive as a result of disciplinary action (revocation or suspension) taken by the Board. It also applies to a physician who has surrendered a license prior to charges being filed by the Board.

(b) All applicants for reinstatement shall:

- (1) submit a completed application, attesting under oath or affirmation that information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit a photograph that shows a front view of the applicant's face;
- (3) submit documentation of a legal name change, if applicable;
- (4) supply a copy of the applicant's birth certificate if the applicant was born in the U.S. or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant shall provide information about the applicant's immigration status that the Board shall use to verify the applicant's legal presence in the U.S. Applicants who are not physically present in the U.S. and who do not plan to practice by being physically present in the U.S. shall submit a written statement to that effect;
- (5) furnish an original ECFMG certification status report of a currently valid certification of the ECFMG if the applicant is a graduate of a medical school other than those approved by LCME, AOA, COCA, or CACMS. The ECFMG certification status report requirement shall be waived if: the applicant has passed the ECFMG examination and completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required);
- (6) submit documentation of CME obtained in the last three years;
- (7) submit two completed fingerprint cards;
- (8) submit a signed consent allowing a search of local, state, and national files to disclose any criminal record;
- (9) provide two original references from persons with no family or marital relationship to the applicant. These references shall be:
 - (A) from physicians who have observed the applicant's work in a clinical environment within the past three years;
 - (B) on forms supplied by the Board;
 - (C) dated within six months of submission of the application; and
 - (D) bearing the original signature of the author;
- (10) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and
- (11) upon request, provide any additional information the Board deems necessary to evaluate the applicant's qualifications.

(c) In addition to the requirements of Paragraph (b) of this Rule, the applicant shall submit proof that the applicant has:

- (1) within the past 10 years taken and passed either:
 - (A) an exam listed in G.S. 90-10.1 (a state board licensing examination, NBOME, USMLE, COMLEX, or MCCQE or their successors);
 - (B) SPEX (with a score of 75 or higher); or
 - (C) COMLEX (with a score of 75 or higher);
- (2) within the past ten years:
 - (A) obtained certification or recertification of CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS, AOA, or American Board of Oral Maxillofacial Surgery;
 - (B) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous certification);

- (3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC or AOA; or
 - (4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.
- (d) All reports shall be submitted directly to the Board from the primary source.
- (e) An applicant shall be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character if the Board determines it needs more information to evaluate the applicant based on the information provided by the applicant and the Board's concerns.
- (f) An application must be complete within one year of submission. If not, the applicant shall be charged another application fee plus the cost of another criminal background check.
- (g) Notwithstanding the provisions of this Rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply. Information about these Rules is available from the Board.

History Note: Authority G.S. 90-5.1(a)(3); 90-8.1; 90-9.1; 90-10.1; 90-13.1; Eff. August 1, 2010; Amended Eff. September 1, 2014; November 1, 2013; November 1, 2011; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. May 1, 2022; July 1, 2019.

21 NCAC 32B .1351-.1359 RESERVED FOR FUTURE CODIFICATION

21 NCAC 32B .1360 REACTIVATION OF PHYSICIAN LICENSE

- (a) "Reactivation" applies to a physician who has held a physician license in North Carolina, and whose license has been inactive for up to one year except as set out in Rule .1704(e) of this Subchapter. Reactivation is not available to a physician whose license became inactive either while under investigation by the Board or because of disciplinary action by the Board.
- (b) In order to reactivate a Physician License, an applicant shall:
- (1) submit a completed application which can be found on the Board's website in the application section at <http://www.ncmedboard.org/licensing>, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
 - (2) supply a certified copy of the applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant shall provide information about the applicant's immigration and work status which the Board shall use to verify the applicant's ability to work lawfully in the United States; Those applicants who are not present in the US and who do not plan to practice physically in the US shall include a statement to that effect in the application.
 - (3) submit a FSMB Board Action Data Bank report;
 - (4) submit documentation of CME obtained in the last three years;
 - (5) submit two completed fingerprint record cards supplied by the Board;
 - (6) submit a signed consent form allowing search of local, state, and national files for any criminal record;
 - (7) pay to the Board the a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and
 - (8) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character, if the Board needs more information to complete the application.
- (c) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
- (d) Notwithstanding the above provisions of this Rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply. Information about these Rules is available from the Board.

History Note: Authority G.S. 90-8.1; 90-9.1; 90-12.1A; 90-13.1; 90-14(a)(11a); Eff. August 1, 2010;

*Amended Eff. September 1, 2014;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32B .1370 REENTRY TO ACTIVE PRACTICE

- (a) An applicant for licensure who has not actively practiced or who has not maintained continued competency for the two-year period immediately preceding the filing of an application for a license shall complete a reentry agreement as a condition of licensure.
- (b) The first component of a reentry agreement involves assessing the applicant's current strengths and weaknesses in the intended area(s) of practice. The process may include testing and evaluation by colleagues, educators or others.
- (c) The second component of the reentry agreement is education. Education shall address the applicant's area(s) of needed improvement and consist of a reentry period of retraining and education upon terms based on the factors set forth in Paragraph (d) of this Rule.
- (d) Factors that may affect the length and scope of the reentry plan include:
- (1) The applicant's amount of time out of practice;
 - (2) The applicant's prior intensity of practice;
 - (3) The reason for the interruption in practice;
 - (4) The applicant's activities during the interruption in practice, including the amount of practice-relevant continuing medical education;
 - (5) The applicant's previous and intended area(s) of practice;
 - (6) The skills required of the intended area(s) of practice;
 - (7) The amount of change in the intended area(s) of practice during the time the applicant has been out of continuous practice;
 - (8) The applicant's number of years of graduate medical education;
 - (9) The number of years since the applicant completed graduate medical education; and
 - (10) As applicable, the date of the most recent ABMS, AOA or National Commission on Certification of Physician Assistant certification or recertification.
- (e) If the Board approves an applicant's plan for reentry, the approved plan shall be incorporated by reference into a reentry agreement and executed by the applicant, the Board, and any applicable Board agents assisting with the reentry agreement.
- (f) After the reentry agreement has been executed, and the applicant has completed all other requirements for licensure, the applicant shall receive a License. The licensee may not practice outside of the scope of the reentry agreement during the reentry period.
- (g) Unsatisfactory completion of the reentry agreement or practicing outside the scope of the reentry agreement shall result in the automatic inactivation of the licensee's license unless the licensee requests a hearing within 30 days of receiving notice from the Board.
- (h) Upon successful completion of the reentry agreement, the Board shall terminate the reentry agreement.

*History Note: Authority G.S. 90-8.1; 90-14(a)(11a);
Eff. March 1, 2011;
Amended Eff. January 1, 2016;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

SECTION .1400 – RESIDENT'S TRAINING LICENSE

21 NCAC 32B .1401 SCOPE OF PRACTICE UNDER RESIDENT'S TRAINING LICENSE

A physician holding a limited license to practice in a medical education and training program may practice only within the confines of that program and under the supervision of its director.

*History Note: Authority G.S. 90-12.01;
Eff. August 1, 2010;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32B .1402 APPLICATION FOR RESIDENT'S TRAINING LICENSE

(a) In order to obtain a Resident's Training License, an applicant shall:

- (1) submit a completed application, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit documentation of a legal name change, if applicable;
- (3) submit a photograph that shows a front view of the applicant's face;
- (4) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education;
- (5) furnish an original ECFMG certification status report of a currently valid ECFMG certification if the applicant is a graduate of a medical school other than those approved by LCME, AOA, COCA, or CACMS. The ECFMG certification status report requirement shall be waived if the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (the applicant shall provide an ECFMG score transcript from the ECFMG);
- (6) submit an appointment letter from the program director of the GME program or his or her appointed agent verifying the applicant's appointment and commencement date;
- (7) submit two completed fingerprint record cards;
- (8) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
- (9) pay a non-refundable fee pursuant to G.S. 90-13.1(b), plus the cost of a criminal background check;
- (10) provide proof that the applicant has taken and passed within three attempts:
 - (A) COMLEX Level 1, COMLEX Level 2 (cognitive evaluation) and, if taken, COMLEX Level 3; or
 - (B) USMLE Step 1, USMLE Step 2 (Clinical Knowledge) and, if taken USMLE Step 3; or
 - (C) MCCQE Part 1 and, if taken, MCCQE Pat 2;
- (11) In the event any of the above required information should indicate a concern about the applicant's qualifications, upon request, the applicant shall supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(b) In the event any of the above required information should indicate a concern about the applicant's qualifications, an applicant shall be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character, if the Board needs more information to complete the application.

(c) If the applicant previously held a North Carolina residency training license, the licensure requirements established by rule at the time the applicant first received his or her North Carolina residency training license shall apply. Information about these Rules is available from the Board.

History Note: Authority G.S. 90-8.1; 90-12.01; 90-13.1; 90-14(a); Eff. August 1, 2010; Amended Eff. January 1, 2016; September 1, 2014; November 1, 2013; August 1, 2012; November 1, 2011; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. May 1, 2022.

SECTION .1500 – FACULTY LICENSE

21 NCAC 32B .1501 SCOPE OF PRACTICE UNDER MEDICAL SCHOOL FACULTY LICENSE

A physician holding a Medical School Faculty License may practice only within the confines of the medical school or its affiliates. "Affiliates" means the primary medical school hospital(s) and clinic(s), as designated by the ACGME.

History Note: Authority G.S. 90-12.3; Eff. March 1, 2011; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1502 APPLICATION FOR MEDICAL SCHOOL FACULTY LICENSE

(a) The Medical School Faculty License is limited to physicians who have expertise that can be used to help educate North Carolina medical students, post-graduate residents, and fellows but who do not meet the requirements for physician licensure.

(b) In order to obtain a Medical School Faculty License, an applicant shall:

- (1) submit a completed application, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit the Board's form, signed by the Dean or the Dean's appointed representative, stating that the applicant has received a full-time paid appointment as either an instructor, lecturer, assistant professor, associate professor, or full professor at a medical school in the state of North Carolina;
- (3) submit documentation of a legal name change, if applicable;
- (4) submit a photograph, two inches by two inches, affixed to the oath or affirmation that has been attested to by a notary public;
- (5) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education. However, the Board shall waive the 130-week requirement if the applicant has been certified or recertified by an ABMS, FRCP, or FRCS approved specialty board within the past 10 years;
- (6) supply a certified copy of applicant's birth certificate or a certified copy of a valid and unexpired U.S. passport if the applicant was born in the U.S. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's lawful presence in the U.S.;
- (7) submit proof of satisfactory completion of at least one year of GME approved by ACGME, CFPC, RCPSC, or AOA; or evidence of other education, training or experience, determined by the Board to be equivalent;
- (8) submit reports from all medical or osteopathic boards from which the applicant has ever held a medical or osteopathic license, stating the status of the applicant's license and whether or not any action has been taken against the license;
- (9) submit an AMA Physician Profile; and, if applicant is an osteopathic physician, also submit an AOA Physician Profile;
- (10) submit a NPDB report dated within 60 days of applicant's oath;
- (11) submit a FSMB Board Action Data Bank report;
- (12) submit two completed fingerprint record cards supplied by the Board;
- (13) submit a signed consent form allowing a search of local, state, and national files to disclose any criminal record;
- (14) provide two original reference letters from persons with no family or marital relationship to the applicant. These letters must be:
 - (A) from physicians who have observed the applicant's work in a clinical environment within the past three years;
 - (B) on forms supplied by the Board;
 - (C) dated within six months of the applicant's oath; and
 - (D) bearing the original signature of the writer;
- (15) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and
- (16) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All reports must be submitted directly to the Board from the primary source.

(d) An applicant may be required to appear in person for an interview with the Board or its agent if the Board determines it needs more information to evaluate the applicant based on the information provided and the Board's concerns.

(e) An application must be completed within one year of the date of the applicant's oath.

*History Note: Authority G.S. 90-5.1(a)(3); 90-12.3; 90-13.2;
Eff. June 28, 2011;
Amended Eff. November 1, 2013;*

*Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. July 1, 2019.*

SECTION .1600 – SPECIAL PURPOSE LICENSE

21 NCAC 32B .1601 SCOPE OF PRACTICE UNDER SPECIAL PURPOSE LICENSE

The Board may limit the physician's scope of practice under a Special Purpose License by geography, term, practice setting, and type of practice.

*History Note: Authority G.S. 90-12.2A;
Eff. August 1, 2010;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32B .1602 SPECIAL PURPOSE LICENSE

(a) The Special Purpose License is for physicians who wish to come to North Carolina for a limited time, scope and purpose, such as to demonstrate or learn a new technique, procedure or piece of equipment, or to educate physicians or medical students.

(b) In order to obtain a Special Purpose License, an applicant shall:

- (1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
- (3) submit documentation of a legal name change, if applicable;
- (4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
- (5) comply with all requirements of G.S. 90-12.2A;
- (6) submit the Board's form, completed by the mentor, showing that the applicant has received an invitation from a medical school, medical practice, hospital, clinic or physician licensed in the state of North Carolina, outlining the need for the applicant to receive a special purpose license and describing the circumstances and timeline under which the applicant will practice medicine in North Carolina;
- (7) submit an AMA Physician Profile and, if applicant is an osteopathic physician, also submit AOA Physician Profile;
- (8) submit an FSMB Board Action Data Bank report;
- (9) submit two completed fingerprint record cards supplied by the Board;
- (10) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
- (11) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check;
- (12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All reports must be submitted directly to the Board from the primary source, when possible.

(d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(e) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

*History Note: Authority G.S. 90-8.1; 90-9.1; 90-12.2A; 90-13.1;
Eff. August 1, 2010;
Amended Eff. November 1, 2013;*

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

SECTION .1700 – OTHER LICENSES

21 NCAC 32B .1701 SCOPE OF PRACTICE UNDER LIMITED VOLUNTEER LICENSE AND RETIRED LIMITED VOLUNTEER LICENSE

The holder of a Limited Volunteer License or a Retired Volunteer Limited License may practice medicine and surgery only at clinics that specialize in the treatment of indigent patients, and may not receive any compensation for services rendered, either direct or indirect, monetary, in-kind, or otherwise for the provision of medical services.

*History Note: Authority G.S. 90-8.1; 90-12.1A;
Eff. August 1, 2010;
Amended Eff. November 1, 2013;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32B .1702 APPLICATION FOR LIMITED VOLUNTEER LICENSE

(a) The Limited Volunteer License is available to physicians who hold an active license in a state or jurisdiction other than North Carolina, and who wish to volunteer at civilian indigent clinics.

(b) In order to obtain a Limited Volunteer License, an applicant shall:

- (1) submit a completed application, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit a photograph, two inches by two inches, affixed to the oath or affirmation attested to by a notary public;
- (3) submit documentation of a legal name change, if applicable;
- (4) submit proof of active licensure from another state or jurisdiction indicating the status of the license and whether or not any action has been taken against the license;
- (5) submit a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
- (6) submit a NPDB report, dated within 60 days of submission of the application;
- (7) submit a FSMB Board Action Data Bank report;
- (8) submit two completed fingerprint record cards supplied by the Board;
- (9) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
- (10) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a) to cover the cost of a criminal background check;
- (11) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All materials must be submitted directly to the Board from the primary source, when possible.

(d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(e) An application must be completed within one year of the date of submission.

*History Note: Authority G.S. 90-8.1; 90-12.1A;
Eff. August 1, 2010;
Amended Eff. November 1, 2013;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32B .1703 SCOPE OF PRACTICE UNDER RETIRED LIMITED VOLUNTEER LICENSE

The holder of a Retired Limited Volunteer License may practice medicine and surgery only at clinics that specialize in the treatment of indigent patients, and may not receive any compensation for services rendered, either direct or indirect, monetary, in-kind, or otherwise for the provision of medical services.

*History Note: Authority G.S. 90-8.1; 90-12.1A;
Eff. August 1, 2010;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32B .1704 APPLICATION FOR RETIRED LIMITED VOLUNTEER LICENSE

(a) The Retired Limited Volunteer License is available to physicians who have been licensed in North Carolina or another state or jurisdiction, have an inactive license, and who wish to volunteer at indigent clinics.

(b) An applicant who has never held a North Carolina license but held an active license in another state or jurisdiction, which is currently inactive, shall:

- (1) submit a completed application, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit a photograph, two inches by two inches, affixed to the oath or affirmation which has been attested to by a notary public;
- (3) submit documentation of a legal name change, if applicable;
- (4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
- (5) submit proof of licensure from another state or jurisdiction indicating the status of the license and whether or not any action has been taken against the license;
- (6) submit two completed fingerprint record cards supplied by the Board;
- (7) submit a signed consent form allowing a search of local, state and national files for any criminal record;
- (8) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a) to cover the cost of a criminal background check;
- (9) submit a FSMB Board Action Data Bank report;
- (10) submit a NPDB report, dated within 60 days of submission of the application;
- (12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- (13) All materials must be submitted to the Board from the primary source, when possible.

(c) An applicant who holds an active North Carolina physician license may convert that to a Retired Limited Volunteer License by completing the Application for Retired Volunteer License.

(d) An applicant who held a North Carolina license which has been inactive less than six months may convert to a Retired Limited Volunteer License by completing the Application for Retired Volunteer License.

(e) An applicant who held a North Carolina license which has been inactive for more than six months but less than two years shall meet the requirements set forth in 21 NCAC 32B .1360.

(f) An applicant who held a North Carolina license which has been inactive for more than two years shall meet the requirements set forth at 21 NCAC 32B .1350.

(g) A physician who has been out of practice for more than two years will be required to complete a reentry program as set forth in 21 NCAC 32B .1370.

(h) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(i) An application must be completed within one year of the date of submission.

*History Note: Authority G.S. 90-8.1; 90-12.1A;
Eff. August 1, 2010;
Amended Eff. November 1, 2013;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32B .1705 LIMITED PHYSICIAN LICENSE FOR DISASTERS AND EMERGENCIES

(a) The Board may, pursuant to G.S. 90-12.5, issue a Limited Physician License for Disasters and Emergencies whenever the Governor of the State of North Carolina has declared a disaster or states of emergency, or in the event of an occurrence for which a county or municipality has enacted an ordinance to deal with state of emergency under G.S. 14-288.12, 14-288.13, or 14-288.14, or to protect the public health, safety or welfare of its citizens under Article 22 of Chapter 130A of the General Statutes, G.S. 160A-174(a) or G.S. 153A-12(a).

(b) In order to obtain a Limited Physician License for Disasters and Emergencies, an applicant shall:

- (1) provide government-issued photo identification;
- (2) provide proof of current licensure to practice medicine in another state or jurisdiction; and
- (3) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application.

(c) The Board may obtain any additional information it deems necessary to evaluate the applicant's competence and character.

(d) The Board may limit the physician's scope of practice as to geography; term; type of practice; and prescribing.

(e) A physician holding a Limited Physician License for Disasters and Emergencies shall not receive any compensation, either direct or indirect, monetary, in-kind, or otherwise for the provision of medical services.

History Note: Authority G.S. 90-12.5;

Eff. August 1, 2010;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1706 PHYSICIAN PRACTICE AND LIMITED LICENSE FOR DISASTERS AND EMERGENCIES

(a) The Board shall waive requirements for licensure in the circumstances set forth in G.S. 90-12.5.

(b) There are two ways for physicians to practice under this Rule:

- (1) Hospital to Hospital Credentialing: A physician who holds a full, unlimited, and unrestricted license to practice medicine in another U.S. state, territory, or district and has unrestricted hospital credentials and privileges in any U.S. state, territory, or district may come to North Carolina and practice medicine at a hospital that is licensed by the North Carolina Department of Health and Human Services upon the following terms and conditions:
 - (A) the licensed North Carolina hospital shall verify all physician credentials and privileges;
 - (B) the licensed North Carolina hospital shall keep a list of all physicians coming to practice and shall provide this list to the Board within 10 days of each physician practicing at the licensed North Carolina hospital. The licensed North Carolina hospital shall also provide the Board a list of when each physician has stopped practicing medicine in North Carolina under this Rule within 10 days after each physician has stopped practicing medicine under this Rule;
 - (C) all physicians practicing under this Rule shall be authorized to practice medicine in North Carolina and shall be deemed to be licensed to practice medicine in the State and the Board shall have jurisdiction over all physicians practicing under this Rule for all purposes set forth in or related to G.S. 90, Article 1, and such jurisdiction shall continue in effect even after any and all physicians have stopped practicing medicine under this Rule;
 - (D) a physician may practice under this Rule for the shorter of :
 - (i) 30 days from the date the physician has started practicing under this Rule; or
 - (ii) a statement by an appropriate authority is made that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license deemed to be issued shall become inactive; and
 - (E) physicians practicing under this Rule shall not receive any compensation outside of their customary compensation for the provision of medical services during a disaster or emergency.
- (2) Limited Emergency License: A physician who holds a full, unlimited, and unrestricted license to practice medicine in another U.S. state, territory, or district may apply for a limited emergency license on the following conditions:

- (A) the applicant must complete a limited emergency license application;
- (B) the Board shall verify that the physician holds a full, unlimited, and unrestricted license to practice medicine in another U.S. state, territory, or district;
- (C) in response to a declared disaster or state of emergency and in order to best serve the public interest, the Board may limit the physician's scope of practice;
- (D) the Board shall have jurisdiction over all physicians practicing under this Rule for all purposes set forth in or related to Article 1 of Chapter 90 of the North Carolina General Statutes, and such jurisdiction shall continue in effect even after such physician has stopped practicing medicine under this Rule or the Limited Emergency License has expired;
- (E) this license shall be in effect for the shorter of:
 - (i) 30 days from the date it is issued; or
 - (ii) a statement by an appropriate authority is made that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license issued shall become inactive; and
- (F) physicians holding limited emergency licenses shall not receive any compensation outside of their customary compensation for the provision of medical services during a disaster or emergency.

History Note: Authority G.S. 90.5.1(a)(1)(3); 90-12.5; 90-14(a);
 Emergency Adoption Eff. October 2, 2018;
 Emergency Adoption Expired Eff. December 14, 2018;
 Eff. July 1, 2019.

21 NCAC 32B .1707 LIMITED LICENSE FOR DISASTERS AND EMERGENCIES FOR PHYSICIANS AND PHYSICIAN ASSISTANTS WITH INACTIVE NORTH CAROLINA LICENSES

History Note: Authority G.S. 90-5.1(a)(3); 90-12.5;
 Emergency Adoption Eff. March 20, 2020;
 Temporary Adoption Eff. June 26, 2020;
 Temporary Adoption Expired Eff. April 11, 2021.

21 NCAC 32B .1708 COVID-19 DRUG PRESERVATION RULE

- (a) The following drugs are "Restricted Drugs" as that term is used in this Rule:
 - (1) Hydroxychloroquine;
 - (2) Chloroquine;
 - (3) Lopinavir-ritonavir;
 - (4) Ribavirin; and
 - (5) Darunavir.
- (b) A physician or physician assistant shall prescribe a Restricted Drug only if that prescription bears a written diagnosis from the prescriber consistent with the evidence for its use.
- (c) When a patient has been diagnosed with COVID-19, any prescription of a Restricted Drug for the treatment of COVID-19 shall:
 - (1) Indicate on the prescription that the patient has been diagnosed with COVID-19;
 - (2) Be limited to no more than a 14-day supply; and
 - (3) Not be refilled, unless a new prescription is issued in conformance with this Rule, including not being refilled through an emergency prescription refill.
- (d) A physician or physician assistant shall not prescribe a Restricted Drug for the prevention of, or in anticipation of, the contraction of COVID-19 by someone who has not yet been diagnosed.
- (e) A prescription for a Restricted Drug may be transmitted orally only if all information required by this Rule is provided to the pharmacy by the physician, physician assistant, or either of their agents, and that information is recorded in writing in accordance with 21 NCAC 46 .1819(e).
- (f) This Rule does not affect orders for administration to inpatients of health care facilities.

(g) This Rule does not apply to prescriptions for a Restricted Drug for a patient previously established on that particular Restricted Drug on or before March 10, 2020.

*History Note: Authority G.S. 90-5.1(a)(3);
Emergency Adoption Eff. April 6, 2020;
Temporary Adoption Eff. June 26, 2020;
Eff. April 1, 2021.*

SECTION .1800 – RESERVED FOR FUTURE CODIFICATION

21 NCAC 32B .1800 RESERVED FOR FUTURE CODIFICATION

SECTION .1900 – RESERVED FOR FUTURE CODIFICATION

21 NCAC 32B .1900 RESERVED FOR FUTURE CODIFICATION

SECTION .2000 – EXPEDITED APPLICATION FOR PHYSICIAN LICENSE

21 NCAC 32B .2001 EXPEDITED APPLICATION FOR PHYSICIAN LICENSE

(a) A physician who meets the qualifications listed in this Rule may apply for a license on an expedited basis.

