

**CHAPTER 5600**  
**BOARD OF MEDICAL PRACTICE**  
**LICENSURE AND REGISTRATION**

5600.0100	DEFINITIONS. <b>MEDICINE AND SURGERY</b>	<b>REGISTRATION OF PHYSICIAN ASSISTANTS</b>
5600.0200	APPLICATION FOR LICENSURE TO PRACTICE MEDICINE AND SURGERY.	5600.2600 DEFINITIONS.
5600.0300	CONDUCT DURING EXAMINATIONS.	5600.2605 PURPOSE.
5600.0400	EXAMINATION RETAKING, PASSING SCORES, AND SITTINGS.	5600.2610 RESTRICTIONS ON USE OF TITLE OF REGISTERED PHYSICIAN ASSISTANT.
5600.0500	REPORT AND NOTIFICATION OF RESULTS.	5600.2615 SCOPE OF PHYSICIAN ASSISTANT PRACTICE.
5600.0600	LICENSE BY RECIPROCITY TO PRACTICE MEDICINE AND SURGERY.	5600.2620 REQUIREMENTS FOR ADEQUATE SUPERVISION.
5600.0605	LICENSE RENEWAL PROCEDURES.	5600.2625 REQUIREMENTS FOR REGISTRATION.
5600.0610	INITIAL LICENSE PROCEDURES.	5600.2630 APPLICATION PROCESS FOR INITIAL REGISTRATION.
5600.0700	LICENSE BY ENDORSEMENT WITHOUT EXAMINATION TO PRACTICE MEDICINE AND SURGERY.	5600.2635 APPLICATION PROCESS FOR APPROVAL OF AGREEMENT BETWEEN PHYSICIAN AND PHYSICIAN ASSISTANT.
5600.0800	TEMPORARY PERMITS TO PRACTICE MEDICINE AND TEMPORARY CERTIFICATES FOR GRADUATE TRAINING.	5600.2640 TEMPORARY REQUIREMENTS DURING TRANSITION.
5600.0900	LICENSURE OF FOREIGN GRADUATES IN MEDICINE AND SURGERY.	5600.2645 APPLICATION PROCESS FOR REREGISTRATION.
5600.1000	LICENSURE TO PRACTICE MEDICINE AND SURGERY BY PERSONS LICENSED TO PRACTICE OSTEOPATHY.	5600.2650 CONTINUING EDUCATION REQUIREMENTS.
	<b>MIDWIFERY</b>	5600.2655 APPLICATION FEES.
5600.2000	LICENSURE EXAMINATION TO PRACTICE MIDWIFERY.	5600.2660 PROCESS AND GROUNDS FOR DISCIPLINARY ACTION.
5600.2100	MIDWIFERY ETHICS.	5600.2665 PHYSICIAN ASSISTANT ADVISORY COUNCIL.
	<b>ANNUAL FEES</b>	5600.2670 DELEGATION OF AUTHORITY TO PRESCRIBE AND ADMINISTER DRUGS AND MEDICAL DEVICES.
5600.2500	ANNUAL FEES.	

**5600.0100 DEFINITIONS.**

Subpart 1. **Scope.** As used in Minnesota Statutes, chapter 147, and Minnesota Statutes, sections 148.30 to 148.32, inclusive, and 148.65 to 148.78, inclusive, the terms herein defined shall have the following meanings.

Subp. 2. **Anesthetics.** "Anesthetics," as used in Minnesota Statutes, section 147.031, subdivision 2, shall mean and include any agent used to produce topical, local, or general anesthesia. Such agents shall include, but shall not be limited to, the following: cyclopropane, ether, ethylene, chloroform, pentothal, barbiturates, nitrous oxide, cocaine, procaine, or any other agent intended to produce a like effect.

Subp. 3. **Antidote.** "Antidote," as used in Minnesota Statutes, section 147.031, subdivision 2, shall mean any agent used to counteract the effects of a poison.

Subp. 4. **Antiseptics.** "Antiseptics," as used in Minnesota Statutes, section 147.031, subdivision 2, shall mean any chemical or biological agent used to destroy or inhibit the growth and development in living tissue of microorganisms, and includes, but shall not be limited to, antiseptic agents defined as such in the official United States Pharmacopoeia, or registered and regulated for distribution under United States Code, title 21, sections 351 to 357, inclusive.

Subp. 5. **Board.** The "board," as used in these rules, shall mean the Minnesota Board of Medical Practice.

Subp. 6. **Chemicals.** "Chemicals," as used in Minnesota Statutes, section 147.091, subdivision 1, clause (1), shall have the meaning ascribed to the term "controlled substance" in Minnesota Statutes, chapter 152, and in addition thereto shall include distilled spirits, wine, malt beverages, and intoxicating liquors.

Subp. 7. **Disease.** "Disease," as used in Minnesota Statutes, section 147.081, shall mean and include any disorder, impairment, or infirmity in mental or physical capacity or in the physical, structural, or functional organization or character of any bodily organ or system.

Subp. 8. **Drugs.** "Drugs," as used in Minnesota Statutes, section 147.091, subdivision 1, clause (1), shall have the meaning ascribed to that term in Minnesota Statutes, chapter 152.

Subp. 9. **Examining committee.** The "examining committee," as used in these rules, shall mean the Physical Therapy Council created by Minnesota Statutes, section 148.67.

Subp. 10. **Medicine.** "Medicine," as used in Minnesota Statutes, section 147.081, shall mean and include any substance or agent which is:

A. intended for use or used in the diagnosis, treatment, prevention, mitigation, or cure of any disease, bodily injury, or infirmity; or

B. intended to affect or does affect the structure or function of any bodily organ or system, whether the intended or actual effect of such substance or agent is at or remote from the site of administration. Except as otherwise expressly authorized by law, any person who for a fee prescribes, directs, or recommends for the use of any person any medicine, as herein defined, shall be deemed to be practicing medicine within the meaning of Minnesota Statutes, section 147.081.

Subp. 11. **Minor surgery.** "Minor surgery," as used in Minnesota Statutes, section 147.031, subdivision 2, relating to the practice of osteopathy shall be construed to include all surgical procedures excepting: those involved in incision for the opening of a natural body cavity, open reduction of bone fractures, the amputation of an extremity or an appendage, the removal of any gland or organ or part thereof, or any plastic surgery.

Subp. 12. **Narcotics.** "Narcotics," as used in Minnesota Statutes, sections 147.091, subdivision 1, clause (l) and 147.031, shall have the meaning ascribed to the term "narcotic drug" in Minnesota Statutes, chapter 152.

**Statutory Authority:** *MS s 147.01 subd 3*

**History:** *L 1991 c 106 s 6*

## MEDICINE AND SURGERY

### 5600.0200 APPLICATION FOR LICENSURE TO PRACTICE MEDICINE AND SURGERY.

Subpart 1. **Filing; date and place of examination.** An application for admission to a licensing examination as provided in Minnesota Statutes, section 147.02 shall be filed with the board as hereinafter prescribed. If the board finds that the application is complete and that all of the requirements of Minnesota Statutes, section 147.02 and of these rules have been met, it shall advise the applicant of the date and place of the examination.

Subp. 2. **Form and content.** The application must be submitted on forms prepared by the board and must include the following information:

A. If the applicant is a graduate of a medical or osteopathic college approved by the board, an original or certified copy of the diploma from the medical or osteopathic college, indicating that the applicant has satisfactorily completed a course of study acceptable to the board and that he or she has received from the college the degree of Doctor of Medicine or Doctor of Osteopathy.

B. If the applicant is currently enrolled in the final year of study at an approved medical or osteopathic college, a transcript of his or her credits, together with evidence, satisfactory to the board, that the applicant has satisfactorily completed the course of study prior to the final year at an approved medical or osteopathic college. Prior to admission to the licensing examination, the applicant shall file with the board the original or certified copy of a diploma from a medical or osteopathic college approved by the board indicating that the applicant has satisfactorily completed a course of study acceptable to the board and that he or she has received from the college the degree of Doctor of Medicine or Doctor of Osteopathy.

C. A certificate of good moral character signed by two persons licensed to practice medicine and surgery by a recognized and accredited licensing authority within the United States or Canada.

D. An unmounted recent photograph of the applicant with an affidavit on the reverse side of it made by the applicant that the photograph is that of the applicant.

E. Other information as the board deems necessary to evaluate the qualifications of the applicant.

Subp. 3. **Additional evidence.** An applicant who has passed the examination prepared and graded by either the Federation of State Medical Boards or the National Board of Medi-

cal Examiners shall include in the application, in addition to the information required under subpart 2, evidence satisfactory to the board that within three years before or five years after being granted the degree of Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.), the applicant satisfactorily passed an examination prepared and graded according to Minnesota Statutes, section 147.02.

**Subp. 4. Ineligible applicants.** An applicant whose credentials are determined by the board to indicate ineligibility for examination shall be notified of this determination and the grounds for it and may be granted a hearing on this determination under part 5615.0300 by filing a statement of issues with the board within 20 days after receipt of the notice from the board. After the hearing the board shall notify the applicant in writing of its decision.