(b) An applicant for an expedited physician license shall:

- (1) complete the Board's application attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit documentation of a legal name change, if applicable;
- (3) submit a photograph, two inches by two inches, affixed to the oath or affirmation that has been attested to by a notary public;
- (4) supply a certified copy of applicant's birth certificate if the applicant was born in the U.S. or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status that the Board will use to verify applicant's ability to work lawfully in the U.S. Applicants who are not present in the U.S. and who do not plan to practice physically in the U.S. shall submit a statement to that effect;
- (5) provide proof that applicant has held an active unrestricted license to practice medicine in at least one other state, the District of Columbia, U.S. Territory or Canadian province continuously for a minimum of five years immediately preceding this application;
- (6) provide proof of clinical practice providing patient care for an average of 20 hours or more per week, for at least the last two years;
- (7) provide proof of:
 - (A) current certification or current recertification by an ABMS, CCFP, FRCP, FRCS, AOA, or American Board of Maxillofacial Surgery approved specialty board obtained within the past 10 years; or
 - (B) obtained certification or recertification of CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS, or AOA;
 - (C) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous certification);
- (8) if the applicant is a graduate of a medical school other than those approved by LCME, AOA, COCA, or CACMS, the applicant shall furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required);
- (9) submit an AMA Physician Profile and, if the applicant is an osteopathic physician, also submit an AOA Physician Profile;
- (10) submit two completed fingerprint record cards supplied by the Board;

- (11) submit a signed consent allowing a search of local, state and national files to disclose any criminal record;
 - (12) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a) plus the cost of a criminal background check; and
 - (13) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.
- (c) A physician applying for an expedited license must:
- (1) not have any professional liability insurance claim(s) or payments(s) within the past 10 years;
 - (2) not have any criminal conviction;
 - (3) not have any medical conditions that could affect the physician's ability to practice safely;
 - (4) not have any regulatory board complaints, investigations, or actions (including applicant's withdrawal of a license application) within the past 10 years;
 - (5) not have any adverse actions taken by a health care institution within the past 10 years;
 - (6) not have any adverse actions taken by a federal agency, the U.S. military, or medical societies within the past 10 years;
- (7) have passed an examination testing general medical knowledge. In addition to the examinations set forth in G.S. 90-10.1 (a state board licensing examination: NBME, USMLE, FLEX, or their successors), the Board accepts the following examinations (or their successors) for licensure:
- (A) COMLEX;
 - (B) NBOME; and
 - (C) MCCQE.
- (d) All reports must be submitted directly to the Board from the primary source.

History Note: Authority G.S. 90-5.1(a)(3); 90-9.1; 90-9.2; 90-11; 90-13.1;
 Eff. August 1, 2010;
 Amended Eff. November 1, 2013;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
 Amended Eff. July 1, 2019.

SUBCHAPTER 32C - PROFESSIONAL CORPORATIONS

21 NCAC 32C .0101 AUTHORITY AND DEFINITIONS

History Note: Authority G.S. 55B-12;
 Eff. February 1, 1976;
 Amended Eff. December 1, 1985;
 Repealed Eff. May 1, 1989.

21 NCAC 32C .0102 NAME OF PROFESSIONAL CORPORATION

The following requirements must be met regarding the name of a professional corporation to practice medicine:

- (1) The name shall not include any adjectives or other words not in accordance with ethical customs of the medical profession as defined by the American Medical Association Code of Medical Ethics, and shall not be false, misleading, deceptive or patently offensive.
- (2) The professional corporation may not be identical or so similar in name to an existing registered business entity as to be misleading.
- (3) The professional corporation may not use any name other than its corporate name.
- (4) The professional corporation shall specify its corporate structure in the public domain by the use of the designation "P.C.", "P.A." or "P.L.L.C."
- (5) A shareholder may authorize the retention of his surname in the corporate name after his retirement or inactivity because of age or disability, even though he may have disposed of his stock. The estate of a deceased shareholder may authorize the retention of the deceased shareholder's surname in the corporate name after the shareholder's death.

- (6) If a living shareholder in a professional corporation whose surname appears in the corporate name becomes a "disqualified person" as defined in the Professional Corporation Act, the name of the professional corporation shall be promptly changed to eliminate the name of the shareholder, and the shareholder shall promptly dispose of his stock in the corporation.

History Note: Authority G.S. 55B-5; 55B-7; 55B-12;
Eff. February 1, 1976;
Amended Eff. May 1, 2012; July 1, 1993; May 1, 1989;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32C .0103 PREREQUISITES FOR INCORPORATION

(a) Before filing the articles of incorporation for a professional corporation with the Secretary of State, the incorporators shall file with the Board:

- (1) the properly executed original articles of incorporation;
- (2) a registration fee in the maximum allowable amount set forth in G.S. 55B-10;
- (3) a certificate (N.C.M.B.-P.C. Form 1) signed by all shareholders stating that all persons employed by the corporation are licensed to practice medicine in North Carolina, and representing that the business of the corporation will be conducted in compliance with the Professional Corporation Act and the rules in this Subchapter; and
- (4) a signed certificate (N.C.M.B.-P.C. Form 2) certifying that all shareholders are duly licensed to practice medicine in North Carolina or are otherwise qualified to own shares pursuant to G.S. 55B-6, 55B-14(c) or 55B-16.

(b) The Board shall review the articles of incorporation for compliance with the laws relating to professional corporations and with the rules in this Subchapter. If they comply, the Board shall approve N.C.M.B.-P.C. Form 2 and return the original articles of incorporation and the copy to the incorporators for filing with the Secretary of State. An official copy of the articles of incorporation shall be retained in the office of the Board. If the articles of incorporation are subsequently changed before they are filed with the Secretary of State, they shall be re-submitted to the Board and shall not be filed with the Secretary of State until approved by the Board.

History Note: Authority G.S. 55B-4; 55B-10; 55B-12;
Eff. February 1, 1976;
Amended Eff. January 1, 2012; September 1, 1995; July 1, 1993; May 1, 1989; November 1, 1985;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32C .0104 CERTIFICATE OF REGISTRATION

A Certificate of Registration for a professional corporation shall remain effective until December 31 of each year. A Certificate of Registration may be renewed annually thereafter upon written application to the Board, certifying the names and addresses of all licensed officers, directors, shareholders and employees of the corporation and representing that the corporation has complied with the rules in this Subchapter and the Professional Corporation Act. (N.C.M.B.-P.C. Form 4) The application shall be accompanied by a renewal fee in the maximum allowable amount set forth in G.S. 55B-10.

History Note: Authority G.S. 55B-10; 55B-11;
Eff. February 1, 1976;
Amended Eff. January 1, 2012; September 1, 1995; May 1, 1989; November 1, 1985;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32C .0105 STOCK AND FINANCIAL MATTERS

(a) The corporation may acquire and hold its own stock.

(b) No person other than a licensee of the Board shall exercise any authority or influence over the practice of medicine as defined in Article 1 of Chapter 90.

(c) Subject to the provisions of G.S. 55B-7, the corporation may make such agreement with its shareholders or its shareholders may make such agreement between themselves as they deem just for the acquisition of the shares of a deceased or retiring shareholder or of a shareholder who becomes disqualified to own shares under the Professional Corporation Act or under the rules in this Subchapter.

(d) Failure to display on the face of all stock certificates a legend that any stock transfers are subject to the provisions of the Professional Corporations Act and the rules of the Board shall be a violation of G.S. 90-14(a).

History Note: Authority G.S. 55B-6; 55B-7; 55B-8; 90-1.1(5), 90-2(a); 90-5.1(a)(3); 90-14(a)(6); 90-14(a)(8); Eff. February 1, 1976;
Amended Eff. May 1, 2012; May 1, 1989; November 1, 1985;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32C .0106 CHARTER AMENDMENTS AND STOCK TRANSFERS

The following provisions apply to all professional corporations to practice medicine:

- (1) An agent of the corporation shall ensure all changes to the articles of incorporation of the corporation are filed with the Board for approval before being filed with the Secretary of State. An agent of the corporation shall ensure a copy of the changes filed with the Secretary of State are subsequently sent to the Board within 10 days after filing with the Secretary of State.
- (2) The Board shall issue the certificate (N.C.M.B.-P.C.Form 5) required by G.S. 55B-6 when stock is transferred in the corporation. N.C.M.B.-P.C.Form 5 shall be permanently retained by the corporation. The stock books of the corporation shall be kept at the principal office of the corporation and shall be subject to inspection by the Board during business hours.

History Note: Authority G.S. 55B-6; 55B-7; 55B-8; 55B-12; 90-1.1(5); 90-2(a); 90-5.1(a)(3); 90-14(a)(6); 90-14(a)(8); Eff. February 1, 1976;
Amended Eff. May 1, 2012; September 1, 1995; July 1, 1993; May 1, 1989;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32C .0107 DOCUMENTS

History Note: Authority G.S. 150B-11;
Eff. February 1, 1976;
Amended Eff. May 1, 1989;
Repealed Eff. January 1, 2012.

21 NCAC 32C .0108 FEES

The registration and renewal fees for a professional corporation shall be the maximum allowable amount under G.S. 55B-10 and 55B-11.

History Note: Authority G.S. 55B-10; 55B-11;
Eff. February 1, 1976;
Amended Eff. January 1, 2012; May 1, 1989;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32C .0109 REGISTRATION OF FOREIGN PROFESSIONAL CORPORATION

(a) In addition to the other rules in this Subchapter, foreign professional corporations applying for a Certificate of Authority to Transact Business must meet the following requirements:

- (1) provide proof that shareholders licensed in other states are currently licensed and in good standing with their respective licensing boards;
- (2) at least one shareholder must be currently licensed and in good standing with the Board; and
- (3) no person other than a licensee of the Board shall exercise any authority or influence over the practice of medicine as defined by Article 1 of Chapter 90.

(b) For purposes of this Rule, "in good standing" means has not been disciplined by a licensing Board and is not currently subject to disciplinary proceedings.

History Note: Authority G.S. 55B-16; 90-1.1(5); 90-2(a); 90-5.1(a)(3);
Eff. May 1, 2012;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

SUBCHAPTER 32D - APPROVAL OF ASSISTANT TO PHYSICIAN

21 NCAC 32D .0101	DEFINITIONS
21 NCAC 32D .0102	APPLICATION FOR APPROVAL
21 NCAC 32D .0103	REQUIREMENTS FOR APPROVAL
21 NCAC 32D .0104	MORAL CHARACTER
21 NCAC 32D .0105	REQUIREMENTS FOR RECOGNITION OF TRAINING PROGRAMS
21 NCAC 32D .0106	TERMINATION OF APPROVAL
21 NCAC 32D .0107	METHOD OF PERFORMANCE
21 NCAC 32D .0108	FEES
21 NCAC 32D .0109	FORMS

History Note: Authority G.S. 90-15; 90-18(13); 90-18.1;
Eff. February 1, 1976;
Readopted Eff. November 1, 1982;
Amended Eff. December 1, 1984; July 1, 1983;
February 11, 1979;
Repealed Eff. June 1, 1990.

SUBCHAPTER 32E - APPROVAL OF REGISTERED NURSE PERFORMING MEDICAL ACTS

21 NCAC 32E .0101	DEFINITIONS
21 NCAC 32E .0102	APPLICATION FOR APPROVAL
21 NCAC 32E .0103	REQUIREMENTS FOR APPROVAL
21 NCAC 32E .0104	MORAL CHARACTER
21 NCAC 32E .0105	TERMINATION OF APPROVAL
21 NCAC 32E .0106	ANNUAL APPROVAL
21 NCAC 32E .0107	FEES
21 NCAC 32E .0108	FORMS

History Note: Authority G.S. 90-6; 90-18(14); 150A-11;
Eff. February 1, 1976;
Amended Eff. August 1, 1982; March 22, 1980;
Repealed Eff. January 1, 1991.

SUBCHAPTER 32F - ANNUAL REGISTRATION

21 NCAC 32F .0101	TIME
21 NCAC 32F .0102	REQUIRED INFORMATION

History Note: Authority G.S. 90-15.1;
Eff. February 1, 1976;
Repealed Eff. May 1, 1989.

21 NCAC 32F .0103 FEE

History Note: Authority G.S. 90-12; 90-15.1;
Eff. February 1, 1976;
Amended Eff. December 1, 1995; October 1, 1994; November 1, 1991; May 1, 1989;
Temporary Amendment Eff. November 25, 1996;
Temporary Amendment Eff. November 25, 1996 expired on September 12, 1997;
Temporary Amendment Eff. January 1, 1998;
Amended Eff. April 1, 2005; May 1, 1999;
Repealed Eff. May 1, 2011.

21 NCAC 32F .0104 FAILURE TO REGISTER

History Note: Authority G.S. 90-15.1;
Eff. February 1, 1976;
Repealed Eff. September 1, 1979.

21 NCAC 32F .0105 FORMS

History Note: Authority G.S. 90-15.1;
Eff. February 1, 1976;
Amended Eff. May 1, 1989;
Expired Eff. April 1, 2016 pursuant to G.S. 150B-21.3A.

21 NCAC 32F .0106 WAIVER FOR LICENSEES SERVING ON ACTIVE DUTY IN THE ARMED SERVICES OF THE US

The Board shall waive continuing education, payment of renewal and other fees, and any other requirements or conditions relating to the maintenance of licensure by an individual who is:

- (1) currently licensed by and in good standing with the Board;
- (2) serving in the armed forces of the United States or serving in support of such armed forces; and
- (3) serving in a combat zone, or serving with respect to a military contingency operation as defined by 10 U.S.C. 101(a)(13).

History Note: Authority; G.S. 105-249.2; S.L. 2009-458; Section 7508 of the Internal Revenue Code; 10U.S.C. 101;
Eff. August 1, 2010;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

SUBCHAPTER 32G - MOBILE INTENSIVE CARE

21 NCAC 32G .0101	AUTHORITY: INTENT AND GOALS
21 NCAC 32G .0102	DEFINITIONS
21 NCAC 32G .0103	HOSPITAL UTILIZATION
21 NCAC 32G .0104	TRAINING PROGRAMS
21 NCAC 32G .0105	MOBILE INTENSIVE CARE TECHNICIAN PERFORMANCE
21 NCAC 32G .0106	EMERGENCY MEDICAL TECHNICIAN-I.V. PERFORMANCE
21 NCAC 32G .0107	EMERGENCY CHILDBIRTH

21 NCAC 32G .0108 REQUIREMENTS FOR CERTIFICATION
21 NCAC 32G .0109 FORMS

History Note: *Authority G.S. 143-514;*
 Eff. February 13, 1976;
 Repealed Eff. October 31, 1980.

SUBCHAPTER 32H - EMERGENCY MEDICAL SERVICES ADVANCED LIFE SUPPORT

SECTION .0100 - GENERAL INFORMATION

21 NCAC 32H .0101 AUTHORITY: INTENT AND GOALS

History Note: *Authority G.S. 143-514;*
 Eff. October 31, 1980;
 Amended Eff. April 1, 1993; May 1, 1989; May 1, 1988;
 Repealed Eff. August 1, 1996.

21 NCAC 32H .0102 DEFINITIONS

History Note: *Authority G.S. 143-514;*
 Eff. October 31, 1980;
 Amended Eff. August 1, 1998; August 1, 1996; July 1, 1996; April 1, 1993; May 1, 1989; May 1,
 1988;
 Repealed Eff. April 1, 2003.

SECTION .0200 - PROGRAM STANDARDS AND APPROVAL

21 NCAC 32H .0201 ADVANCED LIFE SUPPORT PROGRAM CRITERIA
21 NCAC 32H .0202 PROGRAM APPROVAL

History Note: *Authority G.S. 143-514;*
 Eff. October 31, 1980;
 Amended Eff. August 1, 1998; August 1, 1996; July 1, 1996; April 1, 1993; May 1, 1989; May 1,
 1988; August 1, 1984;
 Repealed Eff. April 1, 2003.

21 NCAC 32H .0203 APPROVAL REQUIREMENTS: EMERGENCY MEDICAL DISPATCHER
PROGRAM

History Note: *Authority G.S. 143-514;*
 Eff. July 15, 1996;
 Amended Eff. August 1, 1998;
 Repealed Eff. April 1, 2003.

SECTION .0300 - HOSPITAL UTILIZATION

21 NCAC 32H .0301 HOSPITAL INVOLVEMENT
21 NCAC 32H .0302 PLAN FOR PARTICIPATING HOSPITALS
21 NCAC 32H .0303 SPONSOR HOSPITAL

History Note: *Authority G.S. 143-514;*

21 NCAC 32H .0409 PHYSICIAN ASSISTANT OR NURSE PRACTITIONER PERFORMANCE

History Note: *Authority G.S. 143-514;*
Eff. August 1, 1996;
Amended Eff. August 1, 1998;
Repealed Eff. April 1, 2003.

SECTION .0500 - CERTIFICATION AND APPROVAL REQUIREMENTS FOR ADVANCED LIFE SUPPORT PERSONNEL

- 21 NCAC 32H .0501 CERTIFICATION REQUIREMENTS: EMT-PARAMEDIC**
21 NCAC 32H .0502 CERTIFICATION REQUIREMENTS: EMT-INTERMEDIATE
21 NCAC 32H .0503 APPROVAL REQUIREMENTS: MOBILE INTENSIVE CARE NURSE

History Note: *Authority G.S. 143-514;*
Eff. October 31, 1980;
Amended Eff. August 1, 1998; August 1, 1996; April 1, 1993; May 1, 1989; May 1, 1988; October 1, 1985;
Repealed Eff. April 1, 2003.

21 NCAC 32H .0504 CERTIFICATION REQUIREMENTS: EMT-ADVANCED INTERMEDIATE

History Note: *Authority G.S. 143-514;*
Eff. October 31, 1980;
Amended Eff. August 1, 1996; April 1, 1993; May 1, 1989; May 1, 1988; October 1, 1985;
Repealed Eff. August 1, 1998.

21 NCAC 32H .0505 CERTIFICATION REQUIREMENTS: EMT-DEFIBRILLATION

History Note: *Authority G.S. 143-514;*
Eff. May 1, 1988;
Amended Eff. August 1, 1998; August 1, 1996; April 1, 1993; May 1, 1989;
Repealed Eff. April 1, 2003.

21 NCAC 32H .0506 CERTIFICATION REQUIREMENTS: EMERGENCY MEDICAL DISPATCHER

History Note: *Authority G.S. 143-514;*
Eff. July 1, 1996;
Amended Eff. August 1, 1998; August 1, 1996;
Repealed Eff. April 1, 2003.

21 NCAC 32H .0507 APPROVAL REQUIREMENTS: PHYSICIAN ASSISTANT AND NURSE PRACTITIONER

History Note: *Authority G.S. 143-514;*
Eff. August 1, 1996;
Amended Eff. August 1, 1998;
Repealed Eff. April 1, 2003.

21 NCAC 32H .0508 AEROMEDICAL MEDICAL CREW MEMBERS

History Note: *Authority G.S. 143-514;*
Eff. August 1, 1998;
Repealed Eff. April 1, 2003.

SECTION .0600 - ENFORCEMENT

21 NCAC 32H .0601 GROUNDS FOR DENIAL, SUSPENSION, OR REVOCATION
21 NCAC 32H .0602 PROCEDURES FOR DENIAL, SUSPENSION, OR REVOCATION

History Note: *Authority G.S. 143-514;*
Eff. October 31, 1980;
Amended Eff. August 1, 1998; August 1, 1996; July 1, 1996; September 1, 1995; April 1, 1993;
May 1, 1989; May 1, 1988;
Repealed Eff. April 1, 2003.

21 NCAC 32H .0603 EFFECTIVE DATE

History Note: *Authority G.S. 143-514;*
Eff. October 31, 1980;
Amended Eff. August 1, 1984;
Repealed Eff. May 1, 1988.

SECTION .0700 - EXCEPTIONS

21 NCAC 32H .0701 CONDITIONS

History Note: *Authority G.S. 143-514;*
Eff. October 31, 1980;
Amended Eff. August 1, 1996; April 1, 1993; May 1, 1989; May 1, 1988;
Repealed Eff. April 1, 2003.

21 NCAC 32H .0702 REQUESTS

History Note: *Authority G.S. 143-514;*
Eff. October 31, 1980;
Amended Eff. May 1, 1988;
RRC Objection Eff. April 18, 1996 due to lack of statutory authority;
RRC returned rule to agency on June 20, 1996;
Codifier of Rules removed rule from the NCAC Eff. June 20, 1996.

SECTION .0800 - FORMS

21 NCAC 32H .0801 INCORPORATION BY REFERENCE
21 NCAC 32H .0802 SOURCE OF FORMS AND DOCUMENTS

History Note: *Authority G.S. 143-514;*
Eff. October 31, 1980;
Amended Eff. August 1, 1998; August 1, 1996; July 1, 1996; April 1, 1993; May 1, 1989; May 1,
1988;
Repealed Eff. April 1, 2003.

SECTION .0900 - STUDY PROJECTS

21 NCAC 32H .0901 CONDITIONS
21 NCAC 32H .0902 STUDY PROJECT APPROVAL
21 NCAC 32H .0903 STUDY RECOMMENDATIONS

History Note: *Authority G.S. 143-514;*
Eff. February 1, 1982;
Amended Eff. August 1, 1998; August 1, 1996; April 1, 1993; May 1, 1989; May 1, 1988; October
1, 1985;

Repealed Eff. April 1, 2003.

SECTION .1000 - MEDICAL CONTROL

- 21 NCAC 32H .1001 MEDICAL CONTROL PROCEDURES**
- 21 NCAC 32H .1002 MEDICAL CONTROL FROM HOSPITAL OUTSIDE SERVICE AREA**
- 21 NCAC 32H .1003 MEDICAL CONTROL FOR TRANSPORTS BETWEEN FACILITIES**

*History Note: Authority G.S. 143-514;
 Eff. August 1, 1984;
 Amended Eff. July 1, 1996; April 1, 1993; May 1, 1989; May 1, 1988;
 Repealed Eff. April 1, 2003.*

- 21 NCAC 32H .1004 AIR AMBULANCE PROGRAM CRITERIA**

*History Note: Authority G.S. 143-514;
 Eff. October 1, 1986;
 Amended Eff. August 1, 1998; April 1, 1993; May 1, 1989; May 1, 1988;
 Repealed Eff. April 1, 2003.*

SUBCHAPTER 32I - EPINEPHRINE FOR ADVERSE REACTIONS TO INSECT STINGS

- 21 NCAC 32I .0101 REQUIREMENTS FOR APPROVAL**
- 21 NCAC 32I .0102 TRAINING PROGRAMS**
- 21 NCAC 32I .0103 APPROVAL**
- 21 NCAC 32I .0104 FORMS**

*History Note: Authority G.S. 143-509(9);
 Eff. August 1, 1982;
 Amended Eff. September 1, 1995; May 1, 1989;
 Repealed Eff. April 1, 2003.*

SUBCHAPTER 32J - REINSTATEMENT OF SUSPENDED LICENSE

- 21 NCAC 32J .0101 APPLICATION FOR REINSTATEMENT**
- 21 NCAC 32J .0102 CONSIDERATION BY BOARD**
- 21 NCAC 32J .0103 HEARING UPON DENIAL**

*History Note: Authority G.S. 90-14;
 Eff. August 1, 1988;
 Amended Eff. September 1, 1995; May 1, 1989;
 Repealed Eff. August 1, 2010.*

SUBCHAPTER 32K - NORTH CAROLINA PHYSICIANS HEALTH PROGRAM

SECTION .0100 - GENERAL INFORMATION

- 21 NCAC 32K .0101 DEFINITIONS**

In addition to the terms set forth in G.S. 90-21.22, the following definitions apply to this Subchapter:

- (1) "Compliance Committee" means the committee that meets to coordinate with the Board in its oversight of licensees in the Program. It includes members of the Program Board of Directors, members appointed by the Board, and a Physician Assistant member of the Program Board of

- Directors. The Board shall not appoint to the Compliance Committee a current member of the Board or a past member who has served on the Board within the past two years.
- (2) "Impairment" means the inability to practice medicine or perform acts, tasks, and functions with skill and safety to patients by reasons of physical or mental illness or condition, including use of alcohol, drugs, chemicals, or any other type of material.
 - (3) "Impaired Practitioner" means a licensee of the Board who is or could be afflicted with a condition of impairment as defined in Item (2) of this Rule.
 - (4) "Licensee" means a person licensed by the Board.
 - (5) "Chief Executive Officer" means the person employed by the Program to coordinate the activities of the Program.
 - (6) "Participant" means a licensee of the Board who is permitted to participate and may receive services from the Program.

History Note: Authority G.S. 90-21.22;
Eff. August 1, 1988;
Amended Eff. April 1, 2009; May 1, 1989;
Readopted Eff. July 1, 2017.

21 NCAC 32K .0102 AUTHORITY
21 NCAC 32K .0103 PEER REVIEW AGREEMENTS
21 NCAC 32K .0104 DUE PROCESS

History Note: Authority G.S. 90-21.22;
Eff. August 1, 1988;
Amended Eff. May 1, 1989;
Repealed Eff. April 1, 2009.

SECTION .0200 - GUIDELINES FOR PROGRAM ELEMENTS

21 NCAC 32K .0201 RECEIPT AND USE OF INFORMATION OF POTENTIAL IMPAIRMENT

Information concerning a Participant may be received by the Program through reports from any source. Upon receipt of information of a potential impairment, the Program shall conduct a screening interview of the Participant. This screening interview shall not create a physician-patient or other clinical relationship. The Program may conduct routine inquiries regarding potential impairments. Participants shall submit to interviews with Program staff. Records relating to the Participant's involvement with the Program shall not be medical records.

History Note: Authority G.S. 90-21.22;
Eff. August 1, 1988;
Amended Eff. April 1, 2009; May 1, 1989;
Readopted Eff. July 1, 2017.

21 NCAC 32K .0202 ASSESSMENT AND REFERRAL

When an initial screening interview reveals that assessment, treatment, or monitoring is indicated, the Program shall advise the Participant and referral source of the findings and recommendations. The Program shall develop a plan designed to ensure that the Participant is safe to practice.

History Note: Authority G.S. 90-21.22;
Eff. August 1, 1988;
Amended Eff. April 1, 2009; May 1, 1989;
Readopted Eff. July 1, 2017.

21 NCAC 32K .0203 MONITORING TREATMENT SOURCES

The Program shall monitor the cost of treatment. Treatment sources receiving referrals from the Program also shall be monitored as to their ability to provide:

- (1) medical and non-medical staffing;
- (2) treatment;

- (3) facilities; and
- (4) post-treatment support.

History Note: Authority G.S. 90-21.22;
Eff. August 1, 1988;
Amended Eff. April 1, 2009;
Readopted Eff. July 1, 2017.

21 NCAC 32K .0204 MONITORING REHABILITATION AND PERFORMANCE

- (a) If a Participant is referred to the Program by the Board, and if the Program finds that treatment or monitoring are appropriate, the Program shall ask the Participant to sign a monitoring contract. If the Participant chooses not to sign a monitoring contract, the Program shall refer the Participant to the Board.
- (b) If a Participant is self-referred to the Program, and if the Program finds that treatment or monitoring are appropriate, the Program shall ask the Participant to sign a monitoring contract. The Program shall report the Participant to the Board as required by G.S. 90-21.22.
- (c) Participants shall submit urine or other bodily specimens if requested by the Program.
- (d) Participants shall submit to periodic interviews with the Program staff.
- (e) Participants shall sign releases allowing their treatment providers, employers, or other individuals assigned by the Program to monitor the Participant in the workplace to submit reports regarding the Participant's rehabilitation and performance to the Program and to the Board if the Participant is known to the Board. Participants shall ensure the reports are provided to the Program and the Board if the Participant is known to the Board. The Program shall maintain case records for each Participant.
- (f) When appropriate the Program shall require Participants to engage in post-treatment support. Post-treatment support includes family counseling, advocacy, after care support groups, self-help groups and other services and programs to improve recoveries. The Program shall monitor post-treatment support.

History Note: Authority G.S. 90-21.22;
Eff. August 1, 1988;
Amended Eff. April 1, 2009; May 1, 1989;
Readopted Eff. July 1, 2017.

21 NCAC 32K .0205 MONITORING POST-TREATMENT SUPPORT

History Note: Authority G.S. 90-21.22;
Eff. August 1, 1988;
Amended Eff. April 1, 2009; May 1, 1989;
Repealed Eff. July 1, 2017.

21 NCAC 32K .0206 REPORTS OF INDIVIDUAL CASES TO THE BOARD

The Program shall submit a report to the Board on a bi-monthly basis regarding the status of all Participants known to the Board. The Program shall report immediately to the Board information about any licensee as required under G.S. 90-21.22(d).

History Note: Authority G.S. 90-21.22;
Eff. August 1, 1988;
Amended Eff. April 1, 2009; May 1, 1989;
Readopted Eff. July 1, 2017.

21 NCAC 32K .0207 PERIODIC REPORTING OF STATISTICAL INFORMATION

On a quarterly basis and upon request by the Board, the Program shall provide statistical and demographic information concerning potential impairments, existing impairments, self-referrals, post-treatment support, and other demographic and substantive information collected through Program operations.

History Note: Authority G.S. 90-21.22;
Eff. August 1, 1988;
Amended Eff. April 1, 2009; May 1, 1989;

Readopted Eff. July 1, 2017.

21 NCAC 32K .0208 CONFIDENTIALITY

*History Note: Authority G.S. 90-21.22;
Eff. August 1, 1988;
Amended Eff. May 1, 1989;
Repealed Eff. July 1, 2017.*

21 NCAC 32K .0209 REVIEW COMMITTEE

(a) A Review Committee exists for Participants to request reconsideration of Program staff findings and recommendations in the following areas:

- (1) General nature of diagnosis;
- (2) Need for additional assessment beyond Program;
- (3) Need for treatment;
- (4) Need for monitoring by Program; or
- (5) Closure of file or loss of Program advocacy;

(b) The Review Committee shall have three primary members and three alternate members. The Program Executive Committee shall nominate all potential members. The Program Board of Directors shall appoint members to the Review Committee. Review Committee members shall not be current members of the Program Compliance Committee, the Program Board of Directors, or the North Carolina Medical Board, nor shall they have served in those organizations within two years of their appointment to the Review Committee.

(c) Two primary Review Committee members shall be clinicians, including one physician and one person with relevant clinical experience with substance use disorders. One Review Committee member, either primary or alternate, shall be a physician assistant.

(d) A Participant who wishes to challenge one of the matters included in Paragraph (a) of this Rule shall deliver to the Chair of the Board of Directors a written request for review of the matter within ten days of being notified of the matter giving rise to the disagreement. Prior to the Review Committee considering the request, the Participant shall:

- (1) Sign a release allowing Program staff to share all information with Review Committee members;
- (2) Agree to abide by the finding of the Review Committee;
- (3) Agree that all decisions by the Review Committee shall be final; and
- (4) Sign a form releasing Program and the Review Committee from legal liability for activities conducted in good faith consistent with the provisions of G.S. 90-21.22(f).

(e) At any time prior to the Review Committee undertaking the request for reconsideration, the Participant and Program staff may attempt to resolve the disagreement prior to the Review Committee meeting.

(f) The Chair of the Board of Directors shall empanel the three primary members of the Review Committee to act on the request for reconsideration. In the event one or more primary members are not available, the Chair of the Board of Directors shall select from the alternate members to constitute a panel of three members.

(g) The Review Committee shall meet and the Participant and Program staff shall appear by teleconference within 30 days after receipt of the written request for reconsideration.

- (1) At least five days prior to the teleconference meeting, Program staff and the Participant shall furnish to each other and to the Review Committee any materials they would like the Review Committee to consider. However, information provided to the Program from the Board regarding a Participant shall be provided pursuant to G.S. 90-16(c), and the information, including reports of investigation and attachments thereto, shall remain confidential and shall not be provided to the Participant.
- (2) The teleconference shall last no more than one hour.
- (3) If the Participant is a physician assistant, a physician assistant member of the Review Committee shall be included in the Review Committee.
- (4) The Review Committee, Participant, and Program staff shall announce the names of all persons present on the phone call prior to the teleconference commencing. The Participant shall be allowed not less than 15 minutes to make a presentation followed by questions of the Participant and Program staff by Review Committee members. A Participant is permitted to be represented by counsel, and that counsel may participate in the meeting. The Review Committee process is not a legal or quasi-judicial proceeding and shall not be governed by the Rules of Evidence, Rules of Civil Procedure, or the Administrative Procedures Act. Participant and Program staff have no right

to question or examine Program staff or Participant. Participant and Program staff have no right to question or examine Review Committee members.

- (5) After the presentation and questioning, the Review Committee shall discuss the request for reconsideration without the presence of the Participant or Program staff. After completing the discussion, the Review Committee shall announce its decision.
 - (6) The Review Committee shall choose among the assessment, treatment, and monitoring options provided by Program staff and the Participant. The Review Committee shall not consider options for assessment, treatment, or monitoring not provided by Program staff or the Participant, unless new information is provided to the Review Committee.
 - (7) The Review Committee shall reduce its decision to writing and provide a copy of its written decision to the Participant and Program staff within five business days.
 - (8) The Review Committee's decision shall be binding upon the Program and the Participant.
 - (9) The Program staff shall make an official recording of the teleconference meeting and preserve the recording. The Participant shall be allowed to make a recording of the meeting.
- (h) After completion of the review, new or additional review requests may be made by the Participant if there are new findings or recommendations by the Program regarding the Participant.

History Note: Authority G.S. 90-21.22;
Eff. July 1, 2017.

SUBCHAPTER 32L - APPROVAL OF PHYSICIAN ASSISTANTS

21 NCAC 32L .0101	DEFINITIONS
21 NCAC 32L .0102	PHYSICIAN ASSISTANT APPLICANT STATUS
21 NCAC 32L .0103	REQUIREMENTS FOR PA APPROVAL
21 NCAC 32L .0104	APPLICATION FOR PA APPROVAL
21 NCAC 32L .0105	PRESCRIBING PRIVILEGES
21 NCAC 32L .0106	REQUIREMENTS FOR RECOGNITION OF PA TRAINING PROGRAMS
21 NCAC 32L .0107	TERMINATION OF PA APPROVAL
21 NCAC 32L .0108	METHOD OF IDENTIFICATION
21 NCAC 32L .0109	SUPERVISION OF A PA
21 NCAC 32L .0110	ANNUAL REGISTRATION OF PA APPROVAL
21 NCAC 32L .0111	FEES
21 NCAC 32L .0112	PA FORMS

History Note: Filed as a Temporary Amendment Eff. May 2, 1991, For a Period of 31 Days to Expire on June 1, 1991;
Filed as a Temporary Amendment Eff. January 1, 1991, For a Period of 120 Days to Expire on May 1, 1991;
Statutory Authority G.S. 90-15; 90-15.1; 90-18(13); 90-18.1; 150B-11; 150B-14(c);
Eff. June 1, 1990;
Amended Eff. July 1, 1991;
Repealed Eff. June 1, 1994.

SUBCHAPTER 32M - APPROVAL OF NURSE PRACTITIONERS

21 NCAC 32M .0101 DEFINITIONS

The following definitions apply to this Subchapter:

- (1) "Approval to Practice" means authorization by the Joint Subcommittee of the Medical Board and the Board of Nursing for a nurse practitioner to practice within her or his area of educational

- preparation and certification under a collaborative practice agreement with a physician licensed by the Medical Board in accordance with this Subchapter.
- (2) "Back-up Supervising Physician" means a physician licensed by the Medical Board who, by signing an agreement with the nurse practitioner and the primary supervising physician(s), shall provide supervision, collaboration, consultation, and evaluation of medical acts by the nurse practitioner in accordance with the collaborative practice agreement when the primary supervising physician is not available. Back-up supervision shall be in compliance with the following:
 - (a) The signed and dated agreements for each back-up supervising physician(s) shall be maintained at each practice site.
 - (b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a back-up supervising physician.
 - (c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation and has a signed collaborative practice agreement with the nurse practitioner and the primary supervising physician may be a back-up supervising physician for a nurse practitioner in the non-training situation.
 - (3) "Board" means the North Carolina Board of Nursing.
 - (4) "Collaborative practice agreement" means the arrangement for nurse practitioner-physician that provides for the continuous availability to each other for ongoing supervision, consultation, collaboration, referral, and evaluation of care provided by the nurse practitioner.
 - (5) "Emergency" means a state of emergency as defined in G.S. 166A-19.3 and proclaimed by the Governor or by the General Assembly.
 - (6) "Joint Subcommittee" means the subcommittee composed of members of the Board and members of the Medical Board to whom responsibility is given by G.S. 90-8.2 and G.S. 90-171.23(b)(14) to develop rules to govern the performance of medical acts by nurse practitioners in North Carolina.
 - (7) "Medical Board" means the North Carolina Medical Board.
 - (8) "National Credentialing Body" means one of the following credentialing bodies that offers certification and re-certification in the nurse practitioner's specialty area of practice:
 - (a) American Nurses Credentialing Center (ANCC);
 - (b) American Academy of Nurse Practitioners National Certification Board (AANPNCB);
 - (c) American Association of Critical Care Nurses Certification Corporation (AACN);
 - (d) National Certification Corporation of the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC); and
 - (e) the Pediatric Nursing Certification Board (PNCB).
 - (9) "Nurse Practitioner" or "NP" means a registered nurse who holds an active unencumbered license approved to practice consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a physician licensed by the Medical Board for ongoing supervision, consultation, collaboration, and evaluation of medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform.
 - (10) "Primary Supervising Physician" means a physician with an active unencumbered license with the Medical Board who shall provide on-going supervision, collaboration, consultation, and evaluation of the medical acts performed by the nurse practitioner as defined in the collaborative practice agreement. Supervision shall be in compliance with the following:
 - (a) The primary supervising physician shall assure both Boards that the nurse practitioner is qualified to perform those medical acts described in the collaborative practice agreement.
 - (b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a primary supervising physician.
 - (c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation may supervise a nurse practitioner in the non-training situation.
 - (11) "Registration" means authorization for a registered nurse to use the title nurse practitioner in accordance with this Subchapter.
 - (12) "Supervision" means the physician's function of overseeing medical acts performed by the nurse practitioner.

- (13) "Volunteer Approval" means approval to practice consistent with this Subchapter except without expectation of direct or indirect compensation or payment (monetary, in kind, or otherwise) to the nurse practitioner.

History Note: Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-18(c)(14); 90-18.2;
Eff. January 1, 1991;
Amended Eff. September 1, 2012; December 1, 2009; December 1, 2006; August 1, 2004; May 1, 1999; January 1, 1996;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. June 1, 2021.

21 NCAC 32M .0102 SCOPE OF PRACTICE

The nurse practitioner's scope of practice is defined by academic educational preparation and national certification and maintained competence. A nurse practitioner shall be held accountable by both Boards for a broad range of personal health services managing patient care for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration as described in Rule .0110 of this Subchapter. These services include:

- (1) promotion and maintenance of health;
- (2) prevention of illness and disability;
- (3) diagnosing, treating, and managing acute and chronic illnesses;
- (4) guidance and counseling for both individuals and families;
- (5) prescribing, administering, and dispensing therapeutic measures, tests, procedures, and drugs;
- (6) planning for situations beyond the nurse practitioner's scope of practice and expertise by consulting with and referring to other health care providers as appropriate; and
- (7) evaluating health outcomes.

History Note: Authority G.S. 90-5.1(a)(3); 90-18(c)(14); 90-18.2;
Eff. January 1, 1991;
Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. June 1, 2021.

21 NCAC 32M .0103 NURSE PRACTITIONER REGISTRATION

(a) The Board shall register an applicant as a nurse practitioner who:

- (1) has an active unencumbered license or privilege to practice as a registered nurse in North Carolina or compact state and, when applicable, an active unencumbered approval, registration, or license as a nurse practitioner in another state, territory, or possession of the United States;
- (2) has completed a nurse practitioner education program as outlined in Rule .0105 of this Subchapter;
- (3) is certified as a nurse practitioner by a national credentialing body consistent with Rule .0101(8) of this Subchapter; and
- (4) has supplied additional information necessary to evaluate the application as requested by the Board on a case-by-case basis.

(b) Applicants who have graduated from a nurse practitioner program after January 1, 2005 who are seeking first-time nurse practitioner registration shall:

- (1) hold a Master's or higher degree in Nursing or related field with primary focus on Nursing;
- (2) have completed a graduate or post-graduate level nurse practitioner education program accredited by a national accrediting body; and
- (3) provide documentation of certification by a national credentialing body.

History Note: Authority G.S. 90-5.1(a)(3); 90-18(c)(14); 90-18.2;
Eff. August 1, 2004;
Amended Eff. September 1, 2012; November 1, 2008; December 1, 2006;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;

Amended Eff. June 1, 2021.

21 NCAC 32M .0104 PROCESS FOR APPROVAL TO PRACTICE

- (a) Prior to the performance of any medical acts, a nurse practitioner shall:
- (1) meet registration requirements as specified in 21 NCAC 32M .0103;
 - (2) submit an application for approval to practice;
 - (3) submit any additional information necessary to evaluate the application as requested; and
 - (4) have a collaborative practice agreement with a primary supervising physician.
- (b) A nurse practitioner seeking approval to practice who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and their management directly related to the nurse practitioner's area of education and certification. A nurse practitioner refresher course participant shall be granted an approval to practice that is limited to clinical activities required by the refresher course.
- (c) The nurse practitioner shall not practice until notification of approval to practice is received from the Board of Nursing after both Boards have approved the application.
- (d) The nurse practitioner's approval to practice is terminated when the nurse practitioner discontinues working within the approved nurse practitioner collaborative practice agreement or experiences an interruption in her or his registered nurse licensure status, and the nurse practitioner shall so notify the Board of Nursing in writing. The Boards shall extend the nurse practitioner's approval to practice in cases of emergency such as sudden injury, illness or death of the primary supervising physician.
- (e) Applications for approval to practice in North Carolina shall be submitted to the Board of Nursing and then approved by both Boards as follows:
- (1) the Board of Nursing shall verify compliance with Rule .0103 of this Subchapter and Paragraph (a) of this Rule; and
 - (2) the Medical Board shall verify that the designated primary supervising physician holds a valid license to practice medicine in North Carolina and compliance with Paragraph (a) of this Rule.
- (f) Applications for approval of changes in practice arrangements for a nurse practitioner currently approved to practice in North Carolina shall be submitted by the applicants as follows:
- (1) addition or change of primary supervising physician shall be submitted to the Board of Nursing and proceed pursuant to protocols developed by both Boards; and
 - (2) request for change(s) in the scope of practice shall be submitted to the Joint Subcommittee.
- (g) A registered nurse who was previously approved to practice as a nurse practitioner in this state who reapplies for approval to practice shall:
- (1) meet the nurse practitioner approval requirements as stipulated in Rule .0108(c) of this Subchapter; and
 - (2) complete the appropriate application.
- (h) Volunteer Approval to Practice. The North Carolina Board of Nursing shall grant approval to practice in a volunteer capacity to a nurse practitioner who has met the qualifications to practice as a nurse practitioner in North Carolina.
- (i) The nurse practitioner shall pay the appropriate fee as outlined in Rule .0115 of this Subchapter.
- (j) A Nurse Practitioner approved under this Subchapter shall keep proof of current licensure, registration and approval available for inspection at each practice site upon request by agents of either Board.

History Note: Authority G.S. 90-18(c)(14); 90-18.2; 90-171.20(7); 90-171.23(b); 90-171.42; Eff. January 1, 1991; Paragraph (b)(1) was recodified from 21 NCAC 32M .0104 Eff. January 1, 1996; Amended Eff. December 1, 2006; May 1, 1999; January 1, 1996; Recodified from 21 NCAC 32M .0103 Eff. August 1, 2004; Amended Eff. November 1, 2013; January 1, 2013; December 1, 2009; November 1, 2008; January 1, 2007; August 1, 2004; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32M .0105 EDUCATION AND CERTIFICATION REQUIREMENTS FOR REGISTRATION AND APPROVAL AS A NURSE PRACTITIONER

- (a) A nurse practitioner applicant seeking registration or first-time approval to practice after January 1, 2000, shall provide evidence of current certification as a nurse practitioner by a national credentialing body.
- (b) A nurse practitioner applicant seeking registration or first-time approval to practice who completed a nurse practitioner education program prior to December 31, 1999 shall provide evidence of completion of a course of education that contains a core curriculum including 400 contact hours of didactic education and 400 contact hours of preceptorship or supervised clinical experience. The core curriculum shall contain the following components:
- (1) health assessment and diagnostic reasoning including:
 - (A) historical data;
 - (B) physical examination data;
 - (C) organization of data base;
 - (2) pharmacology;
 - (3) pathophysiology;
 - (4) clinical management of common health problems and diseases such as the following shall be included in the nurse practitioner's academic program:
 - (A) respiratory system;
 - (B) cardiovascular system;
 - (C) gastrointestinal system;
 - (D) genitourinary system;
 - (E) integumentary system;
 - (F) hematologic and immune systems;
 - (G) endocrine system;
 - (H) musculoskeletal system;
 - (I) infectious diseases;
 - (J) nervous system;
 - (K) behavioral, mental health, and substance abuse problems;
 - (5) clinical preventative services, including health promotion and prevention of disease;
 - (6) client education related to Subparagraph (b)(4) and (5) of this Rule; and
 - (7) role development including legal, ethical, economical, health policy, and interdisciplinary collaboration issues.
- (c) Nurse practitioner applicants exempt from components of the core curriculum requirements listed in Paragraph (b) of this Rule are:
- (1) Any nurse practitioner approved to practice in North Carolina prior to January 18, 1981, is permanently exempt from the core curriculum requirement.
 - (2) A nurse practitioner certified by a national credentialing body prior to January 1, 1998, who also provides evidence of satisfying Subparagraphs (b)(1) – (3) of this Rule shall be exempt from core curriculum requirements in Sub-paragraphs (b)(4) – (7) of this Rule. Evidence of satisfying Subparagraphs (b)(1) – (3) of this Rule shall include:
 - (A) a narrative of course content; and
 - (B) contact hours.

*History Note: Authority G.S. 90-5.1(a)(3); 90-18(c)(14);
 Eff. January 1, 1991;
 Recodified from 21 NCAC 32M .0005 Eff. January 1, 1996;
 Amended Eff. May 1, 1999; January 1, 1996;
 Recodified from 21 NCAC 32M .0104 Eff. August 1, 2004;
 Amended Eff. December 1, 2009; December 1, 2006; August 1, 2004;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
 Amended Eff. June 1, 2021.*

21 NCAC 32M .0106 ANNUAL RENEWAL OF APPROVAL TO PRACTICE

- (a) Each registered nurse who is approved to practice as a nurse practitioner in this State shall annually renew each approval to practice with the Board no later than the last day of the nurse practitioner's birth month by:
- (1) Maintaining current North Carolina RN licensure or privilege to practice;
 - (2) Maintaining certification as a nurse practitioner by a national credentialing body identified in Rule .0101(8) of this Subchapter;

- (3) Attesting to completion of continuing competence requirements, and submitting evidence of completion if requested by the Board, as specified in Rule .0107 of this Subchapter;
 - (4) Submitting the fee required in Rule .0115 of this Subchapter; and
 - (5) Completing the renewal application.
- (b) If the nurse practitioner has not renewed by the last day of her or his birth month, the approval to practice as a nurse practitioner shall expire.

History Note: Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2(a); 90-18(c)(14);
Eff. January 1, 1996;
Amended Eff. August 1, 2004; May 1, 1999;
Recodified from Rule .0105 Eff. August 1, 2004;
Amended Eff. December 1, 2009; November 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. June 1, 2021; March 1, 2017.

21 NCAC 32M .0107 CONTINUING EDUCATION (CE)

- (a) In order to maintain nurse practitioner approval to practice, the nurse practitioner shall maintain certification as a nurse practitioner by a national credentialing body identified in Rule .0101(8) of this Subchapter and earn 50 contact hours of continuing education each year, beginning with the first renewal after initial approval to practice has been granted. A minimum of 20 hours of the required 50 hours must be in the advanced practice nursing population focus of the NP role for which approval has been granted by the American Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical Education (ACCME), other national credentialing bodies, or practice-relevant courses in an institution of higher learning.
- (b) Every nurse practitioner who prescribes controlled substances shall complete at least one hour of the total required continuing education (CE) hours annually consisting of CE designed specifically to address controlled substance prescribing practices and controlled substance prescribing for chronic pain management. CE that includes recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options shall qualify for the purposes of this Rule.
- (c) Documentation shall be maintained by the nurse practitioner for the previous five calendar years and made available upon request to either Board.

History Note: Authority G.S. 90-5.1(a)(3); 90-8.2; 90-18(c)(14); S.L. 2015-241, s. 12F;
Eff. January 1, 1996;
Amended Eff. August 1, 2004; May 1, 1999;
Recodified from Rule .0106 Eff. August 1, 2004;
Amended Eff. December 1, 2009; April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. June 1, 2021; March 1, 2017.

21 NCAC 32M .0108 INACTIVE STATUS

- (a) Any nurse practitioner who wishes to place her or his approval to practice on an inactive status shall notify the Board in writing.
- (b) A nurse practitioner with an inactive approval to practice status shall not practice as a nurse practitioner.
- (c) A nurse practitioner with an inactive approval to practice status who reapplies for approval to practice shall meet the qualifications for approval to practice in Rules .0103(a)(1), .0104(a) and (b), .0107, and .0110 of this Subchapter and receive notification from the Board of approval prior to beginning practice after the application is approved.
- (d) A nurse practitioner who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and management of these conditions directly related to the nurse practitioner's area of academic education and national certification. A nurse practitioner refresher course participant shall be granted an approval to practice that is limited to clinical activities required by the refresher course.

History Note: Authority G.S. 90-5.1(a)(3); 90-18(c)(14); 90-18.2; 90-171.36;
Eff. January 1, 1996;

Amended Eff. November 1, 2013; January 1, 2013; December 1, 2009; December 1, 2006; August 1, 2004; May 1, 1999;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. June 1, 2021.

21 NCAC 32M .0109 PRESCRIBING AUTHORITY

(a) The prescribing stipulations contained in this Rule apply to writing prescriptions and ordering the administration of medications.

(b) Prescribing and dispensing stipulations are as follows:

- (1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement as outlined in Rule .0110(2) of this Section.
- (2) Controlled Substances (Schedules II, IIN, III, IIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed, or ordered as established in the collaborative practice agreement, providing all of the following requirements are met:
 - (A) the nurse practitioner has an assigned DEA number that is entered on each prescription for a controlled substance;
 - (B) refills may be issued consistent with Controlled Substance laws and regulations; and
 - (C) the primary supervising physician(s) shall possess a schedule(s) of controlled substances equal to or greater than the nurse practitioner's DEA registration.
- (3) The nurse practitioner may prescribe a drug or device not included in the collaborative practice agreement only as follows:
 - (A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner; and
 - (B) the written or verbal order as described in Part (b)(3)(A) of this Rule shall be entered into the patient record with a notation that it is issued on the specific order of a primary or back-up supervising physician and signed by the nurse practitioner and the physician.
- (4) Each prescription shall be noted on the patient's chart and include the following information:
 - (A) medication and dosage;
 - (B) amount prescribed;
 - (C) directions for use;
 - (D) number of refills; and
 - (E) signature of nurse practitioner.
- (5) Prescription Format:
 - (A) All prescriptions issued by the nurse practitioner shall contain the name of the patient and the nurse practitioner's name and telephone number;
 - (B) The nurse practitioner's assigned DEA number shall be written on the prescription form when a controlled substance is prescribed as defined in Subparagraph (b)(2) of this Rule.
- (6) A nurse practitioner shall not prescribe controlled substances, as defined by the State and Federal Controlled Substances Acts, for the following:
 - (A) nurse practitioner's own use;
 - (B) nurse practitioner's supervising physician;
 - (C) a member of the nurse practitioner's immediate family, which shall mean a:
 - (i) spouse;
 - (ii) parent;
 - (iii) child;
 - (iv) sibling;
 - (v) parent-in-law;
 - (vi) son or daughter-in-law;
 - (vii) brother or sister-in-law;
 - (viii) step-parent;
 - (ix) step-child; or
 - (x) step-siblings;
 - (D) any other person living in the same residence as the licensee; or
 - (E) anyone with whom the nurse practitioner is having a physical, sexual, or emotionally intimate relationship.

(c) The nurse practitioner may obtain approval to dispense the drugs and devices other than samples included in the collaborative practice agreement for each practice site from the Board of Pharmacy, and dispense in accordance with 21 NCAC 46 .1703 that is hereby incorporated by reference including subsequent amendments.