**Subp. 5. Evidence of training.** An applicant who has satisfactorily completed the licensing examination, and who has fulfilled all the requirements of Minnesota Statutes, chapter 147, and this chapter, shall be considered by the board for licensure to practice medicine and surgery upon submitting to the board evidence satisfactory to the board that the applicant has satisfactorily completed either one year of graduate training in an institution in the United States or Canada approved for internship or graduate training by the board or other graduate training approved by the board.

**Subp. 6. Filing deadline.** Applications for examination must be fully completed and forwarded to the secretary of the board, postmarked not later than 30 days before the date of examination.

**Subp. 7.** [Repealed by amendment, 8 SR 2573]

**Statutory Authority:** *MS s 147.01 subd 3; 147.02*

**History:** 8 SR 2573

#### 5600.0300 CONDUCT DURING EXAMINATIONS.

Licensing examinations administered by the board shall be conducted in accordance with the following rules, and any candidate violating such rules may be dismissed and barred from taking the examination, or may be otherwise disciplined.

A. During the written examination no applicant shall communicate with any other person in any way except with the express permission of the person or persons conducting the examination.

B. An applicant shall not bring books or help of any kind into the examination room.

**Statutory Authority:** *MS s 147.01 subd 3*

#### 5600.0400 EXAMINATION RETAKING, PASSING SCORES, AND SITTINGS.

**Subpart 1. Federation licensing examination passing scores.** For examinations taken before June 1, 1985, a Federation Licensing Examination weighted average score of 75.0 shall be the passing score on examinations prepared and graded by the Federation of State Medical Boards of the United States. The latest weighted average score shall be the only weighted average score considered by the board. For examinations taken after June 1, 1985, the passing score on examinations prepared and graded by the Federation of State Medical Boards of the United States shall be a score of 75.0 on each component of the examination. The latest score for each component shall be the only one considered by the board except as provided in subpart 4.

**Subp. 2. Examination sittings.** Except as provided in subpart 4, each administration of the Federation Licensing Examination constitutes a sitting by the applicant whether the applicant takes one or more examination components in the examination administration. An applicant may take the number of sittings allowed in items A and B.

A. After June 1, 1985, an applicant who has not received a passing score on one or both components of the Federation Licensing Examination may complete up to five sittings of the examination before January 1, 1991, to obtain a passing score on both components of the examination. No additional sittings for the Federation Licensing Examination are permitted by the board after January 1, 1991, if the applicant has had three or more sittings as of January 1, 1991. After January 1, 1991, an applicant may take the Federation Licensing Examination components in separate sittings subject to subpart 3.

B. After January 1, 1991, an applicant not receiving a passing score on each component of the Federation Licensing Examination within three sittings shall not be eligible for licensure by the board nor permitted additional examination sittings.

**Subp. 3. Retaking of examinations.** An applicant who did not receive a passing weighted average score before June 1, 1985, must retake the entire Federation Licensing Examination.

An applicant who did not receive a passing score of 75.0 on a component of the Federation Licensing Examination after June 1, 1985, may either retake the entire examination and obtain passing scores on both components or retake the examination component for which the applicant did not receive a passing score and obtain a passing score on that examination component.

**Subp. 4. Licensure eligibility exception.** Applicants who were not eligible for licensure after June 1, 1985, because their Federation Licensing Examination passing scores were obtained in two but not more than five separate sittings may apply to the board after July 1, 1990, for licensure without retaking and passing an additional component or components of the Federation Licensing Examination.

The application shall be on forms prepared by the board and shall include the information required in part 5600.0200, subpart 2, items A to E, together with the fees described in part 5600.2500.

**Statutory Authority:** *MS s 147.01; 147.02; 147.03*

**History:** *15 SR 336*

#### **5600.0500 REPORT AND NOTIFICATION OF RESULTS.**

Upon receipt of the results of the examination, the board shall prepare a report thereon and shall consider the report at its next meeting. The secretary of the board shall notify the applicant of the action of the board on the application and examination.

**Statutory Authority:** *MS s 147.01 subd 3*

**History:** *17 SR 1279*

#### **5600.0600 LICENSE BY RECIPROCITY TO PRACTICE MEDICINE AND SURGERY.**

**Subpart 1. Who may apply.** An application for a license to practice medicine and surgery by reciprocity without a written examination according to Minnesota Statutes, section 147.03, may be made by an applicant having a valid license to practice issued by the proper agency in another state who has received a passing score from the Federation of State Medical Boards of the United States pursuant to part 5600.0400 or who has passed a licensing examination of another state with a grade average score of 75 or higher.

**Subp. 2. Submission and contents of application.** The application must be submitted on forms prepared by the board and must include the following information:

A. An original or certified copy of the applicant's then current license originally obtained by examination, together with evidence at the time of submission that the license is in good standing. If the applicant is a graduate of a foreign medical school, he or she shall also submit the information required by part 5600.0900, subpart 2, items D and E, and the original or a certified copy of a birth certificate.

B. An original or certified copy of a diploma from a medical or osteopathic college accredited by the board, indicating that the applicant has satisfactorily completed a course of study acceptable to the board, and that he or she has received from the college the degree of Doctor of Medicine or Doctor of Osteopathy. If the applicant is a graduate of a foreign medical school, he or she shall submit instead the information required by part 5600.0900, subpart 2, item B.

C. Evidence satisfactory to the board that the applicant has satisfactorily completed either one year of graduate training in an institution in the United States or Canada approved for internship or graduate training by the board, or other graduate training approved by the board.

D. If the applicant is a graduate of a foreign medical school, evidence satisfactory to the board that the applicant has been awarded a certificate by the Educational Council for

Foreign Medical Graduates, certifying to the applicant's formal education and passage of the ECFMG English test and the ECFMG examination. This evidence is not required if the applicant:

(1) was licensed by examination in a state which at the time of applicant's licensure in the state did not require that he or she had been awarded a certificate by the Education Council for Foreign Medical Graduates; or

(2) is a diplomate of a medical specialty board approved by the American Medical Association.

E. The information required by part 5600.0200, subpart 2, items C to E.

Subp. 3. [Repealed, 15 SR 336]

Subp. 4. [Repealed by amendment, 8 SR 2573]

**Statutory Authority:** *MS s 147.01; 147.02; 147.03*

**History:** 8 SR 2573; 15 SR 336

### 5600.0605 LICENSE RENEWAL PROCEDURES.

**Subpart 1. License renewal cycle conversion.** This part converts the license renewal cycle for physicians from an annual cycle that begins on January 1 of each year to an annual cycle that begins with the last day of the licensee's month of birth. The conversion of the renewal cycle begins January 1, 1991. Subparts 2 to 12 contain license renewal procedures for licensees who were licensed before January 29, 1991. Under the conversion requirements of subpart 2 or 3, the license period following license renewal is from six to 17 months ending the last day of the licensee's month of birth.

**Subp. 2. Conversion of license renewal cycle for current licenses.** After January 1, 1991, for a licensee whose license is current as of December 31, 1990, the licensee's first renewal cycle begins on January 1, 1991, and ends on the last day of the licensee's month of birth. However, if the licensee's month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 1992.

**Subp. 3. Conversion of license renewal cycle for noncurrent licenses.** This subpart applies to a person who was licensed before January 29, 1991, but whose license is not current as of December 31, 1990. When the licensee renews the license after January 29, 1991, the renewal period begins with the date the licensee applies for renewal and ends with the last day of the licensee's month of birth. However, if the last day of the month of birth is less than six months after the date the license is renewed, then the renewal period ends on the last day of the licensee's month of birth in the next year after the year in which the renewal period began.

**Subp. 4. Subsequent renewal cycles.** After the licensee's renewal during the conversion period under subpart 2 or 3, the subsequent renewal cycles shall be annual cycles that begin on the last day of the month of the licensee's birth.

**Subp. 5. Service.** The licensee must maintain a correct mailing address with the board for receiving board communications, notices, and licensure renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a license holder of the obligation to comply with this part.

**Subp. 6. Late submission.** A license renewal application and annual license fee received in the board office after the last day of the month in which the licensee's license expires shall not be processed and shall be returned to the licensee for payment of the late fee indicated in part 5600.2500, item K.

**Subp. 7. Incomplete application; notice.** If a licensee submits an application form or annual license fee that is incomplete, incorrect, or not in compliance with this part, the board shall notify the licensee of the deficiency within 30 calendar days after the board receives the licensee's application and shall give the licensee instructions for completing or correcting the application. The board will nullify a license renewal if the correction required in the board notice is not made within 30 days after the licensee receives the notice.

**Subp. 8. Removal of name from list.** The names of licensees who do not return a complete license renewal application, the annual license fee, or the late application fee within the time period listed in subpart 7, shall be removed from the list of individuals authorized to practice medicine and surgery during the current renewal period. Upon reinstatement of licensure, the licensee's name will be placed on the list of individuals authorized to practice medicine and surgery.

**Subp. 9. Conversion period and fees.** A licensee who holds a license issued before January 29, 1991, and who renews that license during the conversion period under subpart 2 or 3, shall pay the required license fees according to items A to E.