History Note: Authority G.S. 90-5.1(a)(3); 90-18(c)(14); 90-18.2; Eff. February 1, 1991; Recodified from 21 NCAC 32M .0106 Eff. January 1, 1996; Amended Eff. December 1, 2012; April 1, 2011; November 1, 2008; August 1, 2004; May 1, 1999; January 1, 1996; September 1, 1994; March 1, 1994; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. August 1, 2021; March 1, 2017.

21 NCAC 32M .0110 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT

The following are the quality assurance standards for a collaborative practice agreement:

- (1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.
- (2) Collaborative Practice Agreement:
 - (a) shall be agreed upon, signed, and dated by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;
 - (b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice agreement, and available for inspection by either Board;
 - (c) shall include the drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by the nurse practitioner consistent with Rule .0109 of this Subchapter; and
 - (d) shall include a pre-determined plan for emergency services.
- (3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.
- (4) Quality Improvement Process:
 - (a) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site, including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.
 - (b) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified time frame.
 - (c) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner for a minimum of every six months. Documentation for each meeting shall:
 - (i) identify clinical problems discussed, including progress toward improving outcomes as stated in Sub-Item (4)(b) of this Rule, and recommendations, if any, for changes in treatment plan(s);
 - (ii) be signed and dated by those who attended; and
 - (iii) be available for review by either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.
- (5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner and primary supervising physician(s):
 - (a) During the first six months of a collaborative practice agreement between a nurse practitioner and the primary supervising physician, there shall be monthly meetings to discuss practice-relevant clinical issues and quality improvement measures.
 - (b) Documentation of the meetings shall:
 - (i) identify clinical issues discussed and actions taken;

- (ii) be signed and dated by those who attended; and
- (iii) be available for review by either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

History Note Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-18(c)(14); 90-18.2; 90-171.23(b)(14);
 Eff. January 1, 1991;
 Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996; March 1, 1994;
 Recodified from Rule .0109 Eff. August 1, 2004;
 Amended Eff. December 1, 2009;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
 Amended Eff. June 1, 2021.

21 NCAC 32M .0111 METHOD OF IDENTIFICATION

When providing care to the public, the nurse practitioner shall identify herself or himself as specified in G.S. 90-640 and 21 NCAC 36 .0231.

History Note: Authority G.S. 90-18(14); 90-640;
 Eff. January 1, 1991;
 Recodified from 21 NCAC 32M .0108 Eff. January 1, 1996;
 Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996;
 Recodified from Rule .0110 Eff. August 1, 2004;
 Readopted Eff. July 1, 2017.

21 NCAC 32M .0112 DISCIPLINARY ACTION

(a) After notice and hearing in accordance with provisions of G.S. 150B, Article 3A, disciplinary action may be taken by the appropriate Board if one or more of the following is found:

- (1) violation of G.S. 90-18 and G.S. 90-18.2 or the joint rules adopted by each Board;
- (2) immoral or dishonorable conduct pursuant to and consistent with G.S. 90-14(a)(1);
- (3) any submissions to either Board pursuant to and consistent with G.S. 90-14(a)(3);
- (4) the nurse practitioner is adjudicated mentally incompetent or the nurse practitioner's mental or physical condition renders the nurse practitioner unable to safely function as a nurse practitioner pursuant to and consistent with G.S. 90-14(a)(5) and G.S. 90-171.37(3);
- (5) unprofessional conduct by reason of deliberate or negligent acts or omissions and contrary to the prevailing standards for nurse practitioners in accordance and consistent with G.S. 90-14(a)(6) and G.S. 90-171.35(5);
- (6) Conviction in any court of a criminal offense in accordance and consistent with G.S. 90-14(a)(7) and G.S. 90-171.37(2) and G.S. 90-171.48;
- (7) payments for the nurse practitioner practice pursuant to and consistent with G.S. 90-14(a)(8);
- (8) lack of professional competence as a nurse practitioner pursuant to and consistent with G.S. 90-14(a)(11);
- (9) exploiting the client pursuant to and consistent with G.S. 90-14(a)(12) including the promotion of the sale of services, appliances, or drugs for the financial gain of the practitioner or of a third party;
- (10) failure to respond to inquiries which may be part of a joint protocol between the Board of Nursing and Medical Board for investigation and discipline pursuant to and consistent with G.S. 90-14(a)(14);
- (11) the nurse practitioner has held himself or herself out or permitted another to represent the nurse practitioner as a licensed physician; or
- (12) the nurse practitioner has engaged or attempted to engage in the performance of medical acts other than according to the collaborative practice agreement.

(b) The nurse practitioner is subject to G.S. 90-171.37; 90-171.48 and 21 NCAC 36 .0217 by virtue of the license to practice as a registered nurse.

(c) After an investigation is completed, the joint subcommittee of both boards may recommend one of the following:

- (1) dismiss the case;

- (2) issue a private letter of concern;
- (3) enter into negotiation for a Consent Order; or
- (4) a disciplinary hearing in accordance with G.S. Chapter 150B, Article 3A. If a hearing is recommended, the joint subcommittee shall also recommend whether the matter should be heard by the Board of Nursing or the Medical Board.

(d) Upon a finding of violation, each Board may utilize the range of disciplinary options as enumerated in G.S. 90-14(a) or G.S. 90-171.37.

History Note: Authority G.S. 90-18(14); 90-171.37; 90-171.44; 90-171.47;
 Eff. February 1, 1991;
 Recodified from 21 NCAC 32M .0107 Eff. January 1, 1996;
 Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996;
 Recodified from Rule .0111 Eff. August 1, 2004;
 Amended Eff. April 1, 2007;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
 Amended Eff. April 1, 2020.

21 NCAC 32M .0113 ANNUAL RENEWAL OF NP APPROVAL

History Note: Authority G.S. 90-6; 90-18(14);
 Eff. January 1, 1991;
 Recodified from 21 NCAC 32M .0110 Eff. January 1, 1996;
 Repealed Eff. January 1, 1996.

21 NCAC 32M .0114 NP FORMS

History Note: Authority G.S. 150B-11;
 Eff. January 1, 1991;
 Recodified from 21 NCAC 32M .0112 Eff. January 1, 1996;
 Repealed Eff. January 1, 1996.

21 NCAC 32M .0115 FEES

- (a) An application fee of one hundred dollars (\$100.00) shall be paid at the time of initial application for approval to practice and each subsequent application for approval to practice. The application fee shall be twenty dollars (\$20.00) for the volunteer approval.
- (b) The fee for annual renewal of approval shall be fifty dollars (\$50.00).
- (c) The fee for annual renewal of volunteer approval shall be ten dollars (\$10.00).
- (d) No portion of any fee in this Rule is refundable.

History Note: Authority G.S. 90-6;
 Eff. January 1, 1996;
 Recodified from 21 NCAC 32M .0111 Eff. January 1, 1996;
 Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996;
 Recodified from Rule .0112 Eff. August 1, 2004;
 Amended Eff. November 1, 2008;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32M .0116 PRACTICE DURING A DISASTER

- (a) A nurse practitioner approved to practice in this State or another state may perform medical acts as a nurse practitioner under the supervision of a physician licensed to practice medicine in North Carolina during a disaster in a county in which a state of disaster has been declared or counties contiguous to a county in which a state of disaster has been declared.
- (b) The nurse practitioner shall notify the Board of Nursing in writing of the names, practice locations and telephone number for the nurse practitioner and each primary supervising physician within 15 days of the first

performance of medical acts as a nurse practitioner during the disaster, and the Board of Nursing shall notify the Medical Board.

(c) Teams of physician(s) and nurse practitioner(s) practicing pursuant to this Rule shall not be required to maintain on-site documentation describing supervisory arrangements and plans for prescriptive authority as otherwise required pursuant to Rules .0109 and .0110 of this Subchapter.

History Note: Authority G.S. 90-18(c)(13), (14); 90-18.2; 90-171.20(7); 90-171.23(b); 90-171.42; Eff. May 1, 1999; Recodified from Rule .0105 Eff. August 1, 2004; Amended Eff. December 1, 2009; August 1, 2004; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32M .0117 REPORTING CRITERIA

(a) The Department of Health and Human Services ("Department") may report to the North Carolina Board of Nursing ("Board") information regarding the prescribing practices of those nurse practitioners ("prescribers") whose prescribing:

- (1) falls within the top two percent of those prescribing 100 morphine milligram equivalents ("MME") per patient per day; or
- (2) falls within the top two percent of those prescribing 100 MMEs per patient per day in combination with any benzodiazepine and who are within the top one percent of all controlled substance prescribers by volume.

(b) In addition, the Department may report to the Board information regarding prescribers who have had two or more patient deaths in the preceding 12 months due to opioid poisoning where the prescribers authorized more than 30 tablets of an opioid to the decedent and the prescriptions were written within 60 days of the patient deaths.

(c) In addition, the Department may report to the Board information regarding prescribers who meet three or more of the following criteria, if there are a minimum of five patients for each criterion:

- (1) at least 25 percent of the prescriber's patients receiving opioids reside 100 miles or greater from the prescriber's practice location;
- (2) the prescriber had more than 25 percent of patients receiving the same opioids and benzodiazepine combination;
- (3) the prescriber had 75 percent of patients receiving opioids self-pay for the prescriptions;
- (4) the prescriber had 90 percent or more of patients in a three-month period that received an opioid prescription that overlapped with another opioid prescription for at least one week;
- (5) more than 50 percent of the prescriber's patients received opioid doses of 100 MME or greater per day excluding office-based treatment medications; and
- (6) the prescriber had at least 25 percent of patients who used three or more pharmacies within a three-month period to obtain opioids regardless of the prescriber.

(d) The Department may submit these reports to the Board upon request and may include the information described in G.S. 90-113.73(b).

(e) The reports and communications between the Department and the Board shall remain confidential pursuant to G.S. 90-113.74.

History Note: Authority G.S. 90-5.1(a)(3); 90-113.74; Eff. April 1, 2016; Amended Eff. August 1, 2021; May 1, 2018.

21 NCAC 32M .0118 DEFINITION OF CONSULTATION FOR PRESCRIBING CONTROLLED TARGETED SUBSTANCES

For purposes of G.S. 90-18.2(b), the term "consult" shall mean a meaningful communication, occurring either in person or electronically, between the nurse practitioner and a supervising physician that is documented in the patient medical record. For the purposes of this Rule, "meaningful communication" shall mean an exchange of information sufficient for the supervising physician to make a determination that the prescription for a targeted controlled substance is medically indicated.

History Note: Authority G.S. 90-18.2;

Eff. May 1, 2018.

21 NCAC 32M .0119 COVID-19 DRUG PRESERVATION RULE

(a) The following drugs are "Restricted Drugs" as that term is used in this Rule:

- (1) Hydroxychloroquine;
- (2) Chloroquine;
- (3) Lopinavir-ritonavir;
- (4) Ribavirin; and
- (5) Darunavir.

(b) A nurse practitioner shall prescribe a Restricted Drug only if that prescription bears a written diagnosis from the prescriber consistent with the evidence for its use.

(c) When a patient has been diagnosed with COVID-19, any prescription of a Restricted Drug for the treatment of COVID-19 shall:

- (1) Indicate on the prescription that the patient has been diagnosed with COVID-19;
- (2) Be limited to no more than a 14-day supply; and
- (3) Not be refilled, unless a new prescription is issued in conformance with this Rule, including not being refilled through an emergency prescription refill.

(d) A nurse practitioner shall not prescribe a Restricted Drug for the prevention of, or in anticipation of, the contraction of COVID-19 by someone who has not yet been diagnosed.

(e) A prescription for a Restricted Drug may be transmitted orally only if all information required by this Rule is provided to the pharmacy by the nurse practitioner or nurse practitioner's agent, and that information is recorded in accordance with 21 NCAC 46 .1819(e).

(f) This Rule does not affect orders for administration to inpatients of health care facilities.

(g) This Rule does not apply to prescriptions for a Restricted Drug for a patient previously established on that particular Restricted Drug on or before March 10, 2020.

*History Note: Authority G.S. 90-5.1(a)(3); 90-18.2;
Emergency Adoption Eff. April 21, 2020;
Temporary Adoption Eff. June 26, 2020;
Eff. April 1, 2021.*

SUBCHAPTER 32N - FORMAL AND INFORMAL PROCEEDINGS

21 NCAC 32N .0101	INITIATION OF FORMAL HEARINGS
21 NCAC 32N .0102	CONTINUANCES
21 NCAC 32N .0103	DISQUALIFICATION FOR PERSONAL BIAS
21 NCAC 32N .0104	DISCOVERY
21 NCAC 32N .0105	INFORMAL PROCEEDINGS

*History Note: Authority G.S. 90-14.1; 90-14.2; 90-14.3; 90-14.4; 90-14.5; 90-14.6; 90-14.7; 150B-11(1);
150B-38(h); 150B-39;
Eff. March 1, 1991;
Amended Eff. September 1, 1995;
Repealed Eff. February 1, 2012.*

21 NCAC 32N .0106 DEFINITIONS

As used in this Section:

- (1) "Disciplinary Proceedings" means hearings conducted pursuant to G.S. 90-14.2 through 90-14.7, and Article 3A of Chapter 150B.
- (2) "Good cause" related to motions or requests to continue or for additional time for responding includes:
 - (a) death or incapacitating illness of a party, or attorney of a party;
 - (b) a court order requiring a continuance;
 - (c) lack of proper notice of the hearing;

- (d) a substitution of the attorney of a party if the substitution is shown to be required;
 - (e) agreement for a continuance by all parties if either more time is demonstrated to be necessary to complete mandatory preparation for the case, such as authorized discovery, and the parties and the Board have agreed to a new hearing date or the parties have agreed to a settlement of the case that has been or is likely to be approved by the Board; and
 - (f) where, for any other reason, either party has shown that the interests of justice require a continuance or additional time.
- (3) "Good cause" related to motions or requests to continue or for additional time for responding shall not include:
- (a) intentional delay;
 - (b) unavailability of a witness if the witness testimony can be taken by deposition; and
 - (c) failure of the attorney or respondent to use effectively the statutory notice period provided in G.S. 90-14.2(a) to prepare for the hearing.
- (4) "Licensee" means all persons to whom the Board has issued a license as defined in G.S. 90-1.1.
- (5) "Respondent" means the person licensed or approved by the Board who is named in the Notice of Charges and Allegations.

History Note: Authority G.S. 90-5.1(a)(3); 90-14.2; 150B-38(h); 150B-40(c)(4); Eff. February 1, 2012; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32N .0107 INVESTIGATIONS AND COMPLAINTS

- (a) At the time of first oral or written communication from the Board or staff or agent of the Board to a licensee regarding a complaint or investigation, the Board shall provide the notices set forth in G.S. 90-14(i), except as provided in Paragraph (e) of this Rule.
- (b) A licensee shall submit a written response to a complaint received by the Board within 45 days from the date of a written request by Board staff. The Board shall grant up to an additional 30 days for the response where the licensee demonstrates good cause for the extension of time. The response shall contain accurate and complete information. Where a licensee fails to respond in the time and manner provided herein, the Board may treat that as a failure to respond to a Board inquiry in a reasonable time and manner as required by G.S. 90-14(a)(14).
- (c) The licensee's written response to a complaint submitted to the Board in accordance with Paragraph (b) of this Rule shall be provided to the complainant upon written request as permitted in G.S. 90-16(e1), except that the response shall not be provided where the Board determines that the complainant has misused the Board's complaint process or that the release of the response would be harmful to the physical or mental health of the complainant who was a patient of the responding licensee.
- (d) A licensee shall submit to an interview within 30 days from the date of an oral or written request from Board staff. The Board may grant up to an additional 15 days for the interview where the licensee demonstrates good cause for the extension of time. The responses to the questions and requests for information, including documents, during the interview shall be complete and accurate. Where respondent fails to respond in the time and manner provided herein, the Board may treat that as a failure to respond to a Board inquiry in a reasonable time and manner as required by G.S. 90-14(a)(14).
- (e) The licensee who is the subject of a Board inquiry may retain and consult with legal counsel of his or her choosing in responding to the inquiries as set out in G.S. 90-14(i).

History Note: Authority G.S. 90-5.1(a)(3); 90-14(a)(14); 90-14(i); 90-16(e1); Eff. February 1, 2012; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32N .0108 INVESTIGATIVE INTERVIEWS BY BOARD MEMBERS

- (a) In addition to formal hearings pursuant to G.S. 90-14 and G.S. 90-14.2, the Board may ask a licensee to attend a non-public interview with members of the Board and staff to discuss a pending complaint or investigation. The invitation letter shall describe the matters of dispute or concern and shall enclose the notices required by G.S. 90-14(i), if not previously issued. No individual shall be placed under oath to give testimony. Statements made or

information provided by a licensee during this interview may, however, be used against such licensee in any subsequent formal hearing.

(b) As a result of the interview, the Board may ask that the licensee take actions as referred to in G.S. 90-14(k), may offer the licensee the opportunity to enter into a consent order or other public agreement that will be a matter of public record, may institute a formal public hearing concerning the licensee, or may take other action as the Board deems appropriate in each case.

(c) Unless ordered by the Board pursuant to G.S. 90-8, attendance at such an interview is not required. A licensee may retain legal counsel and have such counsel present during such interview.

(d) If ordered to appear for an interview, requests for continuances from interviews shall be filed with the President as soon as practicable and shall be granted only upon good cause shown.

*History Note: Authority G.S. 90-5.1(a)(3); 90-8; 90-14(a)(14);
Eff. February 1, 2012;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32N .0109 PRE-CHARGE CONFERENCE

(a) Prior to issuing public Notice of Charges and Allegations against a licensee, the Board shall inform the licensee in writing of the right to request a pre-charge conference as set forth in G.S. 90-14(j). The written notice regarding the pre-charge conference shall be sent by certified mail, return receipt requested to the last mailing address registered with the Board.

(b) A request for a pre-charge conference must be:

- (1) in writing via delivery of a letter or by facsimile or electronic mail;
- (2) addressed to the coordinator identified in the written notice provided as set forth in Paragraph (a) of this Rule; and
- (3) received by the Board no later than 30 days from the date appearing on the written notice provided as set forth in Paragraph (a) of this Rule.

(c) Upon receipt of a request for a pre-charge conference, the coordinator shall schedule the conference to occur within 45 days and serve notice of the date and time of the conference on the licensee or on counsel for licensee, if the Board is aware licensee is represented by counsel.

(d) The pre-charge conference shall be conducted as provided in G.S. 90-14(j). The pre-charge conference will be conducted by telephone conference unless the interests of justice require otherwise or both parties agree to conduct the conference in person. No continuances of the pre-charge conference shall be allowed except when granted by the Board for good cause shown.

(e) The licensee may provide to the Board written documents not previously submitted by delivering those documents in electronic form to the coordinator identified in the written notice up to five days prior to the pre-charge conference.

(f) The Board shall provide information to the licensee during the pre-charge conference regarding the possibility of settlement of the pending matter prior to the issuance of a public notice of charges and allegations.

*History Note: Authority G.S. 90-5.1(a)(3); 90-14(j);
Eff. February 1, 2012;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32N .0110 INITIATION OF DISCIPLINARY HEARINGS

(a) The Board shall issue a notice of charges and allegations only upon completion of an investigation, a finding by the Board or a committee of the Board that there exists a factual and legal basis for an action pursuant to any subsection of G.S. 90-14(a), and a pre-charge conference, if one was requested by the licensee.

(b) Disciplinary proceedings shall be initiated and conducted pursuant to G.S. 90-14 through G.S. 90-14.7 and G.S. 150B-38 through G.S. 150B-42.

(c) A pre-hearing conference shall be held not less than seven days before the hearing date unless waived by the Board President or designated presiding officer upon written request by either party. The purpose of the conference will be to simplify the issues to be determined, obtain stipulations in regards to testimony or exhibits, obtain stipulations of agreement on undisputed facts or the application of particular laws, consider the proposed witnesses

for each party, identify and exchange documentary evidence intended to be introduced at the hearing, and consider such other matters that may be necessary or advisable for the efficient and expeditious conduct of the hearing.

(d) The pre-hearing conference shall be conducted in the offices of the Board, unless another site is designated by mutual agreement of all parties. When a face-to-face conference is impractical, the Board President or designated presiding officer may order the pre-hearing conference be conducted by telephone conference.

(e) The pre-hearing conference shall be an informal proceeding and shall be conducted by the Board President or designated presiding officer.

(f) All agreements, stipulations, amendments, or other matters resulting from the pre-hearing conference shall be in writing, signed by the presiding officer, Respondent, or Respondent's counsel, and Board counsel, and introduced into the record at the beginning of the disciplinary hearing.

(g) Motions for a continuance of a hearing shall be granted upon a showing of good cause. In determining whether to grant such motions, the Board shall consider the Guidelines for Resolving Scheduling Conflicts adopted by the State-Federal Judicial Council of North Carolina. Motions for a continuance must be in writing and received in the office of the Board no less than 14 calendar days before the hearing date. A motion for a continuance filed less than 14 calendar days from the date of the hearing shall be denied unless the reason for the motion could not have been ascertained earlier. Motions for continuance shall be ruled on by the Board President or designated presiding officer.

(h) The Respondent may challenge on the basis of personal bias or other reason for disqualification the fitness and competency of any Board member to hear and weigh evidence concerning the Respondent. Challenges must be in writing accompanied by affidavit setting forth with specificity the grounds for such challenge and must be filed with the Board President or designated presiding officer at least 14 days before the hearing except for good cause shown. Nothing contained in this Rule shall prevent a Respondent appearing before the Board at a formal hearing from making inquiry of Board members as to their knowledge of and personal bias concerning that person's case and making a motion based upon the responses to those inquiries that a Board member recuse himself or herself or be removed by the Board President or presiding officer.

(i) In any formal proceeding pursuant to G.S. 90-14.1 and G.S. 90-14.2, discovery may be obtained as provided in G.S. 90-8 and 150B-39 by either the Board or the Respondent. Any discovery request by a Respondent to the Board shall be filed with the Chief Executive Officer of the Board. Nothing herein is intended to prohibit a Respondent or Respondent's counsel from issuing subpoenas to the extent that such subpoenas are otherwise permitted by law or rule. The Board may issue subpoenas for the Board or a Respondent in preparation for or in the conduct of a contested case as follows:

- (1) Subpoenas may be issued for the appearance of witnesses or the production of documents or information, either at the hearing or for the purposes of discovery;
- (2) Requests by a Respondent for subpoenas shall be made in writing to the Chief Executive Officer and shall include the following:
 - (A) the full name and home or business address of all persons to be subpoenaed; and
 - (B) the identification, with specificity, of any documents or information being sought;
- (3) Where Respondent makes a request for subpoenas and complies with the requirements in Subparagraph (2) of this Paragraph, the Board shall provide subpoenas promptly;
- (4) Subpoenas shall include the date, time, and place of the hearing and the name and address of the party requesting the subpoena. In the case of subpoenas for the purpose of discovery, the subpoena shall include the date, time, and place for responding to the subpoena; and
- (5) Subpoenas shall be served as provided by the Rules of Civil Procedure, G.S. 1A-1. The cost of service, fees, and expenses of any witnesses or documents subpoenaed shall be paid by the party requesting the witnesses.

(j) All motions, other than motions pursuant to Rules 12(b) and 56 of the North Carolina Rules of Civil Procedure related to a contested case shall be in writing and submitted to the Board at least 14 calendar days before the hearing. Pre-hearing motions shall be heard at the pre-hearing conference described in Paragraph (c) of this Rule. Motions filed fewer than 14 days before the hearing shall be considered untimely and shall not be considered unless the reason for the motion could not have been ascertained earlier. In such case, the motion shall be considered at the hearing prior to the commencement of testimony. The Board President or designated presiding officer shall hear the motions and any response from the non-moving party and rule on such motions. If the pre-hearing motions are heard by an Administrative Law Judge from the Office of Administrative Hearings the provisions of G.S. 150B-40(e) shall govern the proceedings.

(k) Dispositive motions made pursuant to Rules 12(b) and 56 of the North Carolina Rules of Civil Procedure shall be filed no later than 14 calendar days before the hearing. Dispositive motions shall be heard, and decided upon, by

a quorum of the Board. The Board shall receive the assistance of independent counsel when deciding a dispositive motion.

History Note: Authority G.S. 90-5.1(a)(3); 90-8; 90-14.1; 90-14.2; 90-14.3; 150B-38; 150B-39(c); Eff. February 1, 2012; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. July 1, 2019.

21 NCAC 32N .0111 CONDUCTING DISCIPLINARY HEARINGS

(a) Disciplinary hearings conducted before a majority of Board members shall be held at the Board's office or, by mutual consent, in another location where a majority of the Board has convened for the purpose of conducting business. For proceedings conducted by an administrative law judge, the venue shall be determined in accordance with G.S. 150B-38(e). All hearings conducted by the Medical Board are open to the public; however, portions are closed to protect the identity of patients pursuant to G.S. 90-16(b).

(b) All hearings by the Medical Board shall be conducted by a quorum of the Medical Board, except as provided in Subparagraph (1) and (2) of this Paragraph. The Medical Board President or his or her designee shall preside at the hearing. The Medical Board shall retain independent legal counsel to provide advice to the Board as set forth in G.S. 90-14.2. The quorum of the Medical Board shall hear all evidence, make findings of fact and conclusions of law, and issue an order reflecting the decision of the majority of the quorum of the Board. The final form of the order shall be determined by the presiding officer, who shall sign the order. When a majority of the members of the Medical Board is unable or elects not to hear a contested case:

- (1) The Medical Board may request the designation of an administrative law judge from the Office of Administrative Hearings to preside at the hearing so long as the Board has not alleged the licensee failed to meet an applicable standard of medical care. The provisions of G.S. 150B, Article 3A shall govern a contested case in which an administrative law judge is designated as the Hearing Officer; or
- (2) The Medical Board President may designate in writing three or more hearing officers to conduct hearings as a hearing committee to take evidence. The provisions of G.S. 90-14.5(a) through (d) shall govern a contested case in which a hearing committee is designated.

(c) If any party or attorney of a party or any other person in or near the hearing room engages in conduct which obstructs the proceedings or would constitute contempt if done in the General Court of Justice, the Board may apply to the applicable superior court for an order to show cause why the person(s) should not be held in contempt of the Board and its processes.

(d) During a hearing, if it appears in the interest of justice that further testimony should be received and sufficient time does not remain to conclude the testimony, the Medical Board may continue the hearing to a future date to allow for the additional testimony to be taken by deposition or to be presented orally. In such situations and to such extent as possible, the seated members of the Medical Board shall receive the additional testimony. If new members of the Board or a different independent counsel must participate, a copy of the transcript of the hearing shall be provided to them prior to the receipt of the additional testimony.

(e) All parties have the right to present evidence, rebuttal testimony, and argument with respect to the issues of law, and to cross-examine witnesses. The North Carolina Rules of Evidence in G.S. 8C apply to contested case proceedings, except as provided otherwise in this Rule, G.S. 90-14.6 and G.S. 150B-41.

History Note: Authority G.S. 90-5.1(a)(3); 90-14.2; 90-14.5; 90-14.6; 90-14.7; 90-16(b); 150B-38(e)(h); 150B-40; 150B-41; 150B-42; Eff. February 1, 2012; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32N .0112 POST HEARING MOTIONS

(a) Following a disciplinary hearing either party may request a new hearing or to reopen the hearing for good cause as provided in G.S. 90-14.7. For the purposes of this Rule, good cause is defined as any of the grounds set out in Rule 59 of the North Carolina Rules of Civil Procedure and complying with the following requirements:

- (1) Following hearings conducted by a quorum of the Board, a motion for a new hearing or to reopen the hearing to take new evidence shall be served, in writing, on the presiding officer of the

disciplinary hearing no later than 20 days after service of the final order upon the respondent. Supporting affidavits, if any, and a memorandum setting forth the basis of the motion together with supporting authorities, shall be filed with the motion. The opposing party has 20 days from service of the motion to file a written response, any reply affidavits, and a memorandum with supporting authorities. A quorum of the Board shall rule on the motion based on the parties' written submissions and oral arguments, if the Board permitted any; and

- (2) Following hearings conducted by a hearing panel pursuant to G.S. 90-14.5, a motion for a new hearing or to reopen the hearing to take new evidence shall be served, in writing, on the presiding officer of the hearing panel no later than 20 days after service of the recommended decision upon the respondent or respondent's counsel. Supporting affidavits, if any, and a memorandum setting forth the basis of the motion together with supporting authorities, shall be filed with the motion. The opposing party has 20 days from service of the motion to file a written response, any reply affidavits, and a memorandum with supporting authorities. The hearing panel shall rule on the motion based on the parties' written submission and oral arguments, if the Board permitted any.

(b) Either party may file a motion for relief from the final order of the Board based on any of the grounds set out in Rule 60 of the North Carolina Rules of Civil Procedure. Relief from the final order of the Board shall not be permitted later than one year after the effective date of the final order from which relief is sought. Motions pursuant to this section will be heard and decided in the same manner as motions submitted pursuant to Subparagraph (a)(1) of this Rule.

(c) The filing of a motion under Subparagraph (a)(1) or Paragraph (b) of this Rule does not automatically stay or otherwise affect the effective date of the final order.

History Note: Authority G.S. 90-5.1(a)(3); 90-14.7;
Eff. February 1, 2012;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32N .0113 CORRECTION OF CLERICAL MISTAKES

Clerical mistakes in orders or other parts of the record from a formal hearing and errors therein arising from oversight or omission may be corrected by the Board President or designated presiding officer at any time on his or her own initiative or on the motion of any party and after such notice, if any, as the Board President or designated presiding officer orders. After the filing by a respondent of an appeal to the Superior Court of the Board's imposition of public disciplinary action as set forth in G.S. 90-14.8, such mistakes may be so corrected before the record of the case is filed by the Board with the clerk of the Superior Court as required by G.S. 90-14.8.

History Note: Authority G.S. 90-5.1(a)(3); 150B-40;
Eff. February 1, 2012;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32N .0114 SUMMARY SUSPENSION

(a) If the Board finds that the public health, safety, or welfare requires emergency action, it may, pursuant to G.S. 150B-3(c), summarily suspend a license without a hearing or opportunity for the licensee to be heard.

(b) A motion to summarily suspend a license pursuant to this Rule shall be supported by competent evidence of the facts alleged requiring emergency action.

(c) The Board shall consult with independent counsel prior to issuing an order of summary suspension. The role of independent counsel shall be to advise the Board on the reliability and competency of the evidence presented in support of the motion for summary suspension.

(d) An order of summary suspension shall make preliminary findings of facts indicating why the public health, safety, or welfare requires emergency action. An order of summary suspension shall be accompanied by a notice of charges setting out the licensee's alleged violations of G.S. 90-14(a). Upon service of the order of summary suspension, the licensee to whom the order is directed shall immediately cease practicing in North Carolina.

(e) The Board shall, when it summarily suspends a license, schedule a hearing to occur at the earliest practicable date, but no later than 30 days from the date of service of the order of summary suspension. The purpose of the hearing will be to determine whether there is a preponderance of competent evidence supporting the order of

summary suspension. A hearing on the order of summary suspension may be combined with a hearing on the merits of the notice of charges on a date mutually agreed upon by the parties.

(f) The order of summary suspension shall remain in effect until the Board vacates it.

(g) Neither an order of summary suspension nor a decision upholding an order of summary suspension is a final agency decision.

History Note: Authority G.S. 90-5.1(a)(3); 150B-3(c);
Eff. July 1, 2019.

SUBCHAPTER 32O - PHYSICIAN ASSISTANT REGULATIONS

21 NCAC 32O .0101	DEFINITIONS
21 NCAC 32O .0102	QUALIFICATIONS FOR LICENSE
21 NCAC 32O .0103	TEMPORARY LICENSE
21 NCAC 32O .0104	INACTIVE LICENSE STATUS
21 NCAC 32O .0105	ANNUAL REGISTRATION
21 NCAC 32O .0106	CONTINUING MEDICAL EDUCATION
21 NCAC 32O .0107	EXEMPTION FROM LICENSE
21 NCAC 32O .0108	SCOPE OF PRACTICE
21 NCAC 32O .0109	PRESCRIPTIVE AUTHORITY
21 NCAC 32O .0110	SUPERVISION OF PHYSICIAN ASSISTANTS
21 NCAC 32O .0111	SUPERVISING PHYSICIANS
21 NCAC 32O .0112	NOTIFICATION OF INTENT TO PRACTICE
21 NCAC 32O .0113	SATELLITE SETTINGS
21 NCAC 32O .0114	EXCLUSIONS OF LIMITATIONS ON EMPLOYMENT
21 NCAC 32O .0115	ASSUMPTION OF PROFESSIONAL LIABILITY
21 NCAC 32O .0116	VIOLATIONS
21 NCAC 32O .0117	DISCIPLINARY AUTHORITY

History Note: Authority G.S. 90-11; 90-14; 90-14(a)(11); 90-15; 90-18(13); 90-18.1; 90-171.23(14);
58 Fed. Reg. 31,171 (1993) (to be codified at 21 C.F.R. 1301);
Eff. June 1, 1994;
Amended Eff. February 1, 1995;
Repealed Eff. May 1, 1999.

21 NCAC 32O .0118	LOCUM TENENS PERMIT
21 NCAC 32O .0119	TITLE AND PRACTICE PROTECTION
21 NCAC 32O .0120	IDENTIFICATION REQUIREMENTS
21 NCAC 32O .0121	FEES

History Note: Authority G.S. 90-18(13); 90-18.1;
Eff. June 1, 1994;
Repealed Eff. September 1, 2009.

SUBCHAPTER 32P - LIMITED LIABILITY COMPANIES

21 NCAC 32P .0101 NAME OF LIMITED LIABILITY COMPANY

The name of a limited liability company to practice medicine shall not include any adjectives or other words not in accordance with the ethics of the medical profession.

History Note: Authority G.S. 55B-12; 57C-2-01; 90-14(a)(6);

Eff. June 1, 1994;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32P .0102 PREREQUISITES FOR ORGANIZATION

(a) Before filing the articles of organization for a limited liability company with the Secretary of State, the organizing members shall submit the following to the Board:

- (1) a registration fee as set by Rule .0006 of this Subchapter; and
- (2) a certificate certified by all organizing members, setting forth the names and addresses of each person who will be employed by the limited liability company to practice medicine, and stating that all such persons are duly licensed to practice medicine in North Carolina, and representing that the company will be conducted in compliance with the North Carolina Limited Liability Company Act and this Subchapter.

(b) A certification that each of the organizing members is licensed to practice medicine in North Carolina shall be returned to the limited liability company for filing with the Secretary of State.

History Note: Authority G.S. 55B-4; 55B-10; 55B-12; 57C-2-01;

Eff. June 1, 1994;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32P .0103 CERTIFICATE OF REGISTRATION

A Certificate of Registration for a limited liability company shall remain effective until December 31 of each odd-numbered year. A Certificate of Registration shall be renewed biennially on application forms supplied by the Board. The application shall be accompanied by a renewal fee as set by Rule .0006 of this Subchapter.

History Note: Authority G.S. 55B-10; 55B-11; 57C-2-01;

Eff. June 1, 1994;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32P .0104 CHARTER AMENDMENTS AND MEMBERSHIP TRANSFERS

The Board shall issue the certificate authorizing transfer of membership when membership is transferred in the company. This transfer form shall be permanently retained by the company. The membership books of the company shall be kept at the principal office of the company and shall be subject to inspection by authorized agents of the Board.

History Note: Authority G.S. 55B-6; 55B-12; 57C-2-01;

Eff. June 1, 1994;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32P .0105 DOCUMENTS

The forms and documents regarding limited liability companies are issued by the Board.

History Note: Authority G.S. 55B-2(6);

Eff. June 1, 1994;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32P .0106 FEES

The initial registration fee for a limited liability company is fifty dollars (\$50.00). The fee for renewal of a Certificate of Registration is twenty-five dollars (\$25.00).

History Note: Authority G.S. 55B-10; 55B-11; 57C-2-01;

Eff. June 1, 1994;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

SUBCHAPTER 32Q - IMPAIRED PHYSICIAN ASSISTANT PROGRAM

SECTION .0100 - GENERAL INFORMATION

21 NCAC 32Q .0101	DEFINITIONS
21 NCAC 32Q .0102	AUTHORITY
21 NCAC 32Q .0103	PEER REVIEW AGREEMENTS
21 NCAC 32Q .0104	DUE PROCESS

*History Note: Authority G.S. 90-21.22;
Eff. June 1, 1994;
Repealed Eff. April 1, 2009.*

SECTION .0200 - GUIDELINES FOR PROGRAM ELEMENTS

21 NCAC 32Q .0201	RECEIPT AND USE OF INFORMATION OF SUSPECTED IMPAIRMENT
21 NCAC 32Q .0202	INTERVENTION AND REFERRAL
21 NCAC 32Q .0203	MONITORING TREATMENT
21 NCAC 32Q .0204	MONITORING REHABILITATION AND PERFORMANCE
21 NCAC 32Q .0205	MONITORING POST-TREATMENT SUPPORT
21 NCAC 32Q .0206	REPORTS OF INDIVIDUAL CASES TO THE BOARD
21 NCAC 32Q .0207	PERIODIC REPORTING OF STATISTICAL INFORMATION

*History Note: Authority G.S. 90-21.22;
Eff. June 1, 1994;
Repealed Eff. April 1, 2009.*

SUBCHAPTER 32R – CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

SECTION .0100 – CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

21 NCAC 32R .0101 CONTINUING MEDICAL EDUCATION (CME) REQUIRED

(a) Continuing Medical Education (CME) is defined as education, training, and activities to increase knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of healthcare to the public. The purpose of CME is to maintain, develop, or improve the physician's knowledge, skills, professional performance, and relationships a physician uses to provide services for his or her patients and practice, the public, or profession.

(b) A physician licensed to practice medicine in the State of North Carolina, except those physicians holding a residency training license, shall complete at least 60 hours of Category 1 CME relevant to the physician's current or intended specialty or area of practice every 3 years. Every physician who prescribes controlled substances, except those physicians holding a residency training license, shall complete at least 3 hours of CME from the required 60 hours of Category 1 CME designed specifically to address controlled substance prescribing practices. The controlled substance prescribing CME shall include instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management. CME that includes recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options shall qualify for the purposes of this Rule.

(c) The three-year period described in Paragraph (b) of this Rule begins on the physician's birthday following the issuance of his or her license.

History Note: Authority G.S. 90-5.1(a)(3); 90-5.1(a)(10); 90-14(a)(15); S.L. 2015-241, s. 12F.16(b) and 12F.16(c);

Eff. January 1, 2000;
Amended Eff. August 1, 2012; January 1, 2001;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
2016;
Amended Eff. April 1, 2020; September 1, 2016.

21 NCAC 32R .0102 APPROVED CATEGORIES OF CME

(a) Category 1 CME providers are:

- (1) Institutions or organizations accredited by the Accreditation Council on Continuing Medical Education (ACCME) and reciprocating organizations;
- (2) The American Osteopathic Association (AOA);
- (3) A state medical society or association;
- (4) The American Medical Association (AMA);
- (5) Specialty boards accredited by the American Board of Medical Specialties (ABMS), the AOA, or Royal College of Physicians and Surgeons of Canada (RCPSC); and
- (6) The Joint Accreditation for Interprofessional Continuing Education.

(b) Category 1 CME education shall be presented, offered, or accredited by a Category 1 provider as set forth in Paragraph (a) of this Rule and shall include:

- (1) Educational courses;
- (2) Scientific or clinical presentations or publications;
- (3) Printed, recorded, audio, video, online, or electronic educational materials for which CME credits are awarded by the provider;
- (4) Journal-based CME activities within a peer-reviewed, professional journal;
- (5) Skill development;
- (6) Performance improvement activities;
- (7) Interprofessional continuing education; or
- (8) Cultural competency or implicit bias training.

History Note: Authority G.S. 90-5.1;
Eff. January 1, 2000;
Amended Eff. August 1, 2012; July 1, 2007; January 1, 2001;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
2016;
Amended Eff. January 1, 2022; September 1, 2020.

21 NCAC 32R .0103 EXCEPTIONS

(a) A physician shall be exempt from the requirements of Rule .0101 of this Section if the licensee is:

- (1) Currently enrolled in an AOA or Accreditation of Council of Graduate Medical Education (ACGME) accredited graduate medical education program and holds a residency training license;
- (2) In good standing with the Board and is either:
 - (A) serving in the armed forces of the United States or serving in support of such armed forces, and serving in a combat zone; or
 - (B) serving with respect to a military contingency operation as defined by 10 U.S.C.101(a)(13); or
- (3) Serving as a member of the General Assembly's House or Senate Health Committee.

(b) A physician who obtains initial certification from an ABMS, AOA or RCPSC specialty board shall be deemed to have satisfied his or her entire CME requirement for the three year cycle in which the physician obtains board certification. However, if the physician prescribes controlled substances, then the physician shall complete at least three hours of CME that is designed to address controlled substance prescribing practices as required in 21 NCAC 32R .0101 during that three year cycle. If the physician completed CME as part of their initial certification that satisfies the requirement in 21 NCAC 32R .0101, then the physician shall not be required to take controlled-substance prescribing CME beyond that included in their initial certification process.

(c) A physician who attests that he or she is engaged in a program of recertification or maintenance of certification from an ABMS, AOA or RCPSC specialty board shall be deemed to have satisfied his or her entire CME requirement for that three year cycle. However, if the physician prescribes controlled substances, then the physician shall complete at least three hours of CME that is designed to address controlled substance prescribing practices as

required in 21 NCAC 32R .0101 during that three year cycle. If the physician completed CME as part of their program for recertification or maintenance of certification process that satisfies the requirement in 21 NCAC 32R .0101, then the physician shall not be required to take controlled-substance prescribing CME beyond that included in their recertification or maintenance of certification process.

History Note: Authority G.S. 90-14(a)(15); 90B-15;
Eff. January 1, 2000;
Amended Eff. August 1, 2012; January 1, 2001;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. July 1, 2018.

21 NCAC 32R .0104 REPORTING

At the time of annual renewal, each Licensee shall report on the Board's annual renewal form compliance with, or exemption from, Rule .0101 of this Section. Records documenting compliance or exemption must be maintained for six consecutive years and may be inspected by the Board or its agents.

History Note: Authority G.S. 90-14(a)(15);
Eff. January 1, 2000;
Amended Eff. August 1, 2012; January 1, 2001;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32R .0105 WAIVER FOR LICENSEES SERVING ON ACTIVE DUTY IN THE ARMED SERVICES OF THE US

History Note: Authority G.S. 105-249.2; S. L. 2009-458; Section 7508 of the Internal Revenue Code; 10 U.S.C. 101;
Eff. August 1, 2010;
Repealed Eff. August 1, 2012.

SUBCHAPTER 32S - PHYSICIAN ASSISTANTS

SECTION .0100 - REPEALED

21 NCAC 32S .0101 DEFINITIONS

21 NCAC 32S .0102 QUALIFICATIONS FOR LICENSE

History Note: Authority G.S. 90-11; 90-18(c)(13); 90-18.1;
Eff. May 1, 1999;
Amended Eff. June 1, 2006;
Repealed Eff. September 1, 2009.

21 NCAC 32S .0103 TEMPORARY LICENSE

History Note: Authority G.S. 90-18(13); 90-18.1;
Eff. May 1, 1999;
Repealed Eff. April 1, 2006.

21 NCAC 32S .0104 INACTIVE LICENSE STATUS

21 NCAC 32S .0105 ANNUAL REGISTRATION

21 NCAC 32S .0106 CONTINUING MEDICAL EDUCATION

21 NCAC 32S .0107 EXEMPTION FROM LICENSE

21 NCAC 32S .0108 SCOPE OF PRACTICE

21 NCAC 32S .0109 PRESCRIPTIVE AUTHORITY

21 NCAC 32S .0110 SUPERVISION OF PHYSICIAN ASSISTANTS
21 NCAC 32S .0111 SUPERVISING PHYSICIANS
21 NCAC 32S .0112 NOTIFICATION OF INTENT TO PRACTICE
21 NCAC 32S .0113 VIOLATIONS

History Note: Authority G.S. 90-13(c)(13); 90-14; 90-14(a)(11); 90-14.2; 90-15; 90-18(c)(13); 90-18.1; 90-171.23(14); 58 Fed. Reg. 31,171(1993) (to be codified at 21 C.F.R. 301);
Eff. May 1, 1999;
Amended Eff. July 1, 2006; June 1, 2006; April 1, 2006; April 1, 2005; May 1, 2004; April 1, 2004;
Repealed Eff. September 1, 2009.

21 NCAC 32S .0114 RESERVED FOR FUTURE CODIFICATION

21 NCAC 32S .0115 TITLE AND PRACTICE PROTECTION
21 NCAC 32S .0116 IDENTIFICATION REQUIREMENTS
21 NCAC 32S .0117 FEES
21 NCAC 32S .0118 PRACTICE DURING A DISASTER

History Note: Authority G.S. 90-12.1; 90-12.2; 90-15; 90-18(c)(13); 90-18.1; 166A-6;
Eff. May 1, 1999;
Amended Eff. April 1, 2006; April 1, 2005;
Repealed Eff. September 1, 2009.

SECTION .0200 – PHYSICIAN ASSISTANT REGISTRATION

21 NCAC 32S .0201 DEFINITIONS

The following definitions apply to this Subchapter:

- (1) "Board" means the North Carolina Medical Board.
- (2) "Examination" means the Physician Assistant National Certifying Examination.
- (3) "Family member" means a spouse, parent, grandparent, child, grandchild, sibling, aunt, uncle or first cousin, or persons to the same degree by marriage.
- (4) "Physician Assistant" means a person licensed by the Board under the provisions of G.S. 90-9.3.
- (5) "Physician Assistant License" means approval for the physician assistant to perform medical acts, tasks, or functions under North Carolina law.
- (6) "Physician Assistant Educational Program" is the educational program set out in G.S. 90-9.3(a)(1).
- (7) "License Renewal" means paying the annual fee and providing the information requested by the Board as outlined in this Subchapter.
- (8) "Supervise" or "Supervision" means the physician's function of overseeing the medical acts performed by a physician assistant.
- (9) "Supervisory Arrangement" is the written statement that describes the medical acts, tasks, and functions delegated to the physician assistant by the primary supervising physician appropriate to the physician assistant's education, qualification, training, skills, and competence.
- (10) "Supervising Physician" means the licensed physician who shall provide on-going supervision, consultation, and evaluation of the medical acts performed by the physician assistant as defined in the in the Supervisory Arrangement. The physician may serve as a primary supervising physician or as a back-up supervising physician.
 - (a) "Primary Supervising Physician" is the physician who is accountable to the Board for the physician assistant's medical activities and professional conduct at all times, whether the physician personally is providing supervision or the supervision is being provided by a Back-up Supervising Physician. The Primary Supervising Physician shall assure the Board that the physician assistant is qualified by education, training, and competence to perform all medical acts required of the physician assistant in the particular field or fields that the physician assistant is expected to perform medical acts. The Primary Supervising Physician shall also be accountable to the Board for his or her physician assistant's compliance with the rules of this Subchapter.

- (b) "Back-up Supervising Physician" means the physician who is accountable to the Board for supervision of the physician assistant's activities in the absence of the Primary Supervising Physician and while actively supervising the physician assistant.
- (11) "Volunteer practice" means performance of medical acts, tasks, or functions without expectation of any form of payment or compensation.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1; Eff. September 1, 2009; Amended Eff. May 1, 2015; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0202 QUALIFICATIONS AND REQUIREMENTS FOR LICENSE

(a) Except as otherwise provided in this Subchapter, an individual shall obtain a license from the Board before practicing as a physician assistant. An applicant for a physician assistant license shall:

- (1) submit a completed application, available at www.ncmedboard.org, to the Board;
- (2) meet the requirements set forth in G.S. 90-9.3 and has not committed any of the acts listed in G.S. 90-14;
- (3) supply a certified copy of the applicant's birth certificate if the applicant was born in the United States or a certified copy of an unexpired U.S. passport. If the applicant does not possess a certified birth certificate or unexpired U.S. passport, the applicant shall provide information about the applicant's immigration and work status that the Board shall use to verify applicant's ability to work lawfully in the United States;
- (4) submit to the Board an education form that the applicant completed a Physician Assistant Educational Program. He or she shall also show proof of achieving a passing score of completion of the Physician Assistant National Certifying Examination;
- (5) pay to the Board a non-refundable fee of two hundred thirty dollars (\$230.00) plus the cost of a criminal background check. There is no fee to apply for a physician assistant limited volunteer license;
- (6) submit National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports. These reports shall be requested by the applicant and submitted to the Board within 60 days of the request;
- (7) submit a Board Action Data Bank Inquiry report from the Federation of State Medical Boards (FSMB). This report shall be requested by the applicant and submitted to the Board within 60 days of the request;
- (8) submit to the Board, at P. O. Box 20007, Raleigh, NC 27619, two complete original fingerprint record cards, on fingerprint record cards supplied by the Board upon request;
- (9) submit to the Board, at P. O. Box 20007, Raleigh, NC 27619 or license@ncmedboard.org, a signed consent form allowing a search of local, state, and national files to disclose any criminal record;
- (10) disclose whether he or she has ever been suspended from, placed on academic probation, expelled, or required to resign from any school, including a PA educational program;
- (11) attest that he or she has no license, certificate, or registration as a physician assistant currently under discipline, revocation, suspension, probation, or any other action resulting from a health care licensing board;
- (12) certify that he or she is mentally and physically able to practice as a physician assistant;
- (13) provide the Board with two original recommendation forms dated within six months of the application, at P. O. Box 20007, Raleigh, NC 27619, These recommendations shall come from persons under whom the applicant has worked or trained who are familiar with the applicant's academic competence, clinical skills, and character. At least one reference form shall be from a physician and the other reference form must be from a physician assistant peer under whom the applicant has worked or trained. References shall not be from any family member or, in the case of applicants who have not been licensed anywhere, references shall not be from fellow students of the applicant's Physician Assistant Educational Program;
- (14) if two years or more have passed since graduation from a Physician Assistant Educational Program, document that he or she has completed at least 100 hours of continuing medical

education (CME) during the preceding two years, at least 50 hours of which must be recognized by the National Commission on Certification of Physician Assistants as Category I CME. An applicant who is currently certified with the NCCPA shall be deemed in compliance with this Subparagraph; and

(b) In the event any of the information required by Paragraph (a) of this Rule indicates a concern about the applicant's qualifications, the applicant shall supply any other information the Board deems necessary to evaluate the applicant's qualifications, including explanation or documentation of the information required in this Rule. In addition, an applicant may be required to appear in person for an interview with the Board, if the Board determines that more information is needed to evaluate the application.

History Note: Authority G.S. 90-9.3; 90-11; 90-13.2; 90-14(a); 90-18(c)(13); 90-18.1; Eff. September 1, 2009; Amended Eff. January 1, 2016; May 1, 2015; March 1, 2011; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. April 1, 2019.

21 NCAC 32S .0203 MANDATORY NOTIFICATION OF INTENT TO PRACTICE

(a) Prior to the performance of any medical acts, tasks, or functions under the supervision of a primary supervising physician, a physician assistant shall submit notification of such intent using the Board's Intent to Practice form located on the Board's website. The notification of intent to practice shall include:

- (1) the name, practice addresses, and telephone number of the physician assistant; and
- (2) the name, practice addresses, and telephone number of the primary supervising physician(s).