A. Licensees will be charged the full annual license fee listed in part 5600.2500, item E, for the licensure renewal occurring at the start of the conversion period.

B. For licensees whose conversion period was six to 11 months, the first annual license fee charged after the conversion period shall be adjusted to credit the excess fee payment made during the conversion period. The credit is calculated based on the difference between the fee paid during the conversion period and the prorated license fee cost assessed based on the number of months of the licensee's conversion period, up to 11 months, at a rate of 1/12 of the annual fee per month rounded upward to the nearest dollar.

C. For licensees whose conversion period was 12 months, the first annual license fee charged after the conversion period shall not be adjusted. They will be charged the annual license fee listed in part 5600.2500, item E.

D. For licensees whose conversion period was between 13 and 17 months, the first annual license fee charged after the conversion period shall be adjusted to add the payment for the number of licensure months in excess of 12 months in the licensee's conversion period that were not paid for initially. The added payment is calculated based on the difference between the fee paid during the conversion period and the prorated license fee cost assessed at a rate of 1/12 of the annual fee per month rounded upward to the nearest dollar. The difference calculated is added to the full fee charged.

E. The second license renewal made after the conversion period and all subsequent license renewals shall be assessed the annual license fee in part 5600.2500, item E.

**Subp. 10. Change of name and address.** A licensee shall notify the board in writing within 30 days of any change in name or address. If the licensee is changing his or her name only, the licensee must request a revised licensure certificate. The licensee shall return the current certificate to the board. If an address change is requested, no request for a revised licensure certificate is required. If the licensee's current license certificate has been lost, stolen, or destroyed, the licensee shall provide a written explanation of the situation.

The board may require the licensee to substantiate the name change by submitting official documentation from a court of law or agency authorized under law to receive and officially record a name change.

**Statutory Authority:** *MS s 146.13; 147.01; 214.06*

**History:** *15 SR 1640*

### **5600.0610 INITIAL LICENSE PROCEDURES.**

**Subpart 1. Applicability to persons initially licensed.** Subparts 2 and 3 contain licensure procedures for persons who are initially licensed by the board after January 29, 1991.

**Subp. 2. Initial license.** An individual who is initially licensed by the board after January 29, 1991, shall pay the physician application and annual license fees listed in part 5600.2500, items D and E.

Effective January 1, 1991, the initial license period begins with the date the person becomes licensed and ends the last day of the licensee's month of birth. However, if the last day of the individual's month of birth is less than six months after the individual becomes licensed, then the initial license period ends on the last day of the individual's month of birth in the next year after the initial license period began. After the initial license period, subsequent renewal periods shall be annual periods that begin on the last day of the month of the licensee's birth.

**Subp. 3. Conversion period and fees.** Individuals initially licensed by the board after January 29, 1991, will have a conversion period according to items A to F.

A. An individual will be assigned a conversion period of at least six months and no more than 17 months, ending on the last day of the individual's month of birth.

B. The full physician application fee and physician annual license fee found in part 5600.2500, items D and E, will be charged to the individual at the start of the conversion period.

C. For an individual whose conversion period was 11 months or less, the first annual license fee charged after the conversion period shall be adjusted to credit the excess fee payment made during the conversion period. The credit is calculated based on the difference between the license fee paid during the conversion period and the prorated license fee cost assessed based on the number of months of the individual's conversion period, up to 11 months, at the rate of 1/12 of the annual fee per month rounded upward to the nearest dollar amount.

D. For an individual whose conversion period was 12 months, the first annual license fee charged after the conversion period shall not be adjusted. The individual will be charged the full annual license fee listed in part 5600.2500, item E.

E. For an individual whose conversion period was between 13 and 17 full calendar months, the first annual license fee charged after the conversion period shall be adjusted to add the payment for the number of months in excess of 12 months in the licensee's conversion period that were not paid for initially. The added payment is calculated based on the difference between the fee paid at the start of the conversion period and the prorated license fee cost assessed using the number of months of the individual's conversion period, up to 17 months, at the rate of 1/12 of the annual fee per month rounded upward to the nearest dollar amount. The difference calculated is added to the full fee charged.

F. The second license renewal made after the conversion period for the individual and all subsequent license renewals shall be assessed the annual license fee in part 5600.2500, item E.

**Statutory Authority:** *MS s 146.13; 147.01; 214.06*

**History:** *15 SR 1640*

### **5600.0700 LICENSE BY ENDORSEMENT WITHOUT EXAMINATION TO PRACTICE MEDICINE AND SURGERY.**

**Subpart 1. Who may apply.** An application for a license to practice medicine and surgery by endorsement without written examination may be made by an applicant who is a diplomate of the National Board of Medical Examiners or of the National Board of Examiners for Osteopathic Physicians and Surgeons, or who has passed a licensing examination given by the appropriate board or agency of a state which the board determines acceptable as provided in Minnesota Statutes, section 147.03; provided however, that the board may require the applicant to be examined in subjects which, in the opinion of the board, have not been satisfactorily covered.

**Subp. 2. Submission and contents of application.** The application must be submitted on forms prepared by the board and must include the following information:

A. The information required by part 5600.0200, subpart 2, items C to E.

B. An original or certified copy of the certificate or diploma from the appropriate national or state board or agency, as referred to in subpart 1, evidencing satisfactory completion of the licensing examination referred to in subpart 1.

C. If the applicant is a graduate of a foreign medical school:

(1) evidence satisfactory to the board that the applicant has been awarded a certificate by the Education Council for Foreign Medical Graduates, certifying to the applicant's formal education and passage of the ECFMG English test and the ECFMG examination;

(2) an original or certified copy of a birth certificate; and

(3) the information required by part 5600.0900, subpart 2, items D and E.

The evidence required in subitem (1) is not required if the applicant is a diplomate of a medical specialty board approved by the American Medical Association.

D. Evidence satisfactory to the board that the applicant has satisfactorily completed either one year of graduate training in an institution in the United States or Canada

approved for internship or graduate training by the board, or other graduate training approved by the board.

Subp. 3. **Ineligible applicants.** An applicant whose credentials are determined by the board to indicate ineligibility for licensure shall be notified of this determination and the grounds for it and may be granted a hearing on this determination according to part 5615.0300 by filing a statement of issues with the board within 20 days after receipt of this notice from the board. After the hearing the board shall notify the applicant in writing of its decision.

Subp. 4. [Repealed by amendment, 8 SR 2573]

**Statutory Authority:** *MS s 147.01 subd 3; 147.02*

**History:** 8 SR 2573

### **5600.0800 TEMPORARY PERMITS TO PRACTICE MEDICINE AND TEMPORARY CERTIFICATES FOR GRADUATE TRAINING.**

Subpart 1. **Application for temporary permit.** Applications for a temporary permit to practice medicine, under Minnesota Statutes, section 147.02 must be submitted on forms prepared by the board and must include the information required in part 5600.0600, subpart 2.

Subp. 2. **Application for temporary certificate.** An application for a temporary certificate for graduate training under Minnesota Statutes, section 147.16 may be issued only to a graduate of a foreign medical school. The application must be submitted on forms prepared by the board, which must include the following information:

A. An original or certified copy of a birth certificate.

B. Evidence of good moral character satisfactory to the board.

C. Evidence satisfactory to the board that the applicant is a graduate of a foreign medical school approved by the licensing authority of the jurisdiction or country in which such medical school is located and is the holder of an approved diploma or degree recognized by the board as evidencing a level of training from said approved foreign medical school commensurate with medical training required by approved medical schools in the United States.

D. If the applicant is licensed to practice medicine and surgery in a foreign country, the original or a certified copy of his or her then current license to practice medicine and surgery in the foreign country, issued by the school from which he or she graduated or by the appropriate licensing body of the country in which he or she was originally licensed. If applicant is not so licensed, evidence satisfactory to the board that the applicant has passed an examination, or is eligible therefor, which is substantially equivalent to the examination given by the board to applicants for a license to practice medicine in all of its branches in Minnesota.

E. Evidence satisfactory to the board that the applicant has been awarded a certificate by the Educational Council for Foreign Medical Graduates, certifying to the applicant's formal education and passage of the ECFMG English test and the ECFMG examination.

F. The name and location of the institution at which such graduate training will be taken, and evidence that the institution has accepted the applicant for training.

G. In the case of an applicant for residency training, evidence satisfactory to the board that the applicant has completed at least 12 months of hospital training as an intern in a hospital acceptable to the board.

H. The information required by part 5600.0200, subpart 2, items D and E.

Subp. 3. **Postgraduate training.** Upon issuance of a temporary certificate for graduate training, the holder may take postgraduate training in a teaching institution within the state of Minnesota approved for resident training by the board.

Subp. 4. **Services allowed.** The holder of a temporary certificate may perform those services incident to the training prescribed by the approved institution while acting under the direction of a person licensed to practice medicine and surgery in this state; provided, however, that no fee or remuneration of any kind shall be collected by the holder of a certificate from any patients treated by the holder; and, provided, further, that the holder of the certificate



shall confine his or her training and practice to the institution or group of institutions designated in the original or amended application.