(b) The physician assistant shall not commence practice until he/she receives acknowledgment from the Board that the Board has received and processed the Intent to Practice Form. By checking the Board's website, the physician assistant can confirm that the primary supervising physician has been added to the physician assistant's personal information page on the Board's website.

(c) The physician assistant shall notify the Board of any changes to the information required in Paragraph (a) of this Rule within 15 days of the occurrence.

History Note: Authority G.S. 90-9.3; 90-14(a)(11); 90-18(c)(13); 90-18.1; Eff. September 1, 2009; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0204 ANNUAL RENEWAL

(a) A physician assistant shall renew his or her license each year no later than 30 days after his or her birthday by:

- (1) completing the Board's renewal form; and
- (2) submitting a nonrefundable fee of one hundred sixty-five dollars (\$165.00), except that a physician assistant who renews not later than 30 days after his or her birthday shall pay an annual renewal fee of one hundred forty dollars (\$140.00);

(b) If a physician assistant fails to renew his or her license, the Board shall send a certified notice, return receipt requested. If the physician assistant does not renew his or her license within 30 days of the date of the mailing of that notice, his or her license shall automatically be inactive.

History Note: Authority G.S. 90-9.3(c); 90-13.2; Eff. September 1, 2009; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. April 1, 2019.

21 NCAC 32S .0205 INACTIVE LICENSE STATUS

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1; Eff. September 1, 2009; Expired Eff. April 1, 2016 pursuant to G.S. 150B-21.3A.

21 NCAC 32S .0206 LICENSE REACTIVATION

- (a) A physician assistant may apply to reactivate his/her license if:
- (1) he/she had a license in North Carolina;
 - (2) the license was placed on inactive status within the past calendar year; and
 - (3) the licensee did not become inactive as a result of disciplinary action or to avoid disciplinary action.
- (b) A physician assistant requesting reactivation shall:
- (1) complete the board's reactivation application;
 - (2) pay to the board a nonrefundable fee of one hundred twenty dollars (\$120), plus the cost of a criminal background check;
 - (3) submit to the board two completed original fingerprint record cards, on fingerprint record cards provided by the Board;
 - (4) submit to the board a completed signed and dated original Authority for Release of Information Form allowing a search of local, state, and national files to disclose any criminal record;
 - (5) submit National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports, dated within 60 days of their submission to the board;
 - (6) submit a board action data bank inquiry from the Federation of State Medical Boards (FSMB), dated within 60 days of its submission to the board;
 - (7) provide documentation to the board verifying completion of 100 hours of continuing medical education during the preceding two years; and
 - (8) supply any other information the board deems necessary to evaluate the applicant's qualifications.
- (c) An applicant may be required to appear in person for an interview.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0207 LICENSE REINSTATEMENT

- (a) A physician assistant may apply to reinstate his/her license if the license has been inactive for more than one calendar year, or if the inactive status resulted from disciplinary action or was taken to avoid disciplinary action.
- (b) A physician assistant requesting reinstatement shall satisfy all the requirements set forth in 21 NCAC 32S .0202.
- (c) An applicant may be required to appear in person for an interview with the Board.

History Note: Authority G.S. 90-9.3; 90-13(c)(13); 90-18.8;
Eff. September 1, 2009;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0208 LIMITED VOLUNTEER LICENSE

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Repealed Eff. December 1, 2012.

21 NCAC 32S .0209 EXEMPTION FROM LICENSE

Nothing in this Subchapter shall be construed to require licensure for:

- (1) a student enrolled in a Physician Assistant Educational Program accredited by the Commission on Accreditation of Allied Health Education Programs or its successor organizations;
- (2) a physician assistant employed by the federal government while performing duties incident to that employment; or
- (3) an agent or employee of a physician who performs delegated tasks in the office of a physician but who is not rendering services as a physician assistant and identifying him/herself as a physician assistant.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Amended Eff. November 1, 2013;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0210 IDENTIFICATION REQUIREMENTS

A physician assistant shall keep proof of current licensure and renewal available for inspection at the primary place of practice and shall, when engaged in professional activities, wear a name tag consistent with G.S. 90-640.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-640;
Eff. September 1, 2009;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0211 AGENCY

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Repealed Eff. May 1, 2015.

21 NCAC 32S .0212 PRESCRIPTIVE AUTHORITY

A physician assistant may prescribe, order, procure, dispense, and administer drugs and medical devices subject to the following conditions:

- (1) The physician assistant complies with all State and federal laws regarding prescribing, including G.S. 90-18.1(b);
- (2) Each supervising physician and physician assistant incorporates within his or her written supervisory arrangements, as defined in Rule .0201(9) of this Section, instructions for prescribing, ordering, and administering drugs and medical devices and a policy for periodic review by the physician of these instructions and policy;
- (3) In order to compound and dispense drugs, the physician assistant complies with G.S. 90-18.1(c);
- (4) In order to prescribe controlled substances:
 - (a) the physician assistant must have a valid Drug Enforcement Administration (DEA) registration and prescribe in accordance with DEA rules;
 - (b) refills shall be issued consistent with Controlled Substance Law and regulations; and
 - (c) the supervising physician shall possess at least the same schedule(s) of controlled substances as the physician assistant's DEA registration;
- (5) Each prescription issued by the physician assistant contains, in addition to other information required by law, the following:
 - (a) the physician assistant's name, practice address, and telephone number; and
 - (b) if applicable, the physician assistant's DEA number for controlled substances prescriptions;
- (6) The physician assistant documents prescriptions in writing on the patient's record, including the medication name and dosage, amount prescribed, directions for use, and number of refills;
- (7) A physician assistant who requests, receives, and dispenses medication samples to patients complies with all applicable State and federal regulations; and
- (8) A physician assistant shall not prescribe controlled substances, as defined by the State and federal controlled substances acts, for:
 - (a) the physician assistant's own use;
 - (b) the use of the physician assistant's supervising physician;
 - (c) the use of the physician assistant's immediate family;
 - (d) the use of any person living in the same residence as the physician assistant; or
 - (e) the use of any anyone with whom the physician assistant is having a sexual relationship.

As used in this Item, "immediate family" means a spouse, parent, child, sibling, parent-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, step-parent, step-child, or step-sibling.

*History Note: Authority G.S. 90-5.1(a)(3); 90-18.1;
Eff. September 1, 2009;
Amended Eff. May 1, 2015; August 1, 2012;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. February 1, 2021; Amended Eff. May 1, 2018.*

21 NCAC 32S .0213 PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANTS

- (a) A physician wishing to serve as a primary supervising physician shall exercise supervision of the physician assistant in accordance with rules adopted by the Board.
- (b) A physician assistant may perform medical acts, tasks, or functions only under the supervision of a physician. Supervision shall be continuous but, except as otherwise provided in the rules of this Subchapter, shall not be construed as requiring the physical presence of the supervising physician at the time and place that the services are rendered.
- (c) Each team of physician(s) and physician assistant(s) shall ensure:
- (1) the physician assistant's scope of practice is identified;
 - (2) delegation of medical tasks is appropriate to the skills of the supervising physician(s) as well as the physician assistant's level of competence;
 - (3) the relationship of, and access to, each supervising physician is defined; and
 - (4) a process for evaluation of the physician assistant's performance is established.
- (d) Each supervising physician and physician assistant shall sign a statement, as defined in Rule .0201(9) of this Subchapter, that describes the supervisory arrangements in all settings. The physician assistant shall maintain written prescribing instructions at each site. This statement shall be kept on file at all practice sites, and shall be available upon request by the Board.
- (e) A primary supervising physician and a physician assistant in a new practice arrangement shall meet monthly for the first six months to discuss practice relevant clinical issues and quality improvement measures. Thereafter, the primary supervising physician and the physician assistant shall meet at least once every six months. A written record of these meetings shall be signed and dated by both the supervising physician and the physician assistant, and shall be available upon request by the Board. The written record shall include a description of the relevant clinical issues discussed and the quality improvement measures taken.
- (f) Physician assistants enrolled and participating in a postgraduate training program shall designate on their intent to practice form as required by Rule .0203 of this Subchapter a single physician as their primary supervising physician as determined by the postgraduate training program. For purposes of this Rule, a postgraduate training program shall mean a professional development program of at least 12 months sponsored or co-sponsored by a licensed hospital and healthcare system in which the participants rotate through at least three or more distinct medical specialties. As the participants rotate through the program's various specialties, all other supervising physicians shall be designated as Back-Up Supervising Physicians.

*History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Amended Eff. May 1, 2015;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. May 1, 2022.*

21 NCAC 32S .0214 SUPERVISING PHYSICIAN

*History note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Repealed Eff. May 1, 2015.*

21 NCAC 32S .0215 RESPONSIBILITIES OF PRIMARY SUPERVISING PHYSICIANS IN REGARD TO BACK-UP SUPERVISING PHYSICIANS

- (a) The primary supervising physician shall ensure that a supervising physician, either primary or back-up, is accessible for the physician assistant to consult whenever the physician assistant is performing medical acts, tasks, or functions.

(b) A back-up supervising physician shall be licensed to practice medicine by the Board, not prohibited by the Board from supervising a physician assistant, and approved by the primary supervising physician as a person willing and qualified to oversee the medical acts performed by the physician assistant in the absence of the primary supervising physician. A current list of all approved back-up supervising physicians, signed and dated by each back-up supervising physician, the primary supervising physician, and the physician assistant, shall be retained as part of the Supervisory Arrangement.

History Note: Authority G.S. 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Amended Eff. May 1, 2015;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0216 CONTINUING MEDICAL EDUCATION

(a) A physician assistant shall complete at least 50 hours of Continuing Medical Education (CME) every two years. The CME shall be recognized by the National Commission on Certification of Physician Assistants (NCCPA) as Category I CME. The physician assistant shall provide CME documentation for inspection by the Board or its agent upon request. The two-year period shall begin on the physician assistant's birthday following the issuance of his or her license.

(b) A physician assistant who prescribes controlled substances shall complete at least two hours of CME, from the required 50 hours, designed specifically to address controlled substance prescribing practices. The controlled substance prescribing CME shall include instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management. CME that includes recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options shall qualify for purposes of this Rule.

(c) A physician assistant who possesses a current certification with the NCCPA shall be deemed in compliance with the requirement of Paragraph (a) of this Rule. The physician assistant shall attest on his or her annual renewal he or she is currently certified by the NCCPA. Physician assistants who attest he or she possesses a current certificate with the NCCPA shall not be exempt from the controlled substance prescribing CME requirement of Paragraph (b) of this Rule. A physician assistant shall complete the required two hours of controlled substance CME unless the CME is a component part of their certification activity.

(d) Courses pertaining to interprofessional continuing education and courses pertaining to cultural competency or implicit bias training shall qualify for any CME hours required under this Rule so long as such courses are approved by the NCCPA.

History Note: Authority G.S. 90-5.1(a)(3); 90-5.1(a)(10); 90-18.1; S.L. 2015-241, 12F.16(b) and 12F.16(c);
Eff. September 1, 2009;
Amended Eff. May 1, 2015; November 1, 2010;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. January 1, 2022; April 1, 2020; September 1, 2016.

21 NCAC 32S .0217 VIOLATIONS

It is unprofessional conduct for a physician assistant to violate the rules of this Subchapter, or to represent himself or herself as a physician. The Board may take disciplinary action against a supervising physician or a physician assistant pursuant to G.S. 90-14(a)(6) and (7) for violations of the rules of this Subchapter.

History Note: Authority G.S. 90-9.3; 90-14; 90-14.2;
Eff. September 1, 2009;
Amended Eff. May 1, 2015;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0218 TITLE AND PRACTICE PROTECTION

(a) Any person not licensed by the Board violates G.S. 90-18.1 if he or she:

- (1) falsely identifies him/herself as a physician assistant;

- (2) uses any combination or abbreviation of the term "physician assistant" to indicate or imply that he or she is a physician assistant; or
 - (3) acts as a physician assistant without being licensed by the Board.
- (b) An unlicensed physician may not use the title of "physician assistant" or practice as a physician assistant unless he/she fulfills the requirements of this Subchapter.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1; Eff. September 1, 2009; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0219 PHYSICIAN ASSISTANT PRACTICE AND LIMITED LICENSE FOR DISASTERS AND EMERGENCIES

- (a) The Board shall waive requirements for licensure in the circumstances set forth in G.S. 90-12.5.
- (b) There are two ways for physician assistants to practice under this Rule:
 - (1) Hospital to Hospital Credentialing: A physician assistant who holds a full, unlimited, and unrestricted license to practice medicine in another U.S. state, territory, or district and has unrestricted hospital credentials and privileges in any U.S. state, territory, or district may come to North Carolina and practice medicine at a North Carolina hospital that is licensed by the North Carolina Department of Health and Human Services upon the following terms and conditions:
 - (A) the licensed North Carolina hospital shall verify all physician assistant credentials and privileges;
 - (B) the licensed North Carolina hospital shall keep a list of all physician assistants coming to practice and their respective supervising physicians and shall provide this list to the Board within 10 days of each physician assistant practicing at the licensed North Carolina hospital. The licensed North Carolina hospital shall also provide the Board a list of when each physician assistant has stopped practicing medicine in North Carolina under this Rule within 10 days after each physician assistant has stopped practicing medicine under this Rule;
 - (C) all physician assistants practicing under this Rule shall be authorized to practice medicine in North Carolina and deemed to be licensed to practice medicine in the State and the Board shall have jurisdiction over all physician assistants practicing under this Rule for all purposes set forth in or related to Article 1 of Chapter 90 of the North Carolina General Statutes, and such jurisdiction shall continue in effect even after any and all physician assistants have stopped practicing medicine under this Rule;
 - (D) the physician assistant must practice under the direct supervision of an on-site physician and the supervising physician must be licensed in this State or approved to practice in this State during a disaster or state of emergency pursuant to G.S. 90-12.5;
 - (E) a physician assistant may practice under this Rule for the shorter of:
 - (i) 30 days from the date the physician assistant has started practicing under this Rule; or
 - (ii) a statement by an appropriate authority is made that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license deemed to be issued shall become inactive; and
 - (F) physician assistants practicing under this Rule shall not receive any compensation outside of their customary compensation for the provision of medical services during a disaster or emergency.
 - (2) Limited Emergency License: A physician assistant who holds a full, unlimited, and unrestricted license to practice medicine in another U.S. state, territory, or district may apply for a limited emergency license on the following conditions:
 - (A) the applicant must complete a limited emergency license application;
 - (B) the Board shall verify that the physician assistant holds a full, unlimited, and unrestricted license to practice medicine in another U.S. state, territory, or district;
 - (C) in response to a declared disaster or state of emergency and in order to best serve the public interest, the Board may limit the physician assistant's scope of practice;

- (D) the physician assistant must practice under the direct supervision of an on-site physician and the supervising physician must be licensed in this State or approved to practice in this State during a disaster or state of emergency pursuant to G.S. 90-12.5;
 - (E) the Board shall have jurisdiction under G.S. 90-14(a) over all physician assistants practicing under this Rule for all purposes set forth in or related to G.S. 90, Article 1, and such jurisdiction shall continue in effect even after such physician assistant has stopped practicing medicine under this Rule or the Limited Emergency License has expired;
 - (F) this license shall be in effect for the shorter of:
 - (i) 30 days from the date it is issued; or
 - (ii) a statement by an appropriate authority is made that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license issued shall become inactive; and
 - (G) physician assistants holding limited emergency licenses shall not receive any compensation outside of their customary compensation for the provision of medical services during a disaster or emergency.
- (3) physician assistants and physicians practicing pursuant to this Rule are not required to maintain onsite documentation describing supervisory arrangements and instructions for prescriptive authority as otherwise required by 21 NCAC 32S .0213.
 - (4) National Guard supervision waiver. The rules of this Subchapter are waived during a declared state of emergency by the Governor of the State of North Carolina or by a resolution of the North Carolina General Assembly for members of the North Carolina National Guard who are actively licensed as physician assistants in the State of North Carolina and are serving in a State Active Duty status.

History Note: Authority G.S. 90-5.1(a)(3); 90-12.5; 90-13.2(e); 90-14(a);
 Eff. September 1, 2009;
 Amended Eff. November 1, 2010;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
 Emergency Amendment Eff. October 2, 2018;
 Emergency Amendment Expired Eff. December 14, 2018;
 Amended Eff. July 1, 2019.

21 NCAC 32S .0220 EXPEDITED APPLICATION FOR PHYSICIAN ASSISTANT LICENSURE

(a) A physician assistant who has been licensed, certified, or authorized to practice in at least one other state, the District of Columbia, U.S. Territory or Canadian province for at least five years, has been in active clinical practice during the past two years and who has a clean license application, as defined in Paragraph (c) of this Rule, may apply for a license on an expedited basis.

(b) In order to apply for an expedited Physician Assistant License, an applicant shall:

- (1) submit a completed application, using the Board's form, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit documentation of a legal name change, if applicable;
- (3) on the Board's form, submit a photograph, at least two inches by two inches, certified as a true likeness of the applicant by a notary public;
- (4) supply a certified copy of applicant's birth certificate if applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess a certified birth certificate or an unexpired U.S. passport, the applicant must provide information about applicant's immigration and work status, which the Board will use to verify applicant's ability to work lawfully in the United States;
- (5) provide a certified copy of any license, certification or authorization as a physician assistant the applicant has acquired in at least one other state or jurisdiction for the last five years immediately preceding this application;
- (6) submit proof of achieving a passing score of completion of the Physician Assistant National Certifying Examination;

- (7) submit proof of unexpired certification by the National Commission on Certification of Physician Assistants;
 - (8) provide proof of clinical practice, providing patient care for an average of 20 hours or more per week, for at least the last two years;
 - (9) submit National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports. These reports shall be requested by the applicant and submitted to the Board within 60 days of the request;
 - (10) submit a Board Action Data Bank Inquiry report from the Federation of State Medical Boards (FSMB). This report shall be requested by the applicant and submitted to the Board within 60 days of the request;
 - (11) submit to the Board, at P. O. Box 20007, Raleigh, NC 27619, two complete original fingerprint record cards, on fingerprint record cards supplied by the Board upon request;
 - (12) submit to the Board, at P. O. Box 20007, Raleigh, NC 27619 or license@ncmedboard.org, a signed consent form allowing a search of local, state, and national files to disclose any criminal record;
 - (13) pay to the Board a non-refundable fee of two hundred thirty dollars (\$230.00), as required by 21 NCAC 32S .0202, plus the cost of a criminal background check;
 - (14) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.
- (c) A clean license application means that the physician assistant has none of the following:
- (1) professional liability insurance claims or payments;
 - (2) misdemeanor or felony conviction;
 - (3) medical conditions which could affect the physician assistant's ability to practice safely;
 - (4) regulatory board complaints, investigations, or actions (including applicant's withdrawal of a license application);
 - (5) action taken by a health care institution;
 - (6) investigations or actions taken by a federal agency, the US military, medical societies or associations; or
 - (7) suspension or expulsion from any school, including an educational program for physician assistants.
- (d) When possible, all reports must be submitted to the Board from the entity that created the report.
- (e) All information required by this Rule shall be provided within one year of submitting the application.

*History Note: Authority G.S. 90-9.3; 90-13.1;
 Eff. November 1, 2010;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
 Amended Eff. April 1, 2019.*

21 NCAC 32S .0221 LIMITED VOLUNTEER LICENSE

- (a) A physician assistant who holds a regular license in North Carolina may convert that license to a Limited Volunteer License by notifying the Board in writing.
- (b) The Board may issue a Limited Volunteer License to a physician assistant who holds an active license or registration in another state. In order to obtain a Limited Volunteer License, an applicant shall:
 - (1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
 - (2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
 - (3) submit documentation of a legal name change, if applicable;
 - (4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

- (5) submit proof of active licensure from another state or jurisdiction indicating the status of the license and whether or not any action has been taken against it;
 - (6) submit two completed fingerprint record cards supplied by the Board;
 - (7) submit a signed consent form allowing a search of local, state and national files for any criminal record;
 - (8) pay a non-refundable fee to cover the cost of a criminal background check;
 - (9) submit a FSMB Board Action Data Bank report;
 - (10) submit a NPDB/HIPDB report, dated within 60 days of submission of the application;
 - (11) submit documentation of CME obtained in the last three years;
 - (12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- (c) All materials must be submitted to the Board from the primary source, when possible.
- (d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
- (e) An application must be completed within one year of the date of submission.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1; Eff. December 1, 2012; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0222 RETIRED LIMITED VOLUNTEER LICENSE

- (a) The Retired Limited Volunteer License is available to a physician assistant who has been licensed in North Carolina or another state or jurisdiction, has an inactive license, and wishes to volunteer at civilian indigent clinics.
- (b) A physician assistant with an inactive North Carolina license who wishes to return to practice on a volunteer basis must first reactivate or reinstate his or her license, whichever applies, by complying with 21 NCAC 32S .0206 or 21 NCAC 32S .0207. Once reactivated or reinstated, a physician assistant may convert that license to a limited volunteer license without paying an additional fee. A physician assistant who has been inactive for more than two years will be required to complete a reentry program.
- (c) In order to obtain a Retired Limited Volunteer License an applicant who has not held a North Carolina license shall:
- (1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
 - (2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
 - (3) submit documentation of a legal name change, if applicable;
 - (4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
 - (5) submit proof of licensure from another state or jurisdiction indicating the status of the license and whether or not any action has been taken against it;
 - (6) submit two completed fingerprint record cards supplied by the Board;
 - (7) submit a signed consent form allowing a search of local, state and national files for any criminal record;
 - (8) pay a non-refundable fee to cover the cost of a criminal background check;
 - (9) submit a FSMB Board Action Data Bank report;
 - (10) submit a NPDB/HIPDB report, dated within 60 days of submission of the application;
 - (11) submit documentation of CME obtained in the last three years; and
 - (12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character
- (c) All materials must be submitted to the Board from the primary source, when possible.
- (d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(e) An application must be completed within one year of the date of submission.

History Note: Authority G.S. 90-8.1; 90-12.1B;
Eff. December 1, 2012;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0223 SCOPE OF PRACTICE

History Note: Authority G.S. 90-8.1; 90-12.4B;
Eff. December 1, 2012;
Expired Eff. April 1, 2016 pursuant to G.S. 150B-21.3A.

21 NCAC 32S .0224 SCOPE OF RULES

The rules in this Subchapter are intended for the purpose of fulfilling the Board's statutory directive with regard to the regulation, supervision, and disciplining of physician assistants and their supervising physicians, and for no other purpose.

History Note: Authority G.S. 90-5.1(a)(2); 90-5.1(a)(3); 90-18.1;
Eff. May 1, 2015.

21 NCAC 32S .0225 DEFINITION OF CONSULTATION FOR PRESCRIBING TARGETED CONTROLLED SUBSTANCES

For purposes of G.S. 90-18.1(b), the term "consult" shall mean a meaningful communication, occurring either in person or electronically, between the physician assistant and a supervising physician that is documented in the patient medical record. For the purposes of this Rule, "meaningful communication" shall mean an exchange of information sufficient for the supervising physician to make a determination that the prescription for a targeted controlled substance is medically indicated.

History Note: Authority G.S. 90-18.1;
Eff. May 1, 2018.

SECTION .0100 – CLINICAL PHARMACIST PRACTITIONER

21 NCAC 32T .0101 CLINICAL PHARMACIST PRACTITIONER

(a) Definitions as used in the Rule:

- (1) "Medical Board" means the North Carolina Medical Board.
- (2) "Pharmacy Board" means the North Carolina Board of Pharmacy.
- (3) "Clinical Pharmacist Practitioner" or "CPP" means a licensed pharmacist who is approved to provide drug therapy management, including controlled substances, under the direction or supervision of a Supervising Physician pursuant to a CPP Agreement Only a pharmacist approved by the Pharmacy Board and the Medical Board may legally identify himself as a CPP.
- (4) "Supervising Physician" means a licensed physician who, by signing the CPP Agreement, is held accountable for the on-going supervision and evaluation of the drug therapy management performed by the CPP as defined in written CPP Agreement. This term includes both Primary Supervising Physician and Back-up Supervising Physician.
- (5) "Primary Supervising Physician" means the Supervising Physician who shall provide on-going supervision, collaboration, consultation, and evaluation of the drug therapy management performed by the CPP as defined in the CPP Agreement.
- (6) "Back-up Supervising Physician" means a Supervising Physician who shall provide supervision, collaboration, consultation, and evaluation of the drug therapy management performed by the CPP as defined in the CPP Agreement when the Primary Supervising Physician is not available.
- (7) "Approval" means authorization by the Medical Board and the Pharmacy Board for a pharmacist to practice as a CPP in accordance with this Rule.

- (8) "Continuing Education or CE" is defined as courses or materials which have been approved for credit by the American Council on Pharmaceutical Education.
- (9) "Clinical Experience approved by the Boards" means work in a pharmacy practice setting which includes experience consistent with the following components as listed in Parts (b)(2)(A), (B), (C), (D), (E), (H), (I), (J), (N), (O), and (P) of this Rule. Clinical experience requirements must be met only through activities separate from the certificate programs referred to in Parts (b)(1)(B) of this Rule.
- (10) "CPP Agreement" means a written agreement between the CPP, Primary Supervising Physician and any Back-Up Supervising Physician by which the Supervising Physician(s) have provided written instructions to the CPP for patient-specific and disease-specific drug therapy, which may include ordering, changing, or substituting therapies or ordering tests.

(b) CPP application for approval.

- (1) The requirements for application for CPP approval include that the pharmacist:
 - (A) has an unrestricted and current license to practice as a pharmacist in North Carolina;
 - (B) meets one of the following qualifications:
 - (i) has earned Certification from the Board of Pharmaceutical Specialties, is a Certified Geriatric Pharmacist as certified by the Commission for Certification in Geriatric Pharmacy, or has completed an American Society of Health System Pharmacists (ASHP) accredited residency program with two years of Clinical Experience approved by the Boards; or
 - (ii) holds the academic degree of Doctor of Pharmacy, has three years of Clinical Experience approved by the Boards, and has completed a North Carolina Center for Pharmaceutical Care (NCCPC) or American Council on Pharmaceutical Education (ACPE) approved certificate program in the area of practice covered by the CPP Agreement; or
 - (iii) holds the academic degree of Bachelor of Science in Pharmacy, has five years of Clinical Experience approved by the Boards, and has completed two NCCPC or ACPE approved certificate programs with at least one program in the area of practice covered by the CPP Agreement;
 - (C) submits the required application and fee to the Pharmacy Board;
 - (D) submits any information deemed necessary by the Pharmacy Board in order to evaluate the application; and
 - (E) has a signed CPP Agreement.

If for any reason a CPP discontinues working under an approved CPP Agreement, the clinical pharmacist practitioner shall notify the Pharmacy Board in writing within 10 days, and the CPP's approval shall automatically terminate or be placed on inactive status until such time as a new application is approved in accordance with this Subchapter.

- (2) All certificate programs referred to in Subpart (b)(1)(B)(i) of this Rule must contain a core curriculum, including the following components:
 - (A) communicating with healthcare professionals and patients regarding drug therapy, wellness, and health promotion;
 - (B) designing, implementing, monitoring, evaluating, and modifying or recommending modifications in drug therapy to insure effective, safe, and economical patient care;
 - (C) identifying, assessing, and solving medication-related problems and providing a clinical judgment as to the continuing effectiveness of individualized therapeutic plans and intended therapeutic outcomes;
 - (D) conducting physical assessments, evaluating patient problems, and ordering and monitoring medications and laboratory tests;
 - (E) referring patients to other health professionals as appropriate;
 - (F) administering medications;
 - (G) monitoring patients and patient populations regarding the purposes, uses, effects, and pharmacoeconomics of their medication and related therapy;
 - (H) counseling patients regarding the purposes, uses, and effects of their medication and related therapy;
 - (I) integrating relevant diet, nutritional, and non-drug therapy with pharmaceutical care;

- (J) recommending, counseling, and monitoring patient use of non-prescription drugs, herbal remedies, and alternative medicine practices;
 - (K) ordering of and educating patients regarding proper usage of devices and durable medical equipment;
 - (L) providing emergency first care;
 - (M) retrieving, evaluating, utilizing, and managing data and professional resources;
 - (N) using clinical data to optimize therapeutic drug regimens;
 - (O) collaborating with other health professionals;
 - (P) documenting interventions and evaluating pharmaceutical care outcomes;
 - (Q) integrating pharmacy practice within healthcare environments;
 - (R) integrating national standards for the quality of healthcare; and
 - (S) conducting outcomes and other research.
- (3) The completed application for approval to practice as a CPP shall be reviewed by the Pharmacy Board upon verification of a full and unrestricted license to practice as a pharmacist in North Carolina. The Pharmacy Board shall:
- (A) approve the application and, at the time of approval, issue a number which shall be printed on each prescription written by the CPP;
 - (B) deny the application; or
 - (C) approve the application with restrictions, in the event that restrictions are appropriate in order to protect the public health, safety, and welfare in light of information received and reviewed in the CPP application in Subparagraph (b)(1) of this Rule.
- (c) Annual Renewal.
- (1) Each CPP shall register annually on or before December 31 by:
 - (A) verifying that the CPP holds a current Pharmacist license;
 - (B) submitting the renewal fee as specified in Subparagraph (j)(2) of this Rule;
 - (C) completing the Pharmacy Board's renewal form; and
 - (D) reporting continuing education credits as required by subsection (d) of this Rule.
 - (2) If the CPP has not renewed the CPP's annual registration pursuant to Subparagraph (c)(1) of this Rule, within 60 days of December 31, the approval to practice as a CPP shall lapse.
- (d) Continuing Education.
- (1) Each CPP shall earn 35 hours of practice-relevant CE each year, approved by the Pharmacy Board.
 - (2) Documentation of these hours shall be kept at the CPP practice site and made available for inspection by agents of the Medical Board or Pharmacy Board.
- (e) A Supervising Physician who has a CPP Agreement with a CPP shall be readily available for consultation with the CPP and, at the meetings required by Subparagraph (f)(6) of this Rule, shall review each order written by the CPP.
- (f) The CPP Agreement shall:
- (1) be approved and signed by the Primary Supervising Physician, and Back-Up Supervising Physician, and the CPP, and a copy shall be maintained in each practice site for inspection by agents of either Board upon request;
 - (2) be specific in regards to the physician, the pharmacist, the patient, and the disease;
 - (3) specify the predetermined drug therapy, which shall include the diagnosis and product selection by the patient's physician and any modifications which may be permitted, dosage forms, dosage schedules and tests which may be ordered;
 - (4) prohibit the substitution of a chemically dissimilar drug product by the CPP for the product prescribed by the physician without first obtaining written consent of the physician;
 - (5) include a pre-determined plan for emergency services;
 - (6) for the first six months of the CPP Agreement include a plan and schedule for monthly meetings to discuss the operation of the CPP Agreement and quality improvement measures between the Primary Supervising Physician and CPP, and thereafter include a plan and schedule for meetings between the Primary Supervising Physician and CPP at least once every six months to discuss the operation of the CPP Agreement and quality improvement measures. Documentation of the meetings between the CPP and the Primary Supervising Physician shall:
 - (A) identify clinical issues discussed and actions taken;
 - (B) be signed and dated by those who attended; and

- (C) be retained by both the CPP and Primary Supervising Physician and be available for review by members or agents of either Board for five calendar years;
 - (7) require that the patient be notified of the collaborative relationship under the CPP Agreement; and
 - (8) be terminated when patient care is transferred to another physician and new orders will be written by the succeeding physician.
- (g) The Supervising Physician of the CPP shall:
- (1) be fully licensed with the Medical Board and engaged in clinical practice;
 - (2) not be serving in a postgraduate medical training program;
 - (3) be approved in accordance with this Subchapter before the CPP supervision occurs; and
 - (4) supervise no more than three pharmacists.
- (h) The CPP shall wear a nametag spelling out the words "Clinical Pharmacist Practitioner".
- (i) The CPP may be censured or reprimanded or the CPP's approval may be restricted, suspended, revoked, annulled, denied, or terminated by the Medical Board or the Pharmacy Board. In addition or in the alternative, the pharmacist may be censured or reprimanded or the pharmacist's license may be restricted, suspended, revoked, annulled, denied, or terminated by the Pharmacy Board, in accordance with provisions of G.S. 150B. The Pharmacy Board or the Medical Board may take the actions set forth in this Paragraph with respect to the pharmacist, the CPP approval, or the pharmacist's license, if either Board finds one or more of the following:
- (1) the CPP has held himself or herself out as, or permitted another to represent that the CPP is, a licensed physician;
 - (2) the CPP has engaged or attempted to engage in the provision of drug therapy management other than at the direction of, or under the supervision of, a physician licensed and approved by the Medical Board to be that CPP's Supervising Physician;
 - (3) the CPP has provided or attempted to provide medical management outside the approved CPP Agreement or for which the CPP is not qualified by education and training to provide;
 - (4) The CPP commits any act prohibited by any provision of G.S. 90-85.38 as determined by the Pharmacy Board or G.S. 90-14(a)(1), (a)(3) through (a)(14) and (c) as determined by the Medical Board; or
 - (5) the CPP has failed to comply with any of the provisions of this Rule.
- Any modification of treatment for financial gain on the part of the Supervising Physician or CPP shall be grounds for denial of Board approval of the CPP Agreement.
- (j) Fees:
- (1) An application fee of one hundred dollars (\$100.00) shall be paid at the time of initial application for approval and each subsequent application for approval to practice as a CPP.
 - (2) The fee for annual renewal of approval, due at the time of annual renewal pursuant to Paragraph (c) of this Rule, is fifty dollars (\$50.00).
 - (3) No portion of any fee in this Rule is refundable.

History Note Authority G.S. 90-8.2(b); 90-18(c)3a; 90-18.4;
 Eff. April 1, 2001;
 Amended Eff. July 1, 2016; March 1, 2007; October 1, 2001.

SUBCHAPTER 32U - PHARMACISTS VACCINATIONS

SECTION .0100 - PHARMACISTS VACCINATIONS

21 NCAC 32U .0101 ADMINISTRATION OF VACCINES BY PHARMACISTS

- (a) An Immunizing Pharmacist shall administer only those vaccines or immunizations permitted by G.S. 90-85.15B and shall do so subject to all requirements of that statute and this Rule.
- (b) The following words and terms, when used in this Rule, have the following meanings:
- (1) "Administer" means the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or other means by:
 - (A) an Immunizing Pharmacist or a Pharmacy Intern who is under the direct, in-person supervision of an Immunizing Pharmacist; or
 - (B) the patient at the direction of either an Immunizing Pharmacist or a health care provider authorized by North Carolina law to prescribe the vaccine.

- (2) "Immunizing Pharmacist" shall have the meaning provided in G.S. 90-85.3(i1).
- (3) "Pharmacy Intern" shall have the meaning provided in 21 NCAC 46 .1317(28).
- (4) "Physician" means an M.D. or D.O. currently licensed with the North Carolina Medical Board who is responsible for the supervision of the Immunizing Pharmacist pursuant to the Written Protocol between the Immunizing Pharmacist and the Physician.
- (5) RESERVED
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- (12) "Written Protocol" is a document prepared, signed, and dated by the Physician and Immunizing Pharmacist that shall contain the following:
 - (A) the name of the Physician responsible for authorizing the Written Protocol;
 - (B) the name of the Immunizing Pharmacist authorized to administer vaccines;
 - (C) the immunizations or vaccinations that may be administered by the Immunizing Pharmacist;
 - (D) the screening questionnaires and safety procedures that shall at least include the then-current minimum standard screening questionnaire and safety procedures adopted by the Medical Board, the Board of Nursing, and the Board of Pharmacy pursuant to S.L. 2013-246, s. 6, and available at the North Carolina Medical Board's office and on its website (www.ncmedboard.org).
 - (E) the procedures to follow, including any drugs required by the Immunizing Pharmacist for treatment of the patient, in the event of an emergency or adverse event following vaccine administration;
 - (F) the reporting requirements by the Immunizing Pharmacist to the Physician, including content and time frame; and
 - (G) the locations at which the Immunizing Pharmacist may administer immunizations or vaccinations.

The Physician and the Immunizing Pharmacist shall review the Written Protocol at least annually and revise it if necessary.

- (c) An Immunizing Pharmacist who, because of physical disability, is unable to obtain a current provider level CPR certification pursuant to G.S. 90-85.3(i1)(1), may administer vaccines in the presence of a pharmacy technician or pharmacist who holds a current provider level CPR certification.
- (d) With each dose of vaccine, either the Immunizing Pharmacist or a Pharmacy Intern shall give the most current vaccine information regarding the purpose, risks, benefits, and contraindications of the vaccine to the patient or legal representative. The Immunizing Pharmacist or Pharmacy Intern must ensure that the patient or legal representative has the opportunity to read, or to have read to him or her, the information provided and to have any questions answered prior to administration of the vaccine.
- (e) In agreeing to serve as a supervising Physician, the Physician shall agree to meet the following requirements:
 - (1) be responsible for the formulation or approval of the Written Protocol and review the Written Protocol and the services provided to patients under the Written Protocol, as set out in Subparagraph (b)(12) of this Rule;
 - (2) be accessible to the Immunizing Pharmacist or be available through direct telecommunication for consultation, assistance, direction, and provide back-up coverage; and
 - (3) receive a periodic status reports from the Immunizing Pharmacist, including any problems or complications encountered.
- (f) The following requirements pertain to drugs administered by an Immunizing Pharmacist:
 - (1) Drugs administered by an Immunizing Pharmacist under the provisions of this Rule shall be in the legal possession of:
 - (A) a pharmacy, which shall be the pharmacy responsible for drug accountability, including the maintenance of records of administration of the immunization or vaccination; or
 - (B) the Physician, who shall be responsible for drug accountability, including the maintenance of records of administration of the immunization or vaccination;
 - (2) Drugs shall be transported and stored at the proper temperatures indicated for each drug;

- (3) Immunizing Pharmacists, while engaged in the administration of vaccines under the Written Protocol, shall have in their custody and control the vaccines identified in the Written Protocol and any other drugs listed in the Written Protocol to treat adverse events; and
 - (4) After administering vaccines at a location other than a pharmacy, the Immunizing Pharmacist shall return all unused prescription medications to the pharmacy or Physician responsible for the drugs.
- (g) Record Keeping and Reporting.
- (1) An Immunizing Pharmacist shall maintain the following information, readily retrievable, in the pharmacy records in accordance with the applicable rules and statute regarding each administration:
 - (A) the name, address, and date of birth of the patient;
 - (B) the date of the administration;
 - (C) the administration site of injection (e.g., right arm, left leg, right upper arm);
 - (D) route of administration of the vaccine;
 - (E) the name, manufacturer, lot number, and expiration date of the vaccine;
 - (F) dose administered;
 - (G) the name and address of the patient's primary health care provider, as identified by the patient; and
 - (H) the name or identifiable initials of the Immunizing Pharmacist.
 - (2) An Immunizing Pharmacist shall document the annual review with the Physician of the Written Protocol as required in this Rule.
 - (3) An Immunizing Pharmacist shall report adverse events associated with administration of a vaccine to either the prescriber, when administering a vaccine pursuant to G.S. 90-85.15B(a), or the patient's primary care provider, if the patient identifies one, when administering a vaccine pursuant to G.S. 90-85.15B(b).
- (h) The Immunizing Pharmacist shall maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.

History Note: Authority G.S. 90-85.3(r); 90-85.15B;
 Emergency Adoption Eff. September 10, 2004;
 Temporary Adoption Eff. December 29, 2004;
 Eff. November 1, 2005;
 Amended Eff. February 1, 2008;
 Emergency Amendment Eff. October 9, 2009;
 Temporary Amendment Eff. December 29, 2009;
 Temporary Amendment Expired on October 12, 2010;
 Amended Eff. September 1, 2014; March 1, 2012;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

SUBCHAPTER 32V – PERFUSIONIST REGULATIONS

21 NCAC 32V .0101 SCOPE

History Note: Authority G.S. 90-681; 90-682; 90-685(1)(3);
 Eff. September 1, 2007;
 Expired Eff. April 1, 2016 pursuant to G.S. 150B-21.3A.

21 NCAC 32V .0102 DEFINITIONS

The following definitions apply to this Subchapter:

- (1) Approved educational program – Any program within the United States that, at the time of the Applicant's attendance, was approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accreditation Committee for Perfusion Education (AC-PE); any Canadian educational program recognized by the Conjoint Committee on Accreditation of the Canadian Medical Association (CMA); or any program attended by applicant that was

subsequently approved by CAAHEP, ACPE, or CMA within seven years of the Applicant's graduation.

- (2) Board –The North Carolina Medical Board and its agents.
- (3) Committee – The Perfusionist Advisory Committee and its agents.
- (4) Provisional licensed perfusionist - The person who is authorized to practice perfusion pursuant to 90-698.
- (5) Registering - Renewing the license by paying the biennial fee and complying with Rule .0104 of this Subchapter.
- (6) Supervising - Overseeing the activities and accepting the responsibility for the perfusion services rendered by a provisional licensed perfusionist. Supervision means that the supervising perfusionist shall be available for consultation and assistance while the provisional licensee is performing or providing perfusion services. The availability requirement shall not require physical presence in the operating room. Supervision shall be continuous, except as otherwise provided in the rules of this Subchapter.
- (7) Supervising Perfusionist – A perfusionist licensed by the Committee and who serves as a primary supervising perfusionist or as a back-up supervising perfusionist.
 - (a) The "Primary Supervising Perfusionist" means the perfusionist who, by signing the designation of supervising perfusionist form provided by the Committee, accepts responsibility for the provisional licensed perfusionist medical activities and professional conduct at all times, whether the Primary Supervising Perfusionist is personally providing supervision or the supervision is being provided by a Back-up Supervising Perfusionist. Conduct that violates the laws governing perfusionists may subject the supervising perfusionists to sanctions.
 - (b) The "Back-up Supervising Perfusionist" means the perfusionist who accepts responsibility for the supervision of the provisional licensed perfusionist's activities in the absence of the Primary Supervising Perfusionist. The Back-up Supervising Perfusionist is responsible for the activities of the provisional licensed perfusionist only when providing supervision.

History Note: Authority G.S. 90-681; 90-682; 90-685(1)(3); 90-691; Eff. September 1, 2007; Amended Eff. November 1, 2014; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32V .0103 APPLICATION FOR LICENSE

(a) Except as otherwise provided in this Subchapter, an individual shall obtain a license from the Committee before the individual may practice as a licensed perfusionist. The Committee may grant a license or provisional license, reactivate a license or provisional license, or reinstate a license or provisional license to an applicant who has met the following criteria:

- (1) satisfies the requirements of G.S. 90-686;
- (2) is not disqualified for any reason set out in G.S. 90-691;
- (3) completes the application;
- (4) pays the fee as specified in 21 NCAC 32V .0115, plus the cost of a criminal background check;
- (5) submits to the Committee two completed original fingerprint record cards, on fingerprint record cards provided by the Board;
- (6) submits to the Committee a signed and dated original Authority for Release of Information Form allowing a search of local, state, and national files to disclose any criminal record;
- (7) except for applications for a provisional license, submits proof of current certification with the American Board of Cardiovascular Perfusionists (ABCP); and
- (8) supplies any other information the Committee deems necessary to evaluate the applicant's qualifications.

(b) If the Committee determines it needs more information to evaluate the applicant based on information provided by the applicant, the applicant may be required to appear, in person, for an interview with the Committee.

(c) For purposes of this Rule, an "application for reactivation" is for those applicants whose license was placed on inactive status within the past calendar year.

(d) For purposes of this Rule, an "application for reinstatement" is for those applicants whose license has been inactive for more than one calendar year, or if the inactive status resulted from disciplinary action or was taken to avoid disciplinary action.

History Note: Authority G.S. 90-5.1(a)(3); 90-685(3)(4a)(5)(6) and (7); 90-686;
Eff. September 1, 2007;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. February 1, 2020.

21 NCAC 32V .0104 REGISTRATION

(a) Each person who holds a license as a perfusionist in this state, other than a provisional licensed perfusionist, shall register his or her perfusionist license every two years prior to its expiration date by:

- (1) completing the Committee's registration form;
- (2) submitting the required fee.

(b) A perfusionist who indicates on the registration form that he or she is not currently certified by the American Board of Cardiovascular Perfusion (ABCP) may be asked to appear before the Committee.

History Note: Authority G.S. 90-685(1)(3)(5) and (6); 90-690;
Eff. September 1, 2007;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32V .0105 CONTINUING EDUCATION

(a) The licensed perfusionist must maintain documentation of 30 hours of continuing education (CE) completed for every two year period. Of the 30 hours, at least 10 hours must be Category I hours as recognized by the American Board of Cardiovascular Perfusion (ABCP), the remaining hours may be Category II or III hours as recognized by the ABCP. CE documentation must be available for inspection by the Committee or Board or an agent of the Committee or Board upon request.

(b) A perfusionist who possesses a current certification with the ABCP shall be deemed in compliance with the requirement of Paragraph (a) of this Rule. The perfusionist must attest on his or her biennial renewal that he or she is currently certified by the ABCP.

History Note: Authority G.S. 90-685(3) and (8);
Eff. September 1, 2007;
Amended Eff. November 1, 2011;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32V .0106 SUPERVISION OF PROVISIONAL LICENSED PERFUSIONISTS

The supervising perfusionist shall exercise supervision of a provisional licensed perfusionist as defined in Rule .0102(6) of this Subchapter, assume responsibility for the services provided by the provisional licensee, be responsible for determining the nature and level of supervision required for the provisional licensee, and be responsible for evaluating and documenting the professional skill and competence of the provisional licensee.

History Note: Authority G.S. 90-685(1)(2) and (3);
Eff. September 1, 2007;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32V .0107 SUPERVISING PERFUSIONIST

(a) A licensed perfusionist wishing to serve as a primary supervising perfusionist must be licensed to practice perfusion by the Board and not prohibited by the Board from supervising a provisional licensed perfusionist.

(b) A perfusionist wishing to serve as a back-up supervising perfusionist must be licensed to practice perfusion by the Board, not prohibited by the Board from supervising a provisional licensed perfusionist, and approved by the primary supervising perfusionist as a person willing and qualified to assume responsibility for the care rendered by

the provisional licensed perfusionist in the absence of the primary supervising perfusionist. The primary supervising perfusionist must maintain an ongoing list of all approved back-up supervising perfusionist(s), signed and dated by each back-up supervising perfusionist, the primary supervising perfusionist, and the provisional licensed perfusionist, and this list must be retained and made available for inspection upon request by the Committee or Board.

*History Note: Authority G.S. 90-685(1)(2) and (3);
Eff. September 1, 2007;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32V .0108 DESIGNATION OF PRIMARY SUPERVISING PERFUSSIONIST FOR PROVISIONAL LICENSEE

(a) Prior to the performance of perfusion under the supervision of any primary supervising perfusionist, or new primary supervising perfusionist, a provisional licensed perfusionist shall submit a designation of primary supervising perfusionist(s) on forms provided by the Committee. The provisional licensed perfusionist shall not commence practice until acknowledgment of the designation of primary supervising perfusionist(s) form is received from the Committee. Such designation shall include:

- (1) the name, practice addresses, and telephone number of the provisional licensed perfusionist; and
- (2) the name, practice addresses, and telephone number of the primary supervising perfusionist(s).

(b) The primary supervising perfusionist shall notify the Committee of any terminations or cessations of practice of a provisional licensed perfusionist under his or her supervision in a previously acknowledged designation within 15 days of the occurrence.

*History Note: Authority G.S. 90-685(1) and (3);
Eff. September 1, 2007;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32V .0109 CIVIL PENALTIES

(a) In carrying out its duties and obligations under G.S. 90-691 and G.S. 90-693, the following shall constitute aggravating factors:

- (1) Prior disciplinary actions
- (2) Patient harm
- (3) Dishonest or selfish motive
- (4) Submission of false evidence, false statements, or other deceptive practices during the disciplinary process
- (5) Vulnerability of victim
- (6) Refusal to admit wrongful nature of conduct
- (7) Willful or reckless misconduct
- (8) Pattern of misconduct (repeated instances of the same misconduct)
- (9) Multiple offenses (more than one instance of different misconduct)

(b) The following shall constitute mitigating factors:

- (1) Absence of a prior disciplinary record
- (2) No patient harm
- (3) Absence of a dishonest or selfish motive
- (4) Full cooperation with the Committee
- (5) Physical or mental disability or impairment
- (6) Rehabilitation or remedial measures
- (7) Remorse
- (8) Remoteness of prior discipline

(c) Before imposing and assessing a civil penalty, the Committee shall make a determination of whether the aggravating factors outweigh the mitigating factors, or whether the mitigating factors outweigh the aggravating factors. After making such a determination, and if the Committee decides to impose a civil penalty, the Committee shall impose the civil penalty consistent with the following schedule:

- (1) First Offense:

- Presumptive Fine - \$250.
- Finding of Mitigation \$0 to \$249.
- Finding of Aggravation \$251 to \$1,000.
- (2) Second Offense:
 - Presumptive Fine - \$500.
 - Finding of Mitigation \$0 to \$499.
 - Finding of Aggravation \$501 to \$1,000.
- (3) Third or More Offense:
 - Presumptive Fine - \$1000.
 - Finding of Mitigation \$0 to \$999.
 - Finding of Aggravation \$1,000.

History Note: Authority G.S. 90-685(1) and (3); 90-693(b)(4);
 Eff. September 1, 2007;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32V .0110 IDENTIFICATION REQUIREMENTS

A licensed perfusionist shall keep proof of current licensure and registration available for inspection at the primary place of practice and shall, when engaged in professional activities, wear a name tag identifying the licensee as a perfusionist consistent with G.S. 90-640(a).

History Note: Authority G.S. 90-640(a); 90-685(3);
 Eff. September 1, 2007;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32V .0111 PRACTICE DURING A STATE OF EMERGENCY

- (a) The Board shall waive the requirements for licensure in the circumstances set forth in G.S. 90-12.5.
- (b) The following individuals may practice under this Rule if he or she either:
 - (1) holds a full, unlimited, and unrestricted license to practice perfusion in another U.S. state, territory or district; or
 - (2) is a current, active certified clinical perfusionist who practices in a state where licensure is not required who practices perfusion at a North Carolina hospital that is licensed by the North Carolina Department of Health and Human Services and the hospital meets the following requirements:
 - (A) verifies the perfusionist's credentials and privileges; and
 - (B) maintains a list of all perfusionists coming to practice and provides this list to the Board within 10 days of each perfusionist practicing at the hospital. The hospital shall also provide the Board a list of when each perfusionist has stopped practicing perfusion in North Carolina under this Rule within 10 days after each perfusionist has stopped practicing perfusion under this Rule.
- (c) A perfusionist may practice under this Rule for the shorter of either:
 - (1) thirty days from the date the perfusionist has started practicing under this Rule; or
 - (2) thirty days after a statement by an appropriate authority is made that the state of emergency has been withdrawn or ended.
- (d) All perfusionists practicing under this Rule shall be authorized to practice perfusion in North Carolina and shall be deemed to be licensed in this State. The Board shall have jurisdiction over perfusionists practicing under this Rule for all purposes set forth in or related to G.S. 90, Articles 1 and 40, and such jurisdiction shall continue in effect even after the perfusionist has stopped practicing under this Rule.

History Note: Authority G.S. 90-12.5; 90-685;
 Eff. September 1, 2007;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
 Amended Eff. August 1, 2020.