**Subp. 5. Ineligible applicants.** An applicant whose credentials are determined by the board to indicate ineligibility for a temporary permit or certificate shall be notified of this determination and the grounds for it and may be granted a hearing on this determination according to part 5615.0300 by filing a statement of issues with the board within 20 days after receipt of the notice from the board. After the hearing, the board shall notify the applicant in writing of its decision.

Subp. 6. [Repealed by amendment, 8 SR 2573]

**Statutory Authority:** *MS s 147.01 subd 3; 147.02*

**History:** *8 SR 2573*

### 5600.0900 LICENSURE OF FOREIGN GRADUATES IN MEDICINE AND SURGERY.

**Subpart 1. Definition.** As used herein, the term "foreign medical school" means a medical school located outside the United States and Canada.

**Subp. 2. Who may apply.** A graduate of a foreign medical school may apply for admission to a licensing examination in accordance with Minnesota Statutes, section 147.02, by filing with the board an application on forms provided by the board, which forms must include the following information:

A. The information required by part 5600.0200, subpart 2, items C to E.

B. Evidence satisfactory to the board that the applicant is a graduate of a foreign medical school and is the holder of an approved diploma or degree recognized by the board as evidencing a level of training from the approved foreign medical school commensurate with the medical training required by approved medical schools in the United States.

C. An original or certified copy of a birth certificate.

D. If the applicant is licensed to practice medicine and surgery in a foreign country, the original or a certified copy of the license to practice medicine and surgery in the foreign country, issued by the school from which he or she graduated or by the appropriate licensing body of the country in which he or she was originally licensed. If the applicant is not so licensed, evidence satisfactory to the board that the applicant has passed an examination, or is eligible for it, which is substantially equivalent to the examination given by the board to applicants for a license to practice medicine in all of its branches in Minnesota.

E. Evidence satisfactory to the board that the applicant has been awarded a certificate by the Educational Council for Foreign Medical Graduates, certifying to the applicant's formal education and passage of the ECFMG English test and the ECFMG examination.

F. The name and location of the institution at which the graduate training will be taken, and evidence that the institution has accepted the applicant for training.

G. Evidence satisfactory to the board:

(1) that the applicant has been awarded a certificate by the Educational Council for Foreign Medical Graduates, certifying to the applicant's formal education and passage of the ECFMG English test and the ECFMG examination; and

(2) that the applicant has satisfactorily completed either one year of graduate training in an institution in the United States or Canada approved for internship or graduate training by the board, or other graduate training approved by the board.

The evidence required in subitem (1) is not required if the applicant is a diplomate of a medical specialty board approved by the American Medical Association, or if the applicant has successfully completed the licensure examination prepared and graded by the Federation of State Medical Boards of the United States.

**Subp. 3. Ineligible applicants.** An applicant whose credentials are determined by the board to indicate ineligibility for examination shall be notified of this determination and the grounds for it and may be granted a hearing on this determination under part 5615.0300 by filing a statement of issues with the board within 20 days after receipt of the notice from the board. After the hearing the board shall notify the applicant in writing of its decision.

Subp. 4. **Filing deadline.** All applications for examination must be fully completed and forwarded to the secretary of the board, postmarked not later than 30 days before the date of the examination.

Subp. 5. [Repealed by amendment, 8 SR 2573]

**Statutory Authority:** *MS s 147.01 subd 3; 147.02*

**History:** 8 SR 2573

#### **5600.1000 LICENSURE TO PRACTICE MEDICINE AND SURGERY BY PERSONS LICENSED TO PRACTICE OSTEOPATHY.**

Subpart 1. **Who may apply.** Any person licensed to practice osteopathy in this state under Minnesota Statutes, sections 148.11 to 148.16 may apply to this board for admission to a licensing examination to practice medicine and surgery by filing with the board an application as prescribed in this part.

Subp. 2. **Form and content of application.** The application must be submitted on forms prepared by the board and must include the following information:

A. an original or certified copy of diploma from an osteopathic college, accredited by the board, indicating that the applicant has satisfactorily completed a course of study acceptable to the board, and that he or she has received from such college the degree of Doctor of Osteopathy;

B. an original or certified copy of the applicant's then current license to practice osteopathy in this state;

C. the information required by part 5600.0200, subpart 2, items C to E; and

D. the applicant's statement as to the locations at which he or she has practiced osteopathy from the date of licensure, showing the beginning and ending dates for each location.

Subp. 3. **Required passage of examination.** The applicant, prior to licensure to practice medicine and surgery, shall satisfactorily pass an examination prepared and graded by the Federation of State Medical Boards of the United States.

Subp. 4. **Ineligible applicants.** An applicant whose credentials are determined by the board to indicate ineligibility for examination shall be notified of this determination and the grounds for it and may be granted a hearing on this determination under part 5615.0300 by filing a statement of issues with the board within 20 days after receipt of the notice from the board. After the hearing the board shall notify the applicant in writing of its decision.

Subp. 5. **Filing deadline.** All applications for examinations must be fully completed and forwarded to the secretary of the board, postmarked not later than 30 days before the date of the examination.

Subp. 6. [Repealed by amendment, 8 SR 2573]

**Statutory Authority:** *MS s 147.01 subd 3; 147.02*

**History:** 8 SR 2573

**5600.1500** [Repealed, 8 SR 2573]

**5600.1600** [Repealed, 8 SR 2573]

**5600.1700** [Repealed, 8 SR 2573]

### **MIDWIFERY**

#### **5600.2000 LICENSURE EXAMINATION TO PRACTICE MIDWIFERY.**

Subpart 1. **Definition.** As used in Minnesota Statutes, section 148.30, the practice of midwifery includes the furthering or undertaking by any person to assist or attend a woman in normal pregnancy and childbirth, but shall not include the use of any instrument at a childbirth, except such instrument as is necessary in severing the umbilical cord, nor does it include the assisting of childbirth by an artificial, forcible, or mechanical means, nor the removal of adherent placenta, nor the administering, prescribing, advising, or employing, either before or after any childbirth, of any drug, other than a disinfectant or cathartic.

Subp. 2. **Application.** An application for admission to a licensing examination to practice midwifery in this state shall be filed with the board as hereinafter prescribed. If the board finds that the application is complete and that all of the requirements of the statute and of these rules have been met, it shall advise the applicant of the date and place of the examination.

Subp. 3. **Content of application.** The application shall require the applicant to submit the following information:

A. original or certified copy of high school diploma or evidence of equivalent education;

B. original or certified copy of diploma, degree, or certificate, or evidence satisfactory to the board, indicating that the applicant has satisfactorily completed an approved curriculum in midwifery in a school or maternity hospital approved by the board;

C. evidence, satisfactory to the board that the applicant is of good moral character; and

D. an unmounted recent photograph of the applicant with the affidavit of the applicant on the reverse side thereof that the photograph is that of the applicant.

Subp. 4. **Subjects tested.** The examination shall include the following subjects: anatomy of the pelvis and female generative organs; physiology of menstruation; diagnosis and management of pregnancy, fetal presentation, and position; mechanism and management of normal labor; management of the puerperium; injuries to the genital organ following labor; sepsis and asepsis in relation to labor; special care of the bed and lying-in room; hygiene of the mother and infant; asphyxiation, convulsions, malformation, and infectious disease of the newborn; cause and effects of ophthalmia neonatorum; abnormal conditions requiring attendance of a physician.

Subp. 5. **Ineligible applicants.** An applicant whose credentials are determined by the board to indicate ineligibility for examination shall be notified of such determination and the grounds therefor and may be granted a hearing thereon in accordance with the provisions of part 5615.0300, by filing a statement of issues with the board within 20 days after receipt of such notice from the board. After such hearing the board shall notify the applicant, in writing, of its decision thereon.

Subp. 6. **Application deadline.** All applications for examination must be fully completed and forwarded to the secretary of the board, postmarked not later than 30 days before the date of the examination.

**Statutory Authority:** *MS s 147.01 subd 3*

#### 5600.2100 MIDWIFERY ETHICS.

The board may revoke, suspend, condition, limit, qualify, or restrict the license of, or refuse to renew the license of, any midwife for unprofessional or dishonorable conduct, which shall include but not be limited to the following:

A. conviction of the crime of criminal abortion or of a crime involving moral turpitude;

B. neglect or refusal to promptly make proper returns to an agent of a board of health as authorized under Minnesota Statutes, section 145A.04 or health department of births, of a puerperal, contagious, or infectious disease;

C. failure promptly to secure the attendance of duly licensed physician in case of miscarriage, hemorrhage, abnormal presentation or position, retained placenta, convulsions, prolapse of the cord, fever during parturient stage, inflammation or discharge from the eyes of the newborn infant, or whenever any abnormal or unhealthy symptoms appear either in the mother or infant during pregnancy, labor, or the puerperium.

**Statutory Authority:** *MS s 147.01 subd 3*

**History:** *L 1987 c 309 s 24*

#### ANNUAL FEES

#### 5600.2500 ANNUAL FEES.

The fees charged by the board are fixed at the following rates:

A. physician examination fee, full exam, \$490;

- B. physician examination fee, Part I only, \$290;
- C. physician examination fee, Part II only, \$345;
- D. physician application fee, \$200;
- E. physician annual license, \$168;
- F. physician certification to other states, \$10;
- G. physician verification to institutions, \$5;
- H. physician endorsement to other states, \$40;
- I. physician emeritus license, \$50;
- J. physician temporary licenses, \$60;
- K. physician late fee, \$60;
- L. physical therapist application fee, \$75;
- M. physical therapist examination fee, \$110;
- N. physical therapist annual registration, \$35;
- O. physical therapist late fee, \$10;
- P. physical therapist certification to other states, \$10;
- Q. physical therapist verification to institutions, \$5;
- R. physical therapist temporary permit, \$10;
- S. duplicate license or registration fee, \$10;
- T. education or training program approval fee, \$25; and
- U. special purpose examination fee, \$345.

**Statutory Authority:** *MS s 16A.128; 146.13; 147.01; 147.02; 147.03; 147.037; 148.705; 148.73; 148.74; 214.06; 214.12; L 91 c 292 art 1 s 10 subd 4*

**History:** *10 SR 1476; 11 SR 777; 12 SR 846; 15 SR 1055; 16 SR 1178; 17 SR 1829*

#### REGISTRATION OF PHYSICIAN ASSISTANTS

##### 5600.2600 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 5600.2600 to 5600.2670, the following terms have the meanings given them.

Subp. 2. **Active status.** "Active status" means the status of a person who has met all the qualifications of a physician assistant and has a physician–physician assistant agreement in force and approved by the board.

Subp. 2a. **Administer.** "Administer" means to deliver by a physician assistant authorized to prescribe legend drugs, a single dose of a legend drug, excluding controlled substances, to a patient by injection, inhalation, ingestion, or by any other immediate means.

Subp. 3. **Agreement.** "Agreement" means a document signed by the physician and the physician assistant which includes contents specified in part 5600.2635, subpart 3. If there is a delegation of prescribing and administering of legend drugs and medical devices, the agreement includes the delegation form in part 5600.2670, subpart 6.

Subp. 4. **Alternate supervising physician.** "Alternate supervising physician" means a Minnesota licensed physician listed in the physician–physician assistant agreement who is responsible for supervising the physician assistant when the supervising physician is unavailable. The alternate supervising physician shall accept full medical responsibility for the performance, practice, and activities of the physician assistant while under the supervision of the alternate supervising physician.

Subp. 5. **Board.** "Board" means the Minnesota Board of Medical Practice.

Subp. 6. **Commissioner.** "Commissioner" means the commissioner of the Department of Health.

Subp. 7. **Contact hour.** "Contact hour" means an instructional session of 60 consecutive minutes, excluding coffee breaks, registration, meals with a speaker or without a speaker, and other social activities.

Subp. 7a. **Delegation form.** "Delegation form" refers to the form in part 5600.2670, subpart 6, used to indicate the categories of drugs for which the authority to prescribe and

administer has been delegated to the physician assistant and signed by the supervising physician, any alternate supervising physicians, and the physician assistant. This form is part of the agreement as defined in subpart 3.

Subp. 8. **Diagnostic order.** "Diagnostic order" means a directive to perform a procedure or test, the purpose of which is to determine the cause and nature of a pathological condition or disease.

Subp. 8a. **Drug.** "Drug" has the meaning given it in Minnesota Statutes, section 151.01, subdivision 5, excluding controlled substances as defined in Minnesota Statutes, section 152.01, subdivision 4.

Subp. 8b. **Drug category.** "Drug category" means one of the categories listed on the form in part 5600.2670, subpart 6.

Subp. 9. **Inactive status.** "Inactive status" means the status of a person who has met all the qualifications of a physician assistant but does not have a physician-physician assistant agreement in force and approved by the board.

Subp. 9a. **Internal protocol.** "Internal protocol" means a document written by the supervising physician and physician assistant which specifies the policies and procedures which will apply to the physician assistant's prescribing and administering of legend drugs and medical devices and lists the specific drugs and medical devices, with any exceptions or conditions, that the physician assistant is authorized to prescribe and administer.

Subp. 9b. **Legend drug.** "Legend drug" has the meaning given it in Minnesota Statutes, section 151.01, subdivision 17, excluding controlled substances as defined in Minnesota Statutes, section 152.01, subdivision 4.

Subp. 9c. **Medical device.** "Medical device" means durable medical equipment and assistive or rehabilitative appliances, objects, or products that are required to implement the overall plan of care for the patient and that are restricted by federal law to use upon prescription by a licensed practitioner.

Subp. 10. **Physician.** "Physician" means a person currently licensed in good standing as a physician or osteopath under Minnesota Statutes, chapter 147.

Subp. 11. **Physician assistant; registered physician assistant.** "Physician assistant" or "registered physician assistant" means a person registered pursuant to parts 5600.2600 to 5600.2670 who is qualified by academic or practical training or both to provide patient services as listed in part 5600.2615 under the supervision of a supervising physician.

Subp. 11a. **Prescribe.** "Prescribe" means to direct, order, or designate by means of a prescription the preparation, use of, or manner of using a drug or medical device.

Subp. 11b. **Prescription.** "Prescription" means a signed written order, or an oral order reduced to writing, given by a physician assistant authorized to prescribe drugs for patients in the course of the physician assistant's practice, issued for an individual patient and containing the information required by part 5600.2670, subpart 4, item C.

Subp. 12. **Registration.** "Registration" is the process by which the board determines that an applicant has been found to meet the standards and qualifications specified in parts 5600.2600 to 5600.2670.

Subp. 13. **Supervising physician.** "Supervising physician" means a Minnesota licensed physician who accepts full medical responsibility for the performance, practice, and activities of a physician assistant under an agreement approved by the board and pursuant to part 5600.2615. Supervising physician includes "alternate supervising physician" for the purposes of parts 5600.2600 to 5600.2670.

**Statutory Authority:** *MS s 147.34; 214.13*

**History:** *10 SR 476; 16 SR 1996*

### 5600.2605 PURPOSE.

The purpose of parts 5600.2600 to 5600.2670 is to establish the administrative structure, the procedures, and the requirements for the registration of people qualified to be physician assistants and the requirements which must be met before a physician assistant may prescribe and administer legend drugs and medical devices.

**Statutory Authority:** *MS s 147.34; 214.13*

**History:** *10 SR 476; 16 SR 1996*

**5600.2610 RESTRICTIONS ON USE OF TITLE OF REGISTERED PHYSICIAN ASSISTANT.**

Subpart 1. **Physician assistant identification.** Only a registered physician assistant in active status may use the title "physician assistant" or "registered physician assistant" without restriction. A registered physician assistant in active status shall be identified at the practice site by using a name tag or name plate or some other identifying device bearing the title "registered physician assistant."

Subp. 2. **Inactive status.** A registered physician assistant in inactive status may not use the title "registered physician assistant" in connection with the delivery of health care services. A registered physician assistant in inactive status may not use the title on a name tag or name plate at any medical or health care facility or office in providing patient services.

**Statutory Authority:** *MS s 147.34; 214.13*

**History:** *10 SR 476; 16 SR 1996*

**5600.2615 SCOPE OF PHYSICIAN ASSISTANT PRACTICE.**

Subpart 1. **General limitation on scope of practice.** Patient services must be limited to:

- A. services within the training or experience of the physician assistant;
- B. services customary to the practice of the supervising physician; and
- C. services delegated by the supervising physician.

Subp. 2. **Descriptive list of allowed services.** Patient services must be limited to:

- A. taking complete, detailed, and accurate patient histories and reviewing patient records to develop comprehensive medical status reports;
- B. performing physical examinations and recording all pertinent patient data;
- C. interpreting and evaluating patient data as authorized by the supervising physician for the purpose of determining management and treatment of patients;
- D. initiating requests for, or performing, diagnostic procedures as indicated by pertinent data, and as authorized by the supervising physician;
- E. performing therapeutic procedures as authorized by the supervising physician;
- F. providing instructions and guidance regarding medical care matters to patients;
- G. assisting the supervising physician in the delivery of services to patients requiring medical care in the home and in health care institutions, including recording patient progress notes, issuing diagnostic orders which must be countersigned by the supervising physician within 24 hours, and transcribing or executing specific orders at the direction of the supervising physician; and
- H. prescribing and administering legend drugs other than controlled substances as defined in Minnesota Statutes, section 152.01, subdivision 4, and medical devices if this function has been delegated to the physician assistant by the supervising physician and approved by the board, pursuant to and subject to the limitations of Minnesota Statutes, section 147.34 and chapter 151, and parts 5600.2600 to 5600.2670.

**Statutory Authority:** *MS s 147.34; 214.13*

**History:** *10 SR 476; 16 SR 1996*

**5600.2620 REQUIREMENTS FOR ADEQUATE SUPERVISION.**

To ensure the supervising physician assumes full medical responsibility for patient services provided by the physician assistant, the supervising physician shall instruct and direct the physician assistant in the assistant's duties, oversee and check the assistant's work, and provide general direction to the assistant. The physician assistant and supervising physician shall comply with at least the following criteria:

- A. A supervising physician must be able to be contacted within 15 minutes either in person or by telecommunication for consultation with the assistant.
- B. A supervising physician shall review and evaluate patient services provided by the physician assistant on a daily basis from information in patient charts or records. Review may either be in person or by telecommunication.