21 NCAC 32V .0112 TEMPORARY LICENSURE

The Board may grant temporary licensure to a licensed or certified clinical perfusionist in good standing from another state who appears to be qualified for licensure in this State pursuant to G.S. 90-686 and who enters North Carolina to work on an emergency basis. The temporary license shall be valid for a period not to exceed 60 days. Within 10 days of receiving a temporary license, the temporary licensed perfusionist must make application for a full license, including payment of the requisite application fee. If the temporary licensed perfusionist fails to submit a full application within the 10 day period, his or her temporary license shall immediately expire. After making application for a full license, the Committee and Board must decide the application before the expiration of the temporary license. For purposes of this Rule, "emergency" shall mean the sudden death or illness, or unforeseen and unanticipated absence, of a licensed perfusionist working at a North Carolina hospital that leaves the hospital unable to provide surgical care to patients in a manner that compromises patient safety. As part of the temporary license process, the hospital must certify to the Committee, on forms provided by the Committee that an emergency exists. "Good standing" for purposes of this Rule shall mean that the applicant is currently able to practice perfusion in another state without any restriction or condition.

*History Note: Authority G.S. 90-685(3); 90-686;
 Eff. September 1, 2007;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
 2016.*

21 NCAC 32V .0113 ORDERS FOR ASSESSMENTS AND EVALUATIONS

- (a) The Committee and Board may require a perfusionist or applicant to submit to a mental or physical examination by physicians designated by the Committee or Board before or after charges may be presented against the perfusionist if the Committee or Board has reason to believe a perfusionist may be unable to perform perfusion with reasonable skill and safety to patients by reason of illness, drunkenness, excessive use of alcohol, drugs, chemicals, or any other type of material or by reason of any physical, mental or behavioral abnormality.
- (b) The results of the examination shall be admissible in evidence in a hearing before the Committee.
- (c) The Committee or Board may require a perfusionist to submit to inquiries or examinations, written or oral, by members of the Committee or by other perfusionists, as the Committee or Board deems necessary to determine the professional qualifications of such licensee.

*History Note: Authority G.S. 90-685(3)(5)(11);
 Eff. September 1, 2007;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
 2016.*

21 NCAC 32V .0114 PROVISIONAL LICENSE TO FULL LICENSE

A provisional licensed perfusionist who becomes a certified clinical perfusionist as defined by G.S. 90-682(1) at any time while he or she holds a provisional license may request that his or her provisional license be converted to a full license. The provisional licensee must make the request upon forms provided by the Committee and must make payment of an additional one hundred seventy-five dollars (\$175.00) fee. The Committee may request additional information or conduct an interview of the applicant to determine the applicant's qualifications.

*History Note: Authority G.S. 90-685(3)(5); 90-689;
 Eff. December 12, 2007;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
 2016.*

21 NCAC 32V .0115 FEES

- (a) A fee of three hundred and fifty dollars (\$350.00) is due at the time of application for a perfusion license and a fee of one hundred and seventy five dollars (\$175.00) is due at the time of application for a provisional perfusion license. No portion of the application fee is refundable.
- (b) A fee of three hundred and fifty dollars (\$350.00) shall be paid to the North Carolina Medical Board for biennial renewal of a perfusion license and a fee of one hundred and seventy five dollars (\$175.00) for annual renewal of a provisional perfusion license.

(c) A late fee of one hundred dollars (\$100.00) shall be charged to those who fail to renew timely a perfusion license or a provisional perfusion license.

History Note: Authority G.S. 90-685(7); 90-688; 90-689; 90-690; Eff. March 1, 2008; Amended Eff. November 1, 2011; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

SUBCHAPTER 32W - ANESTHESIOLOGIST ASSISTANT REGULATIONS

21 NCAC 32W .0101 DEFINITIONS

The following definitions apply to this Subchapter:

- (1) "Anesthesiologist" means a physician who has successfully completed an anesthesiology training program approved by the Accreditation Committee on Graduate Medical Education or the American Osteopathic Association or who is credentialed to practice anesthesiology by a Hospital or an Ambulatory Surgical Facility.
- (2) "Anesthesiologist Assistant" means a person licensed by and registered with the Board pursuant to Rule .0102 of this Subchapter to provide anesthesia services under the supervision of a Supervising Anesthesiologist.
- (3) "Anesthesiologist Assistant License" means the authority for the Anesthesiologist Assistant to provide anesthesia services under North Carolina law.
- (4) "Board" means the North Carolina Medical Board.
- (5) "Certifying Examination" means the Certifying Examination for Anesthesiologist Assistants administered by the National Commission for Certification of Anesthesiologist Assistants or its successor organization.
- (6) "Primary Supervising Anesthesiologist" means the Supervising Anesthesiologist who accepts primary responsibility for the Anesthesiologist Assistant's professional activities, including developing and implementing the Anesthesiologist Assistant's Supervision Agreement and assuring the Board that the Anesthesiologist Assistant is qualified by education and training to perform all anesthesia services delegated to the Anesthesiologist Assistant.
- (7) "Renewal" means paying the annual renewal fee and providing the information requested by the Board as outlined in Rule .0104 of this Subchapter.
- (8) "Supervising Anesthesiologist" means an anesthesiologist who is responsible for supervising the Anesthesiologist Assistant in providing anesthesia services. A Supervising Anesthesiologist must be licensed by the Board, actively engaged in clinical practice as an anesthesiologist, and immediately available onsite to provide assistance to the Anesthesiologist Assistant.
- (9) "Supervision" means overseeing the activities of, and accepting responsibility for, the anesthesia services rendered by an Anesthesiologist Assistant.
- (10) "Supervision Agreement" means a written agreement between the Primary Supervising Anesthesiologist(s) and an Anesthesiologist Assistant that describes the anesthesia services delegated to the Anesthesiologist Assistant consistent with the Anesthesiologist Assistant's qualifications, training, skill, competence, and the rules in this Subchapter.

History Note: Authority G.S. 90-9.4; 90-18(c)(20); 90-18.5; Temporary Adoption Eff. January 28, 2008; Eff. April 1, 2008; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0102 QUALIFICATIONS FOR LICENSE

(a) Except as otherwise provided in this Subchapter, an individual shall obtain a license from the Board before practicing as an Anesthesiologist Assistant. An applicant for an anesthesiologist assistant license shall:

- (1) submit a completed license application on forms provided by the Board;

- (2) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
 - (3) pay the license fee established by Rule .0113 in this Subchapter;
 - (4) submit to the Board proof of completion of a training program for Anesthesiologist Assistants accredited by the Commission on Accreditation of Allied Health Education Programs or its preceding or successor organization;
 - (5) submit to the Board proof of current certification by the National Commission for Certification of Anesthesiologist Assistants (NCCAA) or its successor organization, including passage of the Certifying Examination for Anesthesiologist Assistants administered by the NCCAA within 12 months after completing training;
 - (6) certify that he or she is mentally and physically able to safely practice as an Anesthesiologist Assistant;
 - (7) have no license, certificate, or registration as an Anesthesiologist Assistant currently under discipline, revocation, suspension, or probation;
 - (8) have good moral character; and
 - (9) submit to the Board any other information the Board deems necessary to determine if the applicant meets the requirements of the rules in this Subchapter.
- (b) The Board may deny any application for licensure for any enumerated reason contained in G.S. 90-14 or for any violation of the Rules of this Subchapter.
- (c) An applicant may be required to appear, in person, for an interview with the Board, or its representatives upon completion of all credentials.

*History Note: Authority G.S. 90-9.4; 90-18(c)(20); 90-18.5;
 Temporary Adoption Eff. January 28, 2008;
 Eff. April 1, 2008;
 Amended Eff. March 1, 2011;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32W .0103 INACTIVE LICENSE STATUS

- (a) By notifying the Board in writing, any Anesthesiologist Assistant may elect to place his or her license on inactive status. An Anesthesiologist Assistant with an inactive license shall not practice as an Anesthesiologist Assistant. Any Anesthesiologist Assistant who engages in practice while his or her license is on inactive status shall be considered to be practicing without a license.
- (b) An Anesthesiologist Assistant who has been inactive for less than six months may request reactivation of his or her license. He or she shall pay the current annual fee as defined in Rule .0113 of this Subchapter, provide documentation to the Board verifying current certification by the National Commission for Certification of Anesthesiologist Assistants and shall complete the Board's registration form.
- (c) An Anesthesiologist Assistant who has been inactive for more than six months shall submit an application for a license and pay the application fee as defined in Rule .0113 of this Subchapter. The Board may deny any such application for any enumerated reason contained in G.S. 90-14 or for any violation of the Rules of this Subchapter.

*History Note: Authority G.S. 90-18(c)(20); 90-18.5;
 Temporary Adoption Eff. January 28, 2008;
 Eff. April 1, 2008;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32W .0104 ANNUAL RENEWAL

- (a) Each person who holds a license as an Anesthesiologist Assistant in this state shall renew his or her Anesthesiologist Assistant License each year no later than 30 days after his or her birthday by:
 - (1) completing the Board's registration form;

- (2) verifying that he or she is currently certified by the National Commission for Certification of Anesthesiologist Assistants (NCCAA), or its successor organization; and
 - (3) submitting the annual renewal fee under Rule .0113 of this Subchapter.
- (b) The license of any Anesthesiologist Assistant who does not renew for a period of 30 days after certified notice of the failure to the licensee's last known address of record shall automatically become inactive.

History Note: Authority G.S. 90-9.4; 90-13.1(f); 90-18(c)(20); 90-18.5;
Temporary Adoption January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0105 CONTINUING MEDICAL EDUCATION

- (a) In order to maintain Anesthesiologist Assistant licensure, each Anesthesiologist Assistant shall complete at least 40 hours of continuing medical education (CME) as required by the National Commission for Certification of Anesthesiologist Assistants (NCCAA), or its successor organization, for every two year period. CME documentation must be available for inspection by the Board or an agent of the Board upon request.
- (b) Each licensed Anesthesiologist Assistant shall comply with all recertification requirements of the NCCAA, or its successor organization, including registration of CME credit and successful completion of the Examination for Continued Demonstration of Qualifications of Anesthesiologist Assistants administered by the NCCAA.

History Note: Authority G.S. 90-18(c)(20); 90-18.5;
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0106 STUDENT ANESTHESIOLOGIST ASSISTANTS

Student Anesthesiologist Assistants may provide anesthesia services under the supervision of a Supervising Anesthesiologist, provided a qualified anesthesia provider is present at all times while the patient is under anesthesia care.

History Note: Authority G.S. 90-18.5;
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0107 EXEMPTION FROM LICENSE

Nothing in this Subchapter shall be construed to require licensure for:

- (1) a Student Anesthesiologist Assistant enrolled in an Anesthesiologist Assistant training program accredited by the Commission on Accreditation of Allied Health Education Programs or its successor organization; or
- (2) agents or employees of physicians who perform delegated tasks in the office of a physician consistent with G.S. 90-18(c)(13) and who are not rendering services as Anesthesiologist Assistants or identifying themselves as Anesthesiologist Assistants.

History Note: Authority G.S. 90-18.5;
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0108 SCOPE OF PRACTICE

- (a) Anesthesiologist Assistants may provide anesthesia services only under the supervision of a Supervising Anesthesiologist and consistent with the Anesthesiologist Assistant's Supervision Agreement as defined by Rule

.0101(10) of this Subchapter and the rules of this Subchapter. No Anesthesiologist Assistant shall practice where a Supervising Anesthesiologist is not immediately available onsite to provide assistance to the Anesthesiologist Assistant.

(b) Anesthesiologist Assistants may perform those duties and responsibilities that are delegated by their Supervising Anesthesiologist(s). The duties and responsibilities delegated to an Anesthesiologist Assistant shall be consistent with the Anesthesiologist Assistant's Supervision Agreement and the rules of this Subchapter.

History Note: Authority G.S. 90-18(c)(20); 90-18.5;
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0109 SUPERVISION OF ANESTHESIOLOGIST ASSISTANTS

(a) The Primary Supervising Anesthesiologist shall ensure that the Anesthesiologist Assistant's scope of practice is identified; that delegation of anesthesia services is appropriate to the level of competence of the Anesthesiologist Assistant; that the relationship of, and access to, each Supervising Anesthesiologist is defined; and that a process for evaluation of the Anesthesiologist Assistant's performance is established.

(b) The Supervision Agreement defined in Rule .0101(10) of this Subchapter must be signed by the Primary Supervising Anesthesiologist(s) and Anesthesiologist Assistant and shall be made available upon request by the Board or its agents. A list of all Supervising Anesthesiologists, signed and dated by each Supervising Anesthesiologist, the Primary Supervising Anesthesiologist, and the Anesthesiologist Assistant, must be retained as part of the Supervision Agreement and shall be made available upon request by the Board or its representatives.

(c) A Supervising Anesthesiologist, who need not be the Primary Supervising Anesthesiologist, shall supervise the Anesthesiologist Assistant and ensure that all anesthesia services delegated to the Anesthesiologist Assistant are consistent with the Anesthesiologist Assistant's Supervision Agreement.

(d) A Supervising Anesthesiologist may supervise up to four Anesthesiologist Assistants at one time.

(e) Entries by an Anesthesiologist Assistant into patient charts of inpatients (hospital, long term care institutions) must comply with the rules and regulations of the institution.

History Note: Authority G.S. 90-18(c)(20); 90-18.5;
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Amended Eff. April 1, 2010;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0110 LIMITATIONS ON PRACTICE

An Anesthesiologist Assistant shall not:

- (1) perform a task which has not been listed and delegated in the Supervision Agreement;
- (2) prescribe drugs, medications, or devices of any kind; however, this Rule does not preclude the Anesthesiologist Assistant from implementing or administering a treatment or pharmaceutical regimen prescribed by the Supervising Anesthesiologist.

History Note: Authority G.S. 90-18.5;
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0111 TITLE AND PRACTICE PROTECTION

Any person who is licensed to provide anesthesia services as an Anesthesiologist Assistant under this Subchapter may use the title "Anesthesiologist Assistant," "AA," "Anesthesiologist Assistant–Certified," or "AA-C." An Anesthesiologist Assistant who is doctorally prepared shall not use the title "Doctor," or the appellation "Dr.," on a name badge or other form of identification when practicing in a clinical setting.

History Note: Authority G.S. 90-18(c)(20); 90-18.5; 90-640;
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0112 IDENTIFICATION REQUIREMENTS

An Anesthesiologist Assistant licensed under this Subchapter shall keep proof of current licensure and registration available for inspection at the primary place of practice and shall, when engaged in professional activities, wear a name tag identifying the licensee as an "Anesthesiologist Assistant," which may be abbreviated as "AA," or as a "Certified Anesthesiologist Assistant," which may be abbreviated as "CAA."

History Note: Authority G.S. 90-18.5; 90-640;
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. March 1, 2019.

21 NCAC 32W .0113 FEES

The Board requires the following fees:

- (1) Anesthesiologist Assistant License Application Fee—one hundred fifty dollars (\$150.00).
- (2) Annual Renewal Fee—one hundred fifty dollars (\$150.00), except that an Anesthesiologist Assistant who registers not later than 30 days after his or her birthday shall pay an annual registration fee of one hundred twenty-five dollars (\$125.00).

History Note: Authority G.S. 90-13.1(f); 90-18.5;
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0114 VIOLATIONS

The Board pursuant to G.S. 90-14 may place on probation with or without conditions, impose limitations and conditions on, publicly reprimand, assess monetary redress, issue public letters of concern, mandate free medical services, require satisfactory completion of treatment programs or remedial or educational training, fine, deny, annul, suspend, or revoke the license, or other authority to function as an anesthesiologist assistant in this State. The following acts constitute violations:

- (1) Failure to function in accordance with the rules of this Subchapter or with any provision of G.S. 90-14;
- (2) Representing oneself as a physician; or
- (3) Allowing one's certification with the National Commission for Certification of Anesthesiologist Assistants (NCCAA) or its successor organization to lapse at any time.

History Note: Authority G.S. 90-18.5;
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0115 PRACTICE DURING A DISASTER

An Anesthesiologist Assistant licensed in this State or in any other state may practice as an Anesthesiologist Assistant under the supervision of an Anesthesiologist licensed to practice medicine in North Carolina during a disaster within a county in which a state of disaster has been declared or counties contiguous to a county in which a state of disaster has been declared (in accordance with G.S. 166A-6). A team of Anesthesiologist(s) and Anesthesiologist Assistant(s) practicing pursuant to this Rule shall not be required to maintain on-site

documentation describing supervisory arrangements as otherwise required in Rules .0109 of this Subchapter. The Board may waive other regulatory requirements regarding licensure and practice to facilitate an Anesthesiologist Assistant practicing during a disaster consistent with G.S. 90-12.2.

*History Note: Authority G.S. 90-12.2; 166A-6;
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32W .0116 ANESTHESIOLOGIST ASSISTANT PRACTICE AND LIMITED LICENSE FOR DISASTERS AND EMERGENCIES

- (a) The Board shall waive requirements for licensure in the circumstances set forth in G.S. 90-12.5.
- (b) There are two ways for anesthesiologist assistants to practice under this Rule:
 - (1) Hospital to Hospital Credentialing: An anesthesiologist assistant who holds an unrestricted license in good standing to practice as an anesthesiologist assistant in another U.S. state, territory, or district and has unrestricted hospital credentials and privileges in any U.S. state, territory, or district may practice at a licensed North Carolina hospital upon the following terms and conditions:
 - (A) the licensed North Carolina hospital shall verify all anesthesiologist assistant credentials and privileges;
 - (B) the licensed North Carolina hospital shall keep a list of all anesthesiologist assistants coming to practice and shall provide this list to the Board within 10 days of each anesthesiologist assistant practicing at the licensed North Carolina hospital. The licensed North Carolina hospital shall also provide the Board a list of when each anesthesiologist assistant has stopped practicing at the hospital under this Rule within 10 days after each anesthesiologist assistant has ceased practicing under this Rule;
 - (C) all anesthesiologist assistants practicing under this Rule shall be authorized to practice in North Carolina and deemed to be licensed in North Carolina and the Board shall have jurisdiction under G.S. 90-14(a) over all anesthesiologist assistants practicing under this Rule for all purposes set forth in or related to Article 1 of Chapter 90 of the North Carolina General Statutes, and the Board shall retain jurisdiction over any and all anesthesiologist assistants after they have stopped practicing under this Rule;
 - (D) anesthesiologist assistants may practice under this section for the shorter of:
 - (i) 30 days from the date the anesthesiologist assistant has started practicing under this Rule; or
 - (ii) a statement is made by an appropriate authority that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license issued shall become inactive; and
 - (E) anesthesiologist assistants practicing under this Rule shall not receive any compensation outside of their customary compensation for the provision of medical services during a disaster or emergency.
 - (2) Limited Emergency License: An anesthesiologist assistant who holds an unrestricted license in good standing to practice as an anesthesiologist assistant in another U.S. state, territory, or district may apply for a limited emergency license on the following conditions:
 - (A) the applicant must complete an application;
 - (B) the Board shall verify that the anesthesiologist assistant holds an unrestricted license in good standing to practice in another U.S. state, territory, or district;
 - (C) in response to a declared disaster or state of emergency and in order to best serve the public interest, the Board may limit the anesthesiologist assistant's scope of practice;
 - (D) the Board shall have jurisdiction under G.S. 90-14(a) over all anesthesiologist assistants practicing under this Rule for all purposes set forth in or related to Article 1 of Chapter 90 of the North Carolina General Statutes, and the Board shall retain jurisdiction over any and all anesthesiologist assistants after they have stopped practicing under this Rule;
 - (E) this license shall be in effect for the shorter of:

- (i) 30 days from the date the anesthesiologist assistant has started practicing under this Rule; or
 - (ii) a statement is made by an appropriate authority that the emergency or disaster declaration has been withdrawn or ended and, at such time the license issued shall become inactive; and
- (F) anesthesiologist assistants holding limited emergency licenses shall not receive any compensation outside of their customary compensation for the provision of [medical services during a disaster or emergency.

History Note: Authority G.S. 90-5.1(a)(3); 90-12.5; 90-14(a);
Emergency Adoption Eff. October 2, 2018;
Emergency Adoption Expired Eff. December 14, 2018;
Eff. July 1, 2019.

SUBCHAPTER 32X – PRACTITIONER INFORMATION

21 NCAC 32X .0101 REQUIRED INFORMATION

(a) All physicians and physician assistants licensed by the Board or applying for licensure by the Board shall provide the information required by G.S. 90-5.2(a) on an application for licensure or annual renewal. Additionally, all physicians and physician assistants shall provide the Board with notice of any change in the information within 60 days.

(b) In addition to the information required by G.S. 90-5.2, a physician or physician assistant shall inform the Board about any misdemeanor convictions other than minor traffic offenses. "Minor traffic offenses" shall not include driving while intoxicated, driving under the influence, careless or reckless driving, or any other offense involving serious injury or death. The report must include the nature of the conviction, the jurisdiction in which the conviction occurred, and the punishment imposed. A person shall be considered convicted for purposes of this rule if they pled guilty, were found guilty by a court of competent jurisdiction, or entered a plea of nolo contendere.

History Note: Authority G.S. 90-5.2; 90-14.3;
Eff. August 11, 2009;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32X .0102 VOLUNTARY INFORMATION

Physicians and physician assistants may provide additional information such as hours of continuing education earned, subspecialties obtained, academic appointments, volunteer work in indigent clinics, and honors or awards received.

History Note: Authority G.S. 90-5.2; 90-14.3;
Eff. August 11, 2009;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32X .0103 CONTENTS OF THE REPORT

A physician or physician assistant shall report the following information about a judgment, award, payment or settlement:

- (1) The date of judgment, award, payment or settlement;
- (2) The specialty in which the physician or physician assistant was practicing at the time the incident occurred that resulted in the judgment, award, payment or settlement;
- (3) The city, state, and country in which the judgment, award, payment or settlement occurred; and
- (4) The date of the occurrence of the events leading to the judgment, award, payment or settlement.

History Note: Authority G.S. 90-5.2; 90-14.3;
Eff. August 11, 2009;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32X .0104 PUBLISHING CERTAIN MISDEMEANOR CONVICTIONS

- (a) The Board shall publish misdemeanor convictions involving offenses against a person including manslaughter, assault, battery, sexual crimes, hazing, false imprisonment, stalking, abuse and neglect.
- (b) The Board shall publish misdemeanor convictions involving moral turpitude including fraud, arson, blackmail, burglary, embezzlement, extortion, false pretenses, forgery, larceny, malicious destruction of property, receiving stolen goods with guilty knowledge, robbery, theft, transporting stolen goods with guilty knowledge, bribery, counterfeiting, tax fraud, mail fraud, perjury, harboring a fugitive from justice with guilty knowledge, tax evasion, abandonment of a minor child, bigamy, gross indecency, incest, solicitation, and prostitution; attempting, aiding and abetting, or serving as an accessory in the commission of a crime involving moral turpitude; and taking part in or attempting to take part in a conspiracy involving moral turpitude where the underlying crime would not involve moral turpitude.
- (c) The Board shall publish all misdemeanor convictions involving drugs or alcohol where the conviction was entered after the licensee's enrollment in medical school or a Physician Assistant education program.
- (d) The Board shall publish misdemeanor convictions involving violations of public health and safety codes.
- (e) The Board shall publish misdemeanor convictions for failure to file state and federal tax returns.
- (f) The Board shall publish misdemeanor convictions set forth above for ten years from the date of conviction.
- (g) Publish means publishing on the Board's website or any other way the Board deems appropriate.

*History Note: Authority G.S. 90-5.2; 90-14.3;
Eff. August 11, 2009;
Amended Eff. April 1, 2011;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32X .0105 NONCOMPLIANCE OR FALSIFICATION OF INFORMATION

Failure to provide the information as required by this subchapter or knowingly providing false information to the Board shall constitute unprofessional conduct.

*History Note: Authority G.S. 90-5.2; 90-14.3;
Eff. August 11, 2009;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

SUBCHAPTER 32Y – CONTROLLED SUBSTANCE REPORTING SYSTEM

21 NCAC 32Y .0101 REPORTING CRITERIA

- (a) The Department of Health and Human Services ("Department") may report to the North Carolina Medical Board ("Board") information regarding the prescribing practices of those physicians and physician assistants ("prescribers") whose prescribing:
 - (1) falls within the top two percent of those prescribing 100 morphine milligrams equivalents ("MME") per patient per day; or
 - (2) falls within the top two percent of those prescribing 100 MME's per patient per day in combination with any benzodiazepine and who are within the top one percent of all controlled substance prescribers by volume.
- (b) In addition, the Department may report to the Board information regarding prescribers who have had two or more patient deaths in the preceding twelve months due to opioid poisoning where the prescribers authorized more than 30 tablets of an opioid to the decedent and the prescriptions were written within 60 days of the patient deaths.
- (c) In addition, the Department may report to the Board information regarding prescribers who meet three or more of the following criteria, if there are a minimum of five patients for each criterion:
 - (1) At least 25 percent of the prescriber's patients receiving opioids reside 100 miles or greater from the prescriber's practice location;

- (2) The prescriber had more than 25 percent of patients receiving the same opioids and benzodiazepine combination;
 - (3) The prescriber had 75 percent of patients receiving opioids self-pay for the prescriptions;
 - (4) The prescriber had 90 percent or more of patients in a three-month period that received an opioid prescription that overlapped with another opioid prescription for at least one week;
 - (5) More than 50 percent of the prescriber's patients received opioid doses of 100 MME or greater per day excluding office based treatment medications; and
 - (6) The prescriber had at least 25 percent of patients who used three or more pharmacies within a three-month period to obtain opioids regardless of the prescriber.
- (d) The Department may submit these reports to the Board upon request and may include the information described in G.S. 90-113.73(b).
- (e) The reports and communications between the Department and the Board shall remain confidential pursuant to G.S. 90-16 and G.S. 90-113.74.

*History Note: Authority G.S. 90-5.1; 90-113.74;
Eff. May 1, 2015;
Amended Eff. December 1, 2018; July 1, 2017.*