C. A supervising physician shall be on site at facilities staffed by a physician assistant if they are separate from the usual practice site of the supervising physician at least twice a week for at least eight hours a week during patient contact time.

D. A supervising physician may not supervise more than two physician assistants.

E. The prescribing, administering, and dispensing of legend drugs shall only be done in accordance with Minnesota Statutes, chapters 151 and 152.

F. The physician assistant and supervising physician shall ensure that an alternate physician is available to supervise if the supervising physician is absent.

**Statutory Authority:** *MS s 214.13*

**History:** *10 SR 476*

### 5600.2625 REQUIREMENTS FOR REGISTRATION.

Subpart 1. **Requirements for registration in active status.** An applicant for registration as a physician assistant in active status shall:

A. Successfully complete a physician assistant training program recognized by the board as approved by a national accrediting body for physician assistant training. To be recognized by the board the accrediting body must meet the following criteria:

(1) It must be capable of evaluating physician assistant training programs throughout the United States.

(2) It must be capable of conducting site visits to evaluate the facilities used by the physician assistant training program, including evaluation of libraries and laboratories.

(3) It must be capable of evaluating the quality of the academic programs offered as well as evaluating the faculty.

(4) It must use standards that ensure that graduates of the training program have the knowledge and training to practice as a physician assistant within the scope of practice defined by these rules.

(5) It may not be affiliated with any individual physician assistant training program.

B. Successfully complete an examination which has been approved by the board as assessing physician assistant skills. The examination must meet the following criteria:

(1) The examination must be validated by a content validity study which consists of data showing that the examination covers a representative sample of the job tasks, work behavior, or performance skills essential to the job for which the applicant is to be evaluated; or the examination must be validated by a criterion-related validity study which consists of empirical data demonstrating that the selection is predictive of, or significantly correlated with job performance and which has a validity coefficient significant at the 0.05 level of significance.

(2) Validity studies must be based upon a review of information about the job for which the examination is to be used. The review must include at least an analysis of job tasks, work behavior, or performance skills that are relevant to the job.

(3) Job tasks, work behaviors, or performance skills used as a basis for test developments or validity studies must include at least the procedures and techniques which may be delegated to physician assistants as outlined in part 5600.2615.

(4) The examination must be determined to be reliable utilizing the parallel forms or internal consistency methods of estimating reliability and the reliability coefficient must be not less than 0.70.

(5) The examination must be revised or a new form must be issued when technical advances indicate the examination should be updated to acknowledge related changes in the scope of authorized practice of a physician assistant as outlined in part 5600.2615.

(6) The examination must be revised or a new form must be issued when it is necessary to meet additional standards or knowledge requirements adopted by the commissioner.

C. Have an agreement between the physician and physician assistant which complies with part 5600.2635, subpart 3.

Subp. 2. **Requirements for registration in inactive status.** An applicant for registration as a physician assistant in inactive status must meet the requirements of subpart 1, items A and B.

A physician assistant in inactive status may apply for registration in active status when the requirements of subpart 1, item C are met.

**Statutory Authority:** *MS s 214.13*

**History:** *10 SR 476*

#### **5600.2630 APPLICATION PROCESS FOR INITIAL REGISTRATION.**

Subpart 1. **Form required.** All applicants for initial registration as physician assistants shall submit an application on forms provided by the board together with fees described under part 5600.2655. The application must include information sufficient to permit a complete evaluation of each applicant to determine whether the applicant meets the requirements for registration and must include information sufficient to permit an evaluation by the board of the proposed supervision of the physician assistant. For the purpose of confirming the applicant's qualifications or to clarify the proposed supervisory relationship, the board shall request that an applicant submit additional information if it is necessary to clarify incomplete or ambiguous information presented in the application.

Subp. 2. **Contents of application form.** The application form must include questions which require the applicant to do the following:

- A. provide demographic information as deemed necessary by the board;
- B. list or describe areas of specialization or special training or experience of the physician assistant including previous work history;
- C. provide certification from the director of the program or dean of the school of successful completion of an approved program as described in part 5600.2625, subpart 1, item A;
- D. provide certification demonstrating successful completion of an approved examination as described in part 5600.2625, subpart 1, item B; and
- E. provide the names and addresses of two individuals who can be contacted for a reference about the applicant, one of whom is a physician or osteopath licensed in the United States, other than the supervising physician, who personally know the applicant.

**Statutory Authority:** *MS s 214.13*

**History:** *10 SR 476*

#### **5600.2635 APPLICATION PROCESS FOR APPROVAL OF AGREEMENT BETWEEN PHYSICIAN AND PHYSICIAN ASSISTANT.**

Subpart 1. **Form required.** An applicant seeking active status must submit an application on forms provided by the board and an agreement signed by the physician assistant and the supervising physician and any alternate supervising physician.

Subp. 2. **Contents of form.** The completed application form must contain the following information:

- A. identify the licensed supervising physician and any areas of specialization of the physician and alternate supervising physicians;
- B. describe the practice in which the physician assistant will be used and the current plans for use of the physician assistant;
- C. identify and describe the practice sites of the supervising physician and physician assistant;
- D. identify other physicians or physician assistants who may be involved;
- E. list or describe areas of specialization, special training, or experience of the physician assistant; and
- F. provide any other information which is judged to be necessary by the board to answer questions regarding supervision of the physician assistant.

Subp. 3. **Contents of agreement.** The agreement must include at least the following:

- A. specific plans for supervision of the physician assistant by the supervising physician as well as alternate supervising physicians if more than one physician will be working with the physician assistant;



B. plans for supervision when the supervising physician is not available;

C. restrictions or instructions regarding the functions or practices of the physician assistant and any letters of agreement or other protocols or restrictions established by or with any health care facility concerning the practice of the physician assistant when functioning in the facility, including letters of agreement made for or with pharmacists regarding the practice of the physician assistant in carrying out the directions of the physician;

D. a statement by the supervising physician regarding the delegation or nondelegation of the functions of prescribing and administering legend drugs and medical devices to the physician assistant, and, if delegation is specified, the completed delegation form as required by part 5600.2670;

E. a statement that the supervising physician and alternate supervising physician assume full medical responsibility for all patient services provided by the physician assistant; and

F. any other information which will assist the board in determining whether the physician assistant will be adequately supervised by the supervising physician.

**Subp. 4. Modification or termination of agreement.** The physician assistant and the supervising physician shall notify the board upon the modification or termination of the agreement. Upon termination of the agreement, the board shall classify the physician assistant in inactive status until a new agreement is approved. If the modification results in an expansion of the physician assistant's duties, the modification must be approved by the board before the physician assistant begins the new duties.

**Subp. 5. Procedure to obtain delegation of prescribing and administering functions.** To obtain delegation of prescribing and administering functions, a physician assistant must:

A. submit an agreement indicating delegation of prescribing and administering functions;

B. submit a copy of the physician assistant's certification card from the National Commission on Certification of Physician Assistants showing current certification;

C. submit the completed and signed delegation form in part 5600.2670, subpart 6; and

D. submit the fees required by part 5600.2655.

The board shall review each application for approval of agreements containing delegation of prescribing in a timely manner and notify the applicant in writing of action taken on the application. If the agreement is not approved, the board must indicate the grounds for its action in the notice to the applicant.

**Statutory Authority:** *MS s 147.34; 214.13*

**History:** *10 SR 476; 16 SR 1996*

#### **5600.2640 TEMPORARY REQUIREMENTS DURING TRANSITION.**

**Subpart 1. Initial registration requirements.** An applicant for initial registration as a physician assistant is not required to meet the requirements of part 5600.2625, subparts 1, items A and B; and 2, until August 26, 1987, if the applicant provides documented evidence that the following requirements have been met:

A. An applicant has completed a course of study in medical care which was at least 18 months full time and which had course content judged by the board to be equivalent to the program content of an accredited physician assistant program. An applicant may petition the board to accept informal training which the board judges to be equivalent in program content to an accredited program.

B. An applicant has been employed as a full-time physician assistant for at least four of the last five years under the supervision of a licensed physician. This experience must be recorded on forms provided by the board.

**Subp. 2. Examination requirements.** A physician assistant who qualified for initial registration by meeting the requirements of subpart 1 must successfully complete an examination which meets the requirements of part 5600.2625, subpart 1, item B within two years of the date initial registration was approved by the board. If the physician assistant suc-

cessfully completes the examination within the two years, a physician assistant is exempt from meeting the requirements for registration of part 5600.2625, subpart 1, item A. If the physician assistant does not successfully complete the examination within the two years, the board will revoke the physician assistant's registration and the physician assistant shall then meet all the requirements of part 5600.2625 for registration.

Subp. 3. **Active status requirements.** A physician assistant who qualified for initial registration by meeting the requirements of subpart 1 must also meet the requirements of part 5600.2625, subpart 1, item C if the physician assistant wishes to be registered in active status.

**Statutory Authority:** *MS s 214.13*

**History:** *10 SR 476*

#### **5600.2645 APPLICATION PROCESS FOR REREGISTRATION.**

A physician assistant's registration expires each year on July 1. Each physician assistant must reregister on or before July 1 of each year by submitting a completed application for reregistration on a form provided by the board together with the annual reregistration fee. Physician assistants with authority to prescribe and administer legend drugs and medical devices must also provide a copy of a current certification card issued by the National Commission on Certification of Physician Assistants. The information supplied on the application for reregistration must be sufficient for the board to determine whether the physician assistant continues to meet the requirements for registration in part 5600.2625 or 5600.2640. In addition, the applicant must meet the continuing education requirements of part 5600.2650. The board may request a physician assistant to submit additional information to clarify information presented in the application for reregistration. An application submitted after the reregistration deadline date must be accompanied by a late fee.

**Statutory Authority:** *MS s 147.34; 214.13*

**History:** *10 SR 476; 16 SR 1996*

#### **5600.2650 CONTINUING EDUCATION REQUIREMENTS.**

Subpart 1. **Amount of education required.** Applicants for reregistration must either attest to and document successful completion of at least 50 contact hours of board-approved continuing education as described in subpart 3 within the two years immediately preceding reregistration, or attest to and document taking the national certifying examination within the past two years.

Subp. 2. **Type of education required.** Approved continuing education activities are learning experiences designed to promote continuing competency in the procedures and techniques outlined in part 5600.2615. The activities must receive board approval for continuing education.

The board shall base its approval of a continuing education activity on the following criteria:

A. It must have specific, written objectives which describe expected outcomes for the participant.

B. It must be presented by knowledgeable persons who have reviewed the development in the subject being covered in the program within the last two years. The presenting person must have specialized training in the subject matter, experience in teaching the subject matter, or experience in working in the subject areas.

C. It must last at least one contact hour.

D. It must utilize a mechanism to validate participation, such as earned credits or verification of attendance. Program sponsors shall maintain attendance sheets for three years.

Subp. 3. **Restrictions on earning credits through contact hour equivalents.** Contact hour equivalents can include medical teaching, publication of books or papers, lectures, exhibits, and self-teaching. No more than ten hours of credit may be obtained in any renewal period through medical teaching. No more than ten hours of credit may be obtained in any renewal period through a combination of publications, lectures, and exhibits. No more than ten hours of credit may be obtained through self-teaching. Credits may be obtained in the following ways:

A. five hours of credit for a scientific paper or book chapter published in a peer-reviewed medical journal or book;

B. an hour of credit for each hour spent lecturing at a course which qualifies for board approval under subpart 2;

C. an hour of credit for each hour spent self-teaching; and

D. five hours of credit for a paper or exhibit presented before a professional or allied health audience. Credit may be claimed only once for such a presentation.

Subp. 4. **Verification of continuing education reports.** Periodically, the board shall select a sample of the registered physician assistants and request evidence of continuing education to which they attested. Documentation may come directly from the registrant or from a national accrediting or certifying organization which maintains those types of records.

**Statutory Authority:** *MS s 214.13*

**History:** *10 SR 476*

### 5600.2655 APPLICATION FEES.

Subpart 1. **Initial registration fee.** The initial registration fee shall be \$100.

Subp. 2. **Annual reregistration fee.** The annual fee for reregistration shall be \$20.

Subp. 3. **Penalty fee for late renewals.** The penalty fee for late submission of an application for reregistration shall be \$5.

Subp. 4. **Fee for approval of agreements.** The fee for approval of an agreement between a physician and physician assistant by the board shall be:

A. \$30 for agreements not containing delegation of prescribing and administering functions; or

B. \$86 for agreements containing delegation of prescribing and administering functions. The delegation form must accompany the agreement.

Subp. 5. **Notice of fee changes.** The board shall notify physician assistants about fee changes under subparts 1 to 4 in the same manner as it notifies physicians about those types of fee changes.

Subp. 6. **Surcharge.** For a period of five years following August 26, 1985, a surcharge shall be added to each initial registration and annual registration fee. The surcharge shall be calculated by dividing the cost of adopting the rules by five to reach the amount which must be recouped each year, and then, on a yearly basis, calculate the surcharge by dividing the amount that must be recouped each year by the number of registrants and reregistrants that year.

**Statutory Authority:** *MS s 147.34; 214.13*

**History:** *10 SR 476; 16 SR 1996*

### 5600.2660 PROCESS AND GROUNDS FOR DISCIPLINARY ACTION.

Subpart 1. **Investigation of complaints.** Upon receiving a complaint or other oral or written communication, which alleges or implies the existence of grounds for revocation of registration or disciplinary actions as specified in subpart 2, the physician assistant council established in part 5600.2665 may initiate an investigation. The council may request the physician assistant to appear before it to determine the merits of the situation in question. In each case, the council shall make a recommendation to the board as to whether proceedings under the contested case provisions of the Administrative Procedure Act, Minnesota Statutes, sections 14.57 to 14.69, would be appropriate and should be initiated. Before any disciplinary action, a written complaint must be obtained from a complaining party.

Subp. 2. **Disciplinary options of board.** The board shall refuse to grant or renew a registration, or shall suspend or revoke a registration, or use any reasonable lesser remedy against a physician assistant if the assistant:

A. submits false or misleading information or credentials in order to obtain or renew registration;

B. fails to meet the requirements for initial or reregistration;

C. incompetently, negligently, or inappropriately performs patient services;

# MINNESOTA RULES 1993

937

## LICENSURE AND REGISTRATION 5600.2665

D. performs patient service beyond the scope of practice authorized by part 5600.2615;

E. violates parts 5600.2600 to 5600.2670;

F. is unable to perform patient services with reasonable skill and safety to patients due to physical or mental illness or use of alcohol, drugs, or other substance;

G. violates state or federal laws regarding prescribing or administering legend drugs or medical devices;

H. prescribes or administers legend drugs or medical devices in a manner other than under the procedures in parts 5600.2600 to 5600.2670;

I. prescribes or administers legend drugs or medical devices in a manner which is inconsistent with the training and experience of the physician assistant or in a manner which falls below the community standard of care; or

J. prescribes or administers legend drugs or medical devices in violation of the agreement.

**Subp. 3. Disciplinary actions.** If the board finds that a physician assistant should be disciplined pursuant to subpart 2, the board may take any one or more of the following actions:

A. refuse to grant or renew a registration;

B. revoke a registration;

C. suspend any registration for a definite period;

D. administer a reprimand;

E. condition, limit, or restrict a registration;

F. place the physician assistant on probation, which probation may be vacated upon compliance with such reasonable terms as the board may impose; or

G. refuse to approve delegation of prescribing and administering authority, revoke, suspend, restrict, or condition prescribing and administering authority.

**Subp. 4. Consequences of disciplinary action.** Upon the revocation or suspension, the registrant shall return to the board the registrant's certificate and current renewal document.

**Subp. 5. Reinstatement requirements after disciplinary action.** A physician assistant who has had registration revoked cannot apply for reinstatement until at least one year after the effective date of the revocation or for a longer period of time specified by the board. A suspended registration shall be reinstated upon fulfillment of the terms of suspension. All requirements of part 5600.2645 for renewing registration, if applicable, must also be met before reinstatement.

**Statutory Authority:** *MS s 147.34; 214.13*

**History:** *10 SR 476; L 1987 c 384 art 2 s 1; 16 SR 1996*

### 5600.2665 PHYSICIAN ASSISTANT ADVISORY COUNCIL.

**Subpart 1. Membership.** Subject to approval by the board, the commissioner shall appoint seven persons to a physician assistant advisory council. The seven persons must include:

A. two public members, as defined in Minnesota Statutes, section 214.02;

B. three physician assistants registered under parts 5600.2600 to 5600.2670; and

C. two licensed physicians one of whom must be a representative of the board.

**Subp. 2. Organization.** The council shall be organized and administered under Minnesota Statutes, section 15.059.

**Subp. 3. Duties.** The council shall:

A. advise the board regarding physician assistant registration standards;

B. advise the board on enforcement of parts 5600.2600 to 5600.2670;

C. provide for distribution of information regarding physician assistant registration standards;

D. review applications and recommend applicants for registration or reregistration;

E. receive and process complaints about applicants and registrants according to Minnesota Statutes, sections 214.10 and 214.13, subdivisions 6 and 7;

F. perform disciplinary investigations;

G. perform other duties authorized for the council by Minnesota Statutes, chapter 214, as directed by the board; and

H. review delegation of prescribing and administering authority in agreements, request a copy of the internal protocol or other additional information for clarification of delegation terms if necessary, and recommend approval, disapproval, or modification of the agreement based upon the standards in Minnesota Statutes, section 147.34 and parts 5600.2600 to 5600.2670.

**Statutory Authority:** *MS s 147.34; 214.13*

**History:** *10 SR 476; 16 SR 1996*

### **5600.2670 DELEGATION OF AUTHORITY TO PRESCRIBE AND ADMINISTER DRUGS AND MEDICAL DEVICES.**

Subpart 1. **Delegation.** A physician assistant may prescribe and administer legend drugs and medical devices under the following conditions:

A. the physician assistant is currently certified by the National Commission on Certification of Physician Assistants as evidenced by a copy of the certification card with expiration date;

B. the physician assistant is registered with the board;

C. the physician assistant's supervising physician and the physician assistant have completed and signed the delegation form in subpart 6;

D. the agreement has been approved by the board based upon the standards in Minnesota Statutes, section 147.34 and parts 5600.2600 to 5600.2670; and

E. the physician assistant's prescription writing privileges are not currently restricted by the board.

Subp. 2. **Documentation.** The physician assistant shall enter each prescription on the patient's chart.

The supervising physician shall retrospectively review the physician assistant's prescribing and administering practices on a daily basis. Review may either be in person or by telecommunication.

A. If the supervising physician performs this review in person, the supervising physician shall document the retrospective review by signature on the patient's chart or other permanent practice record.

B. For facilities staffed by the physician assistant that are separate from the usual practice site of the supervising physician, the physician assistant or the supervising physician shall document the retrospective review by signature on the patient's chart or other permanent practice record. At each site visit, the supervising physician shall document by signature and date on the patient's chart or other permanent practice record that the physician assistant's prescribing and administering practices have been reviewed.

Subp. 3. **Termination and reinstatement of prescribing authority.**

A. The authority of a physician assistant to prescribe and administer legend drugs and medical devices shall end immediately when:

(1) the agreement is terminated;

(2) the authority to prescribe and administer is terminated or withdrawn by the supervising physician; or

(3) the physician assistant reverts to inactive status, loses National Commission on Certification of Physician Assistants certification, or loses or terminates registration status.

B. The physician assistant must notify the board in writing within ten days of the occurrence of any of the circumstances listed in item A.

C. Physician assistants whose authority to prescribe and administer has been terminated shall reapply for approval of the agreement under part 5600.2635 and meet the re-

# MINNESOTA RULES 1993

939

## LICENSURE AND REGISTRATION 5600.2670

quirements of subpart 1, and any other requirements established by the board prior to reinstatement of the prescribing and administering authority.

### Subp. 4. Other requirements and restrictions.

A. The supervising physician and the physician assistant must complete, sign, and date an internal protocol which lists each drug or medical device the physician assistant may prescribe and administer. The supervising physician and physician assistant shall submit the internal protocol to the board upon request. The supervising physician may amend the internal protocol as necessary, within the limits of the completed delegation form in subpart 6. The supervising physician and physician assistant must sign and date any amendments to the internal protocol. Any amendments resulting in a change to the delegation form in subpart 6 must be submitted to the board according to part 5600.2635, subpart 4, along with the fee required in part 5600.2655.

B. The supervising physician and physician assistant shall review delegation of prescribing and administering authority on an annual basis at the time of reregistration. The internal protocol must be signed and dated by the supervising physician and physician assistant after review. Any amendments to the internal protocol resulting in changes to the delegation form in subpart 6 must be submitted to the board according to part 5600.2635, subpart 4, along with the fee required in part 5600.2655.

C. Each prescription initiated by a physician assistant shall indicate the following:

- (1) the date of issue;
- (2) the name and address of the patient;
- (3) the name and quantity of the drug prescribed;
- (4) directions for use; and
- (5) the name, address, and telephone number of the prescribing physician assistant and of the physician serving as supervisor.

D. In prescribing and administering legend drugs and medical devices, a physician assistant must conform with the agreement, Minnesota Statutes, section 147.34 and chapter 151, and parts 5600.2600 to 5600.2670.

### Subp. 5. Notification of pharmacies.

A. The board shall, within six months of adoption of parts 5600.2600 to 5600.2670 and annually thereafter, provide to the Board of Pharmacy and to registered pharmacies within the state a list of those physician assistants who are authorized to prescribe legend drugs and medical devices.

B. The board shall provide to the Board of Pharmacy a list of physician assistants authorized to prescribe legend drugs and medical devices every two months if additional physician assistants are authorized to prescribe or if physician assistants have authorization to prescribe withdrawn.

C. The list must include the name, address, telephone number, and Minnesota registration number of the physician assistant, and the name, address, telephone number, and Minnesota license number of the supervising physician.

D. The board shall provide the form in subpart 6 to pharmacies upon request.

Subp. 6. **Delegation form for physician assistant prescribing.** The delegation form for physician assistant prescribing must contain the following:

#### DELEGATION FORM FOR PHYSICIAN ASSISTANT PRESCRIBING

The below-named physician assistant may prescribe and administer drugs and medical devices as indicated on this form. This form is hereby made a part of the agreement as required by Minn. Stat. section 147.34 and Minn. Rules part 5600.2635, subpart 3, item D.

Physician Assistant  
Minn. Registration #

\_\_\_\_\_  
\_\_\_\_\_

Supervising Physician  
Minn. License #

\_\_\_\_\_  
\_\_\_\_\_

MINNESOTA RULES 1993

5600.2670 LICENSURE AND REGISTRATION

The physician assistant may prescribe from those categories checked in the following list:

Restrictions applicable to each category:

A. Drugs\*

- 01 \_\_\_ Anesthetics
  - 02 \_\_\_ Antiinfectives
  - 03 \_\_\_ Antineoplastics/Immuno-suppressants
  - 04 \_\_\_ Cardiovascular Medications
  - 05 \_\_\_ Autonomic and Central Nervous System Drugs
  - 06 \_\_\_ Dermatological Medications
  - 07 \_\_\_ Diagnostic Agents
  - 08 \_\_\_ Ear-Nose-Throat Medications
  - 09 \_\_\_ Endocrine Medications
  - 10 \_\_\_ Gastrointestinal Medications
  - 11 \_\_\_ Immunologicals and Vaccines
  - 12 \_\_\_ Musculoskeletal Medications
  - 13 \_\_\_ Nutritional Products, Blood Modifiers and Electrolytes
  - 14 \_\_\_ Obstetrical and Gynecological Medications
  - 15 \_\_\_ Ophthalmic Medications
  - 16 \_\_\_ Respiratory Medications
  - 17 \_\_\_ Urological Medications
- B. \_\_\_ Medical Devices

- 01 \_\_\_\_\_
  - 02 \_\_\_\_\_
  - 03 \_\_\_\_\_
  - 04 \_\_\_\_\_
  - 05 \_\_\_\_\_
  - 06 \_\_\_\_\_
  - 07 \_\_\_\_\_
  - 08 \_\_\_\_\_
  - 09 \_\_\_\_\_
  - 10 \_\_\_\_\_
  - 11 \_\_\_\_\_
  - 12 \_\_\_\_\_
  - 13 \_\_\_\_\_
  - 14 \_\_\_\_\_
  - 15 \_\_\_\_\_
  - 16 \_\_\_\_\_
  - 17 \_\_\_\_\_
- B. \_\_\_\_\_

Physician assistants may not prescribe controlled substances regulated under Minn. Stat. Chapter 152. Other specific drugs or medical devices which the physician assistant may not prescribe include:

\_\_\_\_\_

\_\_\_\_\_

Supervising Physician  
(sign)

Physician Assistant  
(sign)

(type name/date)

(type name/date)

address

address

telephone # \_\_\_\_\_

telephone # \_\_\_\_\_

1. \_\_\_\_\_  
Alternate Supervising  
Physician  
\_\_\_\_\_  
(type name/date)

7. \_\_\_\_\_  
Alternate Supervising  
Physician  
\_\_\_\_\_  
(type name/date)

# MINNESOTA RULES 1993

## LICENSURE AND REGISTRATION 5600.2670

941

2. \_\_\_\_\_  
Alternate Supervising  
Physician  
\_\_\_\_\_  
(type name/date)

3. \_\_\_\_\_  
Alternate Supervising  
Physician  
\_\_\_\_\_  
(type name/date)

4. \_\_\_\_\_  
Alternate Supervising  
Physician  
\_\_\_\_\_  
(type name/date)

5. \_\_\_\_\_  
Alternate Supervising  
Physician  
\_\_\_\_\_  
(type name/date)

6. \_\_\_\_\_  
Alternate Supervising  
Physician  
\_\_\_\_\_  
(type name/date)

8. \_\_\_\_\_  
Alternate Supervising  
Physician  
\_\_\_\_\_  
(type name/date)

9. \_\_\_\_\_  
Alternate Supervising  
Physician  
\_\_\_\_\_  
(type name/date)

10. \_\_\_\_\_  
Alternate Supervising  
Physician  
\_\_\_\_\_  
(type name/date)

11. \_\_\_\_\_  
Alternate Supervising  
Physician  
\_\_\_\_\_  
(type name/date)

12. \_\_\_\_\_  
Alternate Supervising  
Physician  
\_\_\_\_\_  
(type name/date)

\* The listed drug categories are based upon the chapter heading used in the Physicians Health Plan Drug Formulary:

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**Statutory Authority:** *MS s 147.34*

**History:** *16 SR 1996